

**OFFICIAL RECORDS  
OF THE  
WORLD HEALTH ORGANIZATION**

**No. 111**



**FOURTEENTH  
WORLD HEALTH ASSEMBLY**

**NEW DELHI, 7 - 24 FEBRUARY 1961**

**PART II**

**PLENARY MEETINGS**

**Verbatim Records**

**COMMITTEES**

**Minutes and Reports**

**WORLD HEALTH ORGANIZATION**

**GENEVA**

**September 1961**

## ABBREVIATIONS

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

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

*The Fourteenth World Health Assembly, held at the Vigyan Bhavan, New Delhi, from 7 to 24 February 1961, was convened in accordance with resolution WHA13.14 of the Thirteenth World Health Assembly and resolution EB25.R38 of the Executive Board (twenty-fifth session).*

*The proceedings of the Fourteenth World Health Assembly are published in two parts. The resolutions, with annexes, are printed in Official Records No. 110. The records of plenary and committee meetings, list of participants, agenda and other material are contained in the present volume.*



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**MAURITANIA**<sup>1</sup>*Delegates:*

- Mr O. A. HAMOUD, Minister of Health (*Chief Delegate*)  
 Mr F. MALIC, Chief, Secretariat of the Minister of Health and Social Affairs

**MEXICO***Delegates:*

- Dr J. ALVAREZ-AMÉZQUITA, Minister of Health and Welfare (*Chief Delegate*)  
 Dr M. E. BUSTAMANTE, Under-Secretary of Health, Ministry of Health and Welfare (*Deputy Chief Delegate*)  
 Dr F. GARCÍA SÁNCHEZ, Director-General of Health Services

*Alternate:*

- Dr J. FIGUEROA ORTIZ, Director of Sanitation and Rural Development, Ministry of Health and Welfare

*Adviser:*

- Dr S. PARDO BOLLAND, Chargé d'affaires of Mexico in India

*Secretary:*

- Mr G. AROUL, Embassy of Mexico, New Delhi

**MONACO***Delegate:*

- Dr E. BOÉRI, Commissioner-General for Health

*Alternate:*

- Mr R. CHATTARAM, Consul-General of Monaco in New Delhi

**MOROCCO***Delegates:*

- Dr Y. BEN ABBÈS, Minister of Health (*Chief Delegate*)  
 Dr A. BENABOUD, Ambassador Extraordinary and Plenipotentiary of Morocco to India  
 Mr M. FERAA, Deputy Director, Ministry of Health

*Alternate:*

- Mr A. DOGHMI, Administrative Attaché, Moroccan Embassy, New Delhi

**NEPAL***Delegates:*

- Dr D. BAIDYA, Divisional Medical Officer, Central Zone (*Chief Delegate*)  
 Dr G. L. DAS, Superintendent, Tokha Sanatorium, Kathmandu

**NETHERLANDS***Delegates:*

- Professor P. MUNTENDAM, Director-General of Public Health (*Chief Delegate*)  
 Mr J. LE POOLE, Director for International Health Affairs, Ministry of Social Affairs and Public Health

*Adviser:*

- Mr G. J. JONGEJANS, Counsellor, Netherlands Embassy, New Delhi

**NEW ZEALAND***Delegate:*

- Dr H. B. TURBOTT, Director-General of Health, Department of Health

*Alternate:*

- Mr M. P. CHAPMAN, Counsellor, Office of the High Commissioner for New Zealand, New Delhi

**NICARAGUA***Delegate:*

- Dr A. ROBLETO PÉREZ, Director, National Malaria Eradication Service, Ministry of Health

**NIGER***Delegates:*

- Dr A. J. TERRAMORSI, Director of Health (*Chief Delegate*)  
 Dr L. TCHELLE, Physician, Niamey Hospital

**NIGERIA***Delegates:*

- Mr W. IBRAHIM, Federal Minister of Health (*Chief Delegate*)  
 Mr AHMAN PATEGI, Minister of Health, Northern Nigeria  
 Dr C. M. NORMAN-WILLIAMS, Chief Medical Adviser to the Federal Government

*Alternates:*

- Mr E. P. OKOYA, Minister of Health, Eastern Nigeria  
 Mr J. O. OSUNTOKUN, Minister of Health, Western Nigeria

<sup>1</sup> Admitted to membership on 20 February 1961 (resolution WHA14.20)

Dr R. A. DIKKO, Principal Medical Officer,  
Northern Nigeria

Dr S. E. ONWU, Director of Medical Services,  
Eastern Nigeria

Dr S. FRANKLIN, Chief Medical Officer, Western  
Nigeria

Mr G. A. NWANZE, First Secretary, Ministry of  
Foreign Affairs and Commonwealth Relations

*Secretary:*

Mr Y. W. SADA, Assistant Secretary, Federal  
Ministry of Health

**NORWAY**

*Delegates:*

Dr K. EVANG, Director-General of Health Ser-  
vices (*Chief Delegate*)

Dr O. G. HANSEN, Director of Tuberculosis Ser-  
vices

Dr T. HAUAN, Director, Oslo University Clinic

**PAKISTAN**

*Delegates:*

Col. M. K. AFRIDI, Vice-Chancellor, University  
of Peshawar (*Chief Delegate*)

Lt-Col. M. R. MAHMOOD, Deputy Director-Gene-  
ral of Health and Deputy Secretary, Ministry  
of Health

*Advisers:*

Lt-Col. R. A. KHAN, Deputy Director of Health  
Services, West Pakistan

Dr M. Lutfar RAHMAN, Medical Superintendent,  
Tuberculosis Hospital, Dacca, East Pakistan

Dr M. Ataur RAHMAN, Superintendent, Vaccine  
Laboratory, East Pakistan

**PARAGUAY**

*Delegate:*

Professor D. M. GONZÁLEZ TORRES, Minister of  
Health and Welfare

**PERU**

*Delegate:*

Dr C. QUIRÓS SALINAS, Director, Technical Ser-  
vices, Ministry of Health

**PHILIPPINES**

*Delegates:*

Dr D. SAMONTE, Under-Secretary for Special  
Health Services (*Chief Delegate*)

Dr J. N. RODRIGUEZ, Director, Bureau of Disease  
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**POLAND**

*Delegates:*

Dr A. PACHO, Under-Secretary of State, Ministry  
of Health and Welfare (*Chief Delegate*)

Dr M. JUCHNIEWICZ, Director, External Relations  
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Mrs M. RUSINOWA, Chief of Section, International  
Organizations Department, Ministry of Foreign  
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*Alternate:*

Professor J. KOSTRZEWSKI, Director, Department  
of Epidemiology, National Institute of Hygiene,  
Warsaw

**PORTUGAL**

*Delegates:*

Dr A. DA SILVA TRAVASSOS, Director-General of  
Health, Ministry of Health and Welfare (*Chief  
Delegate*)

Dr G. J. JANZ, Professor of Hygiene, Institute of  
Tropical Medicine, Lisbon

Dr A. A. DE CARVALHO SAMPAIO, Senior Inspector  
of Health and Hygiene

**REPUBLIC OF KOREA**

*Delegates:*

Dr Sook BANG, Director, Bureau of Preventive  
Medicine, Ministry of Health and Social Affairs  
(*Chief Delegate*)

Dr Suk Woo YUN, Chief, Public Health Section,  
Ministry of Health and Social Affairs

Mr Koo Wook CHUNG, Second Secretary, Inter-  
national Organization Affairs Section, Ministry  
of Foreign Affairs

*Adviser:*

Dr Chubyung PAK, Director, National Medical  
Centre, Seoul

**REPUBLIC OF VIET-NAM**

*Delegates:*

Professor TRAN VY, Secretary of State for Health  
(*Chief Delegate*)

Dr LE CUU TRUONG, Director-General of Health  
and Hospitals

*Adviser:*

Mr DO VANG LY, Consul-General of the Republic  
of Viet-Nam in New Delhi

**ROMANIA**

*Delegates:*

Dr I. BÎRZU, Secretary-General, Ministry of Health  
and Welfare; Deputy Professor at the Faculty of  
Medicine, Bucharest (*Chief Delegate*)



Professor G. LUPASCU, Correspondent Member of the Romanian Academy; Chief, Parasitology Section, Cantacuzino Institute

*Adviser:*

Mr C. DUMITRACHESCU, Second Secretary, Romanian Embassy, New Delhi

**SAUDI ARABIA**

*Delegates:*

Dr H. EL TAHER, Technical Adviser, Ministry of Health (*Chief Delegate*)

Dr Y. AL HAJIRI, Technical Director of the Minister's Office, Ministry of Health

Mr S. KHANACHET, Counsellor for Press Affairs, Saudi Arabian Embassy, Bonn

**SENEGAL**

*Delegates:*

Mr A. B. SAR, Minister of Health and Social Affairs (*Chief Delegate*)

Dr G. SENGHOR, Technical Adviser, Ministry of Health and Social Affairs

Dr A.-M. M. LACAN, Director, Department of Endemic Diseases Control

**SOMALIA**

*Delegates:*

Mr A. GIUMALE, Minister of Health, Veterinary and Labour (*Chief Delegate*)

Dr E. A. DUALE, Medical Officer

Mr Y. J. ALI, Lawyer at the Presidency of the Council of Ministers

**SPAIN**

*Delegates:*

Professor J. GARCÍA ORCOYEN, Director-General of Health (*Chief Delegate*)

Dr G. CLAVERO DEL CAMPO, Director, National School of Health

Mr V. DÍEZ DEL CORRAL, Secretary-General, Directorate-General of Health

*Alternate:*

Mr I. CASSO GARCÍA, Secretary, Spanish Embassy, New Delhi

**SUDAN**

*Delegates:*

Dr A. O. ABU SHAMMA, Deputy Director of Medical Services, Ministry of Health (*Chief Delegate*)

Dr K. A. RAHMAN, Medical Officer of Health, Blue Nile Province

Mr El Tahir MUSTAFA, Secretary, Sudan Embassy, New Delhi

**SWEDEN**

*Delegates:*

Mr R. B. JOHANSSON, Minister of the Interior and Health (*Chief Delegate*)

Dr A. ENGEL, Director-General of Public Health (*Deputy Chief Delegate*)

Mr C. G. PERSSON, Under-Secretary of State, Ministry of the Interior

*Alternates:*

Dr M. TOTTIE, National Board of Health

Dr J. LUNDQUIST, General Secretary, Swedish Heart and Chest Association

**SWITZERLAND**

*Delegates:*

Dr A. SAUTER, Director, Federal Public Health Service (*Chief Delegate*)

Mr S. CAMPICHE, First Assistant, International Organizations Division, Federal Political Department (*Deputy Chief Delegate*)

Dr M. SCHÄR, First Medical Assistant, Federal Public Health Service

*Alternate:*

Mr A. RAPPARD, Counsellor, Embassy of Switzerland in India

**THAILAND**

*Delegates:*

Dr K. SUVARNAKICH, Director-General, Department of Health, Ministry of Public Health (*Chief Delegate*)

Professor P. SANGSINGKEO, Deputy Director-General, Department of Medical Service, Ministry of Public Health

Dr P. VISALVETHAYA, Director, Tuberculosis Control Division, Department of Health, Ministry of Public Health

**TOGO**

*Delegates:*

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

Dr J. D'ALMEIDA, Chief Medical Officer, Anti-malaria Service

**TUNISIA***Delegates:*

Dr A. R. FARAH, Divisional Medical Inspector,  
Secretariat of State for Health and Social Affairs  
(*Chief Delegate*)

Dr L. AZOUZ, Regional Medical Inspector, Secretariat of State for Health and Social Affairs

Mr R. AZOUZ, Government Administrator for External Relations, Secretariat of State for Health and Social Affairs

*Alternate:*

Mr N. MEJDOUB, Embassy Secretary, Secretariat of State for Foreign Affairs

**TURKEY***Delegates:*

Dr N. H. FISEK, Under-Secretary of State, Ministry of Health and Welfare (*Chief Delegate*)

Dr T. ALAN, Director of International Relations, Ministry of Health and Welfare

**UNION OF SOUTH AFRICA***Delegates:*

Dr C. A. M. MURRAY, Chief Regional Health Officer, Department of Health (*Chief Delegate*)

Mr J. WIDDOWSON, First Secretary, Department of External Affairs

**UNION OF SOVIET SOCIALIST REPUBLICS***Delegates:*

Dr S. V. KURASHOV, Minister of Health of the USSR (*Chief Delegate*)

Dr R. S. SAGATOV, Minister of Health, Uzbek SSR

Dr Y. A. RAKHIMOV, Minister of Health, Tadzhik SSR

*Alternates:*

Dr V. N. BUTROV, Member of the Collegium and Chief, Department of Foreign Relations, USSR Ministry of Health

Professor Olga V. MAKEEVA, Director, Research Institute of Obstetrics and Gynaecology, Moscow

Mr P. S. KOSSENKO, Assistant Chief, Department of International Economic Organizations, Ministry of Foreign Affairs

*Advisers:*

Professor N. A. SHMELEV, Director, Tuberculosis Institute, USSR Academy of Medical Sciences

Dr N. F. IZMEROV, Deputy Chief, Department of Foreign Relations, USSR Ministry of Health

Dr Y. P. LISITSIN, Chief, Department of International Health, Semashko Institute of Public Health Organization and History of Medicine, Moscow

Mr V. G. TRESKOV, First Secretary, Department of International Economic Organizations, Ministry of Foreign Affairs

Dr R. M. STARKOV, Senior Inspector, Moscow Health Department

**UNITED ARAB REPUBLIC***Delegates:*

Dr Nor El Din TARRAF, Central Minister of Health (*Chief Delegate*)

Dr M. H. EL BITASH, Under-Secretary of State, Central Ministry of Health

Dr A. M. KAMAL, Director, High Institute of Public Health, Alexandria

*Advisers:*

Dr A. G. ARAFA, Director of Health Affairs and Acting Secretary-General, Executive Ministry of Health, Northern Province

Dr A. EL SAYED ALY, Director of International Health, Central Ministry of Health

Dr M. FARID ALI, Director of International Health, Executive Ministry of Health, Southern Province

Mr S. E. EL WAKIL, Professor at the Faculty of Law, University of Alexandria

**UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND***Delegates:*

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

Dr J. C. R. BUCHANAN, Chief Medical Officer, Colonial Office

Mr H. N. ROFFEY, Assistant Secretary, Ministry of Health

*Advisers:*

Sir Kenneth COWAN, Chief Medical Officer,  
Department of Health for Scotland  
Mr D. A. BURNS, United Nations Department,  
Foreign Office  
Dr H. R. AMBLER, Scientific Adviser, Office of  
the United Kingdom High Commissioner,  
New Delhi  
Mr T. D. O'LEARY, First Secretary, Office of the  
United Kingdom High Commissioner, New  
Delhi

*Secretary:*

Miss F. E. BATES, Ministry of Health

## UNITED STATES OF AMERICA

*Delegates:*

Dr L. E. BURNEY, Surgeon General, Public Health  
Service, Department of Health, Education and  
Welfare (*Chief Delegate*)  
Dr H. van Zile HYDE, Assistant to the Surgeon  
General for International Health, Public Health  
Service, Department of Health, Education and  
Welfare  
Dr L. W. LARSON, President-Elect, American Medi-  
cal Association

*Alternates:*

Dr L. T. COGGESHALL, Vice-President, University  
of Chicago  
Dr E. H. CUSHING, Deputy Assistant Secretary  
(Health and Medical), Department of Defense  
Mr J. E. FOBES, Assistant Director, United States  
Technical Co-operation Mission, New Delhi  
Dr R. K. C. LEE, President, Board of Health,  
State of Hawaii

*Advisers:*

Mr J. E. FOGARTY, House of Representatives  
Mr S. B. DEROUNIAN, House of Representatives  
Miss M. C. ARNSTEIN, Chief, Division of Nursing,  
Public Health Service, Department of Health,  
Education and Welfare  
Dr J. C. HUME, Chief, Public Health Division,  
United States Technical Co-operation Mission,  
New Delhi  
Miss C. C. LAISE, First Secretary, Consul and  
Political Officer, American Embassy, New Delhi  
Mr M. LEBOSQUET, Chief Sanitary Engineer,  
Health Division, United States Technical Co-  
operation Mission, New Delhi

Mr E. W. MORRIS, President and General Director,  
W. K. Kellogg Foundation  
Mr C. A. PEASE, Chief, Near East and Far East  
Division, Office of Public Health, United States  
International Co-operation Administration  
Dr J. E. PERKINS, Managing Director, National  
Tuberculosis Association  
Dr M. I. SHANHOLTZ, President, State and Terri-  
torial Health Officers, and Commissioner of  
Health, State of Virginia  
Mr L. R. WYATT, Office of International Economic  
and Social Affairs, Department of State  
Mr M. J. SCANLON, Office of International Confe-  
rences, Department of State

## UPPER VOLTA

*Delegate:*

Dr P. LAMBIN, Minister of Public Health and  
Population

## URUGUAY

*Delegate:*

Mr O. PEDRAGOSA NADAL, Consul of Uruguay in  
New Delhi

## VENEZUELA

*Delegate:*

Dr D. CASTILLO, Assistant to the Director of  
Public Health, Ministry of Health and Welfare

## YEMEN

*Delegates:*

Dr M. A. EL ZOFRI, Adviser to the Ministry of  
Health (*Chief Delegate*)  
Dr M. A. ZABARA, Physician, Taiz Hospital

## YUGOSLAVIA

*Delegates:*

Dr V. DJUKANOVIĆ, Director, Federal Institute of  
Health (*Chief Delegate*)  
Dr R. GERIĆ, Deputy Secretary of Health (*Deputy  
Chief Delegate*)  
Mrs M. RADIĆ, Counsellor, Secretariat of State  
for Foreign Affairs

*Secretary:*

Mr D. MATELJAK, Embassy of Yugoslavia, New  
Delhi

**REPRESENTATIVES OF ASSOCIATE MEMBERS**

**RUANDA-URUNDI <sup>1</sup>**

Mr J. HAKIZUMWAMI, Minister of Social Affairs,  
Ruanda

Dr DIERCKX, Chief, Medical Services

Dr A. B. ABAYOMI-COLE, Principal Medical Officer  
(Clinical), Ministry of Health

**TANGANYIKA <sup>2</sup>**

**SIERRA LEONE**

Mr T. NGOBEH, Minister of Health

Mr D. N. BRYCESON, Minister for Health and  
Labour

Dr C. V. MTAWALI, Provincial Medical Officer

**OBSERVERS FOR NON-MEMBER STATES**

**CONGO (Leopoldville)**

Mr M. NGWETE, Deputy Commissioner-General of  
Health

Rev. Father H. DE RIEDMATTEN, Adviser, Interna-  
tional Catholic Organizations Centre, Geneva

**HOLY SEE**

Monsignor E. CASSIDY, Secretary of Nunciature

Professor A. DE MONTE, Assistant Director, V.P.  
Chest Institute, University of Delhi

**REPRESENTATIVES OF THE EXECUTIVE BOARD**

Dr H. M. PENIDO, Chairman of the Board

Mr T. J. BRADY, Chairman, Standing Committee on  
Administration and Finance

**REPRESENTATIVES OF THE UNITED NATIONS AND ITS AGENCIES**

**United Nations**

Mr S. M. KEENY, Director, Asia Regional Office,  
United Nations Children's Fund

Mr D. BLICKENSTAFF, Director, United Nations  
Information Centre, New Delhi

Mr K. N. S. SARMA, Deputy Director, United  
Nations Information Centre, New Delhi

Mr A. SHAHBAZ, Deputy Resident Representative  
in India

**International Labour Organisation**

Mr V. K. R. MENON, Director, New Delhi Branch  
Office

**United Nations Children's Fund**

Mr S. M. KEENY, Director, Asia Regional Office

**Food and Agriculture Organization**

Dr J. S. BUTTS, Nutrition Officer

**United Nations Relief and Works Agency for Palestine Refu-  
gees in the Near East**

Dr J. S. MCKENZIE POLLOCK, Director, Health  
Division

**United Nations Educational, Scientific and Cultural Organization**

Mr J. D. N. VERSLUYS, Acting Director, Research  
Centre on Social and Economic Development  
in Southern Asia, New Delhi

Professor R. H. FRITSCH, Science Co-operation  
Office for South Asia, New Delhi

**Technical Assistance Board**

Mr D. BLICKENSTAFF, Resident Representative in  
India

**World Meteorological Organization**

Mr C. RAMASWAMY

<sup>1</sup> Admitted to associate membership on 20 February 1961  
(resolution WHA14.18)

<sup>2</sup> Admitted to associate membership on 20 February 1961  
(resolution WHA14.19)

## REPRESENTATIVES OF INTERGOVERNMENTAL ORGANIZATIONS

**Commission for Technical Co-operation in Africa South of the Sahara**

Dr F. MERLE

**International Office of Epizootics**

Dr R. VITTOZ, Director

**International Committee of Military Medicine and Pharmacy**

Brigadier RAMESHWAR, Member of the International Committee for India

**League of Arab States**

Dr A. T. SHOUSHA, Supervisor, Health Department

## REPRESENTATIVES OF NON-GOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONSHIP WITH WHO

**Council for International Organizations of Medical Sciences**

Professor V. R. KHANOLKAR

Professor B. K. ANAND

**International Hospital Federation**

Dr P. M. SANGANI

**International Academy of Legal Medicine and of Social Medicine**

Professor H. S. MEHTA

**International Leprosy Association**

Dr J. C. R. BUCHANAN

**International Air Transport Association**

Mr R. W. BONHOFF

**International Pharmaceutical Federation**

Mr B. CHITHARANJAN

Mr K. C. CHATTERJEE

Mr B. V. PATEL

Dr S. ROHATGI

**International Association for Prevention of Blindness**

Professor L. P. AGARWAL

**International Society of Cardiology**

Dr S. PADMAVATI, Vice-President, Social Committee

**International Committee of Catholic Nurses**

Mrs A. SONAGGERE

Miss M. M. CALLOU, Secretary-General

Mrs M. DALBY

Miss S. LIÉGEOIS

**International Union against Cancer**

Dr D. J. JUSSAWALLA

**International Committee of the Red Cross**

Mr W. J. PHILLIPS

**International Union for Child Welfare**

Mrs Tara ALI BAIG

**International Council of Nurses**

Miss E. H. PAULL

Miss M. KORAH

Miss G. L. SUNDRI

Miss A. MATHEWS-NATTACHERIL

Miss L. DEVI

Miss T. K. ADRANVALA

**International Union for Health Education of the Public**

Professor G. A. CANAPERIA, President

Dr A. DA SILVA TRAVASSOS, Counsellor

**International Federation of Gynecology and Obstetrics**

Dr S. MITRA

Dr L. P. KHARE

**International Union against Tuberculosis**

Dr P. V. BENJAMIN

**International Federation for Housing and Town Planning**

Mr C. S. CHANDRASEKHARA

**International Union against the Venereal Diseases and the Treponematoses**

Professor G. A. CANAPERIA, Secretary-General

Dr J. C. HUME

**International Federation of Surgical Colleges**

Professor A. K. BASU

**League of Red Cross Societies**

Major-General C. K. LAKSHMANAN  
Mr W. J. PHILLIPS

**Medical Women's International Association**

Dr Sushila GILL  
Dr Lila RAJ  
Dr Sita SEN  
Professor Kanakbeena DASGUPTA

**World Confederation for Physical Therapy**

Miss B. A. WILSON

**World Federation of the Deaf**

Mr B. G. NIGAM

**World Federation of Neurology**

Professor P. BAILEY, Secretary-Treasurer General

**World Federation of Occupational Therapists**

Miss D. G. GOODE, Vice-President  
Mr R. K. OZA  
Mrs K. V. NIMBKAR

**World Federation of Societies of Anaesthesiologists**

Professor G. C. TANDAN

**World Federation of United Nations Associations**

Dr P. S. LOKANATHAN  
Dr P. M. ALI  
Mr S. D. PANDEY

**World Medical Association**

Dr A. P. MITTRA

**World Veterans Federation**

Lt-Col. G. S. CHAWLA

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## OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES

*President:*

Dr A. L. MUDALIAR (India)

*Vice-Presidents:*

Dr A. MARTÍNEZ MARCHETTI (Argentina)

Dr J. PLOJHAR (Czechoslovakia)

Dr D. SAMONTE (Philippines)

*Secretary:*

Dr M. G. CANDAU, Director-General

**Committee on Credentials**

The Committee on Credentials was composed of delegates of the following Member States: Albania, Burma, Chile, Ethiopia, Honduras, Ivory Coast, Japan, Mexico, Netherlands, Saudi Arabia, Senegal and Switzerland.

*Chairman:* Dr A. L. BRAVO (Chile)

*Vice-Chairman:* Mr Hiroshi YOKOTA (Japan)

*Rapporteur:* Mr A. B. SAR (Senegal)

*Secretary:* Mr A. ZARB, Director, Legal Office

**Committee on Nominations**

The Committee on Nominations was composed of delegates of the following Member States: Argentina, Ceylon, Federation of Malaya, France, Ghana, Haiti, Liberia, Pakistan, Philippines, Poland, Sweden, Togo, Tunisia, Union of Soviet Socialist Republics, United Arab Republic, United Kingdom of Great Britain and Northern Ireland, United States of America, and Venezuela.

*Chairman:* Professor E. J. Y. AUJALEU (France)

*Rapporteur:* Dr V. N. BUTROV (Union of Soviet Socialist Republics)

*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: France, Ghana, Pakistan, Saudi Arabia, Sweden, Togo, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, and Venezuela.

*Chairman:* Dr A. L. MUDALIAR (India)

*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:* Dr W. A. KARUNARATNE (Ceylon)

*Vice-Chairman:* Dr L. STOYANOV (Bulgaria)

*Rapporteur:* Dr A. M. KAMAL (United Arab Republic)

*Secretary:* Dr P. M. KAUL, Assistant Director-General

**Administration, Finance and Legal Matters**

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

*Vice-Chairman:* Dr R. VANNUGLI (Italy)

*Rapporteur:* Mr A. B. SAR (Senegal)

*Secretary:* Mr M. P. SIEGEL, Assistant Director-General

**Legal Sub-Committee**

*Chairman:* Mr S. E. EL WAKIL (United Arab Republic)

*Vice-Chairman and Rapporteur:* Mr J. LE POOLE (Netherlands)

*Secretary:* Mr A. ZARB, Director, Legal Office





# AGENDA <sup>1</sup>

[A14/1 — 25 Nov. 1960]

## 1. PLENARY MEETINGS

- 1.1 Opening of the session
- 1.2 Appointment of the Committee on Credentials
- 1.3 Election of the Committee on Nominations
- 1.4 Election of the President and the three Vice-Presidents
- 1.5 Election of the Chairman of the Committee on Programme and Budget
- 1.6 Election of the Chairman of the Committee on Administration, Finance and Legal Matters
- 1.7 Establishment of the General Committee
- 1.8 Adoption of the agenda and allocation of items to the main committees
- 1.9 Review and approval of the reports of the Executive Board at its twenty-sixth and twenty-seventh sessions
- 1.10 General review of the Annual Report of the Director-General on the work of WHO
- 1.11 Admission of new Members and Associate Members <sup>2</sup>
- 1.12 Election of Members entitled to designate a person to serve on the Executive Board
- 1.13 Presentation of the Darling Foundation Medals and Prize
- 1.14 Approval of reports of the main committees
- 1.15 Closure of the Fourteenth World Health Assembly

## 2. COMMITTEE ON PROGRAMME AND BUDGET

- 2.1 Election of Vice-Chairman and Rapporteur
- 2.2 Review of work during 1960: Annual Report of the Director-General
- 2.3 Review and approval of the programme and budget estimates for 1962

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<sup>1</sup> Adopted at the third plenary meeting

<sup>2</sup> Item referred to the Committee on Administration, Finance and Legal Matters

**PROGRAMME MATTERS**

- 2.4 Report on the development of the malaria eradication programme <sup>1</sup>
- 2.5 Smallpox eradication programme
- 2.6 Report on assistance to the Republic of the Congo (Leopoldville)
- 2.7 Consideration of the eighth report of the Committee on International Quarantine
- 2.8 Radiation health, including protection of mankind from ionizing radiation hazards, whatever their source
- 2.9 Declaration concerning the granting of independence to colonial countries and peoples and the tasks of the World Health Organization (Item proposed by the Government of the Union of Soviet Socialist Republics)

**CO-OPERATION WITH OTHER ORGANIZATIONS**

- 2.10 Decisions of the United Nations, specialized agencies and IAEA affecting WHO's activities
- 2.11 Developments in activities assisted jointly with UNICEF
- 2.12 Agreement with the International Office of Epizootics (programme aspects)

**3. COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS**

- 3.1 Election of Vice-Chairman and Rapporteur
- 3.2 Consideration of establishment of Legal Sub-Committee
- 3.3 Review of work during 1960: Annual Report of the Director-General
- 3.4 Supplementary budget estimates for 1961
- 3.5 Review of the programme and budget estimates for 1962 relating to:
  - 3.5.1 Organizational meetings
  - 3.5.2 Administrative services
  - 3.5.3 Other purposes
  - 3.5.4 Text of the Appropriation Resolution for the financial year 1962

**WORLD HEALTH ASSEMBLY**

- 3.6 Possibilities of reducing the length of World Health Assemblies
- 3.7 Amendments to the Rules of Procedure of the World Health Assembly
- 3.8 Selection of the country or region in which the Fifteenth World Health Assembly will be held

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<sup>1</sup> Item considered by both main committees in joint session

**CONSTITUTIONAL AND LEGAL MATTERS**

- 3.9 Increase in the membership of the Executive Board: Report on the entry-into-force of the amendments to the Constitution <sup>1</sup>
- 3.10 Adoption of a WHO flag
- 3.11 Agreement with the International Office of Epizootics (legal consideration)

**REGIONAL MATTERS**

- 3.12 Accommodation for the Regional Office for South-East Asia

**FINANCIAL AND ADMINISTRATIVE MATTERS**

- 3.13 Assessments for 1960 and 1961 of new Members
- 3.14 Scale of assessment for 1962
- 3.15 Review of the financial position of the Organization:
  - 3.15.1 Status of collection of annual contributions and of advances to the Working Capital Fund
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- 3.16 Financing of the malaria eradication programme:
  - 3.16.1 Malaria Eradication Special Account <sup>2</sup>
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- 3.17 Voluntary Fund for Health Promotion: Report on contributions received
- 3.18 Headquarters accommodation:
  - 3.18.1 Progress report
  - 3.18.2 Status of the Building Fund
  - 3.18.3 Reimbursement by the United Nations
- 3.19 Report on amendments to the Staff Rules, as confirmed by the Executive Board
- 3.20 Report on amendments to the Financial Rules, as confirmed by the Executive Board

**CO-OPERATION WITH OTHER ORGANIZATIONS**

- 3.21 Decisions of the United Nations, specialized agencies and IAEA affecting WHO's activities on administrative and financial questions
- 3.22 Relations with the League of Arab States

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<sup>1</sup> Item considered by the Health Assembly in plenary session

<sup>2</sup> Item considered by both main committees in joint session

## 3.23 United Nations Joint Staff Pension Board:

3.23.1 Annual Report of the United Nations Joint Staff Pension Board for 1959

3.23.2 WHO Staff Pension Committee: Appointment of representatives to replace members whose period of membership expires

**SUPPLEMENTARY ITEMS**

1. Provision of emergency supplies to Member States <sup>1</sup>
2. Travel expenses and allowances for members of the Executive Board <sup>1</sup>
3. Sports medicine and physical training (note submitted by the delegation of Italy) <sup>2</sup>
4. Rights and obligations of Associate Members having attained independence <sup>1</sup>
5. Use of Russian as a working language in the Regional Organization for Europe <sup>1</sup>

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<sup>1</sup> Added to the agenda under Rule 12 of the Rules of Procedure and referred to the Committee on Administration, Finance and Legal Matters

<sup>2</sup> Added to the agenda under Rule 12 of the Rules of Procedure and referred to the Committee on Programme and Budget

# VERBATIM RECORDS OF THE PLENARY MEETINGS

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## FIRST PLENARY MEETING

*Tuesday, 7 February 1961, at 10 a.m.*

*President: Dr H. B. TURBOTT (New Zealand)*

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### 1. Opening of the Session

The PRESIDENT: I call the Assembly to order. The Fourteenth World Health Assembly is now in session. I have the pleasure as President of welcoming every person in this room to this opening meeting. A little later there will be a more specific welcome.

### 2. Address of Welcome by the Minister of Health of India

The PRESIDENT: I now call on Mr D. P. Karmarkar to address us.

Mr KARMARKAR, Minister of Health of India: Mr President, Prime Minister Sir, Dr Candau, Excellencies, ladies and gentlemen, it is my proud privilege this morning to extend to you, on behalf of the Government of India, a hearty welcome to this fourteenth session of the World Health Assembly. The session of the World Health Assembly is a significant event in India but, if I might say so, it is particularly so, this being the first meeting of the World Health Assembly in this part of the world, Asia.

I had the privilege of attending, during the last two years, sessions of the World Health Assembly, and it did not take me longer than a few days to realize that it might be good for us and good for WHO if we had as early a session as possible here. And I am very happy to share what might otherwise have been an official secret: that after the suggestion was received the Prime Minister of India did not take as long as twenty-four hours to send his blessings for this invitation. I remember very well with what great cordiality both the Secretariat of the Organization and all the delegations assembled in Geneva received this proposal, and therefore it is with a

special sense of pleasure and privilege that on behalf of the Government of India I extend to you this hearty welcome. We have tried to see that you are as comfortable as possible, right from the customs to your residential places. There might be shortcomings, but I am quite sure that, with your generosity, you will pardon us for them.

This is not an occasion on which I will give myself the liberty of dilating at any length on the good work of WHO. Many of you are aware that, amongst other countries, India was one of the first to welcome the formation of this organization; and it is a matter of pleasure for me to recall that one of the first regional organizations to be established was for the South-East Asia Region—and that was as far back as 1948. Those of you that had the privilege of attending that first meeting will doubtless recall what our Prime Minister said on that occasion: that if the objectives that WHO had set before itself were fulfilled much of the trouble in the world would cease, because those objectives covered physical, mental and social well-being. As a humble person partaking in this venture of health I am proud to see, from the records and from what I saw myself, the way in which WHO has moved. It had a good grounding—something to begin with—in the earlier efforts of the League of Nations; but one great stride that WHO has taken is that it has not only continued to be a guiding organization, a guiding agency for the welfare and health of the world, but it is a matter of pride that after a few years it actually partook in the work of solving some of the most difficult problems in the field of health. We are proud to see how it has guided the problem of the eradication of malaria. We are proud of the guidance that it has given in recent years in the eradication of smallpox. We are proud of the various services

that it has rendered both by way of discussions, by way of organizational endeavour, and by way of giving the best possible aid in the form of technical personnel.

It is also a matter of gratification, if you will pardon my saying so, that, in return for what WHO has done for us, we have struggled our best to place that part of the personnel which they required at any time and in any region in which they wanted us to work. And therefore it is with the usual approach to world problems which, under the able lead of our Prime Minister, we have tried to follow, that we have tried to participate in the deliberations and the activities of this august body in the best measure possible.

As you all know, India was one of the founder Members and, as I said a moment ago, we have tried to participate actively in the regional organization. So it might come as welcome news to you that, after some years which were taken—necessarily—the South-East Asia Regional Organization will find a permanent residence in a fitting building in New Delhi.

Now I should also like to take this opportunity to tender our respectful congratulations and greetings to all those who have made the work of the World Health Assembly and the World Health Organization a success: the previous Presidents of the various Assemblies, and the Directors-General; and now our present Director-General, Dr Candau, whose able guidance has enabled the Organization to continue its work with relentless zeal—I should also like to tender my congratulations to him and all his colleagues who have made the work worth while.

You might have noticed that we have tried to supplement the work of this Assembly by two small ventures. One is what we have called a health progress exhibition, and therein you will find an exhibition which will be inaugurated by our respected Vice-President on the tenth, in the evening. You will find a small picture of what is happening, firstly in the world, secondly in the South-East Asia Region, and thirdly in India. I should like to express on behalf of the Government of India our sincere thanks to all participants in that exhibition. We have also tried to bring out a small souvenir for the occasion, which might serve as intellectual food: a special number of *Swasth Hind*, which is the official health organ of the Government of India; and therein you will find, when the copies are given to you, representative articles from experts in the field from all parts of the world and in India who have tried to make the brochure as informative as possible. I am sure in my mind that you will welcome these small efforts, for we thought that an Assembly like this

would not be quite complete unless we enabled the delegates also to share the latest information on the development of work, the fulfilment of which has been largely the outcome of the work of this august Assembly.

I should also like to say how very happy we feel (it is not a mere sense of pleasure but a real sense of gratefulness) because this Assembly, I have no doubt in my mind, will enable not only the South-East Asia Region and Asia, but particularly India—because with so many experts from all parts of the world here, even their mere physical presence would inspire efforts that have been going on for the promotion of health in India. We have also tried to take advantage of the occasion by inviting some of the experts to join us in some few symposia we are organizing. I am quite sure in my mind that the proceedings of this august assembly, as well as the proceedings of those symposia, will help in strengthening our work in India.

I will not also abuse this occasion by telling anything of what is happening in India. We have been struggling our best and we are mid-way: we are on the way towards overcoming the problem of eradication of malaria, and so in the matter of other communicable diseases. We have been struggling to give our people a protected water supply. We have been struggling to convince our people that the basic foundation of all health will be good environmental sanitation. And as a humble token of what we have been struggling to do—it is only a token—I am presenting to you presently, with your permission, sir, an album of photographs of what was done (so that it might persuade our countrymen to believe that the thing can be done) where four million people of ours assemble every six years at a place, already hallowed, but much more respected now because it is the home town of our Prime Minister—Prayag, where two sacred rivers meet. There we have a congregation of four million people occasionally, and it was a matter of something in the nature of self-satisfaction to see that the health arrangements were so good, thanks to the efforts of the people and the authorities, that not one case of cholera occurred and, as a British expert said, not one fly nor one mosquito could be seen. I am just citing that one example as a small sample of our struggle.

We have to struggle a long way; it may take decades—a decade or two. And just as we have looked in the past to the guidance of the World Health Organization and to the deliberations of the World Health Assemblies for strengthening our work, we shall continue to do so, and we have no doubt in our mind that our hopes will be fulfilled.

Well, Mr President, I should not like to detain the Assembly longer, but though it is not an item on the agenda, in the best Indian tradition I am doing something which perhaps might be unacceptable, for which I shall have to seek pardon after the Assembly is over. In token of our humble greetings to you and our welcome to all of you, I will now present a small humble garland to you.

*Amid applause, Mr Karmarkar placed a garland round the President's neck.*

The PRESIDENT: Thank you very much indeed for this welcome to all the delegates, and especially for this very handsome gift on their behalf to the President.

### 3. Opening Address by the President

The PRESIDENT: I now have the very welcome task on your behalf, fellow delegates, of welcoming the Prime Minister, Mr Nehru, and also the other distinguished guests on the rostrum, the delegates of Members and representatives of Associate Members, the observers for non-Member States and territories, the representatives of all invited intergovernmental and non-governmental organizations, and the two representatives of the Executive Board of our organization. Welcome to all of you.

Now I will give a special welcome to the delegates of States which, during the past year, became full Members of our organization. These are: the Republic of Chad, the Central African Republic, the Republic of the Congo (Brazzaville), the Republic of Cyprus, the Republic of Dahomey, the Gabon Republic, the Republic of the Ivory Coast, the Malagasy Republic, the Republic of Mali, the Republic of the Niger, the Federation of Nigeria, the Republic of Senegal, the Republic of Somalia, the Republic of the Upper Volta—to all of you, a special welcome.

Fellow delegates, the pleasurable anticipation with which we accepted the invitation of the Government of India to meet in New Delhi has become a reality. Here we are in the seat of government of a great nation, devoted to individual liberty, struggling determinedly towards economic, agricultural, and industrial sufficiency so that that freedom can be upheld, and the while exerting increasing influence in international affairs. Here we are in the heart of a country of age-old culture, the land of the Nobel-prize-winning poet Tagore. Our delight at being here wells and overflows in thanks. Our presence as an organization evidences our appreciation of the immensity of India's problems, and expresses our

wishfulness to assist her people in the shortest possible time to higher standards of health.

We pay a tribute to achievements already attained. The expectation of life in India is increasing, the death-rate steadily going down. More mothers and babes are surviving childbirth. The yardstick of infant mortality improves: in 1921 this was approximately 200 per thousand live births; in 1947 it was 150; in 1955, towards the end of India's first five-year plan, it was 110—a decline in eight post-independence years almost equalling that of the thirty-six years from 1921 to 1947. In training medical personnel a marriage of curative, social, and preventive education aims not only at coping with the immediate problem of sickness, but at enabling doctors to join intelligently in long-term attacks on urgent problems of malnutrition, insanitation, and communicable disease. Progress in health is certain where this integration of preventive and curative medicine obtains. Hence we look forward in confidence to the future achievements of our Indian colleagues in solving the immense health problems of their land.

We have in the weeks ahead the twofold task of reviewing the work of our organization in 1960, and of critically appraising the work proposed for 1962. The year under review has proved once again that the World Health Organization can act constructively, not only in the day-to-day routine of its global task, but also when a sudden emergency requires prompt and efficient response. From the Congo came the call to cope with the immediate health situation consequent on post-independence developments. The answer was immediate. Staff members from headquarters and regional offices were assigned to co-ordinate all health work in that country. Long-term plans for developing appropriate medical cadres and for training medical personnel were made. Short-term needs for the basic health services have necessitated the recruitment of 130 health personnel for service in the Congo, a task undertaken by WHO and not yet fully achieved. Previously in our short history we demonstrated ability to meet emergencies; it has been vindicated again in the Congo, a country which on independence had not a single Congolese doctor, and which with international aid has avoided epidemic outbreaks of disease and maintained its health situation on a reasonable level through 1960.

Our attack on major pestilences has continued. During the year sixty-one countries or territories were fully engaged on malaria eradication work, and nineteen more are at the point of adopting final plans. In smallpox eradication progress, though slow, is apparent. It is to the credit of our host country that she has initiated energetic measures,

each of her states having under way pilot projects pointing the way to freedom from this disease for the 408 000 000 people of India. Against tuberculosis there has been further confirmation from comparative trials of domiciliary and institutional chemotherapy that, in suitable circumstances, the former is by no means inferior to the latter in healing power, or in avoiding relapses or spread of infection in family contacts. In the world battle against yaws we are about half-way, with 100 000 000 sufferers examined and 40 000 000 required treatments given; 1960 added its quota of achievement here.

More effective methods of prevention of rabies are now possible for the protection of the half million people bitten each year by rabid dogs. We are making headway against poliomyelitis. WHO regional poliomyelitis centres have increasing importance as international watch-dogs investigating epidemics and poliomyelitis cases following vaccination with live poliovirus. A WHO expert committee went on record during the year as to the safety of orally administered vaccine, set out internationally acceptable standards for live vaccine and, in the light of present knowledge, advised the health administrations of the world as to policy in polio immunization. This garnering and crystallizing of expert information, and its dissemination for our guidance, is one of the increasingly valuable functions of our organization.

Our function in health research is clarifying. Our sphere lies in concentration on the problems of countries that have neither the trained workers nor sufficient means for their investigation. We continued to strengthen national health services. We vigorously pursued our education and training of professional and auxiliary personnel for competent participation in their country's health work, providing 1006 fellowships for 122 countries and territories. This is a vital function, to be continued until the world shortage is overcome. That is a far-away vista: taking doctors alone, in developed countries approximately one doctor to a thousand people pertains, while developing countries are having to manage with one to somewhere between five and fifty thousand people.

During 1960 our Member strength reached 102—one hundred Members and two Associates. We congratulate and welcome as full colleagues those Member States that attained independence during the year. There will be a pleasure ahead in this Assembly in the welcoming of three more States to membership or associate membership.

Our Director-General has once more demonstrated his versatility and competence in leadership. In 1960 he has enhanced the reputation of our organization. We return thanks to him and to all his staff.

Our Executive Board transmits encouraging news of our new headquarters in Geneva. It suggests for your review of the 1962 programme an adjusted budget representing an increase of 8.97 per cent. on the present year's revised budget. It makes new proposals for the financing of our malaria eradication programme. It points out that in the Region where we now meet sickness stems from bad sanitation and nutritional deficiencies related to the standard of living, and that we must concentrate on helping governments in controlling communicable diseases, in expanding rural health services, and in training national personnel.

In our host country nutritional experts advise that, nutritionally, the mixing of different cereals and also the eating of various kinds of peas and beans with rice or other cereals offers the best hope of solving the protein problem of India. The people need to know the advantages of eating more of their beans and peas, and the farmer of better varieties of rice and of the value of wider use of fertilizer and of simple irrigation methods. If this be so, WHO can further health education of this type by helping as much as possible to train indigenous personnel for extension work. We are pledged to help nations to good sanitation. We will do what we can within our budgetary limitations to assist programmes for the improvement of community water supplies, and to train personnel for supervisory and executive functions in sanitation.

This is our Fourteenth World Health Assembly. We have, in our short life, had striking successes in transmitting modern techniques of public health to less developed lands. Yet yearly millions still die from diseases which, in principle, can be controlled or wiped off the earth. In some of our Member States 200 or more infants die in every thousand live births, whereas in more developed lands this has fallen to 20. Equality achieved in this regard would mean that 16 000 000 children under one year of age who now die each year would survive.

Our organization stands for equality for all in health. The counter to much of the world's disease lies in fighting malnutrition, intestinal diseases due to faulty sanitation, and general ignorance of the common people of healthful living. We have the knowledge and health educational skills to deal with these killers, but we must await the economic and social development that will make possible improved national feeding and sanitation. Meanwhile we WHO Members who "have" must encourage our countries in those international measures, financial, agricultural, and cultural, aimed at stimulating social progress and better standards of living in Members who "have not". Public health



lags without money; economic development drags without health. It is our joy that our successes against specific diseases have helped to break this vicious circle, enabling disease-freed people to cultivate more land, produce more food, and have a higher standard of living. But because public health, economic development, and social development march hand in hand, we must ever be willing to give understanding co-operation to sister agencies of the United Nations, WHO being entrusted with one facet, albeit an interlocking one, of the needs of our developing Members.

Our work is endless. While past successes encourage us in continued endeavour, we still have, in the words of Osler, "to track to their sources the causes of disease, to correlate the vast stores of knowledge that they may be quickly available for the prevention and cure of disease"; and again, "to prevent disease, to relieve suffering—this is our work". The World Health Organization provides the opportunity: in it we are a professional brotherhood; through it we can take up our calling in any part of the world, or help others so to do. Barriers disappear before our international approach.

I am proud to belong to this WHO brotherhood of preventive medicine; I am delighted with its achievements. Past delegates have laid down rules, expounded principles, and charted courses for our WHO ship. Yet it may often be among breakers and quicksands unless present delegates give similarly of their own craft and courage. Individually we have but a limited time to play our part in this organization. We here today will not see the acorn grow into the oak-tree. But it is the conglomerate stream from each personal contribution that ascends as sap, strengthening our organization's vast spreading tree of effort. Others will bask in the shade and enjoy the fruit of our work, when health, fundamental to the achievement of peace and security, is attained by all peoples. We cannot let up. Francis Drake's words apply to us: "There must be a beginning of any great matter, but the continuing unto the end untyll it be thoroughly finished yeldes the true glory."

Fellow delegates, give of yourself to this organization, that the dark depths of disease may give way to the brilliant dawn dreamt of by our founders: the enjoyment by all peoples of the highest attainable standards of health. The path to consummation, though hard, is lightened by visions of this, our goal. (*Applause*)

#### 4. Inaugural Address by the Honourable Prime Minister of India

The PRESIDENT: I now call on the Prime Minister of India, the Honourable Jawaharlal Nehru, to address us. (*Applause*)

Mr NEHRU, Prime Minister of India: Mr President, Mr Director-General, Excellencies, and distinguished delegates, we feel honoured by this World Health Assembly meeting here in this old city of Delhi. It is an honour; for this organization, in the brief course of thirteen or maybe fourteen years, has done much good work and has such achievements to its credit and, what is more, has laid the foundations of so much good work in the future.

There are many world organizations today, a number of them stemming from the United Nations, as does WHO. Without meaning any disrespect to any of the others, I might say that the World Health Organization has probably steered clear of many of the controversies and conflicts that afflict some of the other organizations, and that come in the way of their successful achievement of the tasks before them.

The list of achievements of WHO is formidable. It is impressive. But I imagine that, apart from the practical achievements if I may say so, the other achievement—not something that you can easily grasp, but nevertheless which is there and which is very evident—is the consideration of international problems in a peaceful way, not dividing yourselves into national or other groups and rather by-passing the main task because the smell of other conflicts comes into your work. That is a great achievement, because perhaps the most important thing in the world today is to achieve that objectivity in considering problems, that spirit of co-operation, which sometimes we sadly lack.

I suppose it may be said that most of the problems that afflict mankind today—not all, but most, and certainly the primary problems of health, education, the general welfare of the community, food, clothing, housing and such problems—are capable of solution by the means at hand in the world, not in each country at the present moment, but in the world as a whole. We have the means at hand to solve these problems and build up a measure of welfare throughout the world, a measure of health, a measure of education. We have that, and we have it in recent times for the first time in history. Going back a generation or a little more, that statement could not have been made. The world was not in a position to grapple with these problems and solve them. But today the world *is* in that position theoretically, and

to some extent practically. But other things come in the way, other obstructions, with the result that the capacity for work which it undoubtedly possesses is not fully used and sometimes our efforts do not succeed and a sense of frustration comes over us.

Now that perhaps applies less to the work of WHO than to other great organizations. And, therefore, WHO helps—as other organizations too, but perhaps more so WHO—in this vital task of promoting a spirit of co-operation, of making people realize, as I believe is stated in your approach to these problems, that the world is becoming progressively one unit in regard to its major problems. It is difficult enough to solve any major problem of the world by taking bits of it apart and ignoring the rest, whether it is disease, whether it is anything. If that is difficult, it becomes even more difficult when the different bits pull against each other and come in the way of each other. You are of course engaged in this great assembly in an important task of spreading physical health, but in an even more important task of creating an atmosphere conducive to the mental health of the general community. As every doctor I believe knows, physical health is very much dependent on mental health. You can hardly separate the two. The world today, which can deal with the problem of physical health satisfactorily enough though it may take a little time, has still to find ways of dealing with the mental health of nations, groups and communities. I hope that this Assembly, this organization, though perhaps it cannot tackle their problems directly, will nevertheless indirectly make that approach and help those forces, those elements in the world today which are trying to reach this state of mental health of the world community.

As I said, sir, the achievements of WHO are very considerable, partly I think because the intrusion of mental conflicts has not come there: it is a straightforward course of dealing with problems—some of them very difficult problems, but nevertheless there is no mental obstruction coming in the way as it does in other matters, political and economic. I think one of the reasons why this success has been considerable is this absence of mental obstruction which comes from pulling in different directions. We hope that that will lessen and then the progress that you or other great organizations make will be very considerable, much more so even than now.

In our country, in the last thirteen years since we became independent, we have been rather overwhelmed by problems. Not that we are afraid of problems, and they did not come to us suddenly without notice: they were there. We inherited them and we had to deal with them. And remember that

almost every problem that we have to deal with has to be multiplied by four hundred million. So we get a large figure, that is, the population of this country. We think of these problems in terms of the four hundred million, not in terms of some inchoate mass of humanity or some concept of the State apart from the individual, but in terms of the welfare of the four-hundred-odd million people in this country. So the problems increase in size and become very big. We are directly dealing with them; we shall continue to deal with them, with a measure of success I think, and indeed the odd thing is that, as we succeed, other avenues open out and other and more difficult problems face us. That is a measure of success. It is only those people or those communities that are not moving and that are stagnant that have practically no problems before them.

Well, we are moving in India I believe, and moving fairly fast, and with a certain dynamism behind that movement, and so problems surround us. Health is one of them, education another basic problem, and behind it all economic betterment, which gives us the capacity and the means to deal with these other problems. We have to choose, and often enough it is a hard choice, whether we should devote more of our resources to education, to health, to agriculture, to industry and so many other things. The fact of the matter is that everything is interconnected and we can only see it properly in the context of other things: they cannot be separated. Therefore we go in for planning, trying to understand the whole picture in a connected way. Naturally it is not easy and we fail to understand it fully, because life is too complicated, life in a huge country like India struggling out of the past into the present certainly, but almost into the future at the same time—because in India we live simultaneously in all the centuries of the past and in the present, and with our foot in the future. It is a fascinating spectacle, a fascinating experience and an exciting one; and every success that we achieve naturally gives us greater strength to face the future.

Now it is odd that success itself sometimes, as I said, leads to greater problems. The President in his address mentioned the fall in infant mortality, which is very considerable. I remember many years ago, in the twenties as far as I remember—that is about thirty, nearly forty years ago—reading about the expectation of life in India. It was then said to be, I believe, twenty-four years, which is fantastically low, chiefly because of infant mortality. Round about 1947, when we achieved independence, it had gradually crept up to thirty-two, which is low enough. In the last thirteen years it has come up to forty-two, which is a fairly substantial advance in

this period; and it is going up and up, which in itself is a measure of the cumulative effect of the various health measures that have been taken by us, and in which I am happy to acknowledge the help of the World Health Organization.

So we are progressing along those lines and, as we progress towards better health, our population rises more and more. Deaths are relatively fewer and the death-rate goes down. The ratio increase of the population goes up, presenting us with another basic problem. I mentioned how all our good efforts sometimes lead to new situations which become rather overwhelming. That is bound to happen, and therefore we have to see all these various problems in a connected way. We shall struggle on with faith and hope and with a certain confidence in our future and the world's future. But there is one thought that I should like to share with you. It is not a problem of the present in India, because in India or in the under-developed countries our problems are how to provide the basic necessities of life to our people, whether it is food, clothing, or housing, as I mentioned, or health and education. These are the basic necessities which every human being should possess. That is our problem, and the problem of every undeveloped country.

But in the case of industrially or economically advanced communities, in the case of nations which have largely developed affluent societies, problems are different. They have got the basic necessities of life, by and large, and so they have to face entirely different problems. That is why, in trying to understand the state of the world today, we sometimes get rather lost in political divisions, political arguments and the like, important as they are in their right place. But the most important thing is, in considering the world, this division of the advanced, the prosperous communities of the world and those that are under-developed and therefore poverty-stricken, where even the basic necessities of life are lacking for many people. That is the real division in the world, and that is a division which is not only bad in itself, but which brings dangers in its train—political dangers, economic dangers, social dangers, all kinds of things. I believe it is now being recognized more and more that this question of dealing with those countries is not merely one of doing a good thing, but something which is necessary from the point of view of the health, the political health, the social health, of the world community as a whole.

We are struggling, as I said, for the basic things of life in India, and in many countries of Asia, and in many countries of Africa, in various degrees—some may be a little more developed than others, but basically they are under-developed—we are

struggling for that. In the other countries, the industrially and economically more advanced countries, there seem to be new dangers arising. I mention them as a layman merely, as I know not much about them. New dangers, almost you might say sapping the health of the community; dangers of the mind and the spirit, a neurosis let us say. There is no lack of the normal good things of life, but somehow the flavour of life, the spice of life, the sense of adventure, the sense of facing problems, becomes less when everything happens as planned; and maybe a sense of frustration comes into the minds of people. I do not know, I just put it to you for consideration. There is more leisure and people do not know how to utilize that leisure. All this you know better than I do.

Anyhow that is not our problem, and that is not the problem of countries that are under-developed. I am very glad that there are a number of new Members of the Assembly from the independent States of Africa. As we all know, this last year, and this present year into which we have entered today, stands out among other things perhaps more specially because of the developments in Africa. Africa is a vital, dynamic place. There may be trouble there and there may be conflict there, and there may and will be I am sure advance in many ways; but one thing is certain, that it is today and is going to be, a vital, dynamic place, for good or bad as you like. It is good that it has come out of that morass in which it was stuck; it has come out perhaps in some places in a bad way; by a bad way, I mean that the manner of its coming out showed how badly prepared it had been in the past. Whatever that may be, the fact is that the countries of Africa are of vital importance in the world, to the health of the world, apart from their own problems. And I think that all countries that are favourably circumstanced—I mean India and other countries like her which are struggling with their own difficult problems—should, so far as is possible for them, stretch out their hand of help to these countries of Africa which have newly come into this world community and face these difficult problems.

You drew attention, Mr President, in your remarks, to the help given to the Republic of the Congo by WHO. Undoubtedly that is very considerable help, and it has come at a time when it was most needed. The success of this help compares rather favourably, if I may say so, with the political aspect and the political problems there and the conflicts that have taken place and still are unresolved. It shows how the work of the World Health Assembly, lacking as it does the political motive, is much healthier than the work of other organizations. And I hope it will

always keep away from these political motives and political conflicts and deal with the problems in the spirit of a common humanity. Till that spirit prevails all over the world, in all our problems, there will be difficulties and conflicts. (*Applause*)

The PRESIDENT: Mr Prime Minister, we thank you for your appreciation of our work. We admire you, sir, for the skill and wisdom with which you are leading your nation through its many problems. We appreciate the tolerance and the spirit of compromise you show in international affairs. We all admire you for your work. We therefore appreciate all the more, sir, that you gave of your time to come and speak to us this morning. On behalf of all delegates, Members and Associate Members, I thank you. (*Applause*)

Our meeting at this present plenary session is now adjourned, and will resume later.

*The meeting was adjourned at 10.55 a.m. and resumed at 11.25 a.m.*

#### 5. Appointment of the Committee on Credentials

The PRESIDENT: The plenary session is resumed. We will take item 1.2 of the provisional agenda—Appointment of the Committee on Credentials. You are invited to appoint the Committee on Credentials in conformity with Rule 22 of the Rules of Procedure of the Health 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 of 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 and representatives, until the Committee on Credentials has reported and the Health Assembly has given its decision.

So, in pursuance of the power given to me by this rule, I propose the following Committee on Credentials: Albania, Burma, Chile, Ethiopia, Honduras, Ivory Coast, Japan, Mexico, Netherlands, Saudi Arabia, Senegal, Switzerland.

Are there any observations or remarks? No objections? I see none. The Committee will meet then immediately in Room F, and this meeting is suspended.

*The meeting was suspended at 11.30 a.m. and resumed at 1.10 p.m.*

#### 6. First Report of the Committee on Credentials

The PRESIDENT: The plenary meeting is resumed. The Committee on Credentials has just met under the chairmanship of Dr A. L. Bravo (Chile) and I now invite the Rapporteur, Mr Sar, to come and give a verbal report.

*Mr Sar (Senegal), Rapporteur of the Committee on Credentials, read the first report of that committee (see page 437).*

The PRESIDENT: Thank you, Mr Sar.

Are there any remarks? I recognize the delegate of the Union of Soviet Socialist Republics.

Dr KURASHOV (Union of Soviet Socialist Republics) (*translation from the Russian*): Mr President, gentlemen, the Soviet delegation considers it necessary to give thorough consideration at this World Health Assembly to the question of the representation of the People's Republic of China in the World Health Organization. More than ten years have passed since the place of China in WHO was unlawfully taken by Chiang Kai-shek, in breach of the Constitution of our organization and the elementary standards of international law. Everyone understands that the Chiang Kai-shek group cannot, and has no right to, represent the Chinese people in an international organization and speak in the name of the Chinese millions. The Soviet delegation and the delegations of many other countries are deeply convinced that the artificial exclusion of the People's Republic of China from participation in the work of WHO is causing great damage to the Organization itself, reducing its sphere of activity, and making more difficult co-operation between the peoples of the whole world on matters of medicine and health. The exclusion of the People's Republic of China has a particularly unfavourable effect when problems connected with the epidemiological situation and requiring the joint efforts of States are to be solved.

The People's Republic of China has obtained wide international recognition and has normal diplomatic relations with thirty-four States. It is constantly expanding its international relations and international co-operation. The Central People's Government of the People's Republic of China exercises full authority throughout the territory of China, with the exception of a few islands seized by the Chiang Kai-shek group. During the brief period of the people's power, the Government of the People's

Republic of China has achieved great successes in providing medical services for the population and improving the material conditions of life. It has made it possible considerably to reduce mortality and to increase the mean expectation of life of the Chinese people. All the peoples of the world and the Organization itself have an interest in the restoration of the rights of the People's Republic of China in WHO, since the participation of the Chinese people in all the measures taken by this organization would be of great advantage in the struggle for an improvement in the level of health of the peoples of the whole world.

The Soviet delegation considers that WHO should be an authoritative international body, respecting the sovereign rights of every people. In view of this we trust that the delegations of other countries will be guided by the principle of justice and will finally restore the legitimate government of the People's Republic of China to its place in WHO and invite that government to appoint representatives to occupy the lawful place of the People's Republic of China in the World Health Organization. Such a just decision would considerably increase the authority of our organization and its activities would become more effective. On this question the Soviet delegation has put forward a draft resolution for your consideration.<sup>1</sup>

The PRESIDENT: Thank you. I recognize the delegate of Poland.

Dr PACHO (Poland) (*translation from the French*): Mr President, ladies and gentlemen, we have come to the matter that has, alas, become traditional in our debates—that of the participation of the People's Republic of China. I say “alas”, for it is a humiliating fact which undermines the authority of our organization. It is clear to everyone that none of the most important problems with which humanity is faced today can be solved without the participation

<sup>1</sup> This read as follows:

The World Health Assembly,

Guided by the standards of international law and a regard for justice;

Having discussed the report of the Committee on Credentials; and

Having considered the question of the representation of China in the World Health Organization,

1. DECIDES that only persons appointed by the Central People's Government of the People's Republic of China may represent China in the World Health Organization;

2. DECIDES to consider as invalid the credentials of the representatives of the Chiang Kai-shek group;

3. INVITES the Central People's Government of the People's Republic of China to appoint its representatives to occupy China's legitimate place in the World Health Organization.

of a country which is in fact a continent, containing almost one-quarter of the world's population. There is a flagrant unreality about a situation in which we are asked to believe that China is represented when, in fact, it is a question of a handful of politicians of the Chiang Kai-shek group, who at most represent only themselves. Consequently, the Polish delegation will give its full support to the draft resolution submitted by the Union of Soviet Socialist Republics. I am against accepting the credentials of the representatives of the Chiang Kai-shek group. I would ask you, Mr President, to have my statement included in the record.

The PRESIDENT: Thank you. I recognize the delegate of the United States of America.

Dr BURNEY (United States of America): Mr President, my good friends and distinguished delegates to the World Health Assembly, I rise to present a proposal in the form of a procedural motion. I propose that the Assembly decide not to consider for the duration of its fourteenth regular session any proposals to exclude the representatives of the Government of the Republic of China.

I regret that my good friend and distinguished colleague, the Chairman of the delegation of the USSR, has injected what I consider to be a strictly political issue into our professional and scientific deliberations. The Prime Minister of India, in his brilliant address this morning, indicated the reasons why our Health Assembly is such an important organization to all of us in achieving throughout the world our total goal of health and physical well-being for all our peoples, and particularly for those countries lacking this objective at the present time. The Prime Minister analysed wisely and well the dangers of becoming involved and entangled in extraneous political matters, which are appropriate for other forums, in his words—with which I and my delegation agree completely. He rightly pointed out the value of the World Health Assembly's work, and that this has been due in large part to its comparatively great success in steering clear of these conflicts and controversies in the fields of politics and economics; and I am sure that it is your wish and mine, and the wish of all of us here, to continue to advance the technical work for the human betterment of all the peoples for whom we are responsible and for this brotherhood of ours here, exemplified by the World Health Organization.

The United States delegation has presented this motion and we hope that it will be supported by the delegates assembled here, for the peoples of the world and for the continuing strength of our pro-

fessional organization which has steered clear of these political issues. I do not believe that this is a forum for a discussion of political issues; when this is done it weakens the very basis of our strength during these many years of activity. Mr President, I request a roll-call vote on this motion.

The PRESIDENT: Thank you. I recognize the delegate of China.

Dr CHEN (China): Mr President and fellow delegates, at the opening session this morning all of us were treated to an address by the Prime Minister of India enjoining us not to engage ourselves in political discussions in the World Health Assembly. It is indeed regrettable therefore that, almost immediately after the Prime Minister's speech, a paper was circulated which is highly political in nature. WHO is not a proper place to discuss such problems and since, in introducing the draft resolution, the delegate of the USSR has used some very strong words against the Government of the Republic of China, which my delegation has the honour to represent at this World Health Assembly, it is necessary for me to say a few words, and to make a few comments on the general situation.

As we all know, the World Health Organization was proposed jointly by the Republic of China and Brazil. Since then it has become an organization which has done remarkable work in various parts of the world. The Republic of China is a Member of the United Nations; as a matter of fact, the term "Republic of China" is in the Charter of the United Nations itself. The seat in the United Nations is occupied by the Government of the Republic of China, which my delegation represents in this Assembly, and which has always played its part towards the fulfilment of the higher ideals and principles of the Charter of the United Nations. According to Article 4 of the Constitution of WHO, a Member of the United Nations may become a Member of WHO. The Republic of China has always been a Member of the United Nations and is therefore the legitimate representative of the Republic of China in WHO.

The delegate of the USSR seems to think that this is wrong. He wishes to champion the cause of the Chinese communist regime now on the mainland of China. I do not want to take this opportunity to launch into any political invective, but I do want to say that the Chinese communist regime has been and still stands condemned by the United Nations itself as an aggressor, as that regime has conducted war, not against any particular country, but against the United Nations itself. We have a great deal of evidence adduced in the United Nations testifying to the violations of various provisions of the Charter

of the United Nations, especially in the field of human rights, and to genocide in certain parts of a neighbouring territory, notably Tibet. It has also engaged in serious, almost continuous, expansionist activities in various parts of the world.

I shall confine myself to these few observations, realizing that the World Health Assembly is not a proper place to discuss such problems, and that the draft resolution submitted by the delegation of the USSR injects a political note into our technical and scientific discussion. It is clearly out of place, and we hope that the overwhelming majority of this assembly will reject it.

The PRESIDENT: Thank you. I recognize the delegate of Korea.

Dr BANG (Republic of Korea): Mr President, distinguished fellow delegates, I wish to take this opportunity to refer to the remarks made by the honourable delegate of the USSR regarding the representation of China. The Government of the Republic of China is the only legitimate government of China and is recognized as such by the United Nations and all its specialized agencies. China is rightly and lawfully represented by the present delegate of the Republic of China. The delegate of the USSR is attempting to unseat the legitimate delegation of the Republic of China in the interest of communist China. The rights of the representative of the Republic of China in this Assembly should not be impaired.

In this connexion, I would remind you, distinguished fellow delegates, that the so-called People's Republic of China is the very communist regime which made its forces join the Korean communists in their unprovoked aggression against my country, Korea, and the United Nations, and was condemned by the United Nations as an aggressor in 1951 and still remains an aggressor. The Korean delegation therefore takes the view that the USSR delegate's move in this regard does not deserve the consideration of this Assembly. I am therefore compelled to conclude that the USSR delegate's remarks a few minutes ago in this hall are another attempt to disturb the order of this Assembly and constitute the conventional communist tactics of injecting political issues into our non-political conference. I am sure that the President will rule such remarks completely out of order.

The PRESIDENT: Thank you. I recognize the delegate of Bulgaria.

Dr STOYANOV (Bulgaria) (*translation from the Russian*): Mr President, gentlemen, the delegation of the People's Republic of Bulgaria also considers that

the credentials of the representative of the Chiang Kai-shek clique, which has continued for a number of years to occupy illegally the seat of the representative of the great Chinese people, should not be accepted. It would be shameful for our organization to tolerate this injustice any longer. If you look at the map of the part of the world in which we are gathered, your eye will be struck above all by the huge territories belonging to the two largest populations in the world—those of the People's Republic of China, and of our kind host, India. The question is not whether China should be represented in our organization—that, as many have said, has already been settled—but who has the right to represent that great country at our Assembly, since it is impossible to substitute a man who represents nobody for the representative of the Central Chinese Government. In view of this, we support the resolution put forward by the Soviet delegation.

The PRESIDENT: Thank you. I recognize the delegate of Ghana.

Dr SCHANDORF (Ghana): Mr President, distinguished delegates, we have heard from the rostrum at previous Health Assemblies of the basic bond of friendship and oneness of purpose of all of us in waging war on poverty and disease for the promotion of peace on earth. It will be a mockery if we claim to be able to achieve this in the absence of a grand global alliance, but with every nation in our fold the world would be assured of a very fruitful life for all mankind.

The Government of Ghana has always supported the view that the People's Republic of China should be admitted to our organization for effective and useful participation in our Assembly. Human intercourse, commerce and communications exist between China and the rest of the world. Several nationalities live there and poverty and disease are ubiquitous. For this and other reasons, the Government of Ghana is most desirous that the wind of change should be felt in the United Nations, which holds the key to the admission of the People's Republic of China to our Health Assembly. The Ghana Government believes in a true family of nations in which each and every one counts, and which provides equal opportunities for all to contribute to the solution of world problems. Actuated by this belief, and consistent with its policy of being friend to all and enemy to none, Ghana holds the view that it is high time that the People's Republic of China, representing some 650 000 000 people, and with vast economic, scientific and technological resources (and a meteoric rise in these fields) was permitted to make a useful

and constructive contribution in this organization. By denying health and prosperity to the many who are poor on the mainland of China, a free society can never really hope to save the few who are really rich. Ghana is convinced that the continued attempt to impose a form of tactical isolation on the People's Republic of China is bound to prove abortive in the long run. A rightful representation in the United Nations and in the World Health Organization is essential. This, we believe, is not a question of liking or disliking but of doing the right thing. The Ghana Government is very anxious that every one of our many nations gathered here should be deeply concerned over this matter in the interest of international co-operation and world health.

The PRESIDENT: Thank you. I recognize the delegate of Norway.

Dr EVANG (Norway): Mr President, dear fellow delegates, we all listened with the greatest respect to the wise words—to which several delegates have already referred—of the Prime Minister of this country, Mr Nehru, to the effect that this body was a technical body and not a political one. He praised in no uncertain words the work of this organization, and he linked that praise with the very fact that we have been able—to the largest possible extent perhaps for an international organization—to stay out of political conflicts. Some of you will certainly recall that on many occasions I have had the pleasure, on behalf of the Government which I represent and on behalf of my delegation, to take that very attitude—that we should not involve ourselves in political matters, that we should limit ourselves to technical questions.

If you look at the two suggestions before you, the one from the Union of Soviet Socialist Republics and the one from the United States of America, I am quite sure that it will be perfectly clear to you what the issue is. The resolution of the Union of Soviet Socialist Republics asks us at the present time, at this Fourteenth World Health Assembly, to take a step to remedy a certain situation. The United States proposal asks us to postpone this matter for the time being. Now the position of my Government, on the instructions of which I have to act here, is quite clear in this matter. We take the view, if I may say so in medical language, that this organization is suffering from a deficiency disease, a very serious deficiency disease, as long as a country with 650 000 000 people is not represented here. If we look at this problem not from the political angle, if we look at it from a purely medical and hygiene point of view, it is obvious that China, being a

Member of the United Nations as of this organization, in form, should be represented by the representatives of those 650 000 000 people. Therefore, as you will know, my Government has on many occasions instructed me to present that view—that we think that, in the United Nations as in this body and in other specialized agencies, the Chinese people should be represented by the People's Republic of China. I am opposed therefore to the United States resolution and I will vote for the resolution of the USSR.

Again to take a practical view—we are interested in preventive medicine. Here, time and again, at each Assembly, we are being involved at the very opening of the session in this political discussion, and we shall continue to be so, Mr President, until the People's Republic of China has been accepted in its rightful place in this organization. Therefore, being interested in the prevention also of political discussion in this Assembly, I am for solving the problem now; because it is the attitude of my Government that it is anyhow only a question of time until the biggest nation in the world has been accepted in the big family of nations. Certainly, from the strictly medical point of view, we need them and would welcome them here.

The PRESIDENT: Thank you. I recognize the delegate of Romania.

Dr BÎRZU (Romania) (*translation from the French*): Mr President, ladies and gentlemen, the World Health Organization has made important progress during recent years both as regards increase in membership (it has gained the adherence of 104 countries and territories) and in its co-ordinating work on the most important health problems in the world, especially those in which wide international collaboration is necessary. Nevertheless, if our organization is to become increasingly a real world organization, and to develop its potential for helping the peoples of the world to achieve the highest possible level of health, it must make use of the experience of all countries in the field of health and collaborate with all in order to improve health conditions in the world.

Certain countries, however, are not yet taking part in the work of the World Health Organization, either because they have not yet been invited to become Members, or because the delegations participating in the session do not really represent their respective countries. We are convinced that WHO cannot synthesize and spread world medical knowledge, or co-ordinate scientific medical research, or organize extensive international co-operation without

the participation and agreement of the People's Republic of China.

The organization of this World Health Assembly in New Delhi shows once again not only India's respect for the principles of international co-operation but also the importance which must be attached to health problems in this part of the world, the continent of Asia. It is, therefore, all the more paradoxical that the People's Republic of China should be absent, a country that has more than 650 000 000 inhabitants, and rich experience and many achievements in the field of public health.

In view of these facts, the delegation of the People's Republic of Romania wishes to state that it is unable to recognize the delegates of Chiang Kai-shek as representing the Chinese people and that it supports the draft resolution submitted by the Soviet Union, whereby the People's Republic of China would be invited to participate in the work of the World Health Organization. I would ask you, Mr President, to have my statement included in the records of this meeting.

The PRESIDENT: Thank you. I recognize the delegate of Albania.

Dr PISTOLI (Albania) (*translation from the Russian*): Mr President, gentlemen, the delegation of the People's Republic of Albania is glad to note that the World Health Organization is every year achieving new successes in the study of certain health problems and the co-ordination of research on them.

Despite this, our organization encounters great obstacles because it does not embrace the population of the whole world, and because a great country in the full flower of development and with more than 600 000 000 inhabitants—I am speaking of the People's Republic of China—remains outside the sphere of its work. How can we consider our organization as a world organization when such a large country as the People's Republic of China, which contains a quarter of the world's population, does not occupy the place which belongs to it by full right? How can we speak of the universality of WHO when this basic principle is so grossly violated? As you know, the question of the legitimate rights of the People's Republic of China is not being raised today for the first time. The place which rightly belongs to the People's Republic of China is occupied by representatives of the Chiang Kai-shek clique, which was expelled twelve years ago by the Chinese people and took refuge in the Chinese island of Taiwan, under the protection of the United States of America.

The fact that the People's Republic of China is not represented in WHO is a mistake for our organ-



ization today. It represents an open breach of international law and the basic principles of WHO. Our delegation considers that the main responsibility for this injustice must be borne by the United States delegation, which has hitherto been able to impose its will on WHO by every kind of pressure. The delegation of the People's Republic of Albania believes that the restoration to the People's Republic of China of its legitimate rights in WHO is of the greatest importance and should be seriously considered by our organization in order to find a proper solution for this very urgent problem. The delegation insists that the representative of the Chiang Kai-shek clique, who represents nobody and nothing, should be immediately expelled from our organization and that the real representatives of the Chinese people, the representatives of the People's Republic of China, should be restored to their rightful place.

This must be done because the real representatives of China should have occupied this place long ago. China is one of the founder States of the United Nations and WHO. Everyone knows that there is only one China and one legal Chinese government which enjoys the sympathy and full support of the Chinese people. That government is the Government of the People's Republic of China. It is truly democratic and was established by the will of the Chinese people. It exercises its authority over the whole territory of China, with the exception of the Chinese island of Taiwan which has been temporarily seized by the forces of American imperialism. Why then do we allow the place that belongs to this great people to be taken by a few phantoms and not by the actual representatives of the people! Everybody knows that the United States of America has followed and is still following a hostile and aggressive policy towards the great people of China.

Our delegation condemns these actions of the United States imperialists and their partners. It is clear to everyone that the peaceful policy of the People's Republic of China is reflected in her diplomatic relations with thirty-five countries, her trade relations with over ninety countries, and her civilized intercourse with the overwhelming majority of the countries of the world. The proof of her policy of good understanding and peace is the establishment of friendly relations with neighbouring countries—relations which are growing stronger from day to day, as is shown by the signature within the last few months of treaties of friendship with Burma, Nepal, Afghanistan and Guinea. A clear demonstration of this policy is the decisive support given to the resolutions of the Soviet Union on disarmament and the proposal that a peaceful agreement should be reached among the countries of Asia, and particularly among

the countries bordering on the Pacific, including the United States of America; not to speak of the constructive contribution which China has made towards the elaboration of the principles of peaceful co-existence, particularly the Five Principles agreed with India and also at the Bandung Conference. This proves clearly that no invention can hide the fact that the People's Republic of China has followed and always follows a policy aimed at the preservation and strengthening of peace.

The People's Republic of China is a great factor in the further progress of science and culture. From ancient times the great Chinese people has made a valuable contribution to the development of mankind. Having thrown off the yoke of its oppressors, the Chinese people, under the leadership of its own Government, has fully mobilized its strength and has achieved brilliant successes in every sphere of activity. In the first ten years of its existence it increased industrial production twelve-fold and agricultural production two-and-a-half times. Great results have also been achieved in science, education and culture. In the sphere of public health, China today possesses 390 000 health establishments, i.e., 107 times as many as on the eve of liberation.

Successes like this, achieved in record time, could only have been gained by a country in which a people's democratic regime has been established and where the government is closely linked with the people and serves it without any reservations.

How is it possible to refuse to accept the legal representative of a people that has such ancient traditions in preserving health and such a rich history of therapy. It is quite clear to us all that the experience gained in this sphere by the People's Republic of China is of very great interest. China is using in practice the most original methods in organizing its health services. The thousand years of creative work of Chinese physicians is being studied on an extensive scale and co-ordinated with the successes of modern medicine. The medical science of the Chinese people, who number more than 650 000 000, is worthy of the highest praise. The mass movement for health education is developing extensively throughout the country and bringing with it improvements in the health of the population. Many countries can learn a great deal from the methods practised in the People's Republic of China, where the very swift development of the health services can serve as an example. How can we, therefore, allow this people to be prevented from making its contribution to the work of our Assembly and to the activities of WHO in general? Are the results achieved by them of no value as experience applicable to all countries? Is WHO not interested in those results?

The World Health Organization has an important mission. It must give a lead and help to improve the health of all peoples. Such a mission cannot be carried out well and successfully if the Chinese People's Republic is outside the ranks of our organization. In view of these facts, the delegation of the People's Republic of Albania insists on the immediate exclusion of the representatives of the Chiang Kai-shek clique and the restoration of the rights of the real representative of the Chinese people in our organization, namely, the representative of the Government of the People's Republic of China. The Albanian delegation will vote for the resolution put forward by the delegation of the USSR.

The PRESIDENT: Thank you. I have on the list three delegates still wishing to speak. It would seem to me that if we go on there will be no hope of not having an evening meeting. One way would be to suspend the debate and to proceed. It is at your wish. I am just pointing out that if we do continue, we shall have to meet tonight. You must make your decision and tell me if you wish to carry on the debate. It will be as you wish.

I will test the feeling by calling the next delegate. If the next delegate comes we will continue. I will call the three delegates: Turkey? Viet-Nam? Cuba?

The delegate of Czechoslovakia, do you wish to speak? You do. Then I think, if Czechoslovakia wishes to speak, I shall have to allow Turkey, Viet-Nam and Cuba, and we shall all have to come back tonight. I call on the delegate of Turkey.

Dr ALAN (Turkey) (*translation from the French*): Mr President, fellow delegates, on behalf of its Government, the delegation of Turkey wishes to state that it maintains the same attitude as in previous years. My delegation does not admit, in principle, that considerations other than those of health should be taken into account in Assemblies. We should confine ourselves to technical questions alone, and in my opinion the question of who is to represent a country is neither a technical nor a health matter. I am as much in favour of prevention as Dr Evang; the matter however should not be dealt with here, but by the United Nations, since it is outside our competence. For this reason, my delegation supports the motion put forward by the delegation of the United States of America.

The PRESIDENT: Thank you. I recognize the delegate of Viet-Nam.

Dr LE CUU TRUONG (Republic of Viet-Nam) (*translation from the French*): Mr President, fellow delegates, may I give the point of view of the delega-

tion of the Republic of Viet-Nam on this subject of the representation of the Republic of China in WHO?

The Republic of China, a Member of the United Nations and one of the first Members of the World Health Organization, fulfils all the necessary conditions for membership of the Organization in accordance with Article 4 of the WHO Constitution. Under the terms of the WHO Constitution, therefore, no doubts can be cast upon the validity of its representation. The question of the legitimacy or non-legitimacy of the Republic of China should be raised before the General Assembly of the United Nations which, moreover, has not yet come to any decision on this point of international law. WHO, a specialized agency of the United Nations, should not anticipate this latter in the discussion of such a purely political matter as the representation of China. It would be better to avoid any political discussion that might embitter our debates—debates which by their very nature must be devoid of impassioned or emotional considerations and preserve their habitual serenity and courtesy so that the Organization may pursue the humanitarian ideal which does honour to all of its Members.

The words this morning of His Excellency the Prime Minister of India gave comfort and satisfaction to those who heard them, and if our problems find a happy solution it is due to the fact that our organization concerns itself only with technical questions affecting the welfare of the people of the world.

Mr President, fellow delegates, I thank you for having listened to my delegation's point of view on this matter.

The PRESIDENT: Thank you. I recognize the delegate of Cuba.

Dr ESCALONA (Cuba) (*translation from the Spanish*): Mr President, fellow delegates, my country wishes to put before this World Health Assembly its opinion that no political consideration must be allowed to overshadow what is fundamental to this type of meeting and should provide its guiding principle—the scientific point of view.

From the scientific point of view, we cannot really speak of a "world" health organization when 650 000 000 human beings are outside it. What statistics or other scientific elements can be considered as truly of a world nature if such an enormous mass of the world's population is excluded? There are of course political arguments, but in this Assembly we must make our decisions as technical men and scientists. Moreover, as a consultative body of the

United Nations, we must indicate the road to be followed. The opinion of our delegation is that the People's Republic of China should be a Member of the Organization and alone represent the Chinese people, as has already been intimated by numerous delegates who have preceded me at this rostrum. This is the view of the delegation of Cuba and we would ask that it be recorded.

The PRESIDENT: Thank you. I recognize the delegate of Czechoslovakia.

Dr ŠTICH (Czechoslovakia) (*translation from the Russian*): Mr President, gentlemen, I would like to touch upon one more question of credentials. You will remember here that in August 1960, the Laotian people elected, in a legal constitutional manner, the Government of Prince Souvanna Phouma. The programme proclaimed by that government, directed towards the strengthening of the independence of Laos, raising the standard of living and improving the level of health, won the unanimous approval of the Laotian people. However, interference by other States, who provoked a rebellion by General Phoumi Nosavan against the Government of Souvanna Phouma, destroyed the peaceful life of the Laotian people. Only a representative appointed by the Government of Prince Souvanna Phouma can be the lawful representative of the Laotian people. In view of this, the Czechoslovakian delegation calls upon the delegates to the World Health Assembly to vote against acceptance of the credentials of the representatives of the Phoumi Nosavan group.

The PRESIDENT: Thank you. I recognize the delegate of Somalia.

Mr GIUMALE (Somalia): Mr President and honourable members of the delegations, this is the first time the Somalia Republic has taken part in the discussions of this organization as a full Member, and it honours my Government very much to belong to this organization.

On this, from our point of view, memorable occasion, the Somali delegate wishes to support the admission of the delegates, when they come, of the People's Republic of China. We do this not because we want to engage in political controversy, or because we want to be on the side of or against any political point of view, but simply because we think that it is a question of who represents the 600 000 000 Chinese; and we are satisfied that only the People's Republic of China can adequately speak in their name. We are satisfied that it would be just and in the best interest of this organization to have some-

body to represent the huge mass of people who are the great Chinese people. We do not think that consideration of this point is a political question, because, if about a fourth of the world is not covered by the activities of this organization, our work will be very much short of what we would like to do.

The PRESIDENT: Thank you. That concludes my list of speakers.

Fellow delegates, you have before you two resolutions: one presented by the delegation of the USSR—I think you have that before you;<sup>1</sup> the other presented by the United States delegation. Have you that before you? I will read it:

The Fourteenth World Health Assembly decides not to consider, for the duration of its session, any proposals to exclude the representatives of the Government of the Republic of China or to seat the representatives of the Central People's Government of the People's Republic of China.

I would rule that the second resolution is further removed and is the one on which you must vote first.

You will remember it was asked that the vote should be by roll-call, and that shall 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 commence with Finland. When the names of the Members are called you will answer "yes", "no", "abstention"—whichever of the three you wish. Are you ready now to take the vote? Please proceed.

*A vote was taken by roll-call, the names of the following Member States being called in the English alphabetical order, starting with Finland, the letter F having been determined by lot.*

*The result of the vote was as follows:*

*In favour:* Argentina, Australia, Austria, Belgium, Cameroun, Canada, Central African Republic, Chile, China, Dahomey, Ethiopia, Federal Republic of Germany, France, Haiti, Iceland, Iran, Ireland, Ivory Coast, Japan, Jordan, Lebanon, Luxembourg, Madagascar, Mexico, Netherlands, New Zealand, Niger, Paraguay, Philippines, Republic of Korea, Republic of Viet-Nam, Spain, Thailand, Turkey, United Kingdom of Great Britain and Northern Ireland, United States of America, Upper Volta, Venezuela.

*Against:* Afghanistan, Albania, Bulgaria, Burma, Cuba, Czechoslovakia, Finland, Ghana, Guinea,

<sup>1</sup> See footnote, page 29.

India, Indonesia, Iraq, Mali, Morocco, Nigeria, Norway, Poland, Romania, Somalia, Sudan, Togo, Union of Soviet Socialist Republics, United Arab Republic, Yugoslavia.

*Abstaining:* Cambodia, Ceylon, Denmark, Federation of Malaya, Israel, Kuwait, Liberia, Libya, Nepal, Pakistan, Saudi Arabia, Senegal, Sweden, Switzerland, Tunisia.

*Absent:* Bolivia, Brazil, Chad, Colombia, Congo (Brazzaville), Costa Rica, Cyprus, Ecuador, El Salvador, Gabon, Guatemala, Honduras, Laos, Monaco, Nicaragua, Panama, Portugal, Union of South Africa, Uruguay, Yemen.

The PRESIDENT: The result of the voting:

Absent . . . . .	20
Abstentions . . . . .	15
Yes . . . . .	38
No . . . . .	24

The United States proposal is carried.

You have the report of the Committee on Credentials to accept now. Is it your wish that the report be accepted? Be it so.

The United Kingdom has asked for the floor. Please come to the rostrum.

Dr GODBER (United Kingdom of Great Britain and Northern Ireland): Mr President, fellow delegates, the delegation of the United Kingdom of Great Britain and Northern Ireland wishes to put it on record that, in approving this report, they do so on the grounds that the credentials concerned, considered as documents, are in order. Consequently, as the Assembly will be aware, this approval should not necessarily be construed as implying recognition of each of the authorities by whom the credentials were issued.

## 7. Election of the Committee on Nominations

The PRESIDENT: We now proceed to item 1.3 of the provisional agenda, Election of the Committee on Nominations. This item is governed by Rule 23 of the Rules of Procedure of the Health 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.

The Executive Board at its twenty-sixth session made recommendations on reducing the length of World Health Assemblies—you will find them in resolution EB26.R31 in *Official Records* No. 106. In paragraph 3 of resolution EB26.R31, the Executive Board recommends to the Fourteenth World Health Assembly to suspend the last sentence of Rule 24 of the Assembly's Rules of Procedure in order to suppress the requirement that the proposals of the Committee on Nominations shall be communicated to the Health Assembly at least two hours before the plenary meeting during which the election is to take place. The Executive Board has thus proposed to us the provisional suspension of part of the relevant rule of procedure which, as I have already mentioned, is Rule 24.

You have this recommendation of the Executive Board. Would there be any objection to the provisional suspension by this plenary meeting of the requirement that the reports of the Committee on Nominations be communicated to the Health Assembly at least two hours before the meeting at which the elections take place?

I see no objection. So the two-hour rule is provisionally suspended and we shall be able to proceed to the consideration of the report as soon as it has been distributed after their meeting.

Now we will proceed to the appointment of the Committee. In accordance with the provisions of Rule 23 of the Rules of Procedure which I read to you earlier, a list of eighteen Member States has been drawn up which I now submit to you. In compiling this list, an endeavour has been made to provide an equitable geographical distribution. Account has been taken of the change in the membership of the Organization, and accordingly in the list now being proposed the distribution by WHO regions is as follows: Africa—three; the Americas—four; South-East Asia—one; Europe—five; Eastern Mediterranean—three; Western Pacific—two. The list reads: Argentina, Ceylon, France, Ghana, Haiti, Liberia, Federation of Malaya, Pakistan, Philippines, Poland, Sweden, Togo, Tunisia, Union of Soviet Socialist Republics, United Arab Republic, United Kingdom of Great Britain and Northern Ireland, United States of America, and Venezuela.

Any observations on this list? I see none.

Will the Committee I have just nominated kindly proceed to Room E? I am now going to adjourn the meeting and we will gather again at 5.30 p.m.

*The meeting rose at 2.45 p.m.*

## SECOND PLENARY MEETING

*Tuesday, 7 February 1961, at 6.20 p.m.*

*President: Dr H. B. TURBOTT (New Zealand)*

*later*

*Dr A. L. MUDALIAR (India)*

**1. Welcome to New Members by the Delegation of the United States of America**

The PRESIDENT: I call the Assembly to order. I call on the delegate of the United States of America to come to the rostrum.

Mr DEROUNIAN (United States of America): Mr President, Excellencies, members of the delegations, on behalf of the United States delegation, may I welcome those sister countries which earlier today were seated in this Assembly. Even though I am a newcomer to the World Health Assembly, I nevertheless, as a member of the Congress of the United States for the past nine years, have closely followed the great contributions to mankind that have been made by this organization, and I was especially delighted earlier in the day when this Assembly in its wisdom decided to throw out extraneous matters which would only have delayed the deliberations for the benefit of mankind. With the help of our fourteen new sister nations, thirteen of which are from Africa, I am confident that we will do exciting things in the future which is, as it were, in the words of our President, a "new frontier"; and I hope we can reach those frontiers and conquer them. I, in the Congress of the United States, will still maintain my interest, as will my colleagues, and our record has shown that we are intensely interested in benefiting mankind in all problems of health and welfare.

So again, on behalf of my delegation and my country, may I offer to those new sister nations who have joined us today my congratulations and felicitations.

The PRESIDENT: Thank you.

**2. Election of the President and the three Vice-Presidents of the Health Assembly**

The PRESIDENT: We will now take up the item on the agenda, the first report of the Committee on Nominations. You have this report in the document

before you. It has been distributed, and you remember we suspended Rule 24, and so you can deal with it forthwith. I call on the Rapporteur, Dr Butrov, to read the report.

*Dr Butrov (Union of Soviet Socialist Republics), Rapporteur of the Committee on Nominations, read the first report of that committee (see page 438).*

The PRESIDENT: Well, fellow delegates, you have heard the report. There is no need for a vote, only one candidate being nominated. I take it you will now express your approval by acclamation. (*Applause*)

I now invite the Chief of Protocol to bring Dr A. Lakshmanaswami Mudaliar to the Chair.

*Dr Mudaliar took the presidential chair.*

The PRESIDENT: Fellow delegates, it is a great honour that you confer on me, and I cannot express in adequate words my thanks for this signal honour. I shall crave your indulgence till I put my thoughts in a more positive manner in an address that I have been asked to deliver tomorrow forenoon. Thank you once again.

We shall now proceed with the report of the Committee on Nominations, and I request the Rapporteur to read the second report.

*Dr Butrov (Union of Soviet Socialist Republics), Rapporteur of the Committee on Nominations, read the second report of that committee (see page 438).*

The PRESIDENT: You have just heard the report that announced to you that the Committee on Nominations has suggested the following three names for the Vice-Presidents of the Assembly: Dr Martínez Marchetti (Argentina), Dr Plojhar (Czechoslovakia), and Dr Samonte (Philippines). May I know if there are any observations? May I take it that the Assembly approves these nominations by acclamation? (*Applause*)

I now request the three Vice-Presidents to come to the dais and occupy their respective seats.

*Dr Martínez Marchetti, Dr Plojhar and Dr Samonte took their seats on the rostrum.*

### 3. Election of Chairmen of the Main Committees

The PRESIDENT: The next item will be the election of the Chairman of the Committee on Programme and Budget. The Committee on Nominations has suggested the name of Dr Karunaratne, of Ceylon. Are there any observations? May I take it that the Assembly accepts this name in the usual manner, by acclamation? (*Applause*) I declare Dr Karunaratne elected as Chairman of the Committee on Programme and Budget.

It has been suggested by the Committee on Nominations that the Chairman of the Committee on Administration, Finance and Legal Matters should be Dr van Zile Hyde, of the United States of America. Any observations? I take it that the Assembly accepts this also by acclamation. (*Applause*)

### 4. Election of the General Committee

The PRESIDENT: Now we come to the election 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 the Assembly. The nine names proposed are, as you will see in the document before you: France, Ghana, Pakistan, Saudi Arabia, Sweden, Togo, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, and Venezuela.

Are there any observations? Any suggestions? Then if there are no observations or suggestions, and I see there are none, I declare these nine Members elected to the General Committee.

The General Committee will meet tomorrow morning, punctually at 9.30 a.m. At this first meeting the General Committee will consider the addition of supplementary items to the provisional agenda of the Assembly, the allocation of items of the agenda to the two main committees, and the programme of work for the first days of the session, including the technical discussions.

### 5. Message from the Chairman of the Council of Ministers of the USSR

The PRESIDENT: The chief delegate of the Union of Soviet Socialist Republics has asked to come to the rostrum to make a statement.

Dr KURASHOV (Union of Soviet Socialist Republics) (*translation from the Russian*): Mr President, fellow delegates, a message of greeting from the Head of the Soviet Government and Chairman of the Council of Ministers, N. Khrushchev, to the Fourteenth World Health Assembly, New Delhi, India:

On behalf of the Government of the Union of Soviet Socialist Republics, I greet the participants in the Fourteenth World Health Assembly.

The Assembly is beginning its work in an international situation in which a tense struggle is taking place between the forces of reaction, defending imperialism with its colonial plunder and destructive wars, and the constantly growing forces of progress, which seek to establish peace among all peoples and to ensure for all mankind a healthy and happy life on earth.

The present period shows particularly clearly that the overwhelming majority of mankind is no longer willing to tolerate or accept poverty, hunger and mass disease. Ordinary people are striving towards peaceful labour and well-earned happiness. The great discoveries of science and technology and the level of production of material goods now achieved can already fully provide mankind with everything necessary for normal healthy life and civilized leisure.

The capitalist monopolies, however, are using the contemporary achievements of science and technology for military purposes. They oppose the cessation of atomic tests, which are leading to increased radiation in the atmosphere and have a deleterious effect on human health. They design atomic weapons for the mass destruction of human beings, enter upon an armaments race, worsen the international situation and thus lead us towards a new world war, thus arousing the condemnation of world public opinion.

But war is not inevitable. War can be prevented. Peace can be defended and strengthened if the peoples of the world join those who are fighting actively for peace. The World Health Organization must play an active role in this highly humane task.

The Soviet Government and the whole Soviet people are doing, and will continue to do, everything possible to strengthen peace and the development of all-round co-operation among the peoples, including international collaboration in matters of medicine and public health.

I trust that the participants in this Assembly, the medical scientists and public health workers,

realize their responsibility and the situation which has arisen and that they will not stand aside from the historic advance of the peoples in the struggle for peace and the granting of independence to all colonial countries, but will make their own valuable contribution to this just cause.

With all my heart I wish you success in your noble work for the good of mankind.

The PRESIDENT: Thank you.

## 6. Announcements

The PRESIDENT: May I invite the General Chairman of the Technical Discussions, Dr Arnold Sauter, to attend the first meeting of the General Committee, which will be held at 9.30 a.m. tomorrow.

The Assembly is now adjourned and will meet at 11 a.m. tomorrow.

*The meeting rose at 6.45 p.m.*

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## THIRD PLENARY MEETING

*Wednesday, 8 February 1961, at 11 a.m.*

*President: Dr A. L. MUDALIAR (India)*

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### 1. Presidential Address

The PRESIDENT: The meeting is called to order.

Fellow delegates, Mr Director-General, ladies and gentlemen, it is with a sense of profound gratitude that I accept the honour that you have been pleased to confer on me by electing me to the presidential chair at this, the fourteenth session of the World Health Assembly. I realize that this gracious act of yours is not a personal tribute to me but is a recognition of the part that my country has played in the work of the World Health Organization since its inception and the deep interest that it has always evinced in the manifold activities of this organization. I recall with satisfaction that India was represented at the Preparatory Conference of the United Nations that was held in San Francisco and that it was one of our countrymen who, as Chairman of the Economic and Social Council, helped in the starting of this organization as one of the specialized agencies of the United Nations. Let me also pay my tribute to those two representatives who were primarily responsible for submitting the proposals at the Economic and Social Council. I refer to my late esteemed friend Dr de Paula Souza of Brazil and to the delegate of China.

Looking back to those early years when the first World Health Assembly met under the distinguished presidentship of the late Dr Andrija Štampar in 1948, I cannot but feel that, among the many international organizations set up by the United Nations, the World Health Organization has come to occupy

a foremost place in its efforts to improve the conditions of the millions of people in all parts of the globe. Many are the illustrious men who have enabled this organization to spread its message of hope and cheer to the remotest corners of the world, to carry to the people in distant lands the initiative to put an end to all those conditions which militated against the health and happiness of the people at large. Among the many distinguished Presidents of this Assembly who have contributed so largely to its deliberations and who have so wisely directed the energies of this organization may be mentioned Dr Štampar, Dr Karl Evang of Norway, Rajkumari Amrit Kaur of India, Dr Scheele and Dr Burney of the United States of America, Dr Salcedo of the Philippines, Sir John Charles of Great Britain, Professor Parisot of France, Dr Al-Wahbi of Iraq, and Dr Turbott of New Zealand. This organization has been extremely fortunate in that it has had as heads of the Secretariat two great personalities whose dynamic energy and single-minded devotion to the cause of world health have been notable features of the activities of this organization. I refer to Dr Brock Chisholm and to Dr Candau, the present Director-General, who has been guiding the destinies of this international organization with conspicuous ability and success since 1953. Nor should I fail to pay a tribute justly due to the Chairmen and members of the Executive Board, who have borne with commendable care and devotion the onerous duties of their offices.

The work of many of these great statesmen of repute, the work of the Secretariat, of the Assistant

Directors-General and of the Regional Directors, on whom falls the burden of carrying out many of the decisions of the World Health Assembly and implementing the measures suggested by the Executive Board, has been a shining example of dedicated service to the cause of this organization and to humanity at large. We are equally grateful for the work that has been turned out by the many experts in the expert committees that have been appointed from time to time. May I recall with some gratification that it was at the First World Health Assembly that the Indian delegation moved a resolution for the constitution of regional offices with a view to better ascertaining, assessing, and helping in the promotion of health in the different regions. The acceptance of this suggestion by the World Health Assembly led to the formation of the first regional organization in South-East Asia, with its headquarters in New Delhi, followed by similar offices in Alexandria for the Eastern Mediterranean, in Washington for the Americas, in Manila, Philippines, for the Western Pacific Region, in Copenhagen for the European Region, and in Brazzaville for Africa. Looking back to the discussions that took place then and to the hesitancy with which some delegates approached this problem, with doubt whether it might not lead to fissiparous tendencies in the Organization, I feel that we may well congratulate ourselves on the wisdom displayed by the First World Health Assembly, which has contributed not a little to bringing the work of the Organization through the regional offices more directly into contact with the countries concerned—nay, with the problems of world health—with such significant success.

One of the great and spectacular changes that were made in the approach to problems of health was the decision arrived at that henceforth the World Health Organization should have as its policy and motto not the control of certain diseases but the eradication of those diseases, particularly diseases whose causative organisms are well known and in regard to which effective steps could be taken. It is owing to the genius of the present Director-General and his staff that the problem of malaria control was changed to one of malaria eradication. The Eighth World Health Assembly held in Mexico in 1955 decided that the World Health Organization should take the initiative to provide technical advice and encourage research and co-ordination of resources in the implementation of a programme having as its ultimate objective the world-wide eradication of malaria.

I need not go into the many steps that have been taken in the promotion of this objective, but the

significant decline in the incidence of malaria in many countries of the world not only shows how effectively this campaign has been carried on but gives hope and cheer to the nations of the world that with regard to other diseases, also of a communicable nature, the word “eradication” may well be writ large as a significant sign for the manner of tackling these diseases. I refer in particular to diseases like smallpox, cholera, several of the water-borne diseases, and to many other diseases which are carried by insects. It is no doubt true that other problems are facing us, as indeed many such problems face those who are working for the welfare of humanity in different fields, economic, social, intellectual or moral. But whatever the difficulties, I feel sure that, once the objective is clearly defined that it is not the mere control of diseases that we aim at but the eradication of these diseases, the progress is bound to be more speedy, and the methods by which such eradication can be achieved in the shortest time will also be more carefully planned. May I not venture to express the hope, fellow delegates, that the lead given by the World Health Organization for eradication rather than control will be followed in other fields of human activity where mankind is faced with similar dangers, and that ere long we shall talk not of control of this or that particular danger, but of eradicating the danger altogether so that men’s minds may be freed and humanity in general in all parts of the globe may live in a state of physical and mental health and happiness.

Let me refer to another notable activity of the World Health Organization. The readiness with which on all occasions this international organization has gone to the help of those suffering from serious calamities, whether created by nature or occasioned by human agencies, is worth recording. When difficulties arose for the civil population in many of the battle-torn areas in the East, the World Health Organization was the first in the field to go to the help of such a nation; when earthquakes, floods and famine broke out and nature was asserting its power too ungenerously, it was again the World Health Organization that stepped into the breach. Perhaps I may with pardonable pride refer to the work that has been undertaken in a part of Africa where, owing to a variety of circumstances, there was a great and urgent need for medical help. A leading medical journal of the world, referring to the part played by the World Health Organization, has stated:

Within a week twenty-eight members of the staff of the World Health Organization were in



the country and twenty-five national Red Cross organizations had provided twenty-eight medical teams to work there. As a result of this immediate aid, a number of hospitals were soon able to start functioning again, in the interior as well as in the big cities.

The Director-General was able to report to his Executive Board that a group of 130 doctors and technicians were being engaged by the World Health Organization to work for the Congolese Government and that these temporary engagements would soon be increased to 400 or 500. In an attempt to meet long-term needs WHO had asked the university at Leopoldville to enlarge its medical school. If this could be done the World Health Organization would provide professors for the school. WHO also offered fellowships for training in other countries.

These notable efforts by the World Health Organization will go only a small way to meet an enormous need but they are at least an encouraging start and deserve success.

I am glad that the Executive Board of the World Health Organization which met recently in Delhi commended the action of the Director-General in thus taking the initiative under circumstances where grave dangers imperilling the health of large masses of the population were present.

This, in my humble opinion, is the right attitude to adopt for an organization whose chief aim is not merely the absence of disease but "the enjoyment of the highest attainable standard of health", which is one of the fundamental rights of every human being without distinction of race, religion, political belief or economic condition; and the health of all people is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States. On the occasion of the tenth anniversary of this organization in that beautiful city of Minneapolis, I ventured to state that the chief merit of the work of the World Health Organization was that it had carried its message to the remotest corners of the world, that people not merely in the urban areas but in the remote rural parts were aware of these activities and had greatly benefited by such activities—the peasants in Indonesia who were freed from the dread disease of yaws, the villagers of Afghanistan who were fortunately saved from a virulent type of epidemic typhus, the farmers in many lands like Thailand, the hilly tracts in India and other places, who were rescued from the scourge of malaria and were thus enabled to

carry on their avocations, converting barren fields into smiling green pastures where the essential cereals were grown. These are the persons who can testify and who do testify to the good work of the World Health Organization as a great protector for the health and happiness of the piling millions. It is this intimate touch with the masses of the people that has made the World Health Organization better known for its beneficent activities than any other single organization of the United Nations and, if I may venture to add, better appreciated all over the world.

Great as has been the work of the World Health Organization during the last thirteen years, considerable as have been its achievements, significant as has been its effect on the reduction of morbidity and mortality in most lands, no one can deny that the World Health Organization has yet a greater part to play. It cannot afford to rest on its laurels. There are still many diseases which require its constant attention and intensified activity. Prominent among the four priorities established by the First World Health Assembly is tuberculosis and, although much has been done, much yet remains to be done in a constructive way to control this widespread scourge. It is of significance that recently experiments have been carried on in South India, in the city of Madras, which tend to give us a ray of hope that by domiciliary treatment it may be possible to control the disease and to prevent its spread. I am glad indeed that the technical discussions this year will be on the subject of tuberculosis.

Yet another disease which, in this region and in neighbouring regions, has caused a great deal of concern because of its method of insidious onset and the large numbers that are affected by it, is leprosy. One need hardly say that from early times it has unfortunately been the practice to think of those suffering from this fell disease as persons who should be beyond the pale of society. Fortunately for them, and fortunately for the conscience of humanity, the remedies that have been discovered have made it possible for such persons to be comparatively free of some of the obvious manifestations of this disease and, by suitable treatment or rehabilitation, to make them once more useful members of society. The work involved however is tremendous and it would be well for the World Health Organization to concentrate upon the eradication of leprosy also and to seek the co-operation of all governments and of the general public for the radical removal of this ancient scourge, which has from biblical times been dreaded by humanity.

Yet, as disease after disease is being controlled, the problems of world health are becoming increasingly complex. New diseases have unfortunately come to light and some diseases have become much more common now than before. The stress and strain of modern civilization, the constant dreads that society has to bear from the action and reaction of world politics and the conditions prevalent in highly industrialized society have unfortunately increased the cases of mental illness, fatigue and irritability and, what is more disquieting, this factor is as important in the young as in the old. As new discoveries are made and new remedies are placed in the hands of the medical profession, one has to realize that the goal of public health work in respect of most diseases which affect the masses of the people will be more of prevention than cure and that control and eradication are measures which must be thought of only when the diseases actually set in. And therefore it is that the World Health Organization has always insisted upon those factors which are conducive to the prevention of diseased conditions.

One aspect of the work of the World Health Organization requires particular mention. It has become the policy of this organization to have at each one of its sessions some time devoted to the discussion of certain technical subjects. Having attended all the technical discussions ever since they were started, let me state that they have been greatly beneficial and that these reports have contributed not a little to spread the message of the World Health Organization far and wide and should receive great attention in all countries.

Fellow delegates, it is not my purpose to deal elaborately with all that the World Health Organization has been able to perform during these years. The work before the Organization is such that it can never be stated that it has finished its labours. The efforts made can yield results only to the extent to which co-operation is extended by all countries, by all governments, by all the people of the world. No organization is so singularly devoted to the welfare of humanity as the World Health Organization. It has no other ideology, no other aims and no other objectives. And, so long as it is inspired by these high and noble ideals, I feel sure that it will command the sympathy and support of all countries in the world—a fact that is amply borne out by the very large number of countries that have become Members of this organization. Let us continue this great task with humility but with the firm determination to render unto the people what is their due, to make life healthy and happy with a purpose, to be of greater and greater service to humanity at large.

## 2. Address by the Representative of the United Nations and of UNICEF

The PRESIDENT: I now have much pleasure in calling upon Mr Keeny, Director of the Asia Regional Office of UNICEF, to make a statement.

Mr KEENY (United Nations Children's Fund): Mr President, Mr Director-General, members of the Assembly, on the occasion of the convening of the Fourteenth World Health Assembly the Secretary-General of the United Nations has asked me to convey to you, Mr President, and to all the members gathered here, the following message:

I wish it were possible for me to be with you in person. The work of the World Health Organization is of special significance to the development of the United Nations system and of international co-operation in general. In particular it has helped to lay the foundations for progress in the direction of a multilateral approach to questions of economic and social development, through its continuing efforts to meet and overcome problems in the field of health as instanced by its malaria and smallpox eradication programmes, and through its encouragement, as defined in its Constitution, of "the attainment by all peoples of the highest possible level of health".

WHO can look back on a year of solid achievement, but it has before it problems of vast significance to the welfare of mankind. Close relations between WHO and other members of the United Nations family are of vital importance if the social and health aims outlined in Article 55 of the United Nations Charter and spelled out in resolutions of the Economic and Social Council and of the General Assembly are to be achieved. The attainment of higher health standards on a world-wide scale depends not only on health measures, but also on measures to raise standards of living and social conditions in general, in which the United Nations and other international agencies have an important role to play. In this common effort each can be successful only with the assistance of the others. I might illustrate this point by referring to a matter that is to be a subject for discussion at this Assembly, namely, assistance to the Republic of the Congo. The civilian operation of the United Nations family in the Congo has been a remarkable instance of co-operation on a large scale among international agencies involved. As stated by my special representative in the Congo in his first progress report to the Security Council last September: "For the first time in the history of international organization the United Nations

and the specialized agencies have collaborated in the Congo as a single team under the mandate of the Security Council, to meet the economic emergency following the country's independence. They have put together, in a little over a month, the largest civilian team they have ever had in one country at one time."

In the effort to meet a critical situation, new forms of international assistance are being developed. The operations have been based partly on the traditional pattern and methods of technical assistance and the provision of operational and executive personnel, but new ground has had to be broken. In addition to technical assistance proper, activities on a higher level of administrative responsibility under new and special arrangements have had to be undertaken by international officials in the Congo.

The contribution of WHO to this operation cannot be over-estimated. Having been requested by the Security Council to render assistance, WHO has responded, under the terms of its Agreement with the United Nations, both promptly and in a spirit of helpful and practical co-operation. It has provided a senior consultant in health to the Consultative Group of the operation and has assigned a sizeable number of its staff members, who are responsible, with the Ministry of Health of the Republic, for co-ordinating all health work in the country. Its health teams and those provided by the Red Cross have carried out their tasks with devotion and a sense of self-sacrifice, under conditions of great difficulty. The long-term plans for the development of appropriate medical cadres and the training of medical personnel, elaborated by WHO, should become the basis for an improvement in the health of the population throughout the country.

There are a number of other areas of mutual interest which deserve particular mention. Of special importance in my view is the assistance rendered by WHO in Africa, especially to newly independent countries, in response to resolutions of the General Assembly and the Economic and Social Council. The participation of WHO and other Members of the United Nations family in the long-term programmes in the field of community development, urbanization and housing provides significant examples of effective, concerted action at the international level. Mention should also be made of the fruitful contribution of WHO to projects of the Special Fund and the aid recently provided by WHO when disaster struck on a large scale in Chile and Morocco. Lastly, let me add that the co-operation of WHO

in the work of the Asian population conference, scheduled for late 1962 or early 1963, under the auspices of the Economic Commission for Asia and the Far East, will be warmly welcomed.

In concluding these remarks on some of our common endeavours, I have great pleasure in conveying to you my warm greetings and sincere good wishes for the success of your deliberations.

I also wish to bring greetings from UNICEF to the Fourteenth World Health Assembly from Mr Maurice Pate, the Executive Director. UNICEF and WHO have worked for more than a decade, not only in harmony but with steadily increasing effectiveness. After the emergency post-war years the bulk of UNICEF's money has been spent on projects jointly assisted by WHO. There have been hundreds of these projects. A few have failed; some of those still continuing seriously need improvement; but the achievement is one of which we can all be modestly proud—most of all the governments, who carry the heaviest burden.

All of us are painfully aware that the work of international co-operation for better health has only begun. Joint efforts, including bilateral aid, have brought advances against malaria beyond our dreams of ten years ago, but there will be another ten years of hard work and heavy expenditure before we can hope to say that world eradication is in sight. Other diseases, such as tuberculosis and trachoma, seem manageable if we can help the countries build up the necessary organization to fight them. And most of all, the many campaigns must be gradually brought together into sound rural health services that the countries can afford.

How to feed the additional millions whose lives have been saved is of course one of the biggest questions we all have to face. UNICEF will spend an increasing proportion of its funds to help improve nutrition, especially in protective foods. In India, three such State programmes are getting under way. This is in addition to the UNICEF-assisted milk plants in this country which, within three years, should be processing a million litres of milk a day.

UNICEF supports wholeheartedly the stated objectives of WHO and will continue to work energetically with supplies and equipment to help realize them. With the foundations of many programmes soundly made and with ever better scientific tools in our hand, we should be able to produce, in the sixties, substantially greater effective results than we have in the fifties.

The PRESIDENT: Thank you, Mr Keeny.

### 3. Statement by the Chief Delegate of Chile

The PRESIDENT: I now request Dr Bravo, chief delegate of Chile, to make a statement.

Dr BRAVO (Chile) (*translation from the Spanish*): Mr President, Director-General, Director of the Pan American Sanitary Bureau, representative of UNICEF, fellow delegates, ladies and gentlemen, I would like our first words at this Fourteenth World Health Assembly to be words of warm and fraternal greeting to the representatives of all the friendly countries here present, and of renewed thanks, in the name of our Government and of the national health service which we at present represent, for the generous help given to us in the catastrophe which devastated a large part of our national territory in May of last year.

The proofs of solidarity and of practical friendship shown to us in the misfortune imposed upon us by capricious nature contributed greatly to offsetting the suffering caused and to strengthening our profound faith in the high ideal of human solidarity, which was so well reflected in the acts and attitudes of your countries; this we shall never forget. The noble and generous help which served to mitigate the horror of the tragedy will be remembered always with grateful recognition by Chile and its people. On the afternoon of the day of the earthquake I myself had the moving task of putting through a telephone call to the Secretary-General of the Pan American Sanitary Bureau to ask for his help in the supply of antigangrene serum, of which there was at that time a shortage in the country. PASB quickly transmitted this request by the United States television service and the response was full and generous. I am still moved when I remember how, shortly after the catastrophe which devastated twelve of our most progressive provinces, innumerable countries hastened to our aid: Argentina, Bolivia, Canada, Colombia, Costa Rica, Cuba, Spain, the United States of America, Mexico, Panama, Paraguay, the United Kingdom of Great Britain and Northern Ireland, Uruguay, Venezuela, the Federal Republic of Germany, the Soviet Union, France, Sweden, Austria, Czechoslovakia, Italy, Belgium, the Netherlands, Switzerland, Brazil, Peru, Israel, Ecuador, Japan, Honduras and other countries of America and beyond the seas—all came to our help in a magnificent spirit of fraternal and human solidarity. The whole world was witness to the fact that today human solidarity, that fraternity that binds people together, is not a myth, and that in misfortune—when the need is greatest—it is possible to unite men in love, understanding, tolerance and respect for the values that make for human dignity.

Encouraged and strengthened by your example, and in the certain hope of better days for all our sister nations over whose health this organization and its regional offices stand guard, we come before you today with hearts full of gratitude.

For our national health services, the earthquakes and tidal waves meant dislocation of the work in six health regions, where more than 3500 officials were working, and the destruction or damage of forty-three hospitals, old people's and children's homes, out-patient clinics and rural centres; to repair the direct and indirect economic damage to them will cost more than 45 000 000 dollars. From the technical point of view, we are proud to be able to tell you that, in spite of the precarious conditions in which our country had to live for many months, there was no epidemic and we believe this was due, at least in part, to the efforts made by our services, which in the space of a few weeks carried out more than 500 000 vaccinations and the disinsection of more than 300 000 persons and premises.

The effective help and the generous encouragement we received has enabled us to develop a plan that will greatly facilitate a quick return to normal. Among other things we have completed the plans for the construction of new hospitals, and for the repair and putting back into service of others, in the area affected by the catastrophe. In many towns construction work is already beginning and we are confident that within five years we shall have adequate hospitals at our disposal throughout the devastated area.

Gentlemen, in conclusion we would again offer our grateful and heartfelt thanks to the Pan American Sanitary Bureau and to UNICEF. They were especially close to us in our time of trouble, and gave us practical help and encouragement to continue our task of safeguarding, re-establishing and developing the health of the community. Our thanks also go out to all those countries present here who, in one form or another, came to our aid in a difficult situation created for us by the disaster to a part of our country.

The splendid attitude of those in authority, of the Members of the World Health Organization, and of our sister countries whose names remain indelibly engraved upon the minds of the people of Chile, is an eloquent proof of the spirit which animates most of the peoples of the earth. It reminds all men of goodwill that it is possible to believe in a future world where we shall live as brothers in that peace and concord for which enlightened and civilized men fight and always will fight. As for us, with our children and friends—anxious for the greatness of our country—we will advance by your side along the

great highway to which we are guided by the gospel of humanity that inspires all our work.

The PRESIDENT: Thank you, Dr Bravo.

#### 4. Address by the Observer for the Holy See

The PRESIDENT: I have now much pleasure in requesting the Reverend Father de Riedmatten, representing the Holy See, to make a short statement.

Reverend Father DE RIEDMATTEN (Holy See) (*translation from the French*): Allow me, Mr President, first of all to congratulate you on your election. In electing you, the Fourteenth World Health Assembly has not only done honour to our host country, but has followed its established practice of discerning the wise men in its midst and placing itself in their hands.

My delegation has asked to speak, Mr President, at this preliminary stage in order to make a statement which it hopes will be a good omen for the various discussions you will be having, particularly on the question of the malaria eradication campaign.

Last year, when I announced the Holy See's contribution to the Malaria Eradication Special Account, I was authorized to say that the Holy See intended by this contribution to indicate to Catholics an eminently praiseworthy object for their gifts. I have pleasure in informing the Assembly today that this appeal has already met with a favourable response and that on 15 December last the Episcopal Commission of Misereor (German Bishops' Campaign against Hunger and Disease in the World), inspired by the appeal implicit in the Holy See's contribution to the malaria eradication account, decided that the Misereor Fund should make an immediate gift of 420 000 marks, or 100 000 dollars, to WHO for its campaign against malaria. The decision will be communicated officially to the Director-General of WHO on his return to Geneva. We very much hope, Mr President, that this magnificent gesture of the German Catholics—to which I should like to pay a tribute—will be imitated in many other regions and will open the way for future and increasingly large contributions to this vital campaign, contributions not only from organized Christian charity but from many private bodies and individuals.

With this in mind, and in view of the satisfactory results of its appeal last year, the Holy See has instructed me to say that for its part it will repeat in 1961, in the same spirit and with the same objective as before, the contribution that it made to the Account in 1959 and in 1960.

The PRESIDENT: I am sure I am voicing the feelings of all the delegates present when I express our most

sincere thanks for this very generous gesture of goodwill towards the World Health Organization and to the people that need it so much. I would request the representative to convey these thanks to the Holy See.

#### 5. Adoption of the Agenda and Allocation of Items to Main Committees

The PRESIDENT: We now come to the next item, the adoption of the agenda. The provisional agenda for this session is contained in the document before you which was sent to all delegates sixty days before the opening of the session. In addition, delegates have before them an addendum that contains the five supplementary items proposed, namely: Provision of emergency supplies to Member States; Travel expenses and allowances for members of the Executive Board; Sports medicine and physical training; Rights and obligations of Associate Members having attained independence; and Use of the Russian language as a working language in the Regional Organization for Europe.

May I know whether the Assembly is prepared to adopt the agenda, with the inclusion of the five supplementary items that I have just now read? No objections? I take it that the agenda, with the supplementary items included, is adopted.

Coming to the allocation of items to the main committees, the General Committee recommends that the items appearing under the two main committees be allocated as indicated in the provisional agenda, except for the following items: 2.4 (Report on development of malaria eradication programme), 3.16.1 (Malaria Eradication Special Account) and 3.16.2 (Measures to ensure the financing of the programme), which could be taken up at a joint meeting of the Committee on Programme and Budget and the Committee on Administration, Finance and Legal Matters; and item 3.9 (Increase in the membership of the Executive Board: report on the entry-into-force of the amendments to the Constitution), which could be taken up in plenary session immediately before the announcement inviting suggestions concerning the election of Members entitled to designate a person to serve on the Executive Board.

May I know if Members have any observations? If there are none, may I take it that the Assembly is in favour of accepting the suggestions made by the General Committee? The suggestions are accepted.

The General Committee also recommends that item 1.11 (Admission of new Members and Associate Members) be referred to the Committee on Administration, Finance and Legal Matters. Any obser-

vations? In the absence of any observations, I take it that the Assembly accepts the proposal of the General Committee.

As regards the supplementary items, the General Committee recommends that these should be allocated to the Committee on Administration, Finance and Legal Matters, with the exception of the item on sports medicine and physical training, which will be allocated to the Committee on Programme and Budget. Is the Assembly prepared to give its assent to this suggestion? The Assembly accepts the suggestion of the Committee.

## 6. Programme of Work

The PRESIDENT: It is proposed by the General Committee that the hours of work should be as follows: plenary meetings of the main committees, 9.30 a.m. to 12 noon, 2.30 p.m. to 5.30 p.m.; General Committee, every day at 12 noon unless otherwise decided. In case the General Committee's work is comparatively light, the suggestion has been put forward that the General Committee might meet on those days at 12.30 and the main committees might continue until 12.30.

Is this suggestion accepted by the House? There being no observations I take it that the House accepts the suggestion.

Award of the Darling Foundation medals and prizes: the Assembly is informed that the General Committee has confirmed the tentative arrangements proposed by the Director-General for the presentation of these medals and prizes on Thursday afternoon, 9 February, at 4 p.m. The medals and prizes will be received by Sir Gordon Covell in person and by the Chief Delegate of Venezuela on behalf of Dr Gabaldón.

As far as the technical discussions are concerned, the General Committee recommends that they be held on Friday 10 and Saturday 11 February, as proposed in the preliminary number of the *Journal*. Have I the consent of the Assembly for this item to be discussed on Friday and Saturday? The discussion will take place on Friday and Saturday. I have to announce that persons wishing to take part in the discussions are reminded that they should hand in their registration forms not later than 2 p.m. today.

## 7. Increase in the Membership of the Executive Board: Report on the Entry-into-Force of the Amendments to the Constitution

The PRESIDENT: And now we come to an important item — Increase in the membership of the Executive Board: Entry-into-force of the amendments to the Constitution, item 3.9 of the agenda. It may be

recalled that it has been decided to consider this matter in plenary session. The Secretary-General of the United Nations advised the Director-General by a letter dated 15 November 1960 that the amendments to Articles 24 and 25 of the Constitution — increasing the size of the Executive Board from eighteen to twenty-four — had entered into force on 25 October 1960 in accordance with the provisions of Article 73 of the Constitution. The Health Assembly may wish, therefore, to formally take note of this and to adopt the following resolution, which I shall now read:

The Fourteenth World Health Assembly,

Having taken cognizance of the letter from the Secretary-General of the United Nations informing the Director-General of the World Health Organization of the entry-into-force on 25 October 1960 of the amendments to Articles 24 and 25 of the Constitution,

NOTES with satisfaction that henceforward the Executive Board will consist of twenty-four persons designated by as many Members.

Any observations? May I take it that the House notes this with pleasure and accepts the resolution that I have just now read out?

The resolution is adopted.

## 8. Announcements

The PRESIDENT: I now wish to draw the attention of the Assembly to Rule 93 of the Rules of Procedure of the Health Assembly, which reads as follows:

At the commencement of each regular session of the Health Assembly the President shall request Members desirous of putting forward suggestions regarding the annual election of those Members to be entitled to designate a person to serve on the Board to place their suggestions before the General Committee. Such suggestions shall reach the Chairman of the General Committee not later than forty-eight hours after the President has made the announcement in accordance with this Rule.

For the information of some of the new Members, I may perhaps take a couple of minutes to explain the position. Till now the Executive Board consisted of eighteen Members, of whom one-third would retire by rotation after finishing three years — six Members would therefore retire. Consequent on the amendment to the Constitution increasing the number of Members to twenty-four, six more seats are now available to the countries concerned. The

principle to be adopted is defined in the rule that there should be equitable geographical distribution. The General Committee will have to place before the plenary Assembly the names of twelve Members, and six more, for the plenary Assembly to consider and to select twelve of these Members. The rule is that the General Committee should place not just the twelve names that are to be elected to the Executive Board, but half of this number in addition, arranging however its preference for the first twelve, taking note of the equitable geographical distribution.

It is now 12 o'clock; I therefore fix 12 noon on Friday, 10 February, as the time-limit for Members to communicate their suggestions to the Secretary or to the Director-General, intimating the countries that they wish to be nominated. It is only after the countries have been finally nominated by the plenary Assembly that the names of the individual members who would be designated by the countries will have to be announced to the Director-General. I hope this is quite clear.

I therefore once again repeat that Friday, 10 February, is fixed — and the time is 12 noon — for suggestions to be sent by any of the delegations as to the countries which they wish to designate persons on the Executive Board for the twelve vacancies that will now have to be filled. In conformity with Rule 93, I have just stated that I am inviting the Members to present their names.

We will now proceed with the other items on the agenda. Before proceeding, however, I have to announce that the General Committee has decided that the afternoon meeting, which will commence at 2.30, will conclude at 4.30, and that honourable Members who have accepted the invitation will have an opportunity to go to the President's reception, which is at 5 o'clock this evening.

#### **9. Reports of the Executive Board on its Twenty-sixth and Twenty-seventh Sessions**

The PRESIDENT: We will now take up the other items on the agenda. I have much pleasure in requesting Dr Penido, Chairman of the Executive Board, to come to the rostrum and present his report on the work of the Board at its last two sessions.

Dr PENIDO, Chairman of the Executive Board: Mr President, honourable delegates, it is a very great pleasure for me to present to the Fourteenth World Health Assembly the report on the work of the Executive Board at its twenty-sixth and twenty-seventh sessions. Before making a few brief comments on the document before you, I should like to say, in my own name and in the name of my

colleagues on the Board, how happy we were to be able to have the twenty-seventh session in the capital of India, a country which plays a vital role in world affairs and which has contributed so much to the work of WHO, particularly in designating to the Executive Board several outstanding medical scientists and public health experts.

Turning to the reports, I am sure that the Assembly will be impressed, as was the Board, by the great number and extreme variety of problems WHO had to face in this past year. They provide, I believe, additional proof for justifying the existence of WHO, constituting at the same time an eloquent testimony to the vitality and dynamism which characterize its evolution.

As usual, the Board has devoted much of its time and attention to the examination of the programme and budget proposed by the Director-General and, as in preceding years, this task was greatly facilitated by the study made by its Standing Committee on Administration and Finance, which met during the twenty-sixth session in November 1960.

One of the salient features of the programme proposed for next year is of course the world malaria eradication campaign. While the members of the Board were gratified by the progress already made in this field, as evidenced by the reports of the regional directors, they were also greatly concerned at the financial difficulties the Organization is having in providing the advisory services which the countries engaged in malaria eradication so badly need. After a very detailed discussion on this subject, the Board recommended to the Assembly the approval of the amounts of \$621 754 and \$637 347 for 1961 and 1962 respectively in order to cover the cost of the administrative and operational services of the malaria eradication programme which the Board considered appropriate to be included immediately in the regular budgets for the two years. The Board has also considered the problem from a long-range point of view and is transmitting to the Assembly the Director-General's report on various possible methods of ensuring steady financial support for the eradication programme.

The general review of the Organization's activities in the wide field of communicable diseases, including malaria, once more underlined the vision of the Twelfth World Health Assembly in establishing an intensified programme of medical research to be carried out by WHO in the years to come. Despite some very substantial achievements in combating parasitic diseases, we cannot indeed hope to reach a satisfactory stage unless internationally co-ordinated research makes further important advances on these problems.

Besides research, the training and education of health personnel and the improvement of environmental conditions are the two foundations on which better health can be built, and the Board fully endorsed the Director-General's proposals on these two items. We were happy to see that the fellowships programme of the Organization, undoubtedly one of its most important and most successful activities, will continue in 1962 and will thus be of special benefit to the new Members which have gained independence during the last year and joined the Organization. We also welcomed the Organization's continued effort to help countries adapt their medical curricula to modern conditions, as well as to develop further the exchange of scientific information through seminars and conferences in a great variety of public health fields.

I do not have to emphasize here the reasons which guided the Board in endorsing the plans put before it to improve environmental conditions in 1962, and in particular to assist in providing a maximum number of communities with safe and adequate supplies of water. In taking this action, the Board was inspired by the wish expressed by the Twelfth World Health Assembly, which considered those measures as essential for the protection and improvement of health and as indispensable for economic and social development.

The significance attached by the Board to mental health is reflected in the recommendation it is transmitting to the Assembly to devote the technical discussions in 1962 to that problem. Indeed, a resolution passed by the Board defines the topic of next year's technical discussions as "Mental health programmes in public health planning".

One last remark on the programme activities planned for next year. The Organization is called upon to have an essential part in the fields of radiation health, radiation medicine and human genetics. As in other branches of our work, we shall assist countries in initiating or, where they already exist, strengthening national services relating to the use of radiation and radioactive materials in health work. At the same time WHO will have the responsibility of co-ordinating internationally the research efforts which are being made in various countries in this entirely new domain.

This part of the Organization's work is rather symbolic of the close relationship WHO has with other organizations within the United Nations family, as well as with the non-governmental organizations. Indeed, in radiation health we are working very closely with the United Nations itself, IAEA, FAO, UNESCO, ILO, as well as with the International Commission on Radiological

Protection and the International Commission on Radiological Units and Measurements, which are both in official relationship with the Organization.

The members of the Board were unanimous in their appreciation of the action taken by the Director-General and his staff in meeting the emergency health needs of the Congo (Leopoldville). The speed and efficiency of the measures devised for that purpose demonstrated once again the wisdom of the founders of our organization in insisting on a highly regionalized and decentralized structure for WHO. It is clear that without the help of the Regional Organization for Africa the energetic initiatives of the Director-General might have been hampered or at least delayed.

In this connexion, I should like to pay a tribute to the work of the six regional committees, whose reports on the discussions they had in 1960 were of invaluable assistance to the work we accomplished in the two sessions.

As far as the Western Pacific Region is concerned, the Board had pleasure in extending the appointment of Dr I. C. Fang as Director for the Region for a further period of five years from 1 July 1961.

The expert committees continued to play their vital role in WHO and the Board took note with great satisfaction of a number of reports resulting from the meetings of these committees. The findings in these reports will add to the information and knowledge WHO attempts to collect and to distribute on all aspects of medicine and public health.

Following the wish expressed by the Thirteenth World Health Assembly, the Executive Board at its twenty-sixth session had a detailed discussion on the possibilities of reducing the length of World Health Assemblies. The recommendations which resulted from that study are now before this Assembly.

The Assembly will be gratified to learn that the financial arrangements for the construction of the new headquarters building are now completed. Thanks to the generous assistance we have received from the Swiss Confederation and the Canton and Republic of Geneva, it can now be assured that in due time the Organization will have its own home, the "Palais de la Santé", if I may use the beautiful expression of one of my illustrious predecessors, who was also the distinguished President of the Twelfth World Health Assembly.

Appropos of the new building, it is now established that the United Nations will reimburse the book value of WHO's investment in the Palais des Nations. This means that the 500 000 United States dollars proposed by the Director-General for use as a credit



to the Headquarters Building Fund in 1962 can be reduced to approximately \$285 000.

As I mentioned earlier, the Board carefully examined and reviewed the programme and budget estimates for 1962 as proposed by the Director-General in *Official Records* No. 104. As a result of that study, the Board recommended to the Assembly the approval of the suggested total effective working budget of \$21 576 480 for 1962.

The Assembly will be glad to hear that the financial state of the Organization is sound, despite the regrettable fact that the contributions of a few countries are still outstanding.

This is the last time the Assembly will receive a report from an eighteen-member Board. Indeed, the amendments to the relative articles of the Constitution having entered into force on 25 October 1960, the membership of the next Board will be increased to twenty-four. It is most fortunate that this change in the Constitution was so speedily effected, since the larger Board will be able to represent more adequately the Assembly, whose membership has also considerably increased in the recent past.

This, Mr President, concludes my introduction to the reports of the Executive Board on its twenty-sixth and twenty-seventh sessions, which are submitted to the Assembly with the hope that they will in some degree facilitate its task which, I am sure, will mark an important step in the evolution of our organization.

#### 10. Report of the Director-General on the Work of WHO in 1960

The PRESIDENT: I now request the Director-General, Dr Candau, to present his report on the work of the World Health Organization in the year 1960.

The DIRECTOR-GENERAL: Before dealing with the item on the agenda, Mr President, may I take this opportunity to convey to the Government of India the sincere thanks of the Organization for the excellent arrangements that have been made to ensure the success of the Fourteenth World Health Assembly. We have always valued India's long and continuing interest in WHO, and are indeed grateful for this further manifestation of that interest.

I have the honour to present to you, Mr President and honourable delegates, my report on the work carried out by the World Health Organization last year, which can be found in *Official Records* No. 105.

Once again, a study of the Annual Report on the activities of the World Health Organization provides

the Assembly with the opportunity of assessing the state of the Organization and of appraising the soundness of the major programmes it has been carrying out in the various fields of international public health. As in previous years I should like, Mr President, to avail myself of the time given to me for the presentation of the 1960 Report to comment briefly on a few problems which in my opinion are of special importance for the evolution of the tasks assigned to WHO by the people of the world, represented here today in this august gathering.

An outstanding development last year was without doubt the challenge presented to the international community by the political, social and economic crisis which developed in the Republic of the Congo (Leopoldville) immediately after that country had gained its independence in July 1960. I have reported to the twenty-sixth and twenty-seventh sessions of the Executive Board the details of WHO's role in dealing with the health situation in the Congo. This Assembly will also be considering those same reports under another item of its agenda. I feel, however, that it is important to emphasize here the two features which characterized our intervention in that country. The first is that WHO acted — and acted speedily — at the request of the Secretary-General of the United Nations, who was himself carrying out a resolution of the Security Council requesting the assistance of all specialized agencies for the Republic of the Congo (Leopoldville). The relatively high priority given to health work as an important factor in the restoration of order and for the general development of the Republic only confirms the fundamental concept of the close relationship between health and the socio-economic factors which has always guided our action and to which I shall come back a little later in my remarks.

The second essential feature of our action in the Congo was that for the first time we had to combine emergency measures, to satisfy immediate needs, with long-term programmes to maintain and to develop the basic health services. The Assembly might be pleased to learn about further progress made under both counts. WHO has already provided the country with a large team of advisers who are working both in Leopoldville and in the provinces. Now, at the request of the Government of the Congo, we are in the process of recruiting one hundred and thirty health workers of all categories needed to fill key positions in the medical-surgical centres of the Republic. The task of assisting the country in the education and training of its own health personnel has also begun well. There are now sixty-one *assistants médicaux* studying in various universities of France to complete their full medical training

while seven young students from the Congo have commenced their studies in France and in Switzerland. Finally, at a request made by the Rector of Lovanium University through the Government of the Republic, WHO is now recruiting a number of professors in order to complete the teaching staff of the medical school and of the school of nursing. I am sure that the Assembly will be gratified to know that WHO has been able to carry out its work in this troubled country without any serious difficulty.

There is no important new information which can be added to that part of the Report that deals with our malaria eradication programme. I wish only to repeat here that all the prerequisites for the success of this gigantic undertaking exist, and I am thinking primarily of the technical and administrative skill needed to organize the campaigns and of the goodwill and co-operation that practically all the countries concerned are bringing to the world-wide effort launched by WHO. I sincerely hope that this Assembly will find a lasting solution to the financial difficulties which impede the execution of the programme and which might soon jeopardize the results already achieved.

Recently we have had an indication of the additional, and until now unexpected, benefits which may come from a successful, all-out war on malaria. I refer to the o'nyong-nyong fever, a virus disease carried by *Anopheles funestus* and *Anopheles gambiae*, which broke out in East Africa in 1959 and which has already affected about seven hundred and fifty thousand people. Thus, for the first time, anopheles mosquitos have been incriminated as vectors in a virus epidemic. It can be said, therefore, that the attack directed against the vector of one disease should also significantly reduce the transmission of the other. Incidentally, the study of o'nyong-nyong fever in East Africa provides one of the best examples of a highly successful combined operation in which virologists, entomologists, medical officers and epidemiologists are contributing to the never-ending investigation of the relationship of man to his biological and physical environment.

This brings me to another important feature of the activities described in the 1960 Annual Report, namely the continued emphasis given to research. Despite certain financial difficulties, the intensified programme of medical research was launched last year, with highest priority being given to the communicable diseases, particularly those prevalent in the tropics. One of the facts which augur well for the future of work in this field is that scientists and field workers are increasingly adopting the ecological approach to the study of insect-borne diseases. Indeed, we know

now that many costly failures could have been avoided in the past if the control of certain diseases had been based on sounder ecological principles. It is therefore most fortunate that the ecological concept of communicable disease is now being expanded beyond the phenomena of transmission to take into account the climate, geology and the whole structure and behaviour of animals and man and their inter-relationship. Furthermore, a change in man's environment affecting his agricultural and industrial activities often results in a change in the very pattern of a disease. A comprehensive study of any communicable disease must consider all these factors in order to establish practical measures ensuring adequate control and eventually complete elimination of that disease.

At the same time, efforts are being made, through research, to improve the tools that are available for the investigation of the disease-carrying arthropods. Among these tools, radioisotopes have a special value because they are relatively easy to apply and to detect, they do not interfere with the normal behaviour of the insect, and they are extraordinarily sensitive. The use of isotopes is, therefore, no longer limited to the dispersal and feeding habits of the disease-bearing arthropods; it is extended today to the study of the mechanism of transmission and to that of insect physiology. With these methods of investigation it is to be hoped that we shall be able to solve the biochemical puzzle of resistance of insects to insecticides.

Meanwhile, another part of the international research programme stimulated and co-ordinated by WHO aims at co-operating with the chemical industry to find new compounds which could be successfully applied to problems of public health. We now have a five-stage programme involving six laboratories in different parts of the world and a research team established in Lagos, Nigeria. This programme is destined to test as many as three hundred compounds a year, and at present more than a hundred and twenty are being examined. Already a number of promising new chemical groupings have emerged from this undertaking, and we are about to use them in carefully controlled field trials on the vectors of trypanosomiasis, typhus fever, onchocerciasis, filariasis, Chagas' disease and plague. In carrying out this programme we are, of course, highly concerned with the toxicity of pesticides to man, since it would be quite unthinkable for WHO to recommend the use of any material which had not been judged as absolutely safe.

Research has achieved the isolation of the causative agent of trachoma, a virus related to the psittacosis/lymphogranuloma group. Since mid-1957, at least

seventeen groups of workers from five continents have reported the isolation and passage through serial cultures of the trachoma virus. Since the infective agent is now available in pure form and in large quantities, we can expect new achievements in the research and the control of this disease which, it must not be forgotten, still renders many millions hardly one degree better than blind.

The increased progress in research in the field of poliomyelitis justifies our optimism concerning the eventual outcome of the fight against this disease. Indeed, inactivated and attenuated vaccines have brought control within our grasp, and our thoughts are now turning towards its eventual elimination. In less than ten years from the breakthrough by Dr Enders, inactivated and live vaccines have been developed and have been used for the vaccination of millions. The Second International Conference on Live Poliovirus Vaccines and the WHO Expert Committee which met in Washington in the middle of last year emphasized the role WHO played in this speedy development by collecting and disseminating information and by bringing together groups to discuss problems and to provide guidance to health authorities.

However, the success so far achieved has not lessened the need for further research. On the contrary, it would be true to say that the development of live vaccines has increased it. Many problems remain to be solved in laboratories and in the field. For instance, it is imperative to obtain and disseminate comparative information on the behaviour of the virus and the evolution of the disease both in the countries using mainly inactivated vaccines and in those employing only the live-virus vaccines.

If I have taken the Assembly's time to give some examples of the achievement in 1960 in the wide field of research, and of the avenues which it opens for our work in the years to come, it is because I firmly believe that the success of most of our major campaigns now depends to a great extent on an internationally concerted effort better to understand the causes of disease and the foundations of positive health. The year 1960 was marked by spectacular progress in mankind's greatest inquiry into the mysteries of matter, of the earth, of the universe and of life itself. The massive advance in many fields of science is exemplified by the synthesis of chlorophyll and the discovery of early steps in photosynthesis. The amount of research, time and energy needed to obtain these results, as well as many others in medicine and in the disciplines related to it, is infinitesimal, and yet these medical and scientific advances are probably the most

important in the world today when we think of the future of man on earth.

More countries achieved independence in 1960 than during any one year in the past. In Africa alone, seventeen nations have become masters of their own destinies and are taking their places in the organized international community. As a result, the membership of WHO has now increased to one hundred and six, with one hundred and four full Members and two Associate Members. The universality which has always been one of our fundamental aims is now within reach, and I sincerely hope that those who are still missing from our ranks will soon join us in the quest we are undertaking for better health and greater well-being for all.

Mr President, may I say here how disappointed I am that the three remaining inactive Members have not yet taken advantage of the conditions laid down by the Ninth World Health Assembly to resume active participation in the work of the Organization.

Contemporary events on the African continent should open our eyes to the opportunities which lie before the international community in assisting the newly independent countries in their economic and social development, which alone can give them full political independence and enable them to play a constructive role in shaping the future of the world. Only recently we have heard the leaders of the great nations pledge their financial and intellectual resources to fill the gap which now separates the few wealthy lands from the many poor. This indeed is the main challenge of our time.

It is, I believe, the privilege and the duty of this Assembly to emphasize the indissoluble relationship which exists between health on the one hand and economic and social development on the other. No continent is better able than the one we are meeting in today to provide evidence that persistent ill health and debility can prevent entire communities from exploiting the often quite important potential resources of their lands. Indeed, the country which is playing host to this Assembly is better placed than most to testify to the ravages of malaria, which weakens the productive work of millions of her citizens and lowers considerably the standards of living of the whole community. And what about bilharziasis, which saps the energy of almost the entire rural population of the Middle East and diminishes the working capacity of millions in Africa, in large parts of South America, and on the Asian continent? Can we forget that in a large part of the world, including even some of the more developed countries where morbidity is relatively low, enteric diseases affect not only children but millions of adults and are thus an important source of economic loss?

Is there any hope of improving the material conditions of seventy-five per cent. of the people of the world if they have to live dangerously every day of their lives, drinking unsafe water, surrounded by polluted refuse, and exposed to vermin?

If I re-emphasize, Mr President, the essential role health plays in the general development of any country, it is in no way because I underestimate the value of other socio-economic factors, and in particular the need to bring the greatest possible assistance to the agricultural and industrial development of the under-privileged areas of the world. Quite the contrary. The very definition of health which has guided our work in the last fourteen years recognizes the fact that health cannot be improved in an economic and social vacuum. We in WHO believe, therefore, that the tragic and all too familiar cycle of ill health leading to poverty and poverty causing ill health must be broken through the concurrent and concerted action of all branches of science and technology. Only then can we be sure

that our organization may make its modest but essential contribution to the great undertaking launched in our time to eliminate poverty, disease and ignorance from the face of the earth, so that the people of all races and of all nations can build the healthy, prosperous and peaceful international society which is still the cherished dream of all of us.

The PRESIDENT: Thank you, Mr Director-General.

Before closing this session I have once again to request honourable members who wish to participate in the discussions on the reports of the Executive Board as presented, and on the Report of the Director-General, to hand their names to the Secretary.

May I make a personal appeal, an appeal which has been also commended by the Organization, that to save the time of the Assembly members are requested as far as possible to make their statements or speeches as short as possible.

The House will now adjourn and meet at 2.30 p.m.

*The meeting rose at 12.35 p.m.*

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#### FOURTH PLENARY MEETING

*Wednesday, 8 February 1961, at 2.30 p.m.*

*President: Dr A. L. MUDALIAR (India)*

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#### 1. General Discussion on the Reports of the Executive Board and the Report of the Director-General on the Work of WHO in 1960

The PRESIDENT: The Assembly is called to order.

I have a number of names given as participants in the general discussion on the reports of the Executive Board and the Report of the Director-General. As I have already stated, I will be greatly obliged if members will kindly be in their seats when their names are called and make their observations in as short a time as possible.

The first speaker on my list is the delegate of Greece.

Professor PAPANICOLAOU (Greece): Mr President, ladies and gentlemen, on behalf of the Greek delegation, allow me, Mr President, to congratulate you most sincerely on your election to the presidency of the Fourteenth World Health Assembly. I feel it also a great privilege to congratulate the Director-General on the occasion of the presentation of his

very sound report on the work of WHO in 1960. I would also associate myself with the other delegations in paying a tribute to the efforts and achievements of the Organization in raising the level of health in the world. My Government wants to stress the prompt and humanitarian efforts of the Organization to meet the emergency health situation of the Republic of the Congo, which that country found itself facing immediately after attaining independence.

The Director-General's Report deals particularly with the problems of malaria eradication, a field of health policy in which my Government scored one of its great successes. Of our limited finances we invested in 1960 \$750 000 for this campaign without asking or receiving any assistance from the Malaria Eradication Special Account. The results are very encouraging and we hope that in two years' time the scourge will be eradicated from our territory.

Greece is particularly appreciative of the aid she is receiving from WHO and UNICEF in establishing

a pilot rural health area. The project made considerable progress in 1960 and is now in operation, developing integrated health services for the rural area in question. Furthermore, training has started, providing refresher courses for medical and auxiliary personnel engaged in the rural health service. My Government was honoured and very pleased with the visit of the Deputy Director-General and the Director of the Regional Office for Europe, who had an opportunity to visit and get first-hand information on the progress achieved in connexion with this model project.

One of the main trends in the work of WHO is towards a task of supreme importance — to assist the countries in developing health services and training personnel. The Greek delegation notes with great satisfaction the increasing number of public health projects. With regard to the programme of Technical Assistance, experience has surely shown that our present methods are not entirely satisfactory. Technical Assistance has not been always successful. Unsatisfactory planning and weakness in public health administration have been in some instances to a certain extent responsible. Evidence has also accumulated to demonstrate the fact that the limited duration of projects does not allow their further growth and development. There is, as a rule, no difficulty in starting a project and even in getting it running smoothly and well in the course of two to three years; but many reports have shown that, after withdrawal of WHO teams, the impression is that the work has been finished and completed instead of having been just started. My country would like to see clauses inserted in agreements with countries on projects, to the effect that there should be future periodical inspection of the after-effects of projects begun by WHO at specified intervals, of two years for example, to ensure that the plans originally laid down by WHO teams are maintained and followed up in accordance with the original conceptions as set out in the original agreements. These would obviate the terrible calamities that have taken place in more than one project conducted by WHO in the past ten years and would ensure that the general supervision of WHO is not merely for the short period of the original project, but will continue for an indefinite period. What I am suggesting is merely a follow-up of the project and therefore a plan which should be acceptable to each country concerned. It may even be necessary to send further assistance at some time long after the original project has been completed. Consideration should be given to the fact that in the economically well developed countries it took many decades and continuous efforts to

develop health services to their present standards.

My second point concerns research. Many of us who have actually worked in the field with WHO projects have — rightly, I believe — criticized the amount of research work carried out by WHO in under-developed areas. Far be it from me to criticize research in any branch of medicine, but many of us have the strong impression that basic research should be undertaken by organizations other than WHO and that WHO should reserve itself to carry out work based on the findings of those organizations which have devoted themselves to research and to research alone. Consideration should be given to the difficulties one is facing in carrying out research in under-developed areas. Nor can WHO ever hope to set up research teams of the calibre of the teams available to such bodies as the British Medical Research Council, the United States Public Health Service, etc., to give a few examples. What WHO must do is to make use of the researches which have been conducted by reliable research organizations and to apply the lessons in a purely practical manner. By this method much time and money could be saved.

In tuberculosis we must review our methods in the light of the more recent developments. In many countries of the world, and particularly in the under-developed areas, where the tuberculosis problem is greatest, no reliable data are available to indicate the extent of the problem. Experience has shown that in these areas research based on prevalence surveys for tuberculosis in randomly selected samples of the population is an extremely difficult task to carry out successfully. More simplified methods are therefore needed for measuring the extent of the problem. The prevalence of reactors to tuberculin in the age-group 7 to 14 is easier to ascertain and is a reliable index of great importance. BCG vaccination in these areas should be planned in such a way as to permit longitudinal tuberculosis surveys which will enable the trend of tuberculosis to be followed. Our aim in tuberculosis must be to continue our attack on the volume of infection. The apparatus required for such a procedure is simple and not expensive. It has also been shown that modern treatment, thoroughly and consistently carried out by means of chemotherapeutics, is the best answer we have for the arrest of early lesions and for the conversion of infectious cases of pulmonary tuberculosis to negative.

But here our techniques must be concentrated on administrative methods to ensure that domiciliary drug treatment can be carried out efficiently. Domiciliary drug treatment needs a good organization for case-finding and has to be directed from some central

point. There is a growing recognition in the well-developed countries of the increasing value of tuberculosis dispensary services in combination with mobile mass radiography surveys for an intensified case-finding programme, early detection, and domiciliary drug treatment. Such a dispensary service may be feasible in the economically under-developed countries within the possibilities of their economies as a long-term policy.

There is not merely the control of tuberculosis to be considered by WHO: we must now begin to consider the eradication of the disease. In certain parts of the world we know that positive reactors to tuberculin are not to be found until the later years of life; that is to say, tuberculosis has even to-day been eradicated in the juvenile and young-adult groups of these populations. These benefits have resulted from the skilful planning and follow-up of research work which has been conducted by organizations of different kinds throughout the world. WHO must follow these examples. By such means we can, I believe, visualize the ultimate eradication of tuberculosis from the vast majority of countries in the world.

The PRESIDENT: Thank you, Professor Papanicolaou. I now call on the delegate of Haiti.

Dr MODÉ (Haiti) (*translation from the French*): Mr President, Mr Director General, ladies and gentlemen, the delegation of the Republic of Haiti has the great honour of most warmly congratulating, through me, the President of this important Assembly. It is certainly no simple matter of chance, Mr President, that you have been selected: it is your valuable and sterling qualities, your ability and sense of proportion, that are responsible for the delegates' having fixed their choice on you. Your election is a good omen for the success of the work of this body, upon which the health of the human race depends.

We would avail ourselves of this formal occasion sincerely to congratulate Dr Candau on the distinguished, tactful and responsible manner in which he is directing the World Health Organization.

We extend cordial greetings to all the delegates present—some of whom, like ourselves, come from very far away with the praiseworthy object of injecting new blood into this immense organization for mutual aid, under the able direction of its distinguished President and illumined by the Report of its excellent Director-General.

We feel that, in order to get our ideas clear and to enable the discussions to proceed smoothly to well-founded conclusions, the representatives of the under-developed countries in particular ought to give a brief account of what has been achieved in

their countries and what remains to be done to safeguard the health of their fellow countrymen and prevent epidemics.

In Haiti, the Health Department began to expand in good earnest only about fifteen years ago. Today it is one of the largest of government departments. This rapid progress is due to the joint efforts of qualified Haitian statesmen and advisers from international organizations. The Department is divided into a number of sections with qualified staff: Public Assistance, the Public Health Division, Rural Medicine, Medical and Paramedical Training, the Dental Service, and the Administration and Finance Section. Allow me now to give you, for your information, a short account of the work of each of these sections.

First, Public Assistance. This section is responsible for the hospitals (of which there are eleven, one in each of the eleven health districts), a gynaecological-obstetric centre, and four sanatoria. These have a total capacity of about 2500 beds. At Port-au-Prince, the capital, there are private hospitals, some of which are State-subsidized; they have a total capacity of not more than 400 beds. The doctors are all trained at the Haiti Faculty of Medicine, but all of them with few exceptions take refresher courses in advanced centres overseas to brush up their knowledge or to acquaint themselves with modern methods of diagnosis and treatment.

The Public Health Division, which is much larger, consists of the following services: preventive medicine, school health, quarantine, food hygiene, epidemiology, health propaganda, statistics, nutrition, environmental sanitation, and the national public health laboratory. All these services are staffed, firstly, by doctors specialized in public health, former holders of fellowships from the Pan American Sanitary Bureau, Point IV or other international programmes; secondly, by public health nurses, qualified in Canada or the United States; thirdly, by health officers and inspectors trained on the spot; fourthly, by health auxiliaries, also trained on the spot; and fifthly, by qualified sanitary engineers, trained abroad under WHO's auspices.

Rural Medicine. Under a recent law, drafted by the President of the Republic, Dr François Duvalier, and his Secretary of State for Health, Dr Carlo Boulos, and adopted unanimously by Parliament, every young doctor leaving the Faculty must put in one year of rural work before he is free to take a hospital post. This new provision enables us to supply the most inaccessible parts of the country with doctors.

According to a plan worked out by the Health Department which has been studied jointly with international organizations—WHO and UNICEF—

our rural medicine is to be essentially preventive. The country will be divided into thirty-seven health units, each sub-divided among three or four health centres. The health centres will supervise the rural dispensaries within their area. This plan will cost some five million dollars and will be carried out by stages.

**Medical and Paramedical Training.** In Haiti we have a Faculty of Medicine and Pharmaceutics, a Faculty of Dentistry, three schools of nursing, and a laboratory school. Health officers and inspectors, and health auxiliaries, anaesthetists and radiographers, are trained in batches according to the requirements of the service. The teaching staff consists of qualified Haitian teachers and a few foreign teachers sent by WHO. Clinical courses are given at the general hospital. We very much hope that international mutual aid organizations will give us every assistance in improving medical training in Haiti. They are going to help us with laboratories for the basic sciences; thanks to Point IV we already have a physiology laboratory. The Haiti Faculty of Medicine is prepared to take students from Africa who want to study medicine. The Haitian Government will give them every assistance and protection and will provide them with all necessary facilities.

**Dental Service.** This section supervises dental health throughout the country. Dental services are provided by a dentist in each of our hospitals and hospital dispensaries. This service has not, it must be confessed, reached its full development. It is improving gradually.

**Administration and Finance Section.** In view of our modest resources it is no exaggeration to say that the Government is making unheard-of sacrifices for the health service. The Department is in this favourable position because the present President is both a public health specialist and a rural doctor. If the country's finances were in better shape, all we should need from foreign organizations would be technical assistance.

The projects carried out with the help of foreign organizations are:

**Yaws eradication.** A plan to control the commonest endemic infectious disease in Haiti has been in execution for fifteen years. Thus with the assistance of WHO, UNICEF and the United States Operations Mission we have brought the yaws eradication campaign to a successful conclusion: the result is a resounding international success. We avail ourselves of this opportunity to pay a public tribute to the great pioneers of the campaign, such as Dr Dwinell, Dr Rein, Dr Duvalier, Dr Petrus and Mr Petit; their names will be for ever inscribed in letters of gold in the medical annals of Haiti.

**Malaria eradication.** Whereas yaws has virtually disappeared, malaria is tending to increase in our country. The past year more particularly has been marked by renewed outbreaks of malaria. Not a month went by without the central office receiving a telegram from some part of the country or another reporting that an epidemic was decimating the population. The epidemiology service found that Laveran's haematozoon was responsible for this renewed outbreak of fever. This situation obliged the Health Department to recommence the SNEM (national malaria eradication service) campaign. In agreement with the WHO experts, the Health Department prepared a plan of action which, thanks to Point IV and UNICEF, has now reached the execution stage.

**Famine control.** Malaria is an age-old endemic disease in Haiti, but famine has been rife in our country since the hurricane "Hazel" struck our shores. However, there have always been isolated cases of deficiency oedema and kwashiorkor among the suburban and rural masses. Thanks to the CARE Foundation and its Director-General, Mr Reuter—to whom we publicly express our thanks—famine and malnutrition are now quite under control in Haiti. CARE is enabling us to increase and improve the diet of our hospital patients. It is paying for a hundred or so canteens throughout the country. Nor does it confine its activities to nutrition: it extends them also to the Haitian community's medical and social problems.

Malnutrition is a problem of primary importance, both for Haiti and for Asia and some small American countries. We consider that the public authorities should be most vigilant and that mutual aid organizations ought not to be grudging in their assistance. With this in mind, the Health Department has joined with the national Education and Agriculture Departments to prepare, with WHO, FAO and UNICEF, a food and nutrition programme: SNAN (national food and nutrition service). The function of this body is to spread food and nutrition ideas, particularly in schools, and to promote an increase in our agricultural products. We hope by this means to be able to give support to the campaign to control famine and malnutrition in Haiti.

Intestinal worms are a new type of scourge that is undermining the health of the people. The attention of the Health Department has been drawn to the problem, and the responsible officials have decided to make a final onslaught on these parasites. The high prevalence of ascarides, oxyurides, trichurides, ankylostoma and amoebas in children is sufficient to hold the attention of the authorities. We are in the process of collecting exact data on the subject,

with a view to organizing a ruthless campaign against intestinal parasites in the various health centres. We should have liked WHO and particularly UNICEF to start a world-wide campaign to eradicate intestinal worms. It should be remembered that the under-nourished or under-developed countries are particularly seriously threatened. For more than two years now the Haitian delegation has been consistently stressing this problem, but its importance has not been realized. We hope the same thing will not happen this year.

**Drinking-water.** This is a problem of primary importance in the world. Nobody here of course needs to be told by us that water is the cause of a great number of infectious and parasitic diseases. WHO ought to give more attention to the problem of drinking-water in the world. We agree with the conclusions of the Pan American Health Conference, namely that drinking-water and environmental sanitation are major elements in any public health programme in the Americas.

The Haitian delegation would like publicly to thank the Director of the Pan American Sanitary Bureau for having made urgent representations to certain American banks which have resulted in their considering ways of helping us by financing a project for the improvement of our drinking-water system.

We cannot omit mention of the tremendous work which the Medico group (a philanthropic association of American doctors) is doing in our country in a particularly poor district. We take this opportunity of expressing our gratitude.

In conclusion, we should like to see the humanitarian institutions giving practical expression to the purpose for which they were set up by giving particular, if not exclusive, attention to everything relating to the health of the human race. Wealth is not uniformly distributed in the world: side by side with wealthy countries are areas that are literally destitute. If the principle of the interdependence of all mankind remains valid, it is the duty of the rich nations to help the poor ones out of the rut of destitution. This is a still more imperative duty where these peoples, whose teeming numbers are in penury, are stricken by disease. Humanitarianism—in a word, charity—rejects altogether the idea that assistance to poor countries should depend on their counterpart contribution to the international organizations providing assistance. A country with a health budget of one dollar a head a year should receive the full measure of assistance without any pecuniary participation being required of it. Assistance should first of all be given for the campaign against the causes of unhealthiness and morbidity, and then for increasing the country's resources. That the poor

peoples should be served before the comfortably placed countries is only justice.

In order to meet all its obligations speedily, the World Health Organization ought to try to save money and time. Not all the zone offices are indispensable; some of them could be abolished, since WHO has representatives in each of the countries concerned. It would be necessary to associate with the representatives in question one or two experts, in keeping with the size of the job to be done. Reports would be sent directly to the continental office, which would be responsible for notifying the Geneva office. This would do away with the present round-about routing of correspondence. The time saved could not but be most valuable for Member States. WHO should provide its representatives—particularly those in the under-developed countries—with certain facilities. We take the liberty of mentioning that there are actually in certain countries representatives who have no car at their disposal for their work.

Many indeed are the countries which have derived great benefit from the services of WHO. Haiti is one of them. We own it publicly—without any desire to make other countries jealous. We bear testimony to the gratitude we feel towards this immense international philanthropic organization. WHO never grudges us its help when we have a health programme to carry out. In this respect Haiti is the spoilt child of the Organization.

The ability, soundness and devotion of the administrators, technicians and experts of WHO have laid a firm foundation for the Organization's fame. The entire world has its eyes on WHO. The faith which suffering humanity has in it is immense. We are firmly convinced that a day will come when, by pushing back the frontiers of disease, the World Health Organization will succeed in wresting the peoples of the world from the clutches of premature death.

The delegation of the Republic of Haiti thanks the city of New Delhi for the warm welcome given to it and to the other delegations from the four quarters of the earth. His Excellency Mr Nehru will, I hope, allow the Haitian delegation, through me, to present him its respects.

The PRESIDENT: Thank you, Dr Modé. I now request the delegate of the Federal Republic of Germany to come to the rostrum.

Dr STRALAU (Federal Republic of Germany) (*translation from the French*): Mr President, Mr Director-General, ladies and gentlemen, as last year, I want to be brief; and with regard to the Director-General's



Report, apart from thanking him and his colleagues, I should like to confine myself to three points which seem to us important.

First, cardiovascular diseases. Both the morbidity and the mortality figures for diseases of the heart and the circulation have steadily increased in recent years. The long period of unfitness for work, premature invalidism or sudden death in the best years of one's life from myocardial infarction, in which these diseases result, entail not only much human suffering but also considerable loss to the national economy. All endeavours conducive to the study of these diseases and their causes should be intensified and encouraged whenever an opportunity arises. Accordingly, I note with appreciation any activity in this field, and am glad that WHO too has focused its attention on this important question. Opportunities within the Secretariat to make a direct contribution to the serious study of these diseases are, in the nature of things, very small. It is no part of the official duties of the staff—to whom I wish increasingly good health—to carry out research on diseases on their own persons! It is all the more necessary therefore that the studies initiated by the Director-General and carried out in conjunction with specialized national scientific associations, which he mentions in his Report, should continue and be intensified. In this connexion a suggestion he made to the effect that co-ordinated joint studies might be carried out in several States, could prove very valuable.

Cancer. The same applies to the disturbing number of cases of sickness or death due to cancer observed even at relatively early ages. Among types of cancer, mention may be made of the statistically established increase in mortality due to cancer of the lung. In addition to the group studies on the cancer problem the Director-General referred to, I would venture to mention the work of the Regional Office for Europe, which has undertaken in co-operation with the Danish Cancer Registry studies on the geographical pathology of the disease and of mortality from malignant neoplasia. Not only should researches like this continue and be extended, they should also be co-ordinated as thoroughly as possible.

Malaria eradication. We cannot give up the malaria eradication programme which has been decided upon and is showing good initial results. If, despite all the Director-General's efforts, financing by voluntary contributions does not seem assured at present, it is a sad and regrettable state of affairs. The matter was the subject of important debates in the Executive Board in November 1960 and the view arrived at was that part of the cost of financing should be met from WHO's regular budget. In

spite of what I said on the subject last year, I now—albeit reluctantly—support this view, in order that the objective of the malaria eradication plan may not be compromised. If necessary, the requisite funds should all come out of the regular budget. I hope that in the course of the discussion a detailed proposal to this effect will be made and a decision will be taken upon it. Without prejudice to that decision, it would be desirable that voluntary payments should go on being made. My country will continue to make them. This great humanitarian objective requires no less.

Allow me to conclude, Mr President, by sincerely thanking and extending friendly greetings to this beautiful country in which we have the privilege of holding our Health Assembly this year.

The PRESIDENT: Thank you, Dr Stralau. And now I request the delegate of Argentina to address us.

Dr PIROSKY (Argentina) (*translation from the Spanish*): Mr President, Mr Director-General, distinguished delegates, ladies and gentlemen, the delegation of Argentina congratulates the World Health Organization on the remarkable work it has accomplished as set out in the Director-General's Report on the work in 1960. My Government views with great satisfaction what has been accomplished, especially in the countries in course of development, in fulfilment of the United Nations guarantee of the right to health; and we are happy to congratulate the Director-General on the important work that has been accomplished in spite of many difficulties of all kinds.

WHO and its regional organization, the Pan American Health Organization, are, along with UNICEF, co-operating with Argentina in a number of programmes of various kinds which are already producing results. The integrated public health demonstration project in the province of El Chaco is in its second year, and the experience and results obtained will serve as the basis for operations in other parts of the country. The malaria eradication campaign, which is of special interest to WHO, has been conducted with energy and has reached the consolidation phase in 60 per cent. of the endemic area; in the course of the next two years Argentina hopes to reach the objective of the programme and thus make its contribution towards attaining the world objective. The training programmes which are being implemented on a co-operative basis lay particular emphasis on the formation of university-trained nurses and of other nursing staff, including administrators and supervisors. With the co-operation of specialists, courses have already been

organized for the purpose of improving the collection of basic data for the establishment of demographic statistics. Finally, the antituberculosis campaign has begun in demonstration areas.

At the end of 1960, during the visit of the Director-General and of the Director of PASB, three projects were agreed upon: training of personnel for hospital and public health nursing services; leprosy control; and the organization of centralized statistical services in hospitals, including the training of specialized personnel.

All the work in co-operation with WHO, PAHO and UNICEF has been carried out with enthusiasm by the Argentine authorities and has called forth especial effort to achieve results: the appropriate column of the budget for 1961 indicates that every dollar invested by WHO in the co-operative programmes is matched by an investment of \$81.69 on the part of Argentina.

Side by side with these activities based on co-ordinated programmes, our Government, thanks especially to the Minister for Social Welfare and Public Health, Dr Hector Noblía, has developed a health policy which lays particular emphasis on the prevention of disease and promotion of health. To this end, attention has been concentrated on fundamental and high priority needs: the training of personnel, the control of communicable diseases, and health education.

In connexion with the training of personnel in the Ministry of Health, the national School of Public Health has already completed its third course for selected professional workers and has prepared experts in health administration and its various branches. The institute for social workers has continued its training work in the subjects indispensable to public health. The courses for health *bachilleres* are continuing and are, in a minimum of time, providing young, high-grade health workers, trained in public health subjects. The national University of Buenos Aires for its part has started a diploma course in public health. These training activities are being developed at the various levels and in various fields by means of the large number of fellowships which our Ministry awards and for which candidates interested in the different subjects can compete.

In medical research, the National Institute of Microbiology has been modernized and has taken in thirty fellowship holders in highly specialized subjects. The Ministry has also given a stimulus to the work of the National Institute of Health, which is at present preparing its programme.

In connexion with the control of communicable diseases, 1960 has seen intensification of work for the

improvement of medical certification and of the relevant national laws and regulations; the necessary elements have also been brought to the notice of the medical profession. Through agreements with the provincial ministries, the national Ministry began in the second half of 1960 a national smallpox vaccination programme with the aim of successfully vaccinating at least 80 per cent. of the population. This programme will be completed during the present year, and will rely on the vaccine, of optimum quality, potency and purity, produced and supplied regularly by the National Institute of Microbiology. In this connexion I am happy to be able, in the name of the Government of the Republic of Argentina, to place ten million doses of vaccine at the disposal of WHO for the world smallpox eradication programme.

During 1960, as a result of the 1959 national seminar on Chagas' disease, a pilot programme for the elimination of the vector was begun. This programme has been in operation for a year in the province of Rioja, and an evaluation of it shows that the various phases are being satisfactorily completed and the minimum requirements of the national Ministry respected. The programme will be extended as and when the various provinces complete the requisite preliminary studies. Operations began in October 1960 in the province of El Chaco and ten other provinces are already at the preliminary reconnaissance stage; these provinces cover the endemic zone, with a population of eleven million. This vast programme calls for extensive resources and the Minister is addressing himself forcefully to its implementation.

A permanent matter of concern is the study of the virus diseases, and we have paid special attention to the use of vaccine for the prevention of haemorrhagic virus disease in the endemic area to the north-east of Buenos Aires Province. The first evaluation seems satisfactory. Similarly, the study of the enteroviruses continues.

As far as communicable diseases that can be controlled by specific prophylaxis are concerned, the Ministry continues to apply its systematic measures: standards are set and the necessary supplies of vaccine for programmes ensuring an adequate level of immunization are provided free of charge.

Studies for the control, and later eradication, of endemic ankylostomiasis in various parts of the country, are being carried out. As for the zoonoses, systematic action is being taken against hydatidosis, trichinosis, rabies and brucellosis. A pilot programme for the eradication of this last-named disease is being implemented with the co-operation of the Pan American Zoonoses Center and the material assistance of FAO.

The Ministry is paying particular attention to the problem of the venereal diseases and, in conformity with international agreements on this subject, is treating infectious cases.

The development of the maternal and child health programme has continued: adequate centres and rehydration posts are being set up throughout the country, and, in order to ascertain the conditions which cause summer diarrhoea in infants, a statistical study is being made of the clinical, etiological, socio-economic and environmental factors of the problem.

In order to obtain the maximum from all these activities, every effort is made to obtain co-ordination at the national level and implementation at the provincial and local levels, and to stimulate the interest of and train the necessary workers in the various branches. Steps have also been taken to intensify health education and to obtain the participation of the public in the health programmes. To this end, my Government convened the first Latin American seminar on health education, which was successfully held in November 1960 at Mar del Plata.

In conclusion, may I express the hope that, in the not very distant future, these assemblies will be no more than pleasant occasions for meeting together to confirm that health in its three essential aspects has been ensured, and that the people, masters of their destiny, are reaping the benefit of their free development which, as Dr Horwitz, Director of PASB, has often so rightly said, must by the creation and equitable distribution of riches contribute to the elimination of hunger, overcrowding and ignorance—the three negations of health.

The PRESIDENT: Thank you, Dr Pirotsky. I will call on the delegate of Israel to come to the rostrum.

Mr BARZILAY (Israel): Mr President, fellow delegates, it is certainly a great experience to all of us to be present in this magnificent hall in New Delhi, in the heart of the great country of India. My delegation associates itself gladly with those who have preceded it in expressing our gratitude to the host country for the generous invitation that has made it possible for us to assemble here and for the splendid arrangements and facilities provided by the Government of India, which will surely help to make this Assembly an outstanding success.

India presents a most impressive tradition of continuity and development in civilization from the earliest days to the present. It is a country where science is both very old and very young, a country of age-old wisdom steeped in an ancient democratic

tradition, serving as a foundation of its modern constitution and community development.

In electing Sir Arcot Mudaliar as its President, this Assembly has not only paid tribute to the host country, but has obtained the privilege of benefiting from the wide international experience of one of India's great and wise men, whose singular qualities have contributed to advance many a great cause. My delegation extends to you, Mr President, its cordial congratulations.

It might be fitting on such a representative occasion—when people who have devoted their lives to combating disease and to carrying on the fight for the health and happiness of men meet—to speak about some of the more general aspects of our work.

At the conclusion of the last World War—with a suffering and stricken world raising up its hands in prayer for peace—our organization was established, not only as a technical instrument but also as a message, as the embodiment of good hopes. It proclaimed peace and co-operation instead of division, human fraternity instead of hatred, construction instead of ruin. The very creation of our organization was a great humanitarian act, an act of faith in the better life for mankind.

Humanity today is confronted with a terrible dilemma. What is the role of science? Is it serving the peace and the happiness of man, or is it rising up to enslave men? Is science seeking to implant in the hearts of men a new hope or a horrible nightmare? Technology should be an instrument to aid man to climb to the summit of his fulfilment. Our great problem is the humanization of technology and science, the recognition of the primacy of the human being. It is essential to repeat this in an era in which science boasts of approaching discovery of the secret of creation, when it is conducting the most daring experiments in the synthetic development of life matter, when it is reaching out to the distant planets, when it is equipped with titanic power. By its very nature, science today is split up and specialized, and the specialist is required to know more and more about less and less. Overall perfection is to be achieved not only in the sphere of specialization, but in the integral outlook, in humanistic education and approach, in the conscience of high purpose, particularly in the world of medicine, whose direct subject is man. It is the doctor who must raise his voice against the "inhuman reality" of the great modern city, against the phenomenon of "a lonely crowd" and "the estranged men" in which human contact full of tenderness and the warmth of human contact have been lost, against the abstraction, anonymity and superficiality which threaten

the intellectuals and members of the academic profession.

Wherever the medical profession has been truly carried out in all generations, the wisdom of the heart has stood, and continues to stand, side by side with the achievement of science. It is that simple love of mankind, that sympathy with the suffering of others, that readiness to help, that identification with his humane mission, which stand at the very centre of the experience of the medical profession, from the Oath of Hippocrates until Albert Schweitzer.

Mr President, this Assembly, apart from the significant fact that it is for the first time convened in an Asian country, seems to me also remarkable in being the largest World Health Assembly and, in particular, because it is attended by so many newly emerged nations which have recently won their independence. My delegation, representing a young State and an ancient people, warmly welcomes the establishment and advancement of the new States in Asia and Africa, and extends its most cordial greetings to these new nations joining the international community as free and equal members. The new countries which have joined our organization must by the very nature of their conditions exert a far-reaching influence on the future direction of the work of WHO. The new and immediate tasks arising out of this situation constitute a challenge which our organization is called upon to meet.

The Director-General's Report provides an outstanding example of it. Thanks to the exemplary efficiency and the devotion of the Director-General and his staff, WHO was in a position to organize emergency aid for the Congo and to save its people from disaster when the health services in that country collapsed. My delegation wishes to express to Dr Candau its deep-felt gratitude for the splendid leadership which he has manifested in this particular action as well as in the activities of the Organization in general in the course of the past year. The prompt action of WHO in the Congo last summer is an excellent illustration of the great challenge which confronts our organization. Yet more is needed and expected than merely meeting emergencies. The new countries, in order to consolidate their independence, must advance the welfare of their people. The maintenance and extension of health services is one of the foremost tasks in this respect.

There cannot be a peaceful world half sick and half healthy, half poor and wretched and half wealthy and satiated. The urge for progress and betterment has become universally contagious. We are living in a fast-moving age and society. It is the solemn duty of those who are ahead to bring up as quickly as possible those who are behind, lest the

gap widen even more. Mr President, can there be any more important task today for a world organization such as ours than to devote its main energies to helping the newly independent States to tackle their seemingly insurmountable health problems? Of course, the resources of WHO as such are limited, and without the willingness of each Member State to make special efforts to render assistance, this tremendous task cannot be undertaken.

Yet the unique role that WHO can fulfil is that of principal promoter, of main co-ordinator, that of chief agent for the initiation and implementation of overall health programmes and projects designed to meet the needs of the newly emerging and developing States. My delegation believes that this Assembly should charge the Executive Board with the urgent task of setting up a special committee of experts to work out a programme of new ways and means, of new techniques and facilities, to meet the urgent needs of the new countries in the field of health services, training facilities for personnel, establishment of medical installations, and organization of medical care and public health. In the work of such a committee, representatives of the new States should participate in order to present the requirements and evaluate realistically the proposals in the light of the prevailing conditions and possibilities. Mr President, my delegation hopes that this suggestion commends itself to the distinguished delegates and that it will be taken up in the course of the work of this Assembly.

In its own way, and within the scope of its very limited means, my country too has gladly responded to the request for medical assistance by a number of new nations, particularly in Africa. We believe that, although we ourselves are a small developing country—or perhaps precisely because we are a developing country—it is our duty to share our experience and knowledge with countries which are undergoing those stages of development that we have already passed. I still recall the difficult problems encountered in the initial period after the establishment of our independence, when thousands upon thousands of survivors of the Nazi holocaust that overtook the Jewish people arrived in our country completely destitute, broken in spirit and body, reintroducing into the country diseases which had virtually been eradicated. And if today, thirteen years later, we have succeeded in controlling malaria, the death-rate from tuberculosis is 3.6 per 100 000, the infant mortality rate has declined to 25 per 1000 and life expectancy has risen to 70 years—all this constitutes an accomplishment for which we must be grateful to medical science, to the devotion displayed by the medical personnel, and to inter-

national co-operation as carried out so efficiently by WHO.

Notwithstanding the new challenges, we must not relax in the pursuit of those very programmes and projects to which WHO is already committed. First and foremost is the world-wide malaria eradication programme, which must be successfully consummated, and for which the necessary financing will have to be assured. Furthermore, we should continue with the implementation of our recently adopted resolution to promote research as a rightful WHO activity, serving as a vital basis for WHO activities both in well established and in developing countries.

My delegation welcomes the increase of membership in the Executive Board from eighteen to twenty-four members. In enlarging the Executive Board, we should be guided by three considerations. The increase should provide more adequate representation for those regions in which the number of Member States has increased; it should facilitate the election of representatives of new States who would enlist the attention of the Executive Board for the most urgent tasks facing our organization in those countries; and finally it should make possible the participation of Member States which, although qualified by their achievements in the field of health, have not yet had the privilege of making their own contribution to the work of the Executive Board.

Mr President, this Assembly meets at a fateful juncture in man's destiny, full of menace and rich in promise. It will leave its mark if it succeeds in consolidating achievements while taking up courageously and far-sightedly the new challenges: if, while standing on firm ground, it raises its sights to the new horizons. If it succeeds in that, we shall all remember it as the historic Delhi Assembly.

The PRESIDENT: Thank you, Mr Barzilay. I now request the delegate of the Union of Soviet Socialist Republics to come to the forum.

Dr KURASHOV (Union of Soviet Socialist Republics) (*translation from the Russian*): Mr President, gentlemen, first allow me to congratulate the President of the Assembly, Dr Mudaliar, whom we all esteem.

The Soviet delegation has studied with interest the Director-General's report on the work of WHO in 1960. The report shows that certain successes have been achieved in the work of the Organization during the past year and there have been some improvements in the carrying out of its programme. It is also fair to say that the Organization has opportunities for still more effective work.

The year 1960 can be called a special year in the history of WHO. A large number of new Members entered the Organization—almost all of them former colonial countries, now freed from foreign domination and setting out on the path of independent development. From this rostrum we cordially greet these new Members of WHO. We trust that the Organization will do its utmost to assist the public health services in those countries and in the other economically under-developed countries. We all know that colonialism has led to economic backwardness in those countries and has left their peoples and governments the legacy of an extremely low standard of life, disease and poverty. A typical example of the results of colonialism is the health crisis in the Congo.

But eighty-five million people in the world are still living in colonies or trust territories. There is no doubt that real improvement in the standard of living and in the health services of the people of these countries can be achieved only after they have obtained independence. For that reason WHO, guided by the humane principles and ideals set forth in its Constitution and which it puts into practice in its work, should add its voice in support of the resolution adopted by the United Nations concerning the complete elimination of colonialism from the world and the task of WHO in eliminating the consequences of such colonialism in public health.

The main purpose of the work of WHO should be to assist the less developed countries which have attained independence. To achieve it, WHO must review its main items of expenditure under the regular budget and refrain from carrying out programmes of secondary importance.

Unfortunately a lack of proportion has hitherto been noticeable in the WHO budget allocations to the various countries. Thus the countries in the African Region, where the training of medical staff from the indigenous population is a task of primary importance, have received the smallest allocation for that purpose. Between 1949 and 1959 WHO provided the African Region with only 569 fellowships out of a total of 10 000—about 5 per cent. And an actual reduction in the number of fellowships awarded to Africa has been noted in the last few years. There seems to us to be little justification for such a state of affairs.

In order to improve activities connected with assistance to newly independent countries it would be advisable to have more representatives of the indigenous population on the staff of the executive organs of WHO, for they are better acquainted with the essential problems of their own countries.

Assistance to the long-suffering people of the Congo is assuming particular significance at the present moment. The World Health Organization should, we believe, pay more attention to this problem and call upon all countries to contribute to a fund for assisting the Republic of the Congo in health matters. The Soviet Government has decided to give the Congo a sum of 400 000 new roubles by way of assistance for its health services. In this connexion, the Soviet delegation considers that assistance to the Congo should be given to the Congolese people through their legal government, with which WHO began its co-operation.

In planning a programme of assistance to the under-developed countries it is advisable that WHO make wider use of the experience of States which have made substantial progress in building up their national health services. Naturally, the study of experience in training medical staff and physicians, of which the economically under-developed countries are in dire need, is a most important question.

I should like, in this connexion, to give you a few facts about the development of the health services in the Soviet Union and about those measures of which use could be made by WHO when the organization and planning of public health services is being studied.

The system of health services in the USSR is one which arises out of the very nature of socialist society. It is a very important function of our State and a matter for the whole people. In 1959 we had 380 000 doctors, i.e., seventeen times as many as before the October Revolution. This has been achieved in the forty-three years of existence of our State, despite the fact that during twenty of those years we were obliged to wage defensive wars and to restore our ruined economy.

Large though it is, we are not however limiting ourselves to this number of doctors in the USSR. Instead of having one doctor to every 560 inhabitants, as we have now, by 1965 we shall have one to every 460, and the total number of doctors in the country will have risen to 500 000. At present there are over 170 000 students in our medical schools, and 25 000 physicians graduate from them annually. This will enable us to satisfy more fully the requirements of the population for medical services and better health.

At the same time we are devoting increasing attention to medical research. At the moment over 30 000 doctors are engaged solely in research and teaching—working in research institutes, laboratories and faculties. In the future the research physician will occupy an ever more important place in our health system and the number of scientists will increase still further, for otherwise progress in medicine is

impossible. The general practitioner, the specialist in all diseases, is a thing of the past now in the USSR. Differentiation and specialization, together with the development of medicine, are determining the course of planning, and the way in which doctors are trained and used. Accordingly we are training, in addition to specialists in internal diseases (therapeutists), physicians who specialize in the most diverse branches of medicine; and the farther we go the greater will be the degree of specialization.

The work of our physicians has been largely responsible for the striking improvement in the level of health of the population. In comparison with the pre-revolutionary period, general mortality in 1959 was reduced more than 4 times over, and in comparison with 1940, 2.4 times over. At the same time the expectancy of life more than doubled: by 1959 it was 68-69 years. There you have some facts. They will become even more concrete and interesting for the delegates to this Assembly, if they seek to learn about the development of the health services in our Central Asian Republics. The Soviet delegation at the Assembly includes the Ministers of Health of Uzbekistan and Tadzhikistan—formerly the most backward regions of Russia. They can address you and, if given an opportunity to do so, describe the health problems in their republics.

We all agree with the Director-General concerning the great importance of the WHO programmes for the control of infectious and parasitic diseases, which remain very important health problems in many countries. While carrying out these programmes however, and the malaria eradication programme in particular, we must not slacken our interest in programmes for the control of other diseases. The programme of smallpox control is still being carried out slowly.

With a view to encouraging the campaign against infectious and parasitic diseases we propose to hold in 1961, at the expense of the USSR, a special WHO conference on tropical diseases. We propose to invite in the autumn as our guests to this conference representatives from the countries of Asia, Africa, America and elsewhere, where the incidence of parasitic diseases is one of the biggest problems facing the health services.

The Soviet delegation acknowledges the value of measures taken by WHO to study the harmful effects of penetrating radiations on the human organism. The Director-General's Report does not, however, discuss the danger for human health of the continuing tests of atomic weapons. It is now generally acknowledged that radioactive contamination of the environment due to the explosion of nuclear weapons is steadily increasing. The United

Nations Scientific Committee on the Effects of Atomic Radiation pointed out that the increases in the level of radiation caused by nuclear weapon tests will undoubtedly have an effect on the health of the present generation and of future generations. Nevertheless, in its resolutions and decisions WHO studiously avoids any mention of the dangers of the continuing tests of atomic weapons and of the need to prohibit such tests. The time has come for WHO to make its views on this question known clearly and without ambiguity. It is particularly necessary that it should do so, because the General Assembly of the United Nations at its fifteenth session adopted a number of resolutions on the discontinuance of atomic weapon tests. WHO, as a specialized agency of the United Nations, cannot stand aside when decisions are being taken on a question which has a direct bearing on public health.

Possibly some delegates will accuse us of launching on a political discussion. But such an accusation can only be made by those who have forgotten what we were taught in the medical schools—who forget, during Assembly time, their professional duties as physicians. If we shut our eyes to this source of danger to health we shall be morally responsible to mankind, whose health we are called upon to preserve.

To perform the serious tasks which WHO must perform in the near future, it is essential to strengthen to the greatest possible degree the universality of our organization. Unfortunately the principle of equitable geographical representation in WHO continues to be violated. The public health systems in the world are represented very one-sidedly at headquarters and the regional offices, for an absolute majority of posts on the staff, including senior posts, are filled by citizens of a small number of countries, mainly western countries. WHO is still not recruiting to work in its various organs a sufficiently large number of the citizens of many countries of Africa, Asia, South America and Eastern Europe. For our part—as the Chairman of the Council of Ministers of the USSR, Mr N. Khrushchev, said in his message to the Fourteenth World Health Assembly—the Soviet Government and the whole Soviet people are doing, and will continue to do, everything possible to strengthen peace and the development of all-round co-operation among the peoples, including international collaboration in matters of medicine and public health. The work of WHO has a most important part in bringing about international co-operation in medicine. We are accordingly giving that work the closest attention.

The Government of the Soviet Union has authorized me to ask the Assembly to agree that the Sixteenth

World Health Assembly should be held in Moscow. We shall do everything in our power to make that Assembly a success.

In conclusion, I should like to thank the Government of India for the cordial reception it has given us in this hospitable country. I should also like to wish the medical profession in India—the worthy inheritors of the noble traditions of the great physicians of ancient India and, first among them, Sushruti—happiness and success in their noble work for the health of the people.

The PRESIDENT: Thank you, Dr Kurashov. I now call upon the delegate of Iran to address us.

Dr SALEH (Iran): Mr President, Excellencies, honourable delegates, I would like to take advantage of this opportunity to thank the Indian Government, on the part of the Government of Iran and my delegation, for having made this scientific meeting possible, and for the wonderful reception that we have received in your beautiful capital. The medical record of your services and your health improvement in this country is a fine example for those of us who are in the same circumstances and confronted with the same problems.

The excellent Report of the Director-General is certainly evidence of a great achievement: I should say, a greater achievement. Every year, as we can see, WHO is progressing towards a final goal. The budget prepared by the Director-General covers all aspects of health on a global basis; and we are happy to see that this will be continued in 1962, I am sure, in the same way that it has been implemented in other years.

My delegation is a little worried about the steps that might be taken regarding the financial status of malaria eradication, because in the past ten years we have spent millions on controlling this scourge, and within the past four years we have started eradication. We are climbing a mountain, a very steep mountain; we have already climbed 70 per cent. of it, and we do not want to fall near the end and not get to the top. It is the 30 per cent., in my opinion, that is more important than the 70 per cent. already achieved. With the 70 per cent. we can suppress malaria, but it is the 30 per cent., the final 30 per cent., that will eradicate malaria. So we should be very careful how we handle the financial resources of the Malaria Eradication Special Account.

At this point I would like to thank Dr Taba, our Regional Director, whose superb and inspiring personality is in my opinion the essence of neutrality and impartiality. He has been able to get us all together in a friendly way, and in the last seven years of his steadfast and ardent service to the World

Health Organization he has proved himself efficient and worthy of a distinction that he really deserves.

Gentlemen, I would not like to take your time by reiterating the local conditions in my country, because I know that this is the end of the meeting and you are all tired and we have a big occasion ahead. However, with your permission I would like to take a few minutes of your precious time to say a few words about the steps taken in Iran with reference to the resolution of the Economic and Social Council adopted in August 1960 and the resolution of the World Health Assembly last year.

As you remember, the Economic and Social Council emphasized the importance of co-ordination and co-operation on a regional, local and international basis among intergovernmental agencies, and the World Health Assembly passed a resolution that the evaluation of health should be a continuous responsibility of all governments. I am proud to report that Iran has been able to implement these two points by co-ordinating and evaluating health programmes. I am sure that some of the other developing countries have the same problems as we have. In other words, in our country we have multiple health agencies with a diversity of objectives, trying to do things, but duplicating and overlapping their programmes. We have official, semi-official, voluntary sectarian and non-sectarian organizations, all doing health work and driving towards the same objective. This reminds me of a musical symphony. If the members of that symphony are playing the music, each one in a certain tone, without harmony and without a conductor, the result is harsh to the ear and most displeasing. This is what the practice was in our country, and I am sure it is so in many other countries. With good intentions many health agencies are spending a great deal of money on medical care and on prevention of disease, but there is hardly any proper co-ordination and co-operation among those agencies.

In order to obviate this difficulty, we have established what we call a Royal Health Council. In this Royal Health Council, under the auspices of His Majesty, the representatives of all these organizations and health agencies are obliged to be members, and they have to get together and form an advisory board to the Minister of Health, who is the director of this body. The planning, the authorization and the execution and implementation of the programmes goes through this organized body, so that everybody knows what he is supposed to do. In that way we have carried out the resolution of the Economic and Social Council. As far as evaluation is concerned, I am proud again to say that our country is probably one of the few countries in the world that has used

a new methodology, this methodology being introduced by WHO in evaluating ten years of our progress in health.

Coincidentally, the activities of the Eastern Mediterranean Region started in 1949, just about ten years ago, when the new health programmes in Iran, such as campaigns against trachoma and tuberculosis, and programmes of malaria eradication, health education, maternal and child health and others, were started. So we used 1949 as a baseline and an Iranian team, with the help of an adviser from WHO, Dr Macchiavello, whom I am sure all of you know, went all over Iran and made an evaluation of the health progress made during ten years in Iran. We are proud to say that the team reported and confirmed that many things had been accomplished during the past ten years.

Ten years is not a long time and there is a lot ahead of us. It does not say that we have solved our problems—we have many problems to solve—but at least this evaluation was a prerequisite, in my opinion, for planning the new health programmes in Iran, especially at the time when the seven-year plan is starting to prepare the third programme. We came to the conclusion that the time is ripe for more attention to be given in my country to preventive medicine; for medical care to be delegated to other agencies under the Royal Health Council; for the Minister of Health or the Ministry of Health to watch standards and make sure that everything is carried out properly, that the standards are as they should be. In other words, as it has been very aptly said, the pill of preventive medicine should be prepared with a sugar coating of medical care. We should first prepare the pill, but let the community put the sugar coating on it so that the consumption of it is satisfactory to all concerned.

There is one more point, gentlemen, that I would like to bring to your attention. I was very happy this morning to note that Sir Arcot Mudaliar was talking about turning the control programmes into eradication programmes. In the same manner as we have achieved eradication of malaria and of smallpox in many of our countries, I hope to see the day when the eradication of many other diseases, communicable diseases that are endemic, is taken into consideration by this body.

I say that because you all know that last year two of our neighbours were confronted with a health hazard. I call it a health hazard because it really was a big health problem to our two neighbouring countries. Our Prime Minister was invited to one of these countries and myself as a guest to the other. We were eye-witness to the courageous work, to the wonderful job that those two countries did with the



little that they had at their disposal without the help of others. However, Iran was threatened because disease, especially cholera, knows no frontiers. We were obliged to send hundreds of doctors, vaccinators and sanitarians, to use our military forces, to put all our efforts into controlling cholera in its westward move towards our country, other countries and probably towards Europe. I am modestly proud to say that we were able to prevent cholera from coming to Iran. This is the first time in the history of Iran—the first time, I emphasize, in the history of Iran, because cholera has come before—that this disease has reached the frontier and has been stopped right there, thanks to strict sanitary regulations, for which at times we are sorry, but which we have to carry out, not only to save ourselves but to save other countries and also Europe.

I would like to ask you please to consider this point—that eradication, as the President said, should be continued, and should be extended from smallpox and malaria to other endemic diseases such as cholera, so that a menace of the sort that sometimes becomes a pandemic may be prevented.

In closing may I pray to Almighty God that your deliberations and your recommendations will be conducive to a peaceful, a prosperous and a healthy world. God bless you.

The PRESIDENT: Thank you, Dr Saleh. I now request the delegate of Canada to address us.

Dr MOORE (Canada): Mr President, distinguished delegates, ladies and gentlemen, it is indeed a privilege to congratulate you, Dr Mudaliar, on your well-deserved election to this high office of President of this Assembly. I recall, sir, with affection how often your calm judgement and gentle intervention have in the past helped to solve controversial problems and to prevent unnecessary acrimonious debate. I am sure that your capable hands will guide this Fourteenth World Health Assembly through its intricate tasks towards our common goal.

I come to the rostrum at this time to call the attention of the Member countries to another international meeting of importance. Four years ago, the International Union against Tuberculosis had its fourteenth biennial meeting here in New Delhi. The fifteenth biennial meeting two years ago was in Istanbul. This year it is our privilege in Canada to be the host to the sixteenth biennial meeting of the International Union against Tuberculosis, to be held in the beautiful Canadian city of Toronto.

An attractive programme has been arranged where world leaders in the fight against tuberculosis will present papers on the latest scientific thinking on this problem. An interesting social programme for

both delegates and their ladies is also planned. Both as President of the Canadian Tuberculosis Association and on behalf of the Government of Canada, it gives me pleasure to extend to all Member governments a cordial invitation for them to send delegations to Toronto, Canada, in September 1961—to the sixteenth biennial meeting of the International Union against Tuberculosis.

The PRESIDENT: Thank you, Dr Moore. The delegate of Afghanistan.

Dr HAKIMI (Afghanistan): Mr President, ladies and gentlemen, fellow delegates, the Royal Afghan Delegation thanks the President of the Fourteenth World Health Assembly for the kindness and consideration he would show towards Afghanistan in the discharge of his functions 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. May I also take this opportunity to convey to the Government of India and to the hospitable people of this beautiful city of New Delhi—the earliest seat of civilization, the seat of ambitious kings, and now the capital of the Indian Republic—the thanks of the Afghan delegation for the courtesy and kindness extended to us.

The Afghan delegation is pleased to offer its congratulations to the Director-General of the World Health Organization and his staff for the most valuable Report which has been submitted to us on the activities of this organization during 1960. At the same time, I wish to express our gratitude for the kind co-operation and assistance extended to my country in the various aspects of health by the Regional Office for South-East Asia and UNICEF. I would also like to pay a very special tribute to the Government of the Union of Soviet Socialist Republics and the Governments of India and Iran, who so generously and promptly assisted us with medicaments and vaccines in the cholera outbreak which occurred in our country in 1960. Thanks to our public health services and the advice of WHO and its Member nations, we were able to arrest the outbreak of the epidemic.

In conclusion, I wish to state and declare the readiness of the Afghan delegation for any co-operation which would make the work of this Assembly fruitful. I hope that our contribution to the deliberations of this Assembly will be accepted as a token of co-operation and solidarity. It goes without saying that all of us gathered here expect that the work of this august body will once again set an example of international understanding and co-operation. We all hope that, with the efforts of

all the delegates who are working in this hall, we shall be able to establish one day a world in which there will be peace, health and prosperity for all.

The PRESIDENT: Thank you, Dr Hakimi.

## 2. Announcements

The PRESIDENT: Before closing this session, I have a few announcements to make. I find that I have a

list of twenty-eight speakers who wish to come up to the rostrum. I hope and trust that they will all be here when their turn comes, and that they will help us to a speedy conclusion of this general discussion.

The House is now adjourned, and we will meet at 9.30 a.m. tomorrow. The first speakers on my list are Ceylon, Sierra Leone and Lebanon.

*The meeting rose at 4.35 p.m.*

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## FIFTH PLENARY MEETING

*Thursday, 9 February 1961, at 9.30 a.m.*

*President: Dr A. L. MUDALIAR (India)*

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### 1. General Discussion on the Reports of the Executive Board and the Report of the Director-General on the Work of WHO in 1960 (continued)

The PRESIDENT: The meeting is called to order.

May I request the delegate of Ceylon to come to the rostrum? We shall continue the general discussion on the reports of the Executive Board and of the Director-General.

Mr OBEYSEKERE (Ceylon): Mr President and fellow delegates, it is my very great privilege, sir, to congratulate you warmly, and add my tribute on behalf of my country, on your election to the presidential chair of this Fourteenth World Health Assembly. I am sure, Mr President, that this must be a very happy occasion for you, because the Assembly meets in the capital city of your country. With your wide knowledge and experience of the Organization, and your own personal charm, we feel assured that you will guide the deliberations of this Assembly towards the realization of the objectives which the world outside expects from it. I would associate myself with all the delegates who have, on this floor, rested their confidence in your wisdom and judgement and extended their assurances of full support to the decisions you will be making in the days ahead.

May I also take this opportunity to thank our outgoing President for the extremely capable manner in which he executed his duties during the past year.

I am glad the honour has fallen on me, on behalf

of my country, to address the first World Health Assembly that is being held here in the headquarters of our South-East Asia Region. That this Assembly is being held in this region is a matter of great and abiding satisfaction to us in Ceylon, for it was the advocacy of our late Prime Minister, Mr S.W.R.D. Bandaranaike, and the Health Minister of India at that time, that led the Organization to establish a separate regional centre for South-East Asia.

Our congratulations go in large measure to the Director-General and his staff for the production of yet another Report which is of immense value and interest in every detail of its commentary.

It is appropriate that the opening sentence of his Report should record that the most outstanding activity during the year 1960 was the assistance given by WHO to enable the Republic of the Congo to meet the emergency health situation in which it found itself immediately after attaining independence. We all know the colossal task that faced the Organization in providing these health services under such trying conditions. Our achievement is, in the Director-General's own words, "one of the best proofs of the soundness of its structure and of the maturity it has reached".

In the introduction to the Report, it is gratifying to note that every effort is being made to sustain the interest of all Member countries in the eradication of malaria, and it is good for the world that committees have been appointed to stimulate interest as well as research in this field. In my own country

we are now in the second year of our malaria eradication programme, having already controlled the disease by effective methods.

What is equally welcome is the emphasis on the expansion of the programmes of environmental sanitation and nutrition, which are problems confronting every Member nation in South-East Asia.

What has attracted keen interest in my country is the chapter on communicable diseases. There is mention in this chapter of the comprehensive studies that are being made on diarrhoeal diseases. Discussions on the enteric group of diseases were conducted at the sessions of the Regional Committee for South-East Asia. The Regional Director was requested to initiate a suitable pilot study with a view to formulating measures for the effective control of these diseases. Following this decision, we have suggested that such a pilot study be undertaken in my country. I might point out that the staff available in my country will be happy to collaborate with any WHO team that may be sent to undertake this work.

The Report strikes a disturbing note on tuberculosis in pointing out that in many tropical countries there is new evidence that a low-grade, presumably non-specific, sensitivity to tuberculin is widespread, and that this presents an important problem in tuberculosis control, since it is not known how effective BCG vaccination will be among people subject to this type of sensitivity. The problem of tuberculosis in my country, as in many others, is an enormous one and is intimately linked up with such factors as insanitary housing, poverty and unemployment. In countries which are faced with such difficulties it is felt that BCG vaccination offers the only ray of hope, and my Government, therefore, proposes to study this aspect. Under these circumstances it is most encouraging to find that this year's subject for the technical discussions is "Recent advances in tuberculosis control", and I have no doubt that the baffling problems precipitated by this disease will be fully discussed and that Member countries will be given the necessary advice and guidance to eradicate this menace.

Very little work appears to be done by the Organization in respect of filariasis. Further, this disease is now one of the chief public health problems in Ceylon, being particularly virulent on the western and southern coastal belts. Previous delegations from my country have drawn attention to the magnitude of the obstacles to be overcome and I am sure the same conditions prevail in other parts of South-East

Asia. I wish to appeal to this Assembly to address itself more forcibly to this disease.

Some of the problems which I have indicated here are connected with a forthright statement in the Report where the Director-General rightly pinpoints attention on the fact that most of the sickness in this region is due to poor standards of sanitation and malnutrition, both of which unfortunately have proved difficult problems to tackle.

I do hope that the members of this Assembly will give due consideration to both these aspects. I am aware that governments in this region are making every effort to deal with these problems, but they find it difficult to do so single-handed.

My Government is very pleased to learn not only of the creation of a Special Account for Community Water Supply, but also that funds are being contributed to this account. As recorded by the Director-General, with contributions coming in for this account, it should be possible to speed up the programme for organizing protected supplies of water for the people of this region; and I also trust that other governments which are in an advantageous position financially will readily contribute to this account, as a safe water supply is one of the most fundamental and foremost requirements for safeguarding the health of a very high proportion of the people in this region.

Another important problem associated with ill-health is the inadequacy of suitable houses. Owing to the high costs of building, many people in this region have to live in insanitary and improvised houses. I do suggest to the Assembly that it consider the promotion of research on developing a cheaper type of hygienic home.

Proper planning of a health programme is one of the fundamental needs of any country which aims to provide efficient medical care facilities. Not only planning but also adequately manning the services with well trained personnel is essential. The shortage of trained personnel is the biggest single handicap common to most countries in this region. The Organization has been assisting governments to provide facilities for the training of such personnel, and has also sponsored new activities that are invaluable for health promotion.

My Government feels that more stress should be placed on research in order to deal with some of the complex health problems facing many countries. I trust the Assembly will focus more attention on this vital aspect, with a view to the Organization's devoting more facilities and funds for this work in the future. One is therefore greatly heartened to note

in the Director-General's Report that the highest priority is already being given to research on communicable diseases, notably those prevalent in the tropics, and to organizing research work into cancer, cardiovascular disease, radiation medicine and human genetics.

While WHO is setting its sights on these vital matters it is encouraging indeed that the preliminaries, such as the standardization of techniques, setting-up of reference centres and, what is more, the training of research workers, are now being handled. To me, what is equally encouraging is the prospect of financial support in the form of individual research grants to workers whose activities demonstrate sufficient merit. This, to my mind, is a very good step because, in smaller countries that do not and perhaps cannot run streamlined research organizations, the vast bulk of the work rests on the shoulders of zealous individual workers, fired with the spirit of research. The work of such men can be of immense value and any support we extend to them must in the long run pay handsome dividends. I hope, therefore, that problems of finance will not delay this useful move and that assistance to this will be forthcoming.

Another matter I have in mind, and to which I believe the Expert Committee on Addiction-producing Drugs has also referred, is the need to expand and strengthen research into the various aspects of drug addiction. Have we assessed the magnitude of the public health problems resulting from drug addiction? As this expert committee suggests, it is vital that we should address ourselves more earnestly to studying not only the epidemiology of drug addiction but also the mechanisms of action of these drugs. The problem of drug addiction is not peculiar to any region, country or people. It is a global one, and is one of distressing character, clamouring for a solution. Whatever we do to combat this problem is bound to enhance our reputation as "the greatest international co-operative adventure for common good".

One of the most welcome features of the Director-General's Report is that "the introduction of preventive and social concepts into the training of doctors has received special attention" in WHO. Indeed, as the Director-General rightly points out, the role of the doctor must go far beyond the treatment of disease. This is particularly relevant to those countries—and there are many such countries—where health problems keep cropping up from the roots of preventable disease. Providing the medical undergraduate with an understanding of the relation between cause and effect, and orientating him to preventive work, is of great importance to his future career and to the well-being of peoples throughout the

globe. We therefore await with much interest the recommendations of the expert committee convened in this connexion.

On this question of health protection, one's attention is also drawn compellingly to the Director-General's observations on social and occupational health. Occupational health is assuming importance in under-developed countries owing to the rapid industrialization that is taking place. It is satisfying to know that a survey has been undertaken to study the health aspects of industrialization. Once the survey has been concluded, it will fall on this organization to determine what role it can most usefully play in joint action on industrial health.

I am pleased to find that WHO has given the lead in the eradication of smallpox from the South-East Asia, Western Pacific and Eastern Mediterranean Regions. A conference was held in this city last November at which delegates from these regions participated. Important decisions were made, and it is our earnest hope that with WHO assistance and the keenness and enthusiasm shown by the countries of this region, smallpox will be eradicated within the next few years.

It is the earnest wish of my delegation that WHO continue to command the resources it needs to carry on its global crusade against the forces of disease and prove its usefulness to the peoples of the world. We, like most other countries, pin our faith resolutely on the aims and ideals of WHO.

The PRESIDENT: Thank you, Mr Obeyesekere. I now call on the delegate of Lebanon to address us.

Dr ANOUTI (Lebanon) (*translation from the French*): Mr President, I take pleasure in congratulating you on your unanimous election as President of this Assembly—a well-deserved mark of confidence and merit.

I should also like to thank the Government of India for its kindness in inviting the Member States of our organization to hold the Fourteenth World Health Assembly in this beautiful capital. This gives us a welcome opportunity for gaining a closer knowledge of India, the cradle of a glorious civilization and a spiritual philosophy, far removed from the spirit of materialism. Our discussions in this atmosphere will draw profound inspiration from the humane, dedicated and philanthropic philosophy of this country.

Mr President, ladies and gentlemen, I should also like to give you an account of certain schemes whose importance is underlined in the Director-General's excellent Report and which have been undertaken by Lebanon under the auspices of WHO. They are

the campaign against tuberculosis and the eradication of smallpox and malaria.

The campaign against tuberculosis in Lebanon started as long ago as 1900 but has become really effective since 1958, when the tuberculosis control centre in Beirut began operations with the help of WHO. Indeed its responsibilities have increased because of the installation of mass radiography apparatus, both fixed and mobile. Among 46 000 people examined, 1400 cases of active tuberculosis were found, i.e., 3 per cent. Each patient was studied from the medical and social points of view. Treatment was given sometimes on an out-patient basis, sometimes at home or in a sanatorium, depending on the circumstances. We consider that an increase in the number of tuberculosis control centres in Lebanon is essential. One centre with mass radiography apparatus would be needed in each *mohafazat* (of which there are four in Lebanon). We are thinking of extending the use of tuberculin tests and BCG vaccination, and in particular of applying them to all schoolchildren. The supply of tuberculin and BCG vaccine is a serious problem for us. Considerable difficulties have stood in the way of the development of such supplies. We would like WHO to come to our aid by supplying us with mass radiography apparatus as well as tuberculin and BCG vaccine, which Lebanon does not produce itself.

As far as smallpox is concerned, in compliance with resolution WHA11.54 on smallpox eradication, adopted by the Eleventh World Health Assembly, and in view of the law passed in Lebanon on 8 June 1959 making smallpox vaccination obligatory every four years (but only as a preventive measure, since from 1957 onwards not a single case of smallpox has been reported on Lebanese territory), the Ministry of Health undertook a vaccination campaign before the four years had elapsed in order to maintain this stage of consolidation. Vaccination began on 1 April and finished at the end of November 1960. The number of persons vaccinated was 1 135 698, i.e., 76 per cent. of the total population. The vaccine was supplied by Jordan, through the Regional Office for the Eastern Mediterranean; 1 750 000 doses of vaccine were received.

With regard to malaria eradication, it should be mentioned that before 1946 roughly half the Lebanese population was exposed to the disease. In 1943 alone 21 461 cases were reported, with 132 deaths. However, the use of residual insecticides (DDT, dieldrin, BHC, etc.), has completely changed the situation. The Lebanese Government, assisted by the international organizations, conducted an effective campaign against this scourge between 1952 and 1956 and then carried out an eradication programme

until 1960. Thus Lebanon can be proud of being the first country in the Eastern Mediterranean, if not in the East as a whole, to have put a complete end to malaria transmission throughout its territory. During 1960 a supplementary plan was worked out, in co-operation with WHO and UNICEF, to cover the consolidation phase. The Ministry of Health has taken all the steps necessary to put this final plan into effect during 1961 and 1962.

I have just given you a brief summary of the activities undertaken by the Ministry of Health of Lebanon in co-operation with WHO. I hope that means of improving public health through the world will develop at an ever-increasing rate. In conclusion I should like to thank Dr Candau, the Director-General, for his excellent Report and also, Mr President, to present you with a cheque for 5000 Lebanese pounds as the contribution of my Government to the malaria eradication programme.

The PRESIDENT: Thank you, Dr Anouti, and for your kind gift to WHO. I now call on the delegate of Yugoslavia.

Dr DJUKANOVIĆ (Yugoslavia): Mr President, fellow delegates, on behalf of the Yugoslav delegation and myself, I have particular pleasure in extending to you, Mr President, our warmest congratulations on your election as President of this Assembly. I also consider it a privilege to greet you as a representative, at this very important gathering, of India, the host country, the country for which the peoples of Yugoslavia cherish sympathy and warm friendship and with which Yugoslavia actively co-operates in the endeavour to maintain peace in the world and to create such international relations as will make possible an undisturbed and more rapid development towards a better and happier life for mankind.

I would also like to welcome the new Members and Associate Members, whose admission into our organization means another step towards its full universality.

The events of the past year have marked further progress in the execution of the manifold activities undertaken by the World Health Organization. The Report of the Director-General, Dr Candau, shows clearly the work of the Organization during 1960, while other documentation presented points out not only the social problems of health throughout the world but indicates the ways of solving them.

In addition to the regular activities of WHO, performed over a long period of time and which will remain its responsibilities for many more years to come, a number of other problems have emerged in this past year—the problems and needs of the

African States which have attained independence. The assistance given by WHO to the Republic of the Congo has certainly been a challenge to the Organization and has required immense efforts. Although we are not always satisfied with the results achieved, and especially with the rapidity of solving acute health problems, the fact remains that the activities carried out by our organization, the problems it has tackled and the way in which they have been solved, present a very impressive picture.

I particularly wish to stress that a considerable improvement in the methods of work is achieved in many activities and that efforts are being made to find more adequate solutions and more efficient ways of solving some specific problems. Further progress in the improvement in the methods of work of our organization should be expected in the years to come.

While appreciating the results achieved in the past year, I find it necessary, Mr President, to point out some of the world events which characterize the situation prevailing during the session of our Assembly and which, in the opinion of my delegation, have been and will be reflected in the work of all specialized agencies, in the work of our organization and its future plans and tasks. One of the features of the situation last year and at present is, in the first place, the emergence of new independent States—this time in the continent of Africa, the continent which has long been under colonial domination. This is reflected in our organization by the increase in its membership. We are today witnesses of the irresistible and very significant process of national liberation of many peoples and their endeavours to achieve complete emancipation.

The existence and further broadening of the gap between developed and under-developed countries, and the efforts of the countries of Asia, Latin America and others towards the attainment of rapid social and economic developments, are other essential characteristics of our time. Political and economic events in the course of these past years, both in the African and in other continents, have again reminded the whole world of the close link that exists between political, economic and social elements in the process of emancipation of peoples in under-developed areas. The close connexion between these elements imposes on the international community—I mean by this the United Nations and its organs—the obligation not only to aid these countries to attain political independence but also to facilitate and accelerate the process of emancipation.

All these problems are increasingly attracting today the attention of governments and nations. There is no gathering of any organization of some importance, there is no consultation, no meeting of statesmen

which can afford not to include this problem on its agenda. Pointing to the new problems imposed by everyday life, I wish to emphasize the necessity of their having a stronger bearing on all activities and future programmes of our organization, which means that the main part of WHO's activity should be devoted to the needs of newly independent countries and those of under-developed countries, all of whose resources are now directed towards an accelerated economic and social development.

In the opinion of my delegation, the main task of this Fourteenth Assembly of our organization is the concentration of all forces and the strengthening of the activities that should be devoted to the solution of this fundamental problem of the contemporary world, namely, to aiding newly independent States and countries undertaking measures for an accelerated economic development. I think that the numerous decisions regarding this question taken at the fifteenth session of the General Assembly will find their place and detailed elaboration in our debates and actions. This is after all our duty, imposed by the United Nations Charter and the Constitution of our organization. We are perfectly aware, Mr President, that this is a very complex and long-term task for the whole international community and for our organization too. Its successful implementation demands substantial financial means and further perfecting of the World Health Organization. I consider that our organization and its extended membership should make new efforts towards the accomplishment of this task.

If we take into consideration the programmes of our organization we shall see that they are principally in accordance with the views mentioned before.

The problem of malaria eradication has undoubtedly predominated in the activities of our organization during these last few years, and also does so to a great extent today. The report on the implementation of this activity clearly shows that preparations were duly carried out, that the co-ordination of all factors—both international and national—has been accomplished, and that successful results are not lacking. However, this unique example of a worldwide activity which has been undertaken—or, to put it better, implemented—by our organization has been faced with many difficulties which are in the first place of a financial nature. We should not allow the justified expectations of many countries in which malaria eradication programmes would have been carried out to be jeopardized owing to shortage of funds, because all the possibilities are not yet exhausted. The proposals of the Director-General and the Executive Board regarding the financing of this activity give sufficient elements on the basis of

which this Assembly can take a specific decision on such financing.

We note from the Report of the Director-General that there was quite a considerable increase in WHO's assistance in the control of smallpox, tuberculosis and other communicable diseases, and that important steps towards the eradication of smallpox were taken. Cholera was also reported to exist in some of the Asian countries. The activity of our organization should, in our opinion, be centred on these and a number of other infectious and parasitic diseases. After the decision of the Twelfth World Health Assembly to establish a programme for the improvement of community water supplies, I think that we have acquired some experience which should be extended to all the other problems in this field. Sanitation, air pollution, vector control and pesticides—all these are to a greater or lesser extent problems with which all countries are being faced today. In my opinion, we should in many different ways direct our efforts towards further studies, drawing up of standards, education and training of personnel, as well as to trying to provide greater assistance to those countries which, because of their technical under-development, need it most.

I am in agreement with the special emphasis laid in the Report of the Director-General on the education of medical personnel which, in our opinion, represents one of the key problems in many countries that are building up a system of organized public health services. This is a problem of particular importance in countries which have recently attained their independence—the Republic of the Congo can best serve to illustrate this—and in those countries which are on the way to becoming independent. Our organization should adopt such programmes as will assist these countries in training national staff of all kinds and in creating national institutions which will perform the tasks required for public health.

Medical research is unquestionably a very significant activity of our organization. Problems which we observed and decided to study two years ago are still in existence. For the achievement of a wide activity in the field of medical research there should be wider co-operation, especially with national teams and institutions, which will be of mutual benefit.

We in Yugoslavia have organized and are in the preparatory phase of organizing research in many fields of public health which form part of the programme set up by our organization. Research will be carried on in such fields as the epidemiology of diarrhoeal diseases, chronic nephritis, epidemiology of malignant tumours, industrial accidents, the influence of nutrition and occupation on arteriosclerosis, medical problems of noise, etc.

Yugoslavia has constantly and consistently carried out all the decisions of the Organization and has given its full support to the Organization in the implementation of its constructive work. We also co-operated very significantly last year with the Regional Office for Europe and with WHO headquarters in Geneva. This year, in collaboration with WHO, an international course on the eradication of malaria will be held in Belgrade and will be attended by doctors, engineers, entomologists and other health workers from Asian and African countries. We have also organized, in collaboration with WHO headquarters, typhoid vaccine trials and an investigation of the effectiveness of the new antibiotic in the mass therapy and prophylaxis of mycotic diseases; and steps are being taken for carrying out investigations in the field of diarrhoeal diseases.

Mr President, fellow delegates, our organization has hitherto made remarkable contributions to more active co-operation between nations. Exchange of experiences through various means, aid to technically under-developed countries, numerous symposia and conferences of experts, and a series of other examples of our activity paved the way to a more active co-operation, to active co-existence between nations and to the fulfilment of the high principles set up in the United Nations Charter, in the Constitution of our organization and in many declarations. We expect that this Assembly will bring far-reaching decisions that will help accelerate the process of effective co-operation between nations and will ultimately bring about a better life, health and future to all peoples.

The PRESIDENT: Thank you, Dr Djukanović. I now call on the representative of Sierra Leone to come to the rostrum.

Dr NGOBEH (Sierra Leone): Mr President, fellow delegates, I bring you greetings from the peoples and Government of Sierra Leone. With the imminence of independence for Sierra Leone, on 27 April this year, my Government looks forward with renewed confidence to the part WHO and UNICEF can play in helping to build the fabric on which alone full nationhood can stand.

There are still a good many public health and social problems confronting my country on this eve of independence. WHO has helped and is still helping with schemes for the control of yaws and leprosy. Under its auspices experts have visited Sierra Leone from time to time and have given valuable advice, which has proved to be of immense advantage in the running of both the hospital and public health services. There is still much more ground to be

covered. Tuberculosis is widespread and this has been confirmed by the WHO survey team which visited the country in 1958. The high incidence of onchocerciasis has also been confirmed. The scourge of malaria continues, though not with the intensity formerly associated with it in West Africa during the earlier part of this century. Malnutrition in all its forms is present and the high incidence of kwashiorkor has been confirmed. In some parts of the country bilharzia has been confirmed with the presence of the snail vector in most of the streams and rivers. It is impossible to undertake any large-scale control measures against these diseases without the necessary funds, equipment and personnel. As a delegate from a young nation, I cherish the hope that WHO will give urgent consideration to assistance in alleviating the scourge of endemic diseases in our part of the world, and thus contribute in no small measure to the happiness and comfort of our peoples.

The programmes for the control of yaws and leprosy are being undertaken with funds provided by WHO and UNICEF. Under the agreement for the yaws programme a senior medical officer was promised by WHO, but since 1957 it has not been possible to post one for duties in Sierra Leone. It is however hoped that WHO will consider an early posting on this project.

On behalf of my Government, I look forward with interest to seeing Sierra Leone take its rightful place as a full and accredited Member of this august Assembly. The experience we have gained as an Associate Member both in and outside this Assembly, and the benefits we have derived from the various deliberations and assistance year after year, will, I am sure, contribute in no small measure to the part Sierra Leone will play towards fostering the aims and objects of the Organization.

In a fully organized health service there must be an adequate supply of trained personnel, both for the hospital service and the health services, personal and environmental. WHO has been helping with fellowships and local training schemes. This help is greatly appreciated, but there is still a lot more to be done if all the services provided are to be adequately staffed.

Every year the demand for the various public health services continues to show an appreciable increase. Hospital attendances are on the increase. Total attendances in all hospitals and dispensaries rose from 824 241 in 1950 to 961 889 in 1959. Whereas previously patients had to be persuaded to come into hospital, the difficulty now is to find sufficient accommodation for all those who come forward voluntarily and are in need of hospitalization. The conflict between superstition and the

modern form of treatment is a thing of the past. Hospital treatment, even for the most trivial complaint, has come to be fully appreciated by all, and from every part of the country requests keep pouring in for hospitals, health centres and dispensaries.

Maternity and child welfare clinics are held in all hospitals and health centres in Sierra Leone. The demand for this service is on the increase, and in every hospital maternity beds are proving to be inadequate. Despite the fact that the scheme approved by UNICEF for the mother and child welfare services has come to an end, the regular supply of skim milk by UNICEF for distribution at the welfare clinics has proved of immense help in combating protein deficiency among children. It is unfortunate that the supply of skim milk has been discontinued even though malnutrition is still prevalent among the child population. It is however hoped that consideration will be given to the continuation of the scheme whereby free milk is received for distribution in all our infant welfare clinics.

My Government is fully appreciative of the need to provide all areas with some form of medical facility. Since the resources at its disposal are however limited, it has not been possible to achieve a full realization of its plan. Much has been done, but there are still vast areas where medical facilities are almost nil. This is a problem confronting us at the moment. A temporary solution has been suggested, and that is to provide mobile dispensary units which will operate regularly in these areas. This is receiving serious and urgent consideration, and any help in this direction will be fully appreciated.

In the hospital service, nurses form an integral part. Regrettably enough, we have not been able to achieve this. The annual turnover of our nursing personnel is very great, as most of them leave either in the course of their training or after they have qualified for further training overseas. Our training schools for nurses and midwives have not yet been developed to the standard for international recognition. The chief nursing adviser of WHO visited Sierra Leone in 1958 and gave valuable advice on the organization of the training schools. Her report was accepted by my Government and already a plan for nurse training based on the report has been signed by my Government and WHO. A fellowship has been awarded to my principal matron to see and study nursing administration in Europe, and provision exists for more fellowships for members of the nursing staff. This all goes to show the contribution that WHO is making towards the building of the national health service in Sierra Leone, for which my Government is most grateful.



We have not lost sight of the need to establish a specialist service. Our difficulty has been the recruitment of suitable officers to fill existing vacancies. The vacancy for a psychiatrist has remained unfilled since 1958. This has retarded the progress of the development of our mental health services. Although we have a Sierra Leone doctor undergoing a course of training leading to the Diploma in Psychiatry, a course which lasts for a minimum of three years, we need an experienced psychiatrist for at least six years, when we hope our specialist will have qualified and gained sufficient experience to be able to take over from him.

Through the kind co-operation of the Government of Ghana, mental cases requiring specialist treatment continue to be sent to the psychiatrist in Ghana. A number of cases that would benefit from such treatment are prevented from taking advantage of this arrangement because of the expense involved, which in a number of cases has to be borne by the patient or his relatives. This makes it all the more urgent for us to have a psychiatrist on the establishment, and I hope that WHO might be able to assist in this regard.

We have other specialist posts vacant due to the fact that suitable officers have not come forward for appointment in answer to advertisements. Had it not been for the kind assistance of the Prime Minister of the Federal Government of Nigeria, who, despite their own staff problem, seconded a physician specialist to us, we would have been without a physician specialist for the greater part of last year, when the only physician specialist proceeded overseas on vacation leave.

The expansion of our pathological laboratory service continues. WHO and UNICEF have contributed greatly in this regard. A WHO serologist is now working in the country, and has given valuable assistance in the development of the laboratory service and the training of personnel. It is hoped that WHO and UNICEF will continue their assistance to this aspect of our public health service.

In closing, Mr President, I wish to associate myself with the kind expressions of appreciation already made by the previous speakers.

The PRESIDENT: Thank you, Dr Ngobeh. I now call upon the delegate of Czechoslovakia to come up to the rostrum.

Dr PLOJHAR (Czechoslovakia) (*translation from the French*): Mr President, fellow delegates, permit me, Mr President, to congratulate you sincerely in the name of the Czechoslovak delegation on your election as President of the Fourteenth World Health

Assembly. At the same time, I should like to express our thanks to the Indian Government and to you personally for the kind hospitality we are enjoying during the Fourteenth World Health Assembly in the Republic of India. We are very glad that we have the opportunity to visit this beautiful and glorious country that plays so important a role in the endeavours of mankind for peace and progress.

From the Report of the Director-General on the work of the World Health Organization we see that much progress has been made in solving important international health problems. The Czechoslovak delegation congratulates the Director-General on these encouraging results. We appreciate particularly the activities of WHO in the fight against malaria, tuberculosis and poliomyelitis. On the other hand, we regret that greater successes have not been won in efforts to eradicate smallpox; all the more praise, then, is due to the energetic measures taken by India, Indonesia, Afghanistan and certain other countries in this connexion.

We regard as remarkable the medical aid given by WHO to the Republic of the Congo, which, after achieving its independence, has had to undergo hard trials owing to repeated intervention by the colonial powers.

We highly esteem the work of WHO for the protection of the health of mankind against the effects of ionizing radiation and atomic energy. The Czechoslovak delegation is convinced that it is the duty of WHO to assert its influence and authority in this sphere.

During the past year, the Czechoslovak Socialist Republic took an active part in the work of WHO. Despite his numerous engagements, the Director-General, Dr Candau, visited Czechoslovakia last year. I should like to thank him sincerely on this occasion for his visit and for the interest he took in the Czechoslovak health services. I think that the Director-General was able to convince himself of the high standard of health care and medical science in Czechoslovakia, the adequate arrangements made in regard to all campaigns organized in collaboration with WHO, and our willingness to assist WHO still further in carrying out its noble tasks.

The Czechoslovak Socialist Republic is one of the countries which adhere firmly to the basic principles of the Constitution of WHO and provide complete health protection as a fundamental right of every citizen. Today we have in Czechoslovakia one doctor to every 570 inhabitants. There are 12.5 beds in in-patient institutions to every 1000 citizens. A health programme for which extensive financial means are provided by our Government is being carried out. As an example, I may mention the

general vaccination against poliomyelitis of children and adolescents which is, of course, quite free of charge. Medical research is conducted in more than thirty research institutes, in the institutes and laboratories of our nine medical faculties, and in a good many other health establishments. Thanks to this health care and the high living standard of our people, the infant mortality rate has declined to 23 per thousand.

I need hardly say, however, that we are not content to rest on our laurels. In the 1961-1965 five-year plan we intend to carry out extensive preventive programmes, to develop scientific research still further, and to focus it on the most important health problems. The number of doctors and paramedical personnel will be considerably increased and many new health establishments will be built. We are preparing a long-term plan for public health, up to 1980, in which we are setting ourselves even more far-reaching goals. In the light of our experience hitherto, we are convinced that these bold plans will become realities.

Mr President, while we fully appreciate the many good and useful results of the work of WHO, nevertheless certain shortcomings must be recognized. The composition of the Secretariat of WHO does not correspond to the obligations and potential of certain countries. The United States of America and their allies hold four-fifths of all posts in the P and D grades. Great Britain alone holds one-fifth of all these posts, i.e., as many as all the neutral Asian and African countries together and twelve times more than all the socialist countries. There is the curious and sad fact that in the Regional Office for Africa in Brazzaville the African countries do not hold a single senior post. Moreover, the important role played by the African countries today is not reflected in the composition of the senior staff of WHO. Nor does the structure of the Executive Board correspond to the present distribution of forces in the world. The Czechoslovak delegation therefore requests that an equitable distribution of posts should be established in respect both to the staff and the organs of our organization.

In the opinion of the Czechoslovak delegation, one very serious shortcoming is that there are several countries which are not yet represented in our organization. It is true that some of these countries have so far not shown any interest in becoming Members of WHO, but we should not rest content with merely noting this fact. Even more serious, some sovereign countries are denied membership. The indefensible nature of this fact is particularly apparent here, in hospitable India. We are holding this session in an important country on the largest

continent of our planet and once more our proceedings are taking place in the absence of delegates from the largest and most densely populated country of Asia, i.e., without representatives of the People's Republic of China.

It is well known why this is so. Among the delegates of sovereign countries represented at this session there are also so-called delegates who not only do not represent anybody but whose presence prevents the participation of the only rightful representatives of the Chinese people, the delegation of the People's Republic of China. This state of affairs is very harmful to the work of our organization and cannot last. It renders the solution of the complicated, and above all very urgent, health problems of Asia impossible or very difficult. The development and spread of the so-called Asian influenza are practical evidence of this. It must be also mentioned that the Chinese People's Republic is not the only country of Asia which is not yet a Member of our organization. I have in mind the Mongolian People's Republic, the Democratic Republic of Viet-Nam, and the Democratic People's Republic of Korea, all of which should also be admitted to membership as soon as possible.

In this connexion we should consider more deeply the mission of our organization and compare the map of the world of today with a map that comprises only the present Member States of the World Health Organization. A single glance would show how many empty places there are on the second map! There are only two possible attitudes, of which one is to continue to ignore these blank spots, to disregard the hundreds of millions of people who need our effective help and to follow the example of the old cartographers who wrote over unknown regions the words: *Hic sunt leones!* We can see only the other possibility—a refusal to agree that “unknown areas” can exist on our planet and the finding of a solution for this problem. This is our duty in view of the mission of our organization, as well as on the grounds of humanism and ethics.

For these reasons, the Czechoslovak delegation would request delegates to the Fourteenth World Health Assembly to consider how this urgent problem can be solved. We are submitting to the Health Assembly a draft resolution, recommending that the Director-General should invite all countries which have not yet become Members of WHO to consider the advisability of doing so. We are firmly convinced that the adoption of this resolution is in line with the greatest ideals of humanism, that it corresponds fully to the Charter of the United Nations and the Constitution of WHO. Indeed, so far WHO has been a “world” health organization only in name.

In reality it has been only a "semi-world" organization, because more than one-third of mankind is not represented in it. The Czechoslovak delegation is of the opinion that everything must be done to ensure that our organization may rightfully bear the proud and responsible name: *World Health Organization*.

Another serious shortcoming in the work of WHO is the fact that it does not provide systematic and effective aid to all countries which have freed themselves from inhuman colonialist oppression. The harm done by colonialism is immense and is also clearly apparent in the field of health. This damage and injustice should be made good as soon as possible. The Czechoslovak delegation therefore unreservedly supports the proposal that has been submitted to this session by the delegation of the Soviet Union, which refers to the declaration on the granting of independence to colonial countries and peoples and outlines the appropriate tasks of WHO in this connexion.

The interests of the health and the life of human society as a whole require that WHO support by all means in its power the demand for the banning of nuclear weapon tests and for general and complete disarmament. This very important issue was already on the agenda of the Thirteenth World Health Assembly but no clear and resolute decision emerged from the discussions. The course of events last year, and particularly the test explosions in the Sahara, showed the harm done by this failure to take a decisive stand. In the opinion of the Czechoslovak delegation, it is essential that the World Health Organization, as the supreme organ of all who fight for human health and human lives, take an unequivocal and clear stand on a problem so vitally important as peace or war, life or death. The World Health Organization should back with all its authority the drive to secure an immediate ban on nuclear weapon tests and to achieve general and complete disarmament. A world freed from war, the peaceful co-existence and friendly collaboration of all nations, are essential conditions for the attainment of health and happiness by all the people of the world.

Mr President, permit me to close by wishing, on behalf of the Czechoslovak delegation, every success to the work of the Fourteenth World Health Assembly. The Czechoslovak delegation, for its part, is prepared to do everything in its power to aid in the accomplishment of the noble mission of the World Health Organization.

The PRESIDENT: Thank you. I now call on the delegate of Cuba.

Dr ESCALONA (Cuba) (*translation from the Spanish*): Mr President, Mr Director-General and fellow delegates, I should like first of all to congratulate our President and through him to express our gratitude for all the attention, marks of affection and sympathy that we have received in India. Furthermore, we bring from the Cuban people and its Revolutionary Government fraternal and sincere greetings to all the delegates of Member States and Associate Members, particularly those countries which have recently won their freedom and are taking part in the Fourteenth World Health Assembly as new Members.

Our presence at this World Health Assembly is in accordance with the policy consistently followed by the Cuban people, which aims at strengthening Cuba's relations and co-operation with all other peoples of the world. Until only two years ago, our people was unable to satisfy its wishes for international fraternity except by participating in meetings and congresses without any official character and consequently in manifest contradiction to the intentions and acts of those who governed us. However, during these two years of revolutionary triumph, the people and its Government have together formed a single whole and their official delegates have given a faithful expression to the conditions in and the aspirations of our country. We all agree with what the Director-General said in his Report, regarding the interrelationship of health and the economic development of the peoples. But enough emphasis can never be laid on the fact that to attain the best possible level of health for a people, a direct approach must be made to the study and solution of its fundamental economic problems so that its wealth and means of production can be won back and it can be made fully master of its destiny.

Cuba offers a clear example of a situation of this kind and, with the President's permission, we will give a few relevant data.

Referring to the problem of under-development and economic dependence, our Prime Minister, Dr Fidel Castro, declared before the United Nations: "Nobody can hold us responsible for the fact that in Cuba there are 600 000 unemployed, that 37.5 per cent. of the population are illiterate, 2 per cent. tuberculous, and 95 per cent. infested with parasites." A country whose economy is under-developed has only limited means for meeting its basic needs, including health work, since existing resources, or those which the country wishes to develop, for training its medical and technical personnel, building hospitals, and procuring materials, drugs, etc., must be dependent on its own precarious economy. Because of this lack of human and material resources,

an under-developed country does not possess the necessary means for adequate planning of basic health programmes.

The development of internal and international communications has brought countries closer together and they are thus better able to compare similar health problems, particularly as concerns communicable diseases. A campaign against a communicable disease does not call merely for eradication of the focus of infection. It is also necessary to expend funds on maintaining a healthy environment, by systematically organizing prophylactic measures, health education, etc. Furthermore, the conditions which influence the state of health of one country may have repercussions in another, in view of the fact that the level of economic development is directly related to health. The attainment by every people of the greatest possible prosperity, both economic and social, as well as complete political sovereignty, should be the concern not only of politicians but also of doctors and scientists, since it is a method of ensuring the health of the people.

A brief comparison between a highly developed country like the United States of America and others, such as the Latin American countries, whose economic development is inadequate, will corroborate the statements just made. For example, in the United States there are 4.5 hospital beds for 1000 inhabitants, in Latin America the ratio varies between 1.2 and 2.3. In the United States there are 12.9 doctors for 10 000 inhabitants, and in Latin America only 5. Furthermore these figures do not reflect the fact that the medical services are not accessible to the whole of the population. Still more striking are the figures for infant mortality: 8.3 in the United States and 44.4 in Latin America. This means that out of every 100 children born in Latin America almost half die, and it must be remembered that even these figures are not reliable in view of the defects in the collection of such data. These striking contrasts are accentuated still further if we look at the statistics for still less developed countries, until recently colonies, such as those which make up the greater part of Africa and part of Asia.

The Cuban revolutionary cause is just and humane, based on the rights and wishes of our people to have their share in all the good things offered by the level of modern technology and science when a rational use is made of Cuba's natural resources. The Cuban people is fighting to avoid a return to the past, a past which is identified with the regime of the great landowners. A mere twenty-eight enterprises, families and sugar companies owned 2 000 000 hectares of land and more than 153 000 beasts of burden out of the 184 000 employed in the sugar-

cane plantations. The past means one-crop agriculture: in 1949, sugar represented 80 per cent. of Cuban exports. The past means unemployment: in 1957 there were 738 000 unemployed in Cuba. The past means poverty: the annual income per head in 1958 was about 330 dollars. The past means illiteracy: over 50 per cent. of the rural population were illiterate.

Through this struggle our people has succeeded in little more than 700 days—thanks to its efforts, its ability and its creative genius—in making Cuba a country from which the chronic evils that affect all under-developed countries are being gradually eliminated. The proof of this is that in this short time the number of unemployed has been reduced by more than 300 000 and that, under the plans for the industrialization and agricultural development of the country, unemployment will have disappeared from Cuba within the next two years. Thirty-two thousand class-rooms have been provided, or twice as many as existed during the fifty-eight years which had elapsed from the foundation of our republic. We have 32 000 new teachers, whereas there were only 18 000 before the revolution. Twenty-five thousand rural dwellings have been built. The total national budget has risen from \$400 000 000 during the last year of the Batista tyranny to \$1 200 000 000 this year. It has thus tripled, which clearly shows how much imperialist industries and exploiting companies were costing our country.

As is logical, and in accordance with the argument we are putting forward, the liberation of Cuba and the rational utilization of its resources have made possible extraordinary progress in the sphere of public health. Thus the budget allocations for health have risen from \$21 000 000 in 1958 to \$71 000 000 in 1961. This is an increase of 228 per cent., or, in absolute figures, a sum of \$11.66 for each of the 6 500 000 inhabitants of the country. It is beyond doubt—and the delegates to the Assembly will, I am sure, agree—that this figure is one of the highest per capita expenditures on public health of any of the countries of Latin America.

This budgetary increase has made it possible to expand public health programmes. Thus we have succeeded in increasing the number of beds in State hospitals from 11 411 on the outbreak of the revolution to 20 501 at the beginning of 1961, an increase of 80 per cent. in the brief two years of our liberation. The plan for development of hospitals in the financial year 1961-1962 envisages a further increase of 3000 beds. It should be noted furthermore that these new hospital beds have been provided mainly in rural and suburban areas, far away from the capital or the large towns. In the same way, the number of doctors

has risen from 749 at the time of the fall of the tyranny to 3125 in the current budget. This increase has gone hand in hand with an increase in salaries, which are now double the former amount. The number of nursing posts has risen from 852 to 2391, and the number of posts for technicians from 162 to 1262. However, even this extraordinary increase has not been sufficient to fill all the gaps, so that intense efforts are now being made to train doctors and medical auxiliaries in order to reach optimum figures during the next two years.

Cuba, as a Member of the World Health Organization and the Regional Organization for the Americas, i.e., the Pan American Health Organization, has concluded various agreements with these organizations of which the following are at present in force:

(a) Malaria eradication programme. Malaria does not represent a serious epidemiological problem in Cuba. Nevertheless, conscious of our international obligations in matters of health, we have undertaken to eradicate malaria completely in the small malarial zones of Oriente province, where operations are in the second phase, that of geographical reconnaissance, and where spraying operations began in the second half of last year. A sum of \$939 000 has been allocated to the national malaria eradication service for 1961.

(b) Campaign for the eradication of *Aedes aegypti*. This campaign is also in a very advanced stage and it is estimated that within three years the vector of yellow fever will have been completely eliminated from Cuba. We would point out that, although it was the Cuban scientist, Carlos Finlay, who discovered the vector yet, before the triumph of our revolution, indolence and misuse of public funds prevented a real eradication campaign being waged in Cuba, as had already been done in other sister countries of Latin America. This is why the Revolutionary Government feels that a debt towards Carlos Finlay is outstanding, a debt which it is now meeting in full.

(c) An integrated health programme, which is now being carried out in the province of Pinar del Río.

(d) Advisory functions at the national School of Nursing, which is working at full pressure and, in the opinion of officials of PASB, can be taken as an example of good organization and training.

(e) Advisers at ministerial level to deal with everything connected with administrative regulations and the training of technical personnel.

(f) Fellowships awarded in various public health schools of Latin America, mainly for the training of public health staff, sanitary engineers, nurses, etc.

Pursuant to all these agreements, more than fifteen technicians of the Pan American Sanitary Bureau are working as consultants in Cuba and are well placed to witness the course of our revolution and its respect and sympathy for all the people of the world.

We are also making progress in many other sectors of public health in Cuba and, in particular, the preventive services have been strengthened, as is shown by the following few facts. More than half a million children have been vaccinated with BCG vaccine, either intradermally or orally, employing freeze-dried vaccine and using an original method developed by Professor Pedro Domingo of the BCG Institute of Cuba. The number of smallpox vaccinations has never been as high as it is at present.

It must be emphasized that there has not been a single case of smallpox in Cuba for more than ten years, as is corroborated by the official reports of WHO and PAHO. However, to the great surprise of our health workers and of the officials of PASB themselves, the United States of America began, as from 14 January 1961, to insist strictly that all persons coming from Cuba must have been vaccinated against smallpox. The reason given was that this measure was due to the fact that the health department no longer had direct access to the relevant sources of information, as a result of the breaking off of diplomatic relations with Cuba. Our Minister of Health, Major José Ramón Machado, has sent an official communication to Dr Abraham Horwitz, the Director of the Regional Office, protesting against this measure and stating that it was his belief that these international bodies were competent enough scientifically to be regarded as a source of exact information. Convinced that this is not so much a health measure as a political manœuvre by which yet another attempt is being made to present a travesty of the truth about our people, by listing Cuba among the countries still not free from smallpox, we must protest most energetically to the World Health Assembly.

I should not like to end this brief statement on the progress made by Cuba in public health since the triumph of our liberating revolution without making special mention of the establishment of the rural medico-social service, which during the past two years has reached the most out-of-the-way districts, where previous governments never bothered to assist the thousands of people living there under conditions of the utmost need and neglect. There are

at present over five hundred doctors and nurses working for this service, and it has available fifty rural hospitals, where the population receive all medical care and drugs completely free of charge. An allocation of 5 655 048 pesos has been made in the present budget for this purpose. We could give the Assembly many other details of the progress made in public health, but we do not wish to take up too much of its time.

In conclusion, I should like to make the following comments:

Firstly, we have tried to describe to this august Assembly, of necessity in a very brief form, some of the advances which have been made or are being made thanks to the Revolutionary Government of Cuba, which we have the honour to represent on this great occasion. We sincerely believe that these figures and facts prove beyond doubt that, by recovering its national riches and its full sovereignty, the Cuban people has set out on a path which will lead to the achievement of a state of complete physical, mental and social well-being, and this cannot fail to have favourable repercussions on its productive capacity.

Secondly, the Cuban economy has hitherto relied on a single crop and the export of a single commodity, sugar, which represented 79 per cent. of its foreign trade, while 41.5 per cent. of the active population lived by agriculture. A movement to diversify the national economy has already begun, with the creation of more than twenty industrial enterprises belonging to the Cuban people. More than a hundred others will be established within the next two or three years.

Thirdly, the following reforms have been carried out in the last two years. The number of rural dwellings with sanitary installations has been increased by more than 100 per cent. The number of medical posts has increased by 139 per cent. The number of inhabitants served by water-supply systems and sewerage installations has increased by 38 per cent. The wages of the workers have increased by a total of more than 500 000 000 pesos. The number of unemployed has been reduced by 300 000. Rents have decreased by 50 per cent. and tenants can now become owners through the application of urban reform, one of the most just of the laws adopted since the Revolution. The electricity and telephone rates have been cut. The prices of the basic necessities are subject to control. The prices of pharmaceutical products have been reduced. Education and culture have been put to the service of the people. Agrarian reform has raised the productivity and the purchasing power of the people in general and the rural population in particular.

Fourthly, we have wished to emphasize the above facts because, we repeat, we are convinced that health and the economy have a mutual influence on each other, whether favourable or unfavourable. As our Prime Minister, Dr Fidel Castro, stated in the speech he made to the General Assembly of the United Nations, the nutrition of the people must be improved, since every improvement in this direction will lead to a reduction in expenditure on hospitals.

Fifthly, we know that all peoples, like the Cuban people, have the right to and the need for satisfaction of their material, social and cultural requirements. However, to achieve this they must be masters of their own national heritage and destiny, so that they have at their disposal the essential tools of production and so that their productive forces serve the common good. The Cuban delegation brings to all the peoples of the world the encouragement and support of the Cuban people. We hope with all our hearts that in our achievements they may find something to stimulate them in their struggle for happiness. These wishes are addressed, in particular, to the peoples of the under-developed countries, colonies and semi-colonies, who in many parts of the world are still waging or will have to wage fierce battles to win their independence, sovereignty and prosperity, and to achieve what the World Health Organization has defined as the meaning of "health"—a state of complete physical, mental and social well-being. Our delegation feels that, in line with these ideas, the Assembly might well formulate its opinion "that economic under-development is the chief enemy of health".

Sixthly, the health and well-being of the people require a climate of peace. Imperialist or aggressive wars lead to calamities, epidemics and death. They also lead to poverty and exploitation of the peoples by their conquerors. In the same way, warlike policies divert energy and money to destructive purposes, at the cost of the sacrifices and privations of the people. To fight for peace among peoples is to fight for their health and well-being. It is to defend this cause that Cuba appeals for fraternity and mutual respect between the peoples of the world. Our revolution does not want war. It aspires to and struggles for peace and friendship among all the nations.

Seventhly, at the Thirteenth World Health Assembly a proposal concerning the abolition of nuclear weapons was rejected because it was considered that this involved the taking up of a political position and that the United Nations was the only body competent in this matter. It is true that WHO is, in effect, a medical organization and in this it differs from the United Nations, which represents

the political authorities of the various countries. But in our opinion, whenever the physical or moral integrity or the very life of a human being is involved, all organizations, institutions or individuals have the right to make their voice heard, particularly when, as in this case, the organization represents institutions whose first duty is to watch over the health of the peoples, that is, medical institutions. Furthermore, this Assembly can, without exceeding its rights, recommend to the United Nations and to the governments of all countries that they adopt the suggestion mentioned.

We are witnesses today of the development of powerful national movements in which various countries are striving to free themselves from the colonial yoke in order to obtain full independence and sovereignty. Many of these countries have already won their freedom while others are still fighting for it. Whether they are already independent and now struggling for their consolidation and development, or whether they are only at the stage of liberation, these countries are faced with difficulties caused by the temporary restriction of their productive capacity owing both to their under-development and to the actions of the colonial and repressive forces which try to hinder their economic and social progress. In the name of the most sacred rights of humanity, we should proclaim our sympathy and lend our aid in the form which is possible for an organization like ours. We should offer technical aid by medical teams, and supply instruments, apparatus, vehicles, drugs, food and everything that can help to eradicate disease, epidemics and other calamities.

We cannot end without declaring to this Assembly our conviction that, with the conquest of full liberty and sovereignty by all the peoples of the world, with the disappearance of colonialism and economic under-development, with the co-operation and solidarity of all peace-loving peoples, we shall be victorious in our struggle against death and in our efforts to win health and happiness for mankind. Thanks to the unity of all countries without exception, the fight between health and disease, between life and death, will eventually be won!

The PRESIDENT: Thank you, Dr Escalona. Before calling on the next speaker, the delegate of Korea, may I venture to say that, following the usual procedure, the Chair has been calling the delegations in the order in which they have given their names on the list before me. I shall therefore continue the usual procedure.

It has been the practice in some conferences, in view of the shortness of time available, for delegates

who are so minded to read extracts from their speeches, and then the whole speech can go on record in an Assembly document. Should any delegate find it possible to do this, we shall welcome it. The delegate of Korea.

Dr BANG (Republic of Korea): Mr President and distinguished delegates, on behalf of the Government of the Republic of Korea and my delegation, I have the honour to offer you, Mr President, heartiest congratulations on your election as President of the Fourteenth World Health Assembly. I also wish to express our appreciation of the excellent Report presented by our esteemed Director-General, Dr Candau; and take this opportunity to extend our fraternal greetings to the delegates of States which became full Members of the Organization during the past year.

Our delegation represents the new Government of the Republic of Korea and has come to this Assembly with the earnest desire to co-operate with and share the work of this organization. In this connexion, on behalf of my Government, I would like to pay a tribute to the invaluable work achieved by the World Health Organization in 1960. In particular, we are very grateful for the technical assistance rendered by WHO in implementing control projects in Korea against a common enemy—malaria. The Republic of Korea, under the able guidance of a WHO malaria team, started the malaria eradication work in 1959 as a joint project. Since then an extensive survey and continuous surveillance programme has been carried out by the central malaria eradication service in Korea, with the valuable assistance of the WHO team. We are now able to state that malaria has almost disappeared, leaving a few residual foci where only *Plasmodium vivax* is transmitted. We believe that the malaria eradication programme in Korea has reached a consolidation phase, and that malaria will be eradicated completely in a not-distant future by sustained efforts.

I would like also to mention briefly WHO and the United Nations Technical Assistance fellowships programme. Under this fellowships programme, during the past twelve years, sixty-five fellows have been sent abroad for study in various fields, and they are now playing important roles in major health projects.

It is my pleasure to report to this Assembly that much progress in the control of the major communicable diseases has been achieved with the help of WHO, UNICEF and other agencies such as the International Co-operation Administration of the United States of America (ICA). For example,

smallpox has been brought under complete control, and there were only two cases in 1960. Typhus is also vanishing, with less than a hundred cases in 1960.

Mr President, with your permission may I draw the attention of the Assembly to the fact that my country, despite considerable achievements, still encounters many problems in the field of public health. Among them, I would like to mention only two important public health problems to which, I hope, WHO may be able to pay increasing attention.

First, tuberculosis is the most serious and challenging problem in our country today. Approximately three per cent. of the population are estimated to be suffering from active pulmonary tuberculosis—that means that about 700 000 patients in South Korea are cases to be treated. Yet only 4000 hospital beds are available. With the generous assistance of ICA, nearly 30 000 patients are receiving ambulatory treatment at 220 local tuberculosis clinics, but the programme of effective control measures remains to be solved. We are pleased to learn that this Assembly will discuss the technical aspects of tuberculosis control programmes.

Secondly, an adequate supply of potable water for the rural population is even more required in Korea, as our population is predominantly rural. Approximately fourteen per cent. of the population receive their water supply from a public water system, while the remainder depend upon public and private wells, river water or streams. The water supply system has a direct bearing on the reported 2500 cases of typhoid fever in 1960. Other water-borne diseases such as dysentery also show a considerable high rate of contraction, particularly in rural areas. To cope with such a situation, an extensive rehabilitation programme for the repair of waterworks and wells has been carried out, and thousands of public wells have been dug or renovated since 1952. This has been done with the technical and material aid of WHO and ICA. However, there are many things to be done to improve the nation's water supply system.

I am sure that WHO is vitally interested in these two problems, namely, in the tuberculosis eradication programme and in small community water supply development programmes. This in time should have the same far-reaching effect upon tuberculosis and on water-borne diseases that the malaria eradication programme has already shown.

May I take this opportunity to express our gratitude for the humanitarian services rendered by the United States of America, the Scandinavian countries, and other friendly nations in strengthening such aspects of the health services as disease control, health

education, environmental sanitation, and medical care. The generous assistance offered by the friendly nations of the world has played an important role in raising the health status as well as the living standards of the Korean people.

Before I conclude my remarks, I wish to extend, on behalf of my country, our best wishes to the people of India and hearty appreciation to the citizens of this charming city—New Delhi—and to the local and federal authorities for the tremendously successful work of preparation for holding this Health Assembly.

The PRESIDENT: Thank you, Dr Bang. The next delegate to come to the rostrum is the delegate of the Netherlands.

Professor MUNTENDAM (Netherlands): Mr President, in congratulating you on your election to the Chair of the Fourteenth World Health Assembly, I may recall one of your many eloquent speeches from former days. During the Tenth Anniversary Commemorative Session in Minneapolis, you made the observation that the work of the World Health Organization is a work that has brought it into touch with the masses of the people. And among those masses whose life has been influenced by the work of WHO, you mentioned the farmers in India, in the hill tracts and other areas, who now can cultivate their once arid land, arid because the whole village was deserted owing to the curse of malaria. In the documents concerning the progress in malaria eradication, it is stated that India's programme is the largest in the world. You will permit me, sir, to express the gratitude of my delegation for the hospitality of your Government by wishing that your great country may succeed in freeing its people from the scourge of this disease.

Sound administration, sufficient and qualified personnel, and budgetary provisions of a considerable magnitude are essential prerequisites for final success in the malaria eradication campaign. A great deal will be said in the forthcoming days concerning the provisions within our own budget. My Government was and is opposed to financing such a major operational programme from a special account. Special pledges should be confined to the Technical Assistance fund, the United Nations Special Fund, and UNICEF, and if necessary to such specific emergency actions as the one in the Congo, in which WHO is taking such a successful share.

No eradication of disease, no economic development will prove possible without the essential resources, not only in money, but also in human skills. Here I touch upon the important problem of



training and education, about which such interesting suggestions were made in yesterday's debate by the Minister of Health of Israel. Neither in the international nor in the national sphere can suitable personnel be improvised. The malaria eradication programme has highlighted this problem, and more so the emergence in the last few years of a considerable number of new independent nations. At this juncture, I may join previous speakers in welcoming to the Organization all those new Members and Associate Members, who from now on will help us to broaden our view by confronting us with their needs and aspirations. Many of them have, for the time being, to cope with a lack of professional staff.

The Director-General in his Annual Report rightly points out the importance of resisting the temptation to accelerate training programmes to an extent that would impair quality. At the same time, my delegation concurs with Dr Candau's view that in a number of countries priority is to be given to providing the best possible substitutes and assistants for fully trained professional staff. The experience gained in my country with the training and employment of a large group of maternal aides could well be of help in developing such training schemes.

But not only the emerging countries encounter the problem of educational deficiencies. As elsewhere, so in the Netherlands are preventive and social concepts absorbed only reluctantly into the undergraduate programmes for medical students. The phenomenon of the interaction between man and his environment that dominates the work of WHO is, most regrettably, still the step-child of many medical faculties. Man's environment is today in many ways the world at large. A wide range of hitherto unknown possibilities for epidemiological studies require more and more our attention. For this reason the University of Leyden, as the first in this field, has decided to create a special chair for the teaching of and research in international health.

Two hundred years ago it was Samuel Johnson who wrote: "The use of travelling is to regulate imagination by reality and, instead of thinking how things may be, to see them as they are". Thus, in WHO's work, imagination has to be regulated by reality. My delegation is happy to state that the Director-General's Report is again a very able reflection of this spirit.

The PRESIDENT: Thank you, Professor Muntendam. I now call on the delegate of Iraq.

Dr AL-WAHBI (Iraq): Mr President, honourable delegates, first of all, permit me to extend to you, sir, my delegation's heartfelt congratulations on

your election to the Presidency of the Fourteenth World Health Assembly. We are certain that under your wise and experienced leadership our efforts and deliberations will be guided to a successful conclusion.

May I also take this opportunity to express to the people and the Government of India our profound gratitude for their unmatched hospitality.

The World Health Assembly has convened against a background of dynamic and accelerated change in the world. The most striking evidence of this is the large number of new independent countries, mostly in Africa, which have gained and joined our ranks. To these young and vigorous partners, we extend our sincere felicitations; we have no doubt that their contribution to the collective efforts of our organization will be considerable and significant.

The historical process of decolonization and the emergence of colonial peoples to independence is in full swing. The momentous declaration adopted by the fifteenth session of the General Assembly of the United Nations is undoubtedly a great landmark in that process. Of course these developments present our organization with additional and difficult tasks. My delegation believes however that the concept of universality is the cornerstone of the World Health Organization. We anxiously look forward to the end of colonialism on earth once and for all, when all peoples everywhere will take their rightful places as Members of WHO. Then, and only then, can we achieve our lofty objective—the attainment by all peoples of the highest possible level of health.

The Report of the Director-General covering the work of the Organization for the year 1960 (*Official Records* No. 105) is most comprehensive and interesting, but in my opinion is very modest and does not do justice to the actual work that has been done. On many occasions the call for immediate and urgent action has found prompt and wise response, which merits our admiration and gratitude. The prompt and timely response of our organization to the emergency demands in the case of the Congo gives ample proof of the sound foundation and structure of WHO.

The achievements, deeds, and superb administrative and technical structure, great as they are, should not lead us to a state of complacency. We believe that comments, suggestions, observations and constructive self-criticism are necessary and useful. With that in mind, Mr President, and with your permission, I would like to make a few brief comments.

There can be no doubt that our organization is basically and essentially a technical institution. It goes without saying that our efforts, energy, time

and funds should be concentrated and directed towards that goal, both in the course of our deliberations in meetings, the execution of our duties, and the implementation of our functions. This question was brought out eloquently and clearly by no less a personality than our distinguished friend Professor Parisot in his presidential address to the Ninth World Health Assembly in 1956 (a full record of which will be found in *Official Records* No. 71, pages 67-68) and supported and commented on by a number of delegates, including my friend Dr Karl Evang, Professor Canaperia and Dr El Halawani (in the same *Official Records* No. 71, pages 171 and 172). Fellow delegates, at this stage I would like only to remind you of these wise and important statements and sound a warning, lest administrative and legal red tape hinder the expected technical progress of this organization.

I am happy to note that the Director-General is optimistic and satisfied with the progress made in malaria eradication, one of the most important and outstanding activities of this organization. In my country a total of 4 514 000, of the population of seven million, had to be protected when the malaria eradication campaign started late in 1957 with WHO and UNICEF assistance. Now we are glad to report that, in 1960, 2 615 000 were covered by spraying and surveillance, 164 000 were covered by spraying, and 1 735 000 were covered by surveillance. During the same year only 740 malaria cases were reported, 700 of them being in areas still in the attack stage. Of these, forty cases were relapses. Two points of a general nature have to be emphasized here: the utmost importance of co-operation and co-ordination, and timing of the eradication operations between the neighbouring countries at international level; and the need for experts and trained personnel, and the availability of funds.

Our Director-General has constantly drawn our attention to the precarious financial position of the Malaria Eradication Special Account. It is quite clear from the documents already submitted to us that the financial future of the Special Account cannot be assured beyond this year by relying solely on voluntary contributions. The Director-General has presented us with concrete proposals aimed at securing the financial future of the Account. There have been several other proposals and suggestions that have already come to our notice. This is neither the time nor the place to go into the details of the different proposals. My delegation will certainly present its views on the subject at the proper time and place. It is the earnest hope of my delegation that the Fourteenth World Health Assembly will adopt definite proposals to ensure the future of the

eradication programme and to bring it to a successful conclusion.

I am glad to notice that the Director-General has again laid emphasis on communicable diseases. To the vast majority of the peoples of the world this is still of highest priority and is of prime concern to the national health administrations. Tuberculosis, venereal diseases and treponematoses, trachoma, bilharziasis and parasitic diseases, to mention only a few, are real problems for many countries, including my own.

The tuberculosis control joint project that started in Iraq a few years ago, with the assistance of WHO, is carrying on under the national health administration all over the country. We are pleased that a WHO prevalence survey team, with the national teams, started its work last month to cover the whole country.

Bilharziasis and trachoma control joint projects are gaining momentum and my Government is giving them all the importance and support they deserve. I do not wish to dwell on this most important subject at this time, because I shall have the opportunity in the Committee on Programme and Budget to discuss it in detail.

It gives me great satisfaction that the Director-General gave prominence to the question of education and training. The shortage of trained personnel, both professional and auxiliary, is a world-wide problem, and is particularly acute in the underdeveloped and developing countries. The approach WHO has made, the methods by which it has tackled the problem are commendable, but it seems to me that much more should be done in this field. Assistance in the establishment of medical education and training institutions, in the planning stage and in execution, helping in the promotion of improved standards, and upgrading the existing institutions, are of great importance.

Dissemination of knowledge, by establishing reference libraries and clearing-houses for medical publications and literature in the regions, is most urgently needed, both for the promotion of medical education and training and for research.

We are satisfied with the intensified programme of medical research that was carried out during the year 1960; although this division is young, it has proved its existence rightfully. The importance of research at all levels is essential, but the most important task to my mind is the operational research, research in the field, where WHO with its numerous joint projects is the best equipped and qualified to carry out these duties.

I would like to end this statement by referring to a question to which my Government attaches great

importance, namely, the continuing of atomic tests in the Algerian desert. We deplore most vehemently the fact that the French Government continues to disregard and defy the overwhelming will, not only of the African people who are more directly concerned and subjected to the perils of radiation and fall-out, but also of the entire world community. While we recognize with satisfaction the wise decision of some governments to suspend the atomic tests, it is our aspiration and hope that they will be definitely abandoned and banned for the sake of humanity and peace.

Mr President, before leaving this rostrum I would like to express our deepest appreciation and gratitude to our Director-General and every one of his staff, and say simply: Well done! Thank you.

The PRESIDENT: Thank you, Dr Al-Wahbi. I now call on the delegate of the Philippines.

Dr SAMONTE (Philippines): Mr President, Mr Director-General, distinguished delegates to this Assembly, ladies and gentlemen: *Mabuhay*, the greetings of the peoples of the Philippines.

My delegation wishes to extend its sincere felicitations to the eminent Dr A. L. Mudaliar on his election to the Presidency of this distinguished Assembly.

An assessment of the work of WHO for the year 1960 cannot fail to impress that it was a challenging year, especially the problem posed by the Congo. For the militant deployment of the forces and resources of WHO successfully to bear upon those challenging problems, my delegation wishes to extend its congratulations to the immediate past President of this Assembly, Dr H. B. Turbott of New Zealand. The performance of the Executive Board under the able chairmanship of Dr H. M. Penido, of Rio de Janeiro, and the efficient manner in which the Director-General has prosecuted the multifarious work of WHO are equally praiseworthy.

These are times of grave peril. Conflicts are disturbing peace in different parts of the world, such as in Africa, in South-East Asia, in the Western Hemisphere—conflicts which are so portentous in their significance that they may well decide which way of life will prevail for all mankind in the not too distant future. These conflicts, if they have not yet embroiled the whole world in the horrible business of fire and slaughter, are capable of convulsive violence of cosmic proportions, which is terrifying to contemplate.

The United Nations was formed in the sanguine hope of securing an enduring peace for all mankind, but it seems hard pressed in establishing order in

those troubled areas. Obviously, its big political arm alone seems inadequate to cope with the situation. The outlook is potentially grave; but is not entirely hopeless because of, among other things, the blessed existence of the World Health Organization.

The World Health Organization is only one of the specialized agencies of the United Nations, detailed to look after one of the basic needs of mankind—health. It is in a way interesting, however, to note that there are more nations Members of this agency than of the United Nations. That this is so is not a mere matter of accident of number. There must be a fundamental reason for it and that, to my mind, is inherent in the nature of the healing art. The healing art is relatively not a controversial subject. It helps heal wounds and soothe distressed souls. It is the soft tender hand of love coming from out of the placid depth of the human heart. People of all creeds and colour seek it and long for it. It is the work of love, and implicit in this fact, implicit in this love, is a possible way to better understanding, and consequently to better chances of attaining an enduring peace for all people. Whence has come the admonition given us only the other day by none less than the very eminent Prime Minister of our host country in bidding us build this professional brotherhood of the healing art; for its calling is anywhere and everywhere throughout the world.

Ladies and gentlemen, my country has just been elected to one of the three positions of Vice-President of the Fourteenth World Health Assembly. This is as highly honouring as it was completely unexpected. For this reason, I wish to be permitted to manifest to each and every delegate to this distinguished Assembly the profound gratitude of my country. It is therefore with humility, and with a high sense of dedication, that my country enters upon this high honour with which this distinguished Assembly has deemed fit to entrust her.

In closing, I wish to associate the feeling of my delegation with the appreciative sentiment of this Assembly for the invitation of the good Government of India, which made it possible for the World Health Organization to hold the Fourteenth World Health Assembly in this lovely historic city.

The PRESIDENT: Thank you, Dr Samonte. I now call upon the delegate of the Malagasy Republic to come up to the rostrum.

Dr ANDRIAMASY (Madagascar) (*translation from the French*): Mr President, fellow delegates, I greatly appreciate the privilege that is mine today, namely to represent at the Fourteenth World Health As-

sembly the young Malagasy Republic, which has become a full Member of WHO.

I have listened with much interest to the masterly report by the Director-General and should like to congratulate him on behalf of my Government on his great competence and on the manner in which he is guiding the work of WHO. The entry of my country into this organization indicates its desire to occupy a fitting place in the concert of the nations and at the same time it is a sign of our deep faith in international co-operation as a means of improving conditions all round, and particularly in the field of health.

Madagascar, a country in course of development and one fully convinced of the effectiveness of mutual assistance, is ready to assume its share of responsibility; doubtless political changes during recent years have somewhat disturbed the usual routine of daily tasks, often for material and strictly temporary reasons, but these changes have never at any time disorganized the health services, which continue to function smoothly and efficiently in a rhythm acquired over many decades. With your permission, Mr President, I will give the Assembly a very rapid picture of the present status of our health services.

In respect to curative medicine we have ten large hospitals, four of them specialized, and also 150 medical centres; the total number of beds available is 12 000. Furthermore, there are 250 smaller health establishments covering the rural areas. As regards preventive medicine and first of all the control of communicable diseases, plague has considerably regressed thanks to the multiple preventive measures employed; malaria has been combated for ten years, also with the aid of WHO, this involving great expenditure on chemoprophylaxis and insecticides, and the results are more than encouraging; tuberculosis case-finding is more efficient and the number of patients being treated increases yearly; as regards leprosy, nearly 20 000 lepers are under treatment, and with the aid of UNICEF it will be possible both to intensify case-finding and to control treatment; finally, there are the mobile health groups which have been travelling all over the country, establishing in each area they visit what might well be called an "epidemiological snapshot". While awaiting the reorganization of maternal and child welfare services, out-patient centres are making it possible to follow up a large number of infants and young children; school health services are functioning; a maternal education centre has been in existence at Tananarive since 1955; a health education centre for the rural areas is attached to the above centre, being located in a village thirteen kilometres from the capital; the nutrition service set up four years ago collects

documentation on malnutrition, carries out nutritional and dietetic surveys and has just circulated, in conjunction with the basic education service, a health education booklet dealing with the hygiene of nutrition.

This is what has been done. I now turn to future prospects.

What we have learnt from the WHO missions of experts that have come to Madagascar for various reasons—and I should like to express here my Government's gratitude for their work—has enabled us, on the one hand to appreciate the extent of the Organization's work and, on the other, to observe how fruitful these missions have been, as regards both the exchange of experience and the personal contacts to which they have given rise. The most recent missions, in particular, have brought to the forefront problems which, without being new, nevertheless call for rapid solution. However time is short and I will mention only the most important of these problems, which is to my mind the training of personnel, shortage of which would hamper our programmes for the control of communicable diseases, for maternal and child welfare, health education, nutrition and environmental sanitation. For although WHO can send out missions of experts or specialists, the Organization clearly cannot take the place of the locally trained auxiliary personnel we need to assist our five hundred doctors and twelve hundred midwives, nurses, social workers, etc. The recent mission to Madagascar of Mr Wilde, the information officer of the Regional Office for Africa, has thrown into particular relief the acuteness of this problem, so much so that the efforts of the Malagasy Government will be concentrated essentially on the training of such personnel. The programme is to be carried out in a demonstration area with the collaboration of a public health team made available to us by WHO. In this connexion there would appear to be no reason why our demonstration area should not later become a regional area which we could place at the disposal of WHO. This is an idea which I leave for your consideration.

In closing, Mr President, I should like to express the wish that the sixties will see the opening up of a new period of activity for WHO, one both fruitful and warmly human, in the pursuit of our basic aim—the economic and social advancement of the peoples of the world.

The PRESIDENT: Thank you, Dr Andriamasy. The last speaker this forenoon will be the delegate of the Federation of Nigeria.

Mr IBRAHIM (Nigeria): Mr President, please permit me to congratulate you on your election as the

President of the Fourteenth Health Assembly. You can count on the unreserved co-operation and support of the delegation of the Federation of Nigeria.

Mr President, honourable delegates, the Director-General's Report on the work of WHO during 1960 shows another record of excellent performance. We congratulate the Director-General and his staff on their very good effort. We have a lot of confidence in WHO, and a further evidence of our interest in WHO and our respect for it is the fact that we have at this Assembly four federal or regional Ministers of Health of Nigeria. These ministers have come to see for themselves what takes place at the annual Assembly. We consider that WHO is such an important organization that it is essential for all those who have direct responsibility for the health service of their countries to have a real understanding of its operations, not only by seeing its field work, but also by personally witnessing what is actually done at its annual Assembly. Discussions at the Assembly are mainly professional, but the best place at which anybody can easily and quickly learn more about WHO and more about the health problems of other countries and how each country faces its problems is the WHO annual Assembly. One can always learn from the experience of others who have similar problems.

In my country there are many health problems, but the reassuring fact is that we know what those problems are, and furthermore we also know what we can afford to do each year in reducing them. It all very much depends on what one can afford to do—on what one can afford to do economically. You cannot do everything with limited resources; therefore, while we appreciate our problems, we also appreciate the fact that it is unwise to be over-ambitious when one knows exactly what one can do with one's limited resources. So we do a little bit each year, and the ultimate aim is to do the whole as soon as we can, as soon as our financial strength can enable us to do so. In our country the problems are different from the problems of countries which started the whole thing long before us: countries that started industrial progress, educational progress and health progress before us have simpler problems. Our own is one of now providing a basic health service in the first instance, and then reaching the very high standard of health service which other countries have reached. So we have got very much bigger problems than most of you. But, as I said, we take it coolly, we do not become disappointed, because it would be silly to do so. Permanent things are never built quickly. So we appreciate that we have got to go slowly; but we are fully confident that we

shall solve our health problems and shall very soon provide for our people a first-class health service.

We have malaria, we have yaws, tuberculosis, measles, smallpox, venereal diseases, and a few others. We have been doing our best to eradicate all these diseases and the results of our efforts have been very encouraging, thanks to modern medicine and those who made the discoveries, and to the efforts of humanitarian bodies such as WHO and UNICEF. Of the ten health projects in operation in my country, the most encouraging results have been achieved in two. The yaws control project, which started in 1954, has provided as at 1 July 1960 treatment for seven million people (the actual figure is 7 199 809) and clinical examinations to a total of some twenty-one million (the actual figure is 21 548 321). The next one is leprosy control, which started in 1952, with some twenty-five thousand patients under treatment. The total had risen by the end of 1959 to over a quarter of a million. Many of the patients have been returned to their normal life in full health. I have to mention also the success of our malaria eradication schemes. Thanks to the work and co-operation of WHO, which started the scheme, we have now cleared many areas in my country from malaria. We have got a lot more to do, but we hope we shall be able to eradicate malaria within the very near future.

One disease, the occurrence of which we have not yet been able to prevent, is cerebrospinal meningitis, and we still appeal to WHO to do something about this epidemic, which sometimes causes the death of hundreds of people in my country. Last year, at Geneva, I asked for the co-operation of any country which has experience of eliminating this disease to offer us advice, and I would like to repeat this appeal here today.

But, as we are hopeful of eradicating diseases for which remedies are known, we are just faced with a new one, for which I think WHO has yet to find a name: I mean the disease arising from the effect of artificial ionizing radiation.

Gentlemen, I am not going to say anything political to you here, but I would like to say that we feel very much concerned about atomic bomb explosions, especially the one very near to our country, the one in the Sahara desert. These explosions make a complete mockery of the efforts of humanitarian bodies like WHO and of the good intentions expressed by delegates of so many countries in this very Assembly. Many of you have very kindly expressed the desire to see the under-developed countries, such as my own, freed from some of the deadly diseases—and you have in fact helped. But we cannot reconcile such good intentions with the intentions

of some other other countries in exploding atomic bombs, the radiation from which is definitely dangerous to human health. There is no question about that. We are concerned simply because we have not really got the means of knowing whether the Sahara bomb explosion will have an effect on the health of our people or not. We are defenceless, we are completely defenceless against this new danger, and we hope that we can depend on WHO to save us from this new danger, as it has assisted in saving us from the dangers of other diseases.

In addition to doing as much as we can in preventive and curative measures, we have been paying attention to medical research in my country. Last month a conference on the infectious diseases of the pre-school child was held in the capital town of my country. Many countries, friendly countries—Ghana, the United Kingdom, Gambia, Sierra Leone—have co-operated in taking part in this conference; and we intend to encourage such conferences.

In mentioning to you our efforts in solving our health problems, I should also tell you that we have been able to produce the first doctors from our university, our college, our teaching hospitals. The first batch qualified last year and we hope that many more will be trained, so that we may be able to fill in the gap of so many doctors that we need.

In working with WHO we not only take advantage of the various forms of assistance but we also give assistance when it is necessary and when we can. In this respect may I mention to you, honourable delegates, that my country gladly responded to a request by WHO and sent one million doses of smallpox vaccine produced in our own laboratories to the Congo. We wish we could do better. We have also welcomed to our country many holders of WHO fellowships, in addition to giving small amounts of money to humanitarian bodies such as UNICEF, which is doing an expert job in my country. So we not only take, but also give when we can and where necessary.

Before I close, may I place on the record of the Fourteenth Health Assembly our appreciation of the excellent work of the Regional Director for Africa south of the Sahara in his task. We have been very much impressed by the efficiency with which the Regional Director and his staff have been discharging their duties and have been co-operating with us in carrying out our various health projects.

Mr President, I would close by thanking the Government of India for the very good arrangements made for the comfort of our delegation. We are

indeed very grateful also to the Prime Minister of India for the very wise words he gave to this Assembly. We quite agree with him that WHO discussions should be quite clear of political issues. We have had enough of political matters in the United Nations—countries bitterly attacking one another on merely ideological matters, not necessarily on what is really good for humanity, but on questions of mere ideology and of who is to get the prestige in the world and so on. So it is very wise to avoid such conflict in discussing matters concerning the well-being and health of people.

The PRESIDENT: Thank you, Mr Ibrahim.

I wish now to announce the speakers on my list. The speakers are from the delegations of Libya, Pakistan, France, United Kingdom of Great Britain and Northern Ireland, Ghana, Romania, India, Morocco, Bulgaria, Mexico, Poland, United States of America, Indonesia, Paraguay, Cyprus, Liberia, Somalia, Chile, Mali, Albania, Ecuador, Thailand, Honduras and Ethiopia—making a total of twenty-four. May I invite the attention of delegates to Rule 56 which says:

During the course of a debate, the President may announce a list of speakers and, with the consent of the Health Assembly, declare the list closed.

Does anyone else wish to give his name? United Arab Republic. Anybody else? Tunisia. The United Arab Republic, Tunisia and Sudan are now included in the list. Spain. Any other delegations please? Upper Volta and Italy.

The following countries are included: United Arab Republic, Tunisia, Sudan, Spain, Upper Volta and Italy. May I have your consent to close the list now? There being no objections, I declare the list closed.

## 2. Announcements

The PRESIDENT: I have to announce that the General Committee will meet immediately after this plenary meeting is concluded, as well as the Committee on Credentials. The next plenary meeting will be held at 4 p.m. this afternoon, when the Darling memorial medals will be presented and the discussions will continue.

The House is now adjourned.

*The meeting rose at 12.25 p.m.*

## SIXTH PLENARY MEETING

Thursday, 9 February 1961, at 4 p.m.

President: Dr A. L. MUDALIAR (India)

### 1. Presentation of the Darling Foundation Medals and Prize

The PRESIDENT: The House will please come to order.

Fellow delegates, it is my pleasant duty to carry out the recommendation of the Darling Foundation Committee, which was entrusted with the task of selecting the recipients of the seventh award of the Darling Foundation Prize, granted from time to time for outstanding achievements in the pathology, etiology, therapy, prophylaxis or control of malaria.

The periodical presentation of this award is associated with the paying of honour to the memory of Dr Samuel Taylor Darling, whose premature death by accident cut short a long career devoted to research in the control of disease, and particularly malaria. Dr Darling was on a mission organized by the Malaria Commission of the League of Nations when his tragic death occurred. The recipients of previous awards have been men of great distinction in the field of malaria. The first award was made to Colonel S. P. James in 1932; the second to Professor N. H. Swellengrebel in 1937; the third to Professor H. E. Shortt and Dr P. C. C. Garnham in 1951. Dr G. Coatney and Professor G. MacDonald received the fourth award in 1954, the fifth award was made to Dr P. F. Russell in 1957, and the sixth to Dr E. Pampana in 1959.

In July 1960 the Expert Committee on Malaria decided in private plenary session to submit to the Darling Foundation Committee the names of Sir Gordon Covell and Dr Arnaldo Gabaldón for the award of the Darling Foundation Medal and Prize. In October 1960 the Darling Foundation Committee considered the report of the Expert Committee and their recommendation, and decided unanimously that the Medal and Prize should be awarded jointly to these two distinguished workers, each of whom has made a significant contribution in the broad field of the epidemiology and control of malaria in different parts of the world.

Sir Gordon Covell's important contributions to malariology led, in 1936, to his being appointed Director of the Malaria Institute of India—a post which he held until 1947. During the Second World War his own battle against malaria was carried on

vigorously and resulted in the saving of many lives in many theatres of operation. Afterwards, having reached an age at which many men retire, he became adviser on malaria to the British Ministry of Health and Director of the Malaria Reference Laboratory at Horton Hospital, Epsom, Surrey. His numerous writings include studies on the life history of malaria parasites and on the incidence, clinical aspects and ecology of malaria. He was a joint author of the valuable monograph on the chemotherapy of malaria which was published by WHO in 1955. But his greatest services to mankind may well be those that he has given as a teacher, an adviser and a director of research on malaria. The seeds which he sowed so carefully and tended so laboriously have borne rich fruit in malariologists throughout the world.

Dr Gabaldón's magnificent services in the struggle against malaria are well known. As Director of the Division of Malariology at Maracay, Venezuela, he has guided large numbers of WHO fellows and other students, from all over the world, along the right path. He carried out, and described in the scientific press, a technically pioneering scheme of epidemiological study and executive control leading to the first declaration of eradication of malaria from a large area in the tropics. This alone is a pioneering activity of outstanding significance, but Dr Gabaldón has also contributed materially to general epidemiological understanding. His scientific knowledge, practical experience, far-seeing strategy, buoyant enthusiasm, dynamic energy and faith in the progress of public health have contributed enormously not only to the significant advances of malaria eradication in the Americas, but also to the general acceptance of the idea of world malaria eradication.

May I now request Sir Gordon Covell to come to the dais.

Sir Gordon, it is a great pleasure to me to offer this award to you. May I say how appropriate it is that you should receive your prize in India, where you laboured for so long. Incidentally, it is a great pleasure to me as a citizen of India to give you this medal and prize.

*Amid applause, the President handed the Darling Medal and Prize to Sir Gordon Covell.*

The PRESIDENT: In the absence of Dr Gabaldón I request Dr Castillo to come up to the dais.

Dr Castillo, I have much pleasure in requesting you to hand this over to Dr Gabaldón with our best wishes and congratulations.

*Amid applause, the President handed the Darling Medal and Prize to Dr Castillo.*

The PRESIDENT: Sir Gordon Covell.

Sir Gordon COVELL: Mr President, ladies and gentlemen, I wish to express my deep appreciation of the honour conferred on me by the award of the Darling Medal. It gives me special pleasure to receive the award in the country where I spent thirty-three happy years of service, and in Delhi, which was my headquarters during the last ten years. But my greatest pleasure of all is to receive it in the presence of a number of my old friends and colleagues, most of whom were on the staff of the Malaria Institute of India at that time—that institute which is now the base of the gigantic malaria eradication programme now in progress.

Ever since its inception, one of the most important functions of the Institute has been the training of personnel, and during the Great War more than five hundred medical officers received training at the Institute, and a large number of other categories of personnel as well. In this respect, the Institute has played and is playing an essential part in the implementation of the eradication programme. It has also trained personnel for a number of other countries who have adopted the principle of eradication. Among those attending the course at present—the current course—are officers from Viet-Nam, Afghanistan and Nepal. Second only in importance to the training of personnel is the provision of adequate salaries for all categories of staff employed, so that they may be content to remain in their posts and not be continually looking out for more lucrative employment. Much of the work of eradication is highly specialized and continuity of service is essential for the efficient working of its machinery.

Earlier this week I visited a village, a few miles from Delhi, which in the past was extremely malarious, and the head of the local panchayat assured me that since antimalaria measures had been begun there some years ago there had not been a single case of malaria in his village. And this is the case in tens of thousands of villages throughout the length and breadth of the country. What a contrast with the situation of twenty years ago, when the only thing we could do for the control of rural malaria was to try to provide sufficient drugs for the treatment of the sick!

Again, when I was last in India, when I was Director of this Malaria Institute of India some fourteen years ago, we used to take our students, every time we held a course, to the Uttar Pradesh Terai: we used to call it “the old U.P. Terai.” We took them there because we were able to demonstrate an area where malaria was so intense that great tracts of fertile country were left uncultivated. And now I am told that the whole of this valley is perfectly healthy and is being developed for agricultural purposes. Indeed, it is studded with prosperous farms. It has indeed become difficult, I think, for the Director of the Institute to find sufficient material for teaching his students.

But here I would like to draw attention to one aspect of the eradication programme which poses a special problem. In the attack phase of the campaign the incidence of malaria invariably falls steeply, and there is general agreement that the financial outlay has been justified. But when once this low level of transmission has been reached, and malaria is no longer a serious public health problem, there is a very natural tendency to restrict expenditure, particularly in times of financial stringency. In an eradication campaign, however, it is vitally important at this stage for the surveillance system to be functioning at its peak capacity, so that every remaining focus of malaria infection may be detected and dealt with. A cut in the malaria budget at this juncture, or failure to allocate funds to meet some special emergency, may well prove one more example of “that ruinous economy which, by sparing a little, renders all that is spent useless”.

And now I would like to take this opportunity of paying a special tribute to my old friend and comrade, Colonel M. K. Afridi, now Vice-Chancellor of Peshawar University and leader of the Pakistan delegation to this Assembly. It was directly due to the work of the organization which he built up that malaria ceased to be a problem of military importance among the Allied Forces during the later stages of the campaign in South-East Asia, while it continued to take a heavy toll among the opposing armies. Except among those directly concerned, this great achievement has never been accorded the recognition it deserves.

You, Sir, have alluded to the work of the distinguished people who have been previous recipients of this award. I am very proud indeed to have been thought worthy for inclusion in such a distinguished company. My only regret is that my old friend Arnaldo Gabaldón is not present to receive it with me.

The PRESIDENT: Thank you, Sir Gordon. I now request Dr Castillo to address us.



Dr CASTILLO (Venezuela) (*translation from the Spanish*): Mr President, fellow delegates, ladies and gentlemen, circumstances beyond his control, connected with his obligations as Minister of Health and Social Welfare of Venezuela, have deprived Dr Arnoldo Gabaldón of the pleasure of coming in person to this Fourteenth World Health Assembly to receive the Darling Foundation Medal and Prize, of sharing the work of this Assembly and the company of all those present, and of enjoying the generous hospitality of the Government of India. I have therefore the honour and satisfaction of being his spokesman on this occasion, and as such will read you the words he has written:

“ My experience of life has led me to the conclusion—which may not be accepted by all—that some men are obviously favoured by fortune. A man who has been able to devote his life to the work he prefers, and moreover receive for it a salary that enables him to live and support his family, is certainly fortunate. If, in addition, the people who know him decide to recompense his work by conferring an honour upon him, it may be said that the man is extremely fortunate. If, further, that man, in order to receive the award, can cover the thousands of kilometres which separate Venezuela from India, his good fortune is such as to place him almost outside the category of ordinary mortals. I find myself very nearly in this position but, being merely mortal like other men, I am not permitted by fortune to be with you today. I have therefore asked the Venezuelan delegate to the Fourteenth World Health Assembly, Dr Demetrio Castillo, to express to you my profound gratitude for the honour done to me in the award of the Darling Foundation Medal and Prize.

“ When I was informed of the honour to be conferred upon me, my feelings were a mixture of gratification and humility. I cannot conceal my pleasure at knowing that my colleagues on the Expert Committee on Malaria and the members of the Darling Foundation Committee consider me worthy of an award that is the highest honour to which a malariologist can aspire. It constitutes the culminating point in a life which has been full of satisfactions due to the continual retreat of malaria in my country as a result of the efforts made under my guidance by a group of men whom I have had the privilege of training and directing. Few men have had the good fortune during their lifetime to witness the transformation of their native country as I have seen mine transformed—so that whereas there were formerly large areas in which the population was decreasing because there were more deaths than births, the people’s level of health has now improved so much, in relation to their general cultural level,

that the population is increasing more rapidly than in any other country.

“ But, as I said, the award of the Darling Foundation Medal and Prize aroused in me also a sense of humility—and this is understandable when I compare my own work with that of the colleagues who received this honour before me. However, my habitual good fortune stood me in good stead in the moment of receiving this high distinction, in that I share the award with Major-General Sir Gordon Covell. In 1936, as a beginner in malaria work, I read with interest the classic monographs which this already distinguished malariologist had published on his work in India. In those early days, when my spirit was oppressed by the sight of the ravages caused by malaria in Venezuela, I did not dream that I could ever achieve the honour which is being conferred on me today—and still less that I would share that honour with one who was then already one of the masters in his subject.

“ Finally, Mr President, permit me in accepting this Darling Foundation Medal and Prize to say that for me it has a special significance, for among all the malariologists who have received this honour I am the only one who has had an opportunity of combating the anopheline bearing the name of Samuel Taylor Darling, whose memory is honoured in the award that is being made today. This mosquito is the living symbol which will serve to remind future generations of this eminent man, and the Medal which is being presented to me today will be the symbol that I shall pass on to my children to remind them that in this life no effort is in vain.”

The PRESIDENT: Thank you, Dr Castillo.

## 2. Second Report of the Committee on Credentials

The PRESIDENT: I now request Mr Sar, Rapporteur of the Committee on Credentials, to present his second report.

*Mr Sar (Senegal), Rapporteur of the Committee on Credentials, read that committee’s second report (see page 437).*

The PRESIDENT: May this report be accepted? I see no contrary indication. The report is therefore accepted.

## 3. Announcements

The PRESIDENT: I have to announce that at the meeting of the General Committee held this noon it was decided that the plenary session today should be continued till 7 p.m. If by the time we close this

meeting there still remain speakers on the list it will be necessary to make arrangements for the general discussion to be continued at an appropriate date and time next week.

It was also decided by the General Committee that, should any two countries wish to exchange their places in the order of priority in the list given to me, they will be allowed to do so.

Delegations are reminded that suggestions regarding the annual election of Members to be entitled to designate a person to serve on the Board should be handed over to the Assistant to the Secretary of the Assembly not later than noon tomorrow, Friday.

#### 4. Statement by the Chief Delegate of Argentina

The PRESIDENT: May I now request Dr Martínez Marchetti to make a short statement.

Dr MARTÍNEZ MARCHETTI (Argentina) (*translation from the Spanish*): Mr President, fellow delegates, I will only take up a very few moments of this Assembly's valuable time to express my satisfaction at the honour you have conferred on my country in electing me to the Vice-Presidency of this honourable Assembly. My consciousness of this honour will cause me to redouble my efforts.

I would also inform delegates to the Assembly that, on the instructions of my Government, I deposited with the Secretariat on 4 February an official invitation to hold the Sixteenth World Health Assembly, in 1963, in Buenos Aires. This would give the people and Government of Argentina the pleasure of receiving the delegates in an atmosphere created by the effort and devotion of a people in full process of development, where every problem is faced with the firm determination to find a complete solution in the immediate future.

Finally, on behalf of my Government, I wish to express to the people and the Government of India our gratitude for the traditional friendship which they have constantly shown towards us.

The PRESIDENT: Thank you, Dr Martínez Marchetti.

#### 5. General Discussion on the Reports of the Executive Board and the Report of the Director-General on the Work of WHO in 1960 (continued)

The PRESIDENT: Libya and the United States of America having exchanged their positions on the list, I now ask the delegate of the United States of America to come to the rostrum.

Dr BURNEY (United States of America): Mr President, Mr Director-General and distinguished delegates from many countries, may I express our thanks to the distinguished delegate of Libya for changing places with us in the schedule for this afternoon.

Personally and on behalf of all members of the United States delegation, Mr President, I congratulate you on your election as President of the Fourteenth World Health Assembly. At the same time, one can commend the members of this Assembly for their wisdom and their sound judgement in electing you to this high office.

It has been my pleasure and privilege to work with our President since my first Assembly, in 1955 in Mexico. I have been greatly impressed with his personal integrity, his high principles, his objectivity, his dedication and devotion to the objectives of the World Health Organization. Each of us on many occasions has sought and obtained the benefit of his wisdom and invaluable advice, but he is really more than a statesman of the World Health Organization: he is a citizen of the world, with whom we share, with his native country, pride in this distinguished scholar, scientist and administrator. India is rightfully proud of its native son. We in the World Health Organization are extremely proud of our President.

It was my very great privilege two years ago to visit India as the guest of His Excellency, Mr D. P. Karmarkar, the distinguished Minister of Health of our host nation. For me this was a most revealing and rewarding experience. Through this visit, I gained at first hand some concept of the vast problems in health with which India and so many other nations are faced. At the same time, it was a pleasure to see with what boldness, with what energy and imagination, these problems are being attacked in India.

I obtained a glimpse of the vast malaria eradication programme now under way in India—in which the United States has been privileged to give some help. I saw the increasingly successful effort being made to improve sanitation in both rural and urban areas; and the community development programme now unfolding with all of its high promise for the people of India; and, above all, I was inspired by the well-trained and most dedicated health workers who vigorously and courageously were carrying forward their responsibilities so well.

Perhaps because of this personal experience, I was particularly impressed by Prime Minister Nehru's

observation of the opening day. You will recall his remarks:

In India we live simultaneously in all the centuries of the past and in the present, and with our foot in the future. It is a fascinating spectacle, a fascinating experience, and an exciting one; and every success that we achieve naturally gives us greater strength to face the future.

I know that I speak for the members of our delegation—and, I am sure, for all the rest of us here—when I express gratitude for the opportunity that has been given to each of us to meet here in India and share in this experience and in this firm and heartening faith in the future which is so clearly evident all about us.

My further purpose in taking the floor today is to comment on the Report of the Director-General and the reports of the Executive Board of the World Health Organization.

All of us are repeatedly impressed with the wisdom of the founders of this organization—many of whom are still with us, including our distinguished President—in building a structure which provides for strong leadership and, at the same time, for wide participation by all of the membership in both the decisions and the programmes of WHO. We are doubly fortunate in having the services of Dr Candau, whose forcefulness, imagination and qualities of leadership have contributed so substantially to the progress of our organization and to the advancement of world health. It is a sincere pleasure to have this opportunity to pay tribute to Dr Candau, his staff, and the members of the Executive Board. But he is dependent on the support which the countries represented here give to the Organization to enable it to fulfil its expanding role.

You will recall that the United States last year proposed an increase in the budget of WHO for additional activities in the African nations. Although opposed by a few, this resolution was adopted. We are gratified that the Director-General has included in his proposed budget for 1962 further increased support for activities in newly independent and emerging States. We are prepared to support fully, with no qualifications, the budget proposed by the Director-General, to help WHO to meet its responsibilities in the less well developed areas of the world.

In addition, because we believe WHO has the major role in improving world health, we are making voluntary contributions in support of this year's programme in the amount of \$4 750 000 for malaria eradication, as announced to the Executive Board, for improving water supplies, and for medical research.

The accomplishments of this past year have been many and varied. Today I shall comment only on a few. In the last year many new Members from Africa have joined the Organization or achieved full membership. We are most pleased to join in the welcome to these new Members. They will add to the strength and effectiveness of our organization, in which they, and all Members, will both give and receive new insight and wisdom. We believe also that the composition of the new enlarged Executive Board should adequately reflect these additions in membership from Africa.

All of us are deeply gratified by the prompt action undertaken by the Director-General and his staff in meeting the great challenge presented by the difficulties in the Congo. I should like to take this opportunity to express the gratification of my Government and the people of the United States to Dr Candau and his staff for the effective handling of this very complex affair. Many thousands owe their health and well-being to the decisive action which you and your staff initiated. Without our organization, the World Health Organization, it would have been impossible to marshal the personnel and resources to meet the tremendous crisis in the Congo. None of us could have done it individually without waste, confusion and disastrous delay. This one instance alone testifies to the strength of our organization, and I for one am extremely proud of the way in which the Director-General and his staff moved in so rapidly and so effectively in such a difficult situation. The people in my country, where this has been publicized very widely, have increased their already high respect for WHO as a result of this very fine action of our organization.

We are deeply gratified, but far from satisfied, with the progress being made in malaria eradication. There is no programme in the world of similar scope, or which promises more in the relief of human suffering and premature death. We look forward to the ultimate triumph—when the plasmodium of malaria has become a laboratory curiosity. In order to achieve that end, we must press forward together in the years ahead without relaxation of our efforts. As you know, my Government has given its full support to this effort.

Some governments represented here today have contributed to the Malaria Eradication Special Account. The United States has contributed \$25 000 000 to this account and the regional account. We agree fully, however, with the Director-General and the Executive Board that action must be taken to bring about a greater sharing of the financial burden which will place it on a more stable and continuing basis, or the programme will be seriously

endangered or possibly fail. We cannot allow this to happen.

With this thought in mind, the delegation of the United States at the appropriate time will suggest certain steps to be taken to integrate the costs of the malaria eradication programme into the regular budget of WHO. This can be done, we feel, without hardship to anyone and without any reduction in the level of activity. The question is complex and will require careful study by our committees. With proper study, we are confident that a way can be worked out to put the programme on a sounder footing.

The United States delegation noted with interest and approval the remarks, in the Committee on Administration, Finance and Legal Matters, of the Assistant Director-General for administration on the matter of co-ordination. The complexities and scope of the programme of WHO are increasing as it grows through the years. Increasingly it comes into contact with the work of a whole host of organizations—some within and some outside the structure of the United Nations. This means that WHO must give increasing attention to the necessity for co-ordination of its efforts with those of other agencies. WHO—and indeed the whole United Nations system—derives strength from mutually effective working relations. In this way the resources of all the agencies provided by Member governments are used to best effect for the common objectives of social and economic development.

However complex these relationships, however variable the means by which we accomplish our purposes, our further progress will depend on how well we meet the two fundamentals of medical and public health practice: the acquisition of further knowledge on the early prevention of disease and its cure, and the application of that knowledge to the needs of the people.

President Kennedy in his inaugural address has expressed the position of the American people. He has said:

To those peoples in the huts and villages of half the globe struggling to break the bonds of mass misery, we pledge our best efforts to help them help themselves, for whatever period is required.

The President has gone further and offered to all nations a greater effort to make the fruits of

new knowledge available to all and, beyond that, in an effort to extend farm technology to hungry nations, to wipe out disease—to increase exchanges of scientists and their knowledge, and to make our own laboratories available to technicians of other lands who lack the facilities to pursue their own

work. Where nature makes natural allies of us all, we can demonstrate that beneficial relations are possible even with those with whom we deeply disagree—and this must some day be the basis of world peace and law.

I cannot close without expressing my deep concern and regret that certain delegations have made statements adversely critical of some phases of WHO's work and its Secretariat. Mr President, constructive criticism, genuinely concerned with the purposes of the Organization, is important. But it is necessary to be sure that criticism is constructive, not destructive, that it is factual, and that it will strengthen the common purpose of advancing health for all people in every country of the world. To do otherwise, my friends, is to destroy the stature, the dignity, the strength of our organization. To resolve today's health problems effectively, and to meet tomorrow's challenges with vigour and courage and imagination, we must continue to build the strength of WHO—not erode it.

As I had the privilege of doing once before, I should like now to introduce to you one of the distinguished leaders in the United States in our national effort to achieve these two goals. He is the Honourable John Fogarty, Chairman of the Congressional Subcommittee on Appropriations, which deals with health and welfare, and an adviser to the United States delegation to this Assembly. A great national health figure, a man truly devoted to the cause of medical research and health progress, Mr Fogarty will review briefly some of the recent developments in these fields of interest.

The PRESIDENT: Thank you, Dr Burney.

Mr FOGARTY (United States of America): Mr President, Mr Director-General, professors and delegates to the Fourteenth World Health Assembly, I would like to thank the chairman of my delegation for his friendly words of introduction and I join with him in extending thanks to the Government of India and congratulating the people of India on the progress of health in this great nation.

It has been my privilege to work closely with Dr Burney for some years now in health programmes in our country. I know that you who elected him President three years ago are aware of the splendid leadership he has given to public health at home and abroad.

I am not a doctor or a technician in public health but, as a member of the Congress of the United States, I have had a long-standing interest in health matters. This interest has, over the years, involved world as well as national health, and I have been

honoured and pleased in having served with three delegations to these world assemblies of doctors, scientists, public health specialists and others involved in the struggle for world betterment through better health. It is perhaps because of this special interest that the words of my President, President Kennedy, in his great inaugural address struck home to me with particular force when he pledged his administration "to invoke the wonders of science instead of its terrors".

The contributions which my Government is making today in invoking the wonders of medical science abroad are, I think, substantial. For the year 1961, our Government has appropriated about \$120 000 000 for medical purposes abroad. In addition, about \$34 000 000 in foreign currency generated by our foreign aid programmes are being spent on health programmes abroad. Through the World Health Organization, the International Cooperation Administration, the United Nations Relief and Works Agency for Palestine Refugees, UNICEF, the Pan American Health Organization and other means, these funds are making themselves felt in the only terms that count in health work—bringing life to our fellow men and the relief of human suffering.

This is the present—and is not enough, in the sense that nothing is really enough as long as preventable disease exists anywhere. We can do more. We should do more and we must do more. I am not satisfied with the progress that is being made. I believe more should be done and I hope to exercise every means at my command to see that it is done. The long hope of mankind in the war against disease lies ultimately with medical research. Towards this end, my country has become increasingly interested in extending support of research, both at home and abroad. For the solution of the problems of cancer, heart disease, mental illness and other great scourges does not lie in any one country but in the imagination and the genius of scientists and doctors in every land.

Already there is substantial work in progress. Support by my country for medical investigators—for research—in 1960 amounted to over \$34 000 000. Under the fellowships programme sponsored by my Government, young medical scientists from thirty-four countries are studying in our universities and research institutions, with several hundred of our own scientists studying in forty other countries. In the Congressional Appropriation Act of 1961 to the United States Public Health Service, a further extension of overseas research activity is envisaged. We have made \$5 000 000 available for the general expansion of international medical research under the authority of our Surgeon-General. Approxima-

tely half this amount will go towards the establishment by four American universities to support the establishment of international centres for medical research and training in seven countries.

My country, as you know, has also interested itself in the development of research through the World Health Organization. Under an agreement worked out between the Public Health Service and WHO, the Public Health Service has made two specific research grants in support of a world-wide study of insecticide resistance for four years, with support promised for an additional four years, and for an extensive programme of study of water-borne diseases for four years, with the promise of an additional four years. Because of our belief that WHO should play an increasingly important role in stimulating, guiding and co-ordinating medical research, the United States since 1958 has been pleased to lend active support to that idea. It is a particular pleasure today to note that the Director-General's proposed budget provides expanded support for medical research. The United States has been privileged to make voluntary supplementary contributions. It is my privilege at this time to announce that my Government is making a further contribution of \$500 000 to WHO's Special Account for Medical Research.

Under the "Health for Peace" Act, an international research programme which I had the privilege of sponsoring in the last Congress, I think we can look forward to increased research activity—in training research workers in increasing numbers, in providing additional fellowships, in providing grants and loans for equipment, in the exchange of research scientists and research missions, and through other means. The idea of putting this programme on a doctor-to-doctor or a scientist-to-scientist basis holds, I believe, great promise for a future people-to-people programme in health—the only real objective and the only enduring basis for our health programmes and interests.

In addressing this Assembly today, I would stress this fact. The non-political character of WHO, stressed by so many speakers, is in my opinion its strongest asset. Equally strong and enduring is the character of WHO's work for the welfare of the people of the world. I believe this thought has again been eloquently expressed by my President, President Kennedy, in another equally appropriate context:

Now the trumpet summons us again—not as a call to bear arms, though arms we need—not as a call to battle, though embattled we are—but a call to bear the burden of a long twilight struggle, year in

and year out, "rejoicing in hope, patient in tribulation"—a struggle against the common enemies of man: tyranny, poverty, disease and war itself.

The PRESIDENT: Thank you, Mr Fogarty. I now call upon the delegate of Pakistan to address us.

Col. AFRIDI (Pakistan): President, Excellencies and distinguished delegates, in whatever I am about to say this morning I have attempted, Mr President, to keep in mind your appeal, or rather your injunction, to keep the length of speeches from this rostrum within reasonable limits.

First, I wish to extend to you, on behalf of our delegation, our sincerest congratulations on your election as President of this Assembly. We, your old friends and admirers in this Assembly, rejoice in this happy choice, knowing that you have earned this honour well and many times over.

Next I wish to convey through you, Mr President, to your wondrous country the deep appreciation of our delegation of the generous hospitality we are enjoying here. May I ask for your indulgence to permit me to stray momentarily from the narrow path of brevity I have chalked out for myself and introduce into this topic a personal note. To me Delhi as a venue for the Assembly is, and will always remain, the most desired location in the world, not only because of my past associations with it, but also because the Assembly has enabled me to sample once again the enduring and affectionate friendship of a large number of friends.

On behalf of my country, permit me to extend a sincere welcome to all the newly-joined Member States. We would like to give them one and all assurance that our delegation will always readily respond with co-operation, sympathy and understanding to their difficulties. For it is but a few years ago that our young country achieved independence. We have, therefore, a recent and practical experience of the sort of problems which I dare say they will now be encountering.

I should like to join my colleagues who have preceded me on this rostrum in congratulating the Director-General on his report on yet another year of solid achievement and success. He deserves our special thanks for the initiative he has taken in the Congo. Our delegation considers it to be of so momentous an import that we feel we would have been fully compensated as a Member country of the Organization had it been the only activity of the year. For, while international intervention in that country has produced considerable difference of opinion amongst the nations of the world, there are no two opinions about the humanitarian role of the

World Health Organization and the superb services rendered to an afflicted population in dire need of a helping hand. Fellow delegates, it is this venture that should underline the source of the strength of our organization. Let us hope that its lessons will not be lost on us, now or in the future.

In regard to the other items of activities, we shall have ample opportunities for discussions in the main committees. I will, therefore, confine my remarks here to one issue which, in the opinion of our delegation, influences the basic philosophy of the programme planning of the Organization.

We see around us so much disease and misery that we cannot avoid getting involved in a number of schemes simultaneously. This is inevitable, considering our humanitarian outlook. Wisdom, however, directs that we exercise due caution in this matter, and whenever possible let one scheme get past the critical phase before we take on another. This is necessary, as we may otherwise scatter our limited resources of men and money. For in the last analysis it is the national effort that determines the success or failure of a programme, even though it be initiated by the World Health Organization. The danger is that, unless our planning is practical and realistic, we might commit the under-developed countries to a multitude of projects that they may not be in a position to undertake. As a consequence, the implementation of the projects may fail to come up to the desired standard and we may find ourselves in the unhappy position of missing the achievement of even the more immediate and pressing objectives. Most of the under-developed countries are crippled by a majority of the communicable diseases, and they stand in urgent need of a well-thought-out order of priority, which only this organization can provide.

In this respect, WHO has a duty to perform and a responsibility to discharge, in that it has to give proper guidance to such countries. It was for this reason that priorities were established in the First World Health Assembly, which by and large have been adhered to. Of late, however, there has been a tendency to wander into new fields of activity without giving due thought to the state of progress in the projects to which we are already fully committed. Our delegation is not against taking up new projects: far from it. All we wish to do is to sound a note of warning, not to lose sight of the need for consolidation in the acknowledged fields. Indeed, the time has come for us to reclassify our existing and projected activities into major, minor and subsidiary groups—a task that we commend to the consideration of WHO as a fit subject for study and report in due course.

In conclusion, may I once again offer my heartfelt and sincere congratulations to the Director-General and to my good friend Dr Penido, the Chairman of the Executive Board, for their wise leadership and dedicated actions.

The PRESIDENT: Thank you, Colonel Afridi. I now call upon the delegate of France.

Professor AUJALEU (France) (*translation from the French*): Mr President, it gives me great pleasure today, addressing this gathering for the first time, to tell you how glad the French delegation is that our Assembly has such an eminent man and such a faithful servant of our organization for President; and to tell you, Mr President, how grateful my delegation is for all the kindness your Government has already lavished upon us.

Fellow delegates, the Director-General's Report is a substantial and invariably interesting document which enables one to follow thoroughly the life of our organization. This year it is of special importance.

It was in 1960 that, for the first time in its thirteen years' existence, our organization was called upon—in connexion with the events in the Congo—to grapple with serious emergency problems. Side by side with the International Committee of the Red Cross and the League of Red Cross Societies, whose activities were on a very large scale, the World Health Organization—though little prepared for emergency action—has come through the ordeal well. It met the most urgent requirements by sending personnel and supplies, by recruiting doctors, nurses and health officers, and by helping the Congo health authorities to pick up the threads of their disorganized services—and that in conditions made difficult by confusion, and at times by danger.

This however, highly valuable though it is, is not the only thing upon which the French delegation wishes to congratulate the Director-General and his staff. This was so to speak the rudimentary action our organization had to take, could not refrain from undertaking. The remarkable thing I think is that the Organization did not stop there—but realized that the future was at least as important as the present moment and that the future could be safeguarded only if the Congo had its own health personnel, and that there was not a moment to lose in setting about the training or further training of that personnel. Realizing this, the Director-General endeavoured to send medical students and *assistants médicaux* to universities prepared to receive them, where they would not feel too much out of place. France for its part was glad to take, in October last, some sixty *assistants médicaux* whom it will do its

best to turn into proper doctors in three years, and a few students who will follow the regular medical course. It is prepared to take more if that would help. But we realize only too well that a country's medical personnel ought in the main to be trained in the country itself so that the training is not regarded as an exceptional measure, and we are also glad of the efforts the Organization has made to promote the training of Congolese in Congo universities.

A great deal still remains to be done by WHO to restore the health situation in the Congo to its previous level; the Director-General has said so a number of times in the Executive Board. Incidentally, this shows how much the Belgian doctors had done in the country: it would be most unjust to belittle what they did.

The emergency operations the Organization has had to carry out since July 1960 have not deflected it from its normal work, as the Director-General's Report shows. Since the French delegation is anxious not to prolong unduly the discussion of this item of the agenda and would like everyone to have an opportunity to express his views, I shall confine myself now to the main point. The main point is to note with appreciation the effectiveness of our organization's activities at every point at which it has, on our request, taken action.

Other speakers have said this or will be saying it and giving all the details. I will mention just one point: 1960 was also the year in which, after preliminary studies, the Organization really got to grips with the problems of medical research. It has thus risen above itself and come nearer to performing the function assigned to it by its founders. It is not confining itself to providing services and giving advice on familiar problems of organization, prophylaxis or medical care, but in future will be making its contribution to those researches which one day, we are sure, will lead to the discovery of new ways of combating disease more effective than those we have today. We should like to thank now those who are making that discovery possible, whether by their generosity or by their labours.

I have said nothing about the malaria eradication campaign, the effects of which are making themselves felt in very many countries but which raises important problems, by no means all of them financial. This is due neither to forgetfulness nor to indifference on my part; it is because there is to be a special discussion on the subject.

Concluding these brief remarks, I should like to say that if in a few days' time, when we study the proposed programme and budget estimates for 1962, we run into a few difficulties—and we shall undoub-

tedly run into some—we shall not forget that the Organization's work has been well done in the past, and this will carry great weight in the decisions we are led to take.

The PRESIDENT: Thank you. I now request the delegate of the United Kingdom of Great Britain and Northern Ireland to come to the rostrum.

Dr GODBER (United Kingdom of Great Britain and Northern Ireland): Mr President and fellow delegates, may I first join with earlier speakers and, on behalf of the delegation of the United Kingdom of Great Britain and Northern Ireland, say how great is our pleasure in being able to join in electing you as President of the Fourteenth World Health Assembly. If the Assembly has been able to take this opportunity of doing honour to you, you do us no less honour by presiding over our meetings.

This is my first appearance at the unique assembly of leaders in world health, succeeding one who has contributed much to ten consecutive Assemblies, and it is a real personal good fortune that it should be in the capital of India and with the benefit of the generous hospitality and admirable facilities which the Government of India has provided for us.

You asked us to be brief, Mr President, and I will only refer to a very few points arising from the Report of the Director-General—a report which reflects the greatest credit on him and his staff. It contains a remarkable review of a range of activities which those of us who have to produce annual reports of our own can but envy. There is reference not only to fundamental measures of prevention directed against single diseases, well known from ancient historical times, but also evidence of close liaison with research and its promotion in some of the most advanced areas of medical progress. Indeed, these reports will have great value to historians in the future for the conspectus they give of worldwide progress in the control of major epidemic diseases in the years of this century, when we may hope for their final defeat as a threat to world health. At the same time, they record the development of new methods of diagnosis, treatment and prevention of diseases which are to us now as far from control as was poliomyelitis even ten years ago, or pernicious anaemia to our predecessors in 1920.

The work of 1960 was to some extent overshadowed by the emergency of the Congo, where the direct contribution of WHO has given a remarkable demonstration of the work that an international and non-political body can do. That pattern, of course, is abnormal, and the true test of WHO's success must be in the extent to which it helps local services

to develop. Earlier speakers have testified to the success already achieved and one of them made the point that the first 70 per cent. of control is difficult, but that the last 30 per cent. leading to eradication is harder still. This is true even when trained workers of all kinds are available; it has even greater force when so large a collateral activity is needed to train staff to do the job. Task forces from outside are of value only as catalysts: the complete reaction depends upon the elements already there. As the Report reminds us, the population saved for the future must also be fed.

The control of endemic communicable diseases, already well known, will certainly fill many pages of annual reports for years to come, but these diseases will come under control and within a measurable time. We know it can be done eventually, given the staff, the resources and the will to do it. There is much hard work to be done before that is achieved, but WHO's imaginative programme of eradication can succeed. Malaria, smallpox, yaws, tuberculosis are already far less prevalent in the world than they were before the advent of new drugs, and this report gives the background to the new progress we may hope to see in elimination of trachoma. The great advance here is surely that a global attack on a communicable disease has become practicable, and some of these diseases are only eradicable on a global scale. Tuberculosis, which we are to discuss later, faces us with a special problem of this kind. For some areas have now an incidence so low that they may soon have a proportion of adult susceptibles high enough to permit epidemic spread should infection recur under unfavourable circumstances. The Director-General referred to this and other important changes in the ecology of disease, and the expert studies which have been initiated should be of great help to all countries in future. It is reassuring to read of the close study made of some of the communicable diseases, mainly virus infections, now being elucidated for the first time. The designation of a new International Reference Centre for Respiratory Virus Diseases in London is particularly gratifying to those whom my delegation represents.

The year 1960 was for us in the United Kingdom particularly important for its advances in the field of mental health, and it is a pleasure to record that some part at least of the stimulus to those advances came from the constructive studies of this organization.

The main and last point that I wish to make is that this Report describes WHO's concern with health problems ranging from those whose nature and solution have long been known, and which require



only the local application of those solutions, to the most abstruse medical scientific problems as yet unsolved. It must surely remain so. We cannot let our organization concentrate only upon the acceleration of programmes for the eradication of gross, but ultimately soluble, problems. The growth of medicine accelerates and we must go with it, if the Organization is to remain the living whole which this report describes. That we can only do if we remain first and foremost a medical organization, free from political distraction, as the Prime Minister of India so clearly commended to us in his inspiring opening address.

The PRESIDENT: Thank you, Dr Godber. The delegate of Ghana.

Dr SCHANDORF (Ghana): Mr President, fellow delegates, ladies and gentlemen, with your kind permission, Mr President, I wish to convey to you, on behalf of the Government of Ghana and my delegation, our sincere congratulations on your election to the high office of President of the Fourteenth World Health Assembly. It is indeed a great pleasure and an inspiration to me and my delegation to watch you perform your duties as President of the Assembly and the General Committee. We hope and pray that under your capable leadership our deliberations in this fine hall of your beautiful capital city will bear healthy fruit for the enjoyment of all the peoples of the world. I assure you, Mr President, that the kind hospitality of the people of India, and especially of the citizens of New Delhi, will long remain in our memories after the Assembly ends.

The delegation of Ghana is glad to note that WHO has continued to centre its attention on the chief problems and basic health needs of those countries which are in the greatest need of its assistance. Many projects have been implemented, bringing tremendous benefits to the peoples and regions where the projects are being carried out. But though these achievements may be impressive, we can clearly see from *Official Records* No. 104, from page 459 onwards, additional projects requested by governments that have not yet been included in the proposed programme and budget estimates for 1962. These requests for assistance, we feel, offer eloquent evidence of the increasing attention that governments are giving to the development and improvement of their health services.

The Ghana delegation believes that in talking about what has been achieved in the past we must look into the future to inform ourselves, as public health men, of the problems that are becoming more and more urgent in view of the development of the

world health situation. We are happy to note, when we consider the attention that WHO has given to the fight against communicable diseases, the sustained effort on the part of the Director-General to make the malaria eradication programme a success. Much has been done in this field to justify the enthusiasm with which the campaign was launched. Much still remains to be done to exterminate malaria, a disease that is hampering the progress of many people in some countries—putting a brake on their efforts to join the ranks of the economically more favoured countries. I wish here to say on behalf of my Government a hearty “thank you” to the United States Government for its generous contribution to the Malaria Eradication Special Account.

The needs of the emerging countries in trying to secure better living conditions for their people will no doubt place a financial strain on the economically more favoured countries. We in Ghana are highly appreciative of the good gesture of these countries in accepting their share of the financial burden which the Director-General’s budget imposes on them. It is our view that this burden will be lighter when the health situation in these countries has been raised to a favourable level.

We are on the threshold of economic, social and health improvement. The attainment by all peoples of the highest possible level of health is also the aspiration of the Government and people of Ghana. We feel that the attainment of this objective is linked closely with economic and social developments, and must be developed within the framework of mutual co-operation with the other specialized agencies, with the necessary integration of activities.

International assistance is much needed by our country, as by the other economically less favoured States. In this regard, I would like to assure the Director-General through you, Mr President, that the technical assistance provided by WHO has been a considerable help to my country in our efforts to secure a state of better health for our people. Unfortunately, owing to the acute shortage of expert assistance, some of the projects that have been planned with WHO are still awaiting execution. It is the ardent desire of the Government of Ghana to bridge the gap that exists between ourselves and the developed countries in the field of communicable disease control. In the pursuit of this aim we have found considerable guidance in the work of the various expert committees and the many useful publications of WHO. We wish to convey to you, Mr President, to the Organization and the various expert committees, our assurance that their work has not been in vain, since these publications have

kept us informed on many aspects of the fight against disease.

The health problems of the future might be more complicated, more persistent, and perhaps much more difficult to solve. We therefore look to the Organization for help, to place Member States in a position to find ways and means of meeting the challenge and finding answers to these problems. This is why the Ghana Government feels happy at WHO's interest and activities in medical research—firstly, to provide simple and effective cures for diseases the treatment of which has proved elusive, and secondly to provide us with the facilities to prevent and control diseases generally.

Herbal medicine—much used in India and Africa—can, we consider, become the subject of fruitful and scientific study. We hope it will not be long before the Director-General initiates co-ordinated research into indigenous herbal medicines which, owing to the lack of trained personnel, have not been fully exploited for the needs of modern chemotherapy. It is not, therefore, for naught that we in Africa cry out for trained personnel to prevent and to cure illness. The need for manpower is becoming more acute with us in Africa as State after State becomes independent and begins to assume its rightful place in the comity of nations.

The unhappy events in the former Belgian Congo have, we believe, demonstrated to us all that we are our brother's keeper, as disease knows no frontiers. The prompt action that WHO took to provide emergency service in the Congo is highly commendable. We also commend the Director-General for placing top priority on the training of medical and other health personnel from among the Congolese people to fill the acute shortage in their country. We wish to congratulate France on her willingness to absorb into her medical schools those Congolese candidates who were sent by their country for training as fully qualified doctors.

It is the fervent desire of the Ghana Government that the tragic events which have occurred in the Congo will not be permitted to recur in Africa. We hope the Director-General will communicate with the Secretary-General of the United Nations and the other specialized agencies to obtain a measure of agreement with those colonial powers who are not conversant with the rudiments of handing over power, to evolve such measures in their colonies as will enable them to be remembered with affection, and not to throw the world into disequilibrium when they leave their colonies, so that they can leave freedom with peace behind them.

The Director-General's Report has placed before us a complete picture of the activities of this experienced

organization. We believe that the World Health Organization's role in creating close contact among countries and in spreading transmission of the achievements and experience obtained in the field of health promotion is undeniable. This is perhaps the most important factor which justifies the existence of the Organization and ensures its future. As practical public health workers we have in the disparity in the health situation among the nations of the world another good reason that vindicates contact among the nations and mutual aid. The health of the population and health protection in the economically under-developed countries is far below modern conception. The continued existence of such a situation is a danger not only to the health of their people but also to mankind in general.

We consider, therefore, that the more developed countries have not only the moral obligation to help this promotion of health protection in the under-developed countries, but that it is in their own interest to do so in order to prevent the spreading of communicable diseases from the under-developed countries. The principles on which WHO is based have pointed out the need for this assistance, especially the principle that the benefit derived from the highest standard of health achieved is one of the basic rights of every human being, regardless of race, religion, economic and social conditions.

One last observation, Mr President. This year, as in previous years, we have had the pleasant task of admitting new Members into our organization. We cannot remain insensible to the confidence that this request for admission imposes on us. It is our bounden duty to reaffirm our solidarity, to think of health and social activities as well as those things which promote the physical, mental and social well-being of humanity. We hope that this Assembly will pursue useful discussions that will yield new contributions of WHO to the common struggle for the improvement of health in the world. The aim of the Ghana delegation will be to assist the Director-General in pursuing this effort along these lines which seem to us to be in the highest interest of the Organization and of the health of the world.

The PRESIDENT: Thank you, Dr Schandorf.

We will now adjourn for fifteen minutes and meet exactly at ten minutes to six. The speakers on my list are Romania, India, Morocco, Bulgaria, and so on. I request the members to be present here punctually at ten minutes to six.

*The meeting was suspended from 5.35 p.m. to 5.50 p.m.*

The PRESIDENT: I now request the Assembly to recommence its proceedings. I call on the delegate of Romania to come to the rostrum.

Dr BÎRZU (Romania) (*translation from the French*): Mr President, ladies and gentlemen, it is not only a great pleasure but a special honour for me to have this opportunity of heartily congratulating Dr Arcot Mudaliar, on behalf of the Romanian delegation, on his election as President of the Fourteenth World Health Assembly.

We all appreciate the choice of India for this important session, and the warm hospitality we are being shown, as well as the prospect of directly acquainting ourselves with the recent achievements of the splendid Indian people. We enthusiastically applaud the achievements of the Indian people—which, as the Prime Minister Mr Nehru predicted in his book, *The Discovery of India*, is forging ahead full of confidence, sure of its own strength and ever ready to learn from others and to co-operate with them.

We wish to congratulate the Director-General, Dr Candau, and his staff on the excellent and well-documented Report on the work of WHO in 1960. I fully associate myself with this statement that WHO has never been faced with problems on such a large scale, which together demand constant adjustment of the Organization's operations to suit complex and changing conditions. Our responsibilities are now indeed immense, for we are being asked to give unreservedly and disinterestedly all our assistance to the peoples of countries that are gaining their independence and must in a short time make up for their tragic backwardness. Accordingly we believe that WHO's material and technical assistance should go first of all and on an effective scale to the countries which are under-developed economically and from a health point of view. This assistance should consist as much of operative measures—hygiene, health, epidemic control, and medical aid—as of unflagging work in connexion with environmental sanitation, nutrition, education, etc. We repeat here our firm conviction that it is for us doctors, who are dealing all the time with people's life and health, without discrimination as to colour or to race, to ensure that science is used to raise man's standard of living and to master nature, by peaceful competition and co-operation between all nations and their creative energies.

Mine is a country rich in resources, and not long ago it too was in a precarious health situation. Romania was, it was often said, "a rich country with poor people". After the country's liberation from fascist rule and capitalist exploitation the

people's democratic State quickly succeeded, as its first task, in healing the wounds of the past, meanwhile stimulating the country's energies and utilizing its resources for the benefit of the people. By rational direction of industrial and agricultural development and by extending cultural education for the masses to an unprecedented degree, our State in a short time created the necessary social and economic conditions for a substantial improvement in health, shown by a decrease in general and infant mortality, a decrease in morbidity and the eradication of certain diseases, a rise in the expectation of life, and substantial progress in the people's physical and cultural development.

Malaria, the first disease dealt with in the Director-General's Report, has been a particularly serious public health problem in our country. The greater part of the endemic area of the country is now at the consolidation stage of eradication. The Director-General, Dr Candau, is quite right in my opinion in saying that it is important to have a developed health system at the final stage of eradication.

The Director-General's Report is also right in our opinion in emphasizing the importance of the epidemiological and statistical services in connexion with communicable diseases. But that does not go far enough. We would stress here the importance of having a whole system of anti-epidemic measures maintained by the State: free and compulsory vaccination, financial support for large-scale prophylaxis schemes, environmental sanitation, health education of the public, etc. Thus we are now organizing in Romania a regional network of specialized laboratories for virus disease case-finding, and we are in the process of launching a big scheme for vaccinating the population up to thirty years of age, free of charge, with a live antipoliomyelitis vaccine, involving over ten million vaccinations.

The problem of town-planning, urbanization and housing is, as is also stated in the Report, one of urgent importance throughout the world. We consider therefore that a systematic exchange of experience between different countries and the establishment of more satisfactory criteria, of more general validity from the point of view of the people's health, are particularly important steps to take, and that unless it takes them our organization may be unable to keep pace with the requirements of the march of events.

In large-scale building and rebuilding plans, such as are under way in our country, the hygienist is undoubtedly assuming an increasingly important role. Basic standards and instructions must be drawn up to ensure that building operations are carried out

for the benefit of the people and provide the necessary conditions of hygiene, health and physiological comfort. Accordingly we are now training hygienists and public health officers not only in epidemiological health problems but also in occupational medicine, industrial toxicology, town planning, housing-comfort hygiene, etc.

I should now like to say a few words about a problem I believe to be particularly important for the progress of public health: the use of the most up-to-date techniques in mass medical investigations and treatments. Up-to-date scientific ideas and medical techniques are only of use to the people if their results can be widely and effectively used by the country's health services in both town and country. We consider that WHO ought in the first place to assume the function of promoting research aiming at the introduction of new techniques in medicine and the generalization of recent discoveries. The extension of WHO's activities in this direction would undoubtedly be of help to national programmes in the various countries.

In view of the primary importance, within the framework of public health problems, of cardiovascular diseases and cancer—which is also stressed in the Director-General's Report—the prevention and treatment of those diseases are for most countries extremely important, and at the same time difficult, tasks. In the last few years they have been discussed both in the Health Assembly and in WHO's various expert committees. What we would draw attention to here is how far the various national programmes reflect, in actual concrete steps taken, the problems of our present health situation. Unless they do so adequately, WHO's recommendations will certainly be ineffective, while its budgetary requirements steadily increase.

We do not mean to take up your time by describing our country's achievements, but in connexion with what I have just been saying I should like to mention that the Government of our country is giving special attention to these problems. Thus we are in a position to say, in connexion with cardiovascular diseases for example, that prevention and treatment are beginning to lose their haphazard character. Our programme, based on substantial financial support, aims at prevention by early case-finding, out-patient and follow-up treatment, and provision of specialized treatment, welfare services, rehabilitation services and health education.

With regard to cancer, we are continuing to implement the control plan, which is receiving financial support from the Government to the tune of about \$23 000 000 for the five years of the plan, and provides for the building of new research laboratories,

for medical care centres, equipment, training of staff, research, etc.

Before concluding we should like to stress the importance of the intensified medical research programme undertaken by WHO during last year and the valuable results achieved by the various expert committees. We consider that in this field the Organization ought to continue to disseminate information not only concerning the problems and the best research methods, but also about how to organize and plan research. Some countries have valuable research experience which should be widely known. Every year we are systematically, within the framework of long-term plans, directing research towards the most important public health problems, meanwhile making provision for a permanent increase in the number of research workers and for the necessary funds.

To conclude, Mr President, ladies and gentlemen, we wish to express our belief in the value of the contribution which medical science and WHO are destined to make towards establishing an international climate favourable to the development of fruitful relations between peoples, in accordance with the nations' peaceful aspirations and with the interests of improved national health and prosperity.

The PRESIDENT: Thank you, Dr Birzu. I would now call on the delegate of India to address us.

Mr TANDAN (India): Mr President and fellow delegates, on behalf of the Government of India my delegation would like to express our gratification and sincere thanks to this Assembly for the signal honour done to us by electing our chief delegate, Dr A. L. Mudaliar, as its President. To you, sir, we offer our respectful congratulations. You are the doyen of the medical profession of this country. The World Health Assembly, when meeting in our country, has also honoured the profession by electing you.

My delegation would like to join the other delegations in congratulating the Director-General on the good record of work done during the previous year. He has highlighted some of the programmes undertaken during the last year in the field of communicable diseases, environmental sanitation and malnutrition. Special mention has also been made of research carried out in many of these fields and the proposed extended programme of research which will be put into effect during the ensuing year.

Among the communicable diseases, the Director-General has rightly given the most important place to the eradication of malaria. In this, as is well

known, India is executing the largest single programme in the world. This programme has been assisted on a munificent scale by the International Co-operation Administration of the United States of America as well as by the World Health Organization. WHO has given assistance to the extent of \$2 200 000 towards the supply of insecticides, fellowships, experimental study teams, etc. What we consider equally important is the help that WHO is giving by providing a surveillance team to serve as an "external audit" as mentioned in the Director-General's Report. The findings of this team will throw valuable light on the execution of a scheme on such a vast scale which, no doubt, will be of interest and value to some of the other countries embarking on similar programmes. In passing, I may mention that we have so far spent from our own funds over \$200 000 000 on this single programme, which shows the importance that we attach to it. Any effort on our part by itself would not be sufficient to achieve our goal if, simultaneously, our neighbouring countries also do not embark on similar programmes. We are grateful to WHO for its good offices in persuading Pakistan, Nepal and Burma to undertake malaria eradication, and we wish these countries the greatest success in their efforts.

The Director-General has rightly said that, impressive as the actual achievements of the eradication campaign are, we cannot be too optimistic. The problem of insect resistance and the danger of the recrudescence of malaria are still there and much research is still needed to discover better and more effective insecticides and antimalarial drugs. We have observed that, as a secondary effect of the malaria campaign, some other diseases, like plague and kala-azar, temporarily disappeared but they are now beginning to reappear. Also certain virus diseases carried by mosquitos (which in the past were thought to be malaria but have now been proved to be virus diseases) are now raising their heads. There may be similar problems in other areas. The problem of insect resistance is vital in connexion with these diseases. We would urge upon WHO to initiate large-scale and co-ordinated research programmes on the problems connected with these secondary effects of the eradication campaign so that we may in good time draw up plans for solving them.

The Director-General has recommended that some part at least of the expenditure met from the Malaria Eradication Special Account should be added to the regular budget. We, however, feel that this would not only add unnecessarily to the burden of all countries, but affect most of those very countries which are already incurring vast expenditure on this

campaign and which can least afford the addition. As the bulk of the expenditure from this account is for technical assistance and guidance, our delegation would like to urge upon the Assembly that, before it agrees to the inclusion of this in the regular budget, the possibility of effecting any reductions so as to keep the expenditure within the voluntary contributions available should be explored.

The Director-General has mentioned smallpox eradication. India is very much interested in this and has already initiated an eradication campaign. Already, in addition to the normal vaccination programme, which has been going on continuously, we shall have vaccinated an additional twenty-four million people before the next hot weather and the entire population is expected to be covered in the next three years. It is satisfactory to note that no case of post-vaccinal encephalitis or other untoward result has been reported among the population already vaccinated. We are fortunately self-sufficient in vaccine production. At the same time, we are grateful to WHO and UNICEF for assisting us to set up two centres for the production of freeze-dried vaccine.

While on the subject of communicable diseases, I would like to draw attention to the need for the study of many other diseases—such as filariasis, leprosy, cholera—which are of vital importance to large sections of the world's population and which in our view have not so far received adequate attention. The study of the problems, both fundamental and applied, connected with these diseases should, we feel, be taken up by WHO in association with the countries interested.

The Director-General has emphasized that the provision of an adequate and safe water supply to communities is of vital importance. With this we entirely agree. My country attaches the highest importance to the provision of safe water supply to our people and is doing the utmost possible consistent with our resources. Almost one-third of the allocation for health in the third five-year plan is devoted to this. But in solving this question, the mere provision of technical assistance is not sufficient. Many of the countries facing this problem have the capacity to design and execute water supply schemes, but what is preventing them is the lack of adequate funds and materials. If WHO could assist in finding the means for making these items available through some other international agencies, such as loans from the International Monetary Fund or the International Development Association, or on the basis of a lend-lease system or any other similar method of help, it would not only add another feather to its cap but would earn the gratitude of millions of people.

We would urge on this Assembly to pursue this question actively and devise concrete plans for such financial and material aid.

The Director-General has given importance to the education and training programmes in his Report. During his introductory speech he emphasized that the greatest need of the newly-admitted Member countries was the rapid provision of adequate training facilities so that their nationals can take on the health administration and the provision of health care in a satisfactory manner. We fully endorse this. We feel, however, that the past policy of WHO in this regard may have been perhaps a little rigid or inelastic. The allocation of fellowships to subjects and the drawing-up of other projects has been more on the basis of centrally-designed policies rather than to meet the actual requirements of individual countries. We feel that a little more flexibility and adaptability to their specific needs would render the help far more valuable.

The Director-General has referred to the studies in domiciliary treatment of tuberculosis being conducted jointly by the World Health Organization and the Indian Council of Medical Research at Madras. While the results of this study are interesting and encouraging, their suitability for application on a mass scale has yet to be determined and worked out. Other measures needed for a large-scale campaign have also to be gone into. We have taken up studies to work out some of these questions.

Leprosy again is a disease which substantially affects large areas of the tropical countries. There are many aspects of this disease which are obscure but are yet very important. Research, fundamental and applied, on a considerable scale and over widely dispersed areas is needed and we feel this is a subject worthy of the attention of WHO. We would particularly like to urge that co-ordinated studies should be taken up on prophylaxis of leprosy by means of either BCG vaccination or chemotherapeutic prophylaxis, which may provide valuable help in solving the problem.

The Director-General has in his Report mentioned the co-operative studies carried out by WHO in collaboration with the Indian Council of Medical Research on the prevalence of different types of anaemia in various countries and on the value of dietary supplements in their treatment and prevention. We recommend that similar studies should be carried out in many other fields of medicine and public health, in conjunction with national research organizations. We are in agreement with the observation made by the distinguished delegate of Greece that in allocating funds for research WHO should give due priority to utilizing the results of funda-

mental research carried out at the national research institutes and other centres rather than itself directly undertake fundamental research. Our Prime Minister in his inaugural address referred to the problem created by the falling death-rates while birth-rates remain high. This problem in all its aspects is worthy of study and research by all international organizations, and the World Health Organization, we feel, should give its due share in such studies.

Before I close, Mr President, may I be permitted to add that we are very happy that the World Health Assembly is meeting in this capital city of ours. Our delegation has been made rather large solely with the view to affording an opportunity to as many persons as possible to attend and take part in the deliberations. We are most grateful to the World Health Organization for accepting the invitation of our country. As our Prime Minister has said, we are sure the Organization will continue to work ceaselessly for the welfare of all mankind and we are very proud to take part in this glorious work.

The PRESIDENT: Thank you, Mr Tandan. I now call upon the delegate of Morocco to come up to the rostrum.

Dr BEN ABBÈS (Morocco) (*translation from the French*): Mr President, fellow delegates, I should like first of all, on my own behalf and on that of the Moroccan delegation, sincerely to congratulate you, Mr President, on your election. I should also like to congratulate the Director-General and all his staff on the remarkable work they have presented to us in the Report on the work of WHO in 1960. Lastly I want to thank the Government of India for its invitation, which has given us the opportunity to come and work in India, as well as for the warm welcome we have received and the faultless arrangements that have been made so as to render our work easy and pleasant.

With regard to the work of WHO in 1960 and the Director-General's Report—I shall not dilate on the Organization's work in my country, work which is extensive, varied, and continues regularly, to the great benefit of our people. I shall revert to that in more detail in committee. Here I shall confine myself to saying two things I consider important.

The first is about the actual trend of the Organization's work. Ever since the opening of the session we have heard the highest dignitaries and officials of this country and of WHO warmly applauding the arrival of new Member States among us. In Africa alone, sixteen countries gained their freedom last year and will from now on be swelling our ranks. Still more will be coming this year and in the years

ahead. All these young States which hasten to join our organization are faced with two crucial health problems—lack of personnel and the presence of certain serious diseases which constitute real social evils for the peoples of their countries. The Organization should devote more of its work to precisely these two problems. Very special priority ought to be given not only to the training of medical and paramedical personnel and to the eradication of certain communicable diseases, but also to certain important problems such as nutrition or health education. I know that the Organization is already doing a great deal for us all. But I am convinced it could do still more if it had enough funds.

There we have the problem in a nutshell: how are we to find additional funds? A certain amount could perhaps be found by increasing the contribution of certain powerful and rich Members. Some, perhaps, could also be found by decreasing the amount allotted to certain Members highly developed from the health and social point of view. And lastly, some could undoubtedly be found by making economies. In particular I have in mind all the expense entailed by our statements at plenary meetings on the Director-General's Report, which for the most part are repeated in committee. These statements, which are undoubtedly of interest as information, could be communicated to the Organization in writing for distribution to all Members in a special volume. I do not know what the cost of an hour's discussion or a day's discussion is, but I am sure it all costs a great deal and that we could save a considerable amount if we reduced the length of our session by a few days.

The second thing I want to say is about nuclear tests. The objective of our organization is, as you all know, to care for the health of all mankind, to protect it from the diseases which beset it, and to raise the peoples of the world to a higher level of physical, moral and mental well-being. We are proud, and the whole world is proud with us, of this splendid objective. We are proud of what has already been achieved. We are proud of the new work that is being undertaken every day. But is it not sad to see that some Members of our organization, and they some of its most powerful Members, are not only continuing to make atomic weapons but also to test them, thereby endangering the health of the peoples it is our duty to protect and, moreover, wasting immense sums that could be so valuably employed for humanitarian purposes?

I am speaking now not just as a member of this Assembly especially interested in the problem, I am also speaking as representative of a country in Africa whose territory has been the scene of atomic weapon

tests. In the course of a single year, France has exploded its bomb three times on our territory, and that despite the discontinuance of nuclear tests by the other powers and despite the United Nations reproof and the entire world's censure. Our organization has no small prestige, influence and authority in the world in this field, and it cannot remain passive in the face of such a peril. It must sound the necessary alarm, awaken the conscience of its Members, condemn these tests and take all necessary steps to ensure that atomic energy is used for and not against mankind.

Fellow delegates, all of us here are members of one and the same community, members of one big family, and it is only natural that the grown-ups in this family, who have everything they need and are healthy and strong, should be mindful of the young brothers who are so weak and helpless, and not only protect them from the dangers with which they are beset but also help them to achieve that improvement in their level of health which is our organization's objective. By doing so they could make a great contribution to human happiness.

The PRESIDENT: Thank you, Dr Ben Abbès. I now call upon the delegate of Bulgaria kindly to come up to the rostrum.

Dr STOYANOV (Bulgaria) (*translation from the Russian*): Mr President, fellow delegates, in studying the Director-General's Report on the work of WHO in 1960 we note with satisfaction the successes achieved in the assistance afforded by the Organization to a number of countries, particularly under-developed countries and those which have recently gained their independence from colonialism.

The vast amount of work being done by the World Health Organization in the fight against such enemies of human health as malaria, smallpox and some other communicable diseases is raising the international authority of our organization.

It is beyond dispute that WHO is one of the international organizations doing the most for humanity. In view of this it should make every effort to promote the right solution of those great contemporary problems that have a bearing on human health.

In the forefront of these stands the ending of colonialism, a system whose consequences for human health we, as members of the medical profession, can understand better than anyone else. The most recent example is the Congo, where prolonged colonial rule has meant an almost complete lack of medical establishments and medical staff and where now, after obtaining independence, the country must begin from the bottom to build up its own system

of health services. Matters are no better in the other colonial countries. For that reason our organization should welcome the United Nations resolution on the granting of independence to all colonial countries and should co-operate actively with all the economically developed countries so that the former enslaved peoples can not only build up their own health services but also repair the damage done to the health of the people by the colonialists.

The great tasks facing the World Health Organization and the bold plans that WHO is drawing up and that are to be put into effect in the next few years also require great resources. The Director-General's Report emphasizes that inadequate financial resources are holding up the Organization's efforts to carry out the necessary measures for the eradication of malaria and other WHO schemes.

Everyone knows what huge sums of money are set aside for armaments. Surely it would be possible for much of the money released through the carrying-out of general and complete disarmament to be used in various countries; for example, in the economically highly developed countries it could be used to help the State organize treatment and public health measures on a full scale and, by introducing free medical services, to achieve a completely satisfactory health position.

Another portion of these resources could be allocated to help under-developed countries recently liberated from colonialism, both for their health services and for other purposes. This would help them to carry out measures which will make human life longer and more secure, happier and more joyful.

As members of the medical profession we, who fight for every life in the case of individuals, must raise our voices against death and destruction, since war is the very greatest of epidemics. We consider this to be the right and the duty of the World Health Organization, which should speak in favour of peace.

We all gather every year with a desire to think out effective means and methods of work, proper use of resources and correct organization so that we can defeat evil by eradicating malaria, smallpox, tuberculosis, etc. Every one of us works in one branch or another of the health services and contributes to the solution of these problems in his own country. In some countries the problems are solved more quickly and successfully, in others more slowly and with a number of setbacks and failures. By exchanging our favourable experiences we promote the attainment of the general aim. There is no need to try to prove here that to achieve a radical improvement and development of the health services and medical science it is essential above all that we should

live in peace and should combine our peaceful efforts in health co-operation, not only here in this hall but also among individual countries. Without the establishment of such co-operation the problems before WHO cannot be successfully solved.

The annual increase in the membership of our organization is a welcome phenomenon. However, more and more countries with poorly developed national health services are becoming Members of WHO. The Organization's duty is to assist these countries to establish health services that would make it possible for them not only to carry out general measures of sanitation and hygiene and to take steps towards control of certain communicable diseases but also to do their utmost to protect and treat their people against all forms of disease. Wide experience has been gained in this direction in many countries and it should be used.

In a comparatively short period Bulgaria also has gained considerable successes in public health. The level of health of the population has improved swiftly and its working capacity has increased. All our successes are due to the following facts: health care has become entirely a task for the State, a universally available and free national health service has been introduced, all health measures are planned and standardized, and the whole population is encouraged to take part and show initiative in public health work. We consider that the health system established in Bulgaria satisfies more completely than any other the needs facing the public health services. We also consider that our experience would be of use to many countries which will now be building up their own system of health services.

We could for example exchange experience on the organization of rural health services, tuberculosis control, organization of dental services, etc. It would be right for WHO to assist in this but in our opinion the assistance it is giving is still inadequate. A long time has already elapsed since we put forward the names of Bulgarian experts and consultants on various subjects but their services are not being used. So far not a single Bulgarian specialist has been appointed to a post at headquarters or in the Regional Office, although we have put forward candidates. No grounds should be given for us to consider that there is discrimination or at the very least an under-estimation of the experience of some countries as compared with others.

Bulgaria has stated her readiness to assist countries which wish to build up their own national health cadres. Our own people needed such assistance, and received and is receiving it from the Soviet Union and other socialist countries. "A friend in need is friend indeed" says the proverb. Guided by the



most cordial sentiments towards the peoples that have gained their freedom from colonialism, the Bulgarian Government has decided to award a certain number of fellowships for the training of students or doctors from a number of African and other countries which have recently become independent. We are ready also to assist the peoples of these countries by sending them medical workers both through WHO and the League of Red Cross Societies and under the terms of bilateral agreements.

We recommend that WHO intensify its active search for ways and means of giving urgent help to those countries by appealing to individual States to meet their needs.

In concluding my speech, I should like to express gratitude to the Indian Government and particularly to the Ministry of Health and the medical profession in India for the hospitable welcome they have given us.

I should like to state my conviction that the keynote of our Assembly will be fruitful discussion of the questions that are disturbing all the peoples of the world; I believe this in particular, because the Assembly is being held in India, one of the big countries which follows a consistent policy of peaceful co-existence, which is essential for the development of the health services and without which co-operation between individual countries on matters of health is unthinkable.

The PRESIDENT: Thank you, Dr Stoyanov.

The last speaker on my list is the delegate of Poland. Will he kindly come up to the rostrum.

Dr PACHO (Poland) (*translation from the French*): Mr President, allow me first of all, on behalf of the Polish delegation, heartily to congratulate you on your election as President of the Assembly. I should not like to let slip this opportunity of thanking the Government of India for its hospitality and for the admirable arrangements it has made for our meeting. At the same time I want to convey to the people of India Poland's most cordial good wishes.

Mr President, ladies and gentlemen, at this Assembly new African countries are coming to join us in the Organization. I think it would be useful to stress the significance and importance of the fact that all these new States have arisen from the ruins of the colonial system and that nearly all these States are in Africa. Their presence here, and their participation in our discussions and in the Organization's work, undoubtedly puts a new face on the Organization, and at the same time reminds us particularly forcibly of the problems that have to be solved as a matter of urgency and without equivocation.

Decolonization in the widest sense of the word is the responsibility of all the nations of the world. It is also the responsibility of the United Nations, and of our own organization in the sphere in which it is called upon to operate. Our organization ought to make available its means and all its experience to these new countries in order to make the greatest possible contribution towards eliminating all the tragic consequences of colonialism. The example of the Congo shows clearly enough how difficult decolonization is, how the mobilization of the colonizers' interests can paralyse or hamper the achievement of true independence, and what a big debit account the colonial system leaves behind in the countries it is obliged to relinquish, which by its fault are stripped of national cadres in the most important fields of their administration and their social life. Clearly therefore, one of the main objectives of WHO's programme in the years before us must be to satisfy the most urgent needs, in the field of health and technical assistance, of the countries which have just attained independence.

The reason why 1960 is now commonly called an African year, and why the fifteenth session of the United Nations General Assembly and our present Health Assembly are known as African assemblies, is not simply that a number of African countries have just attained independence and that they have joined our organization in force, but also, and above all, that these countries' needs impinge on every part of WHO's programme. I repeat that, although certain countries alone are responsible for this state of affairs, it is the duty of us all to help to improve the situation, and to satisfy in a disinterested manner the needs of the countries formerly under the colonial regime—and to do so as speedily as possible. The Polish delegation will support any projects submitted here with those objectives but it would emphasize that such projects must meet needs declared by the countries themselves, in accordance with the principles of disinterested assistance and of respect for those countries' national sovereignty and for the legitimacy of their government institutions.

As you see, the fact of all these newly established countries joining WHO gives a new aspect and a new content to the Organization—and this must also be reflected in equitable geographical distribution of posts in the Secretariat, which incidentally has always left much to be desired.

Mr President, it is the custom in our organization—and it is a good one—at our annual Assembly to make an evaluation of the general situation in which we shall be planning our work for the current and coming years. This permits all delegations to present their views on WHO's tasks and objectives. For,

though its basic objectives and tasks are laid down by the Constitution, their implementation and decisions regarding the proportion between the various activities and the way in which the tasks are tackled obviously depend on the general situation and the particular requirements of the moment.

The characteristic feature of WHO's work, the thing that makes it different from other international organizations, is first and foremost the fact that in this organization we are dealing with peoples' health, with that which enables them to act. This task of ours is, it must be confessed, a very serious responsibility. The Director-General, who is doing everything he can, tells us in his excellent Report what has been done to discharge this responsibility during the months that have elapsed since the Assembly was held in Geneva in May last year. That is a short time, but in it much has happened. What path is our work to take now and in the future? How are we to prepare, interpret and then put into effect the programmes and budget we shall be adopting?

The central problem with which all mankind is faced, the problem which determines all our actions, is the problem of peace. The threat of total destruction which a nuclear war would entail is now so obvious that to mention it sounds like repeating a slogan. The threat is however so terrible and so real that its obviousness demands that we redouble our vigilance. It demands vigilance particularly on the part of those who are concerned, on behalf of their people, with the improvement of health at the international level—because it is a matter of life and death, or at any rate of the dire consequences of the results of Hiroshima and Nagasaki. I believe that a problem of this importance will yet be given the place it deserves in our Assembly's discussions. Reason tells us that the only radical solution to rid us of this abiding anxiety is general and complete disarmament. While other problems may be solved in varying ways, to this problem there is only one solution, which nothing can call in question. It is sometimes objected that this is a matter for politicians and that it therefore falls within the competence of other organizations, particularly the United Nations; that it is not for us, the World Health Organization, to deal with it. Yes and no. For while it is obviously not for our organization to make decisions in matters of war and peace, in connexion with disarmament on the other hand it is part of the function of WHO to influence the minds of men and to show them the perils and what the results would be. No one therefore can object to our organization's coming down with all its weight on the side of peace and, so far as its means and authority allow, fostering the aspiration for peace in the minds of men.

Mr President, in the last few years the Polish Government has increased its tuberculosis control activities; among other things it has promulgated the antituberculosis law and the Council of Ministers' decree on planned tuberculosis control. In addition, close co-operation has been established between the health service in Poland and WHO and UNICEF. As part of this co-operation a tuberculosis control programme has been established in Poland. In summing up, I would mention that the carrying-out of this programme will be likely to help improve the tuberculosis control system; it will enable research to be carried out and results to be obtained which can also be of use to other countries.

The problem of the nutrition of the population, which the Director-General has dealt with, is a very important one. It appears from numerous studies made by scientific institutes and specialized international agencies that the nutrition position is not satisfactory in many countries and that in some cases it is alarming from a health point of view. In addition to quantitative deficiencies there are qualitative ones, first and foremost protein deficiencies. Despite the great advance of vitamin science there are still acute clinical or chronic cases due to vitamin deficiencies.

In the economically developed countries what are known as "diseases of civilization", such as sclerosis and dental caries, are becoming an increasingly important problem. In many countries, owing to lack of the proper technical conditions and of health education of the public, food poisoning still claims many victims. The concern of WHO with nutrition problems is thus fully warranted. This is a highly complex problem; to solve it one must enlist the co-operation of nutrition specialists and make nutrition one of the subjects in the courses of study for medical and paramedical personnel.

In our country, Poland, rational human nutrition is regarded by our health service as one of the country's basic problems. In 1946 a hygiene and nutrition department, dealing with all the problems at the national level, was set up in Poland, at the National Institute of Hygiene in Warsaw. We now possess basic material on the system of nutrition and the nutritional status of our population, and on the most important problems in this field. With a view to improving the population's nutrition we have worked out standards based on world standards and adjusted to conditions and customs in our country. These act as a basis for planning the population's nutrition and the production of foodstuffs.

The health service has now been instructed to set up an institute of human nutrition, which is to be a research institution and a special advisory body for

the Government. The Polish Academy of Sciences has recognized human nutrition to be one of the principal problems for scientific research.

Mr President, the Polish delegation has studied very closely the Director-General's highly detailed report on the development of the malaria eradication programme. The great amount of work that has been done and the results achieved make it incumbent upon WHO to press on steadily with this programme until malaria is entirely eliminated. All States must join in this work so far as their means allow. As the Director-General's report shows, the 255 000 000 people affected by this disease, of whom more than 50 per cent. are in Africa, have not yet been effectively reached by the programme. It seems to me essential therefore that Africa should receive our organization's particular attention in the years that lie before us.

The Polish Government is at present considering new ways in which our country might participate in the continuation of this programme, and we think we can make available to the Organization at once

a certain number of doctors and entomologists, together with the requisite material. We are also considering the issue of a stamp in connexion with the programme.

When the Prime Minister of India, Mr Nehru, visited Poland we were deeply touched by what he said to us about suffering mankind. I should like with your permission, Mr President, to recall what Mr Nehru said in one of his books: that peace means not only refraining from waging war, but also endeavouring to create a climate of peace throughout the world. The Poles have had a hard history for centuries and we understand what "suffering mankind" means. We love peace, as all men of goodwill do, and we believe that relations between nations will improve and that suffering mankind will win the peace.

The PRESIDENT: Thank you, Dr Pachon. This meeting is now concluded.

*The meeting rose at 7.15 p.m.*

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## SEVENTH PLENARY MEETING

*Thursday, 16 February 1961, at 10.30 a.m.*

*President: Dr A. L. MUDALIAR (India)*

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### 1. Third Report of the Committee on Credentials

The PRESIDENT: The meeting is called to order. I have to apologize to the delegates for the delay in convening this plenary meeting, which is owing to circumstances beyond my control. So far as the agenda of this meeting is concerned, we will take up the adoption of the first report of the Committee on Programme and Budget, the adoption of the first report of the Committee on Administration, Finance and Legal Matters and, if the document is available in time, the adoption of the second report of the Committee on Administration, Finance and Legal Matters. Then we shall proceed with the election of Members entitled to designate a person to serve on the Executive Board and, if time permits, continue with the general discussion which we left off the other day.

May I now call upon the Rapporteur of the Committee on Credentials, Mr Sar, to present its report?

*Mr Sar (Senegal), Rapporteur of the Committee on Credentials, read the third report of that committee (see page 438).*

The PRESIDENT: Thank you. The report has been presented. Are there any observations?

May we adopt this report? The report is adopted.

### 2. First Report of the Committee on Programme and Budget

The PRESIDENT: I would now request Dr Kamal to present the first report of the Committee on Programme and Budget.

*Dr Kamal (United Arab Republic), Rapporteur of the Committee on Programme and Budget, read the first report of that committee (see page 439).*

The PRESIDENT: Thank you.

You have just heard the first report of the Committee on Programme and Budget. May I know whether there are any remarks or observations? May I take it that the Assembly accepts this resolution? The resolution is adopted.

May I take it that the whole of the report also is adopted by the Assembly now? Any observations? May I take it that the report is adopted? The report is adopted.

### 3. First Report of the Committee on Administration, Finance and Legal Matters

The PRESIDENT: We will now take up the second item on the agenda, the adoption of the first report of the Committee on Administration, Finance and Legal Matters. May I request the Rapporteur of the Committee, Mr Sar, to come to the rostrum and present his report?

*Mr Sar (Senegal), Rapporteur of the Committee on Administration, Finance and Legal Matters, read the first report of that committee (see page 441).*

The PRESIDENT: You have heard the report just now read, and the document is, I believe, in the hands of all delegates. I propose now to put each of these resolutions separately and request you to give your assent.

The first is "Status of collection of annual contributions and of advances to the Working Capital Fund". Any observations? May I take it that you approve of this resolution? The resolution is approved.

Second, "Amendments to the Staff Rules". Any observations? May I take it that you approve of this resolution? The resolution is approved.

Third, "Travel expenses and allowances for members of the Executive Board". Any remarks? In the absence of any remarks, may I take it that you approve of this resolution also? The resolution is approved.

Then we come to "Assessments for 1960 and 1961 of new Members". Any observations? May we approve of this resolution as well? The resolution is approved.

Point five, "Assessments for 1961 of new Members". Any remarks? May I take it that you approve of this resolution as well? The resolution is approved.

Then we come to "Scale of assessment for 1962". Any observations? Any objections? May I take it that you approve of this resolution? The resolution is adopted.

Point seven, "Headquarters accommodation: Progress report". Any remarks? May we accept this resolution? The resolution is adopted.

Eight, "Headquarters accommodation: Status of the Building Fund". May we adopt this resolution? The resolution is adopted.

Nine, "Headquarters accommodation: Reimbursement by the United Nations". Any remarks? May we adopt this resolution? The resolution is adopted.

The last item, "Use of Russian as a working language in the Regional Organization for Europe".

Any remarks? Any observations? May I take it that the House accepts this resolution? The resolution is adopted.

Now may I have the concurrence of the House to adopt the whole report? The first report of the Committee on Administration, Finance and Legal Matters is adopted by the Assembly.

### 4. Second Report of the Committee on Administration, Finance and Legal Matters

The PRESIDENT: I now request the Rapporteur to present the second report of the Committee on Administration, Finance and Legal Matters.

*Mr Sar (Senegal), Rapporteur of the Committee on Administration, Finance and Legal Matters, read the second report of that committee (see page 442). He added (translation from the French):*

The Committee still has to consider a resolution on the Malaria Eradication Special Account which will probably provide for the Account to be maintained.

The PRESIDENT: Thank you.

You have just heard the second report. May I adopt the same procedure as before, taking resolution after resolution?

The first of these resolutions is "Supplementary budget estimates for 1961". I have to invite the attention of the delegates to Rule 67 of the Rules of Procedure, which says that decisions by the Health Assembly on important questions shall be made by a two-thirds majority of the Members present and voting, and that one of such decisions is the decision on the amount of the effective working budget. Since this is a revision of the budget, it has to be by a two-thirds majority. If the House adopts this resolution unanimously there will be no necessity for recording any vote. Any observations? May I take it that the House is prepared to adopt this resolution? In the absence of any contra-indications, I take it that the House adopts this resolution unanimously. The resolution is adopted.

The next resolution is "Malaria eradication programme: Administrative and operational services costs". Any observations?

The delegate of Czechoslovakia.

Dr ŠTICH (Czechoslovakia) (*translation from the Russian*): Mr President, the Czechoslovak delegation believes that in discussing the question of including in the regular budget expenditure on the financing of malaria eradication—that means in discussing resolutions 2 and 3 of the second report—Rule 67 of the Rules of Procedure of the World Health Assembly

must also be applied. The delegation bases this view on the fact that what we are discussing is actually the level of the effective working budget of our organization.

The incorporation of the financing of malaria eradication in the regular budget is a basic change in the existing system. There is no doubt that this change will lay considerable financial burdens primarily on the economically under-developed countries, which already have to spend large sums on malaria eradication on their own territory.

At the same time it must be emphasized that we are also discussing the question of credits, a question on which the delegate of France has expressed serious doubts in this Assembly.

The Czechoslovak delegation, therefore, formally proposes that any decision on these important problems be taken by a two-third majority in accordance with Rule 67 of the Rules of Procedure of the World Health Assembly.

The PRESIDENT: Thank you. The delegate of Albania.

Dr PISTOLI (Albania) (*translation from the Russian*): Mr President, gentlemen, I should like to say a few words in connexion with the consideration of the report in so far as it deals with the financing of the malaria eradication programme. The Albanian delegation feels it should state why it cannot support the report's recommendations on this matter. These recommendations arise from a decision to change the former principle of financing the programme, based on a voluntary fund, and incorporate all the costs in WHO's regular budget. The incorporation of all these costs in the regular budget, even though by stages over a three-year period, will mean a sharp increase in WHO's budget—about 10 per cent. on account of this measure alone in each of the years 1962, 1963 and 1964, in addition to the usual 10 per cent. increase. This will place WHO in a unique position *vis-à-vis* the other major United Nations specialized agencies, the annual increases in whose budgets range between 2 and 9.5 per cent., and in 1961 average 7.6 per cent. above 1960. This unique position is contrary to the principles and purpose of a specialized agency which is required—and I quote—"to act as the directing and co-ordinating authority on international . . . work".

Thus WHO will be assuming the, for it, unusual function of reimbursing part of national expenditures on one particular problem. Moreover, this will jeopardize the Organization's prospects of development, since the decision we are being asked to take on the financing of the malaria programme does not

preclude the adoption of similar measures on other problems in the future. For the sake of the expediency of the moment the whole structure of the Organization is being endangered. Furthermore, the incorporation of all the costs in the regular budget will give rise to additional financial difficulties for many Member States, since it will mean an increase in their contributions. Meanwhile the system of credits works to their advantage on a steadily decreasing scale just for three years. This will further increase the number of Members with arrears of contributions and will steadily undermine WHO's financial position.

A decision to incorporate in the regular budget all the costs of the malaria eradication programme exclusively in the form of additional money subsidies will make it financially more difficult for many States which might successfully take part in the malaria eradication programme by contributions in kind. The joint meeting's recommendation on the subject will thus lead to further difficulties.

The Albanian delegation draws the Assembly's serious attention to the situation created and once again calls upon it to consider every possibility of maintaining the former principle and in particular to consider the question of a gentleman's agreement.

The PRESIDENT: Any other observations?

I should like again to refer to Rule 67, which says that decisions by the Health Assembly on important questions shall be made by a two-thirds majority of the Members present and voting; and one of the important decisions is the decision on the amount of the effective working budget. We are not now discussing the effective working budget; that will come up at a later plenary meeting. But as a request has been made for a two-thirds majority to be required for carrying this particular resolution, may I refer to Rule 68 which says:

Except as stipulated otherwise in these Rules, 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.

A request having been made, it is now for the Assembly to decide by a simple majority whether they will have a two-thirds majority to decide this particular resolution.

The delegate of Norway.

Dr EVANG (Norway): Mr President, dear fellow delegates, the remarks of the distinguished delegate of Albania, I think, would need some elaboration, because they touch a problem of the most funda-

mental character as far as the activities of this organization are concerned. As far as I understood his remarks, he was worried because we were invited to include in our regular budget certain costs of an operational and administrative character, as has been suggested in the resolution before us. And that of course raises the question of the very character of this organization.

In the history of the Organization, we reached the turning-point in this respect already in 1949, at the Second World Health Assembly in Rome. There were at that time three various suggestions for the further development of the very young child which this organization then really represented. One suggestion was that the Organization should limit itself to administrative purposes in the field of international health as referred to in Article 2, first paragraph, which also was referred to by my distinguished colleague from Albania but which constitutes only one of the very many parts of that article. If that view had gained the majority vote then, the World Health Organization would have been extremely limited in its character, doing a sort of compilation of statistics, epidemiological intelligence service, standardization internationally of drugs, etc., and other statutory functions which were taken over from the Health Section of the League of Nations.

Another view was that WHO should also be an operational body in the field—that there should be an operational programme. And the proponents of this view referred to the fact that we had established regional offices and asked the opponents of this proposal what they thought the regional offices would do if WHO was not going to be an operational body.

As you all know, the latter view prevailed and by a large majority, though not unanimously, it was decided in 1949 that the World Health Organization would be an operational body in the field. It is in that sense, Mr President, that I vote very gladly for this resolution, because it is not in conflict with, and does not represent anything new in, the policy of this organization, but it represents an organic and fruitful further development in this field.

As far as the other point which has been raised is concerned—the question of whether one should have a two-thirds majority vote on this or not—my delegation would warn very strongly against applying the principle of a two-thirds majority to questions of this kind, because if you set a precedent here you may run into great trouble later in deciding what problems are important and what are not.

The PRESIDENT: Are there any other observations?

In the absence of any further observations I will now request the Assembly to decide this question by

a simple majority. Those who are in favour of a two-thirds majority are requested to raise their cards.

Those against a two-thirds majority on this question?

Abstentions, please?

The result of the voting is as follows: for a two-thirds majority, 12; against, 48; abstentions, 19. The request is therefore not accepted by the Assembly.

I shall now put the resolution to the vote. Resolution 2 of the report, "Malaria eradication programme: Administrative and operational services costs". Are Members prepared to accept this resolution? Seeing no objection, may I declare the resolution carried? The resolution is carried.

Now point 3, "Financing of the malaria eradication programme". As you will see, this resolution consists of three paragraphs, and the request has been made that the three paragraphs should be put to the vote separately. I refer to Rule 61, which permits the President to put these parts separately. Rule 61 reads as follows:

A delegate or a representative of an Associate Member may move that parts of a proposal or of an amendment shall be voted on separately. If objection is made to the request for division, the motion for division shall be voted upon. Permission to speak on the motion for division shall be given only to two speakers in favour and two speakers against. If the motion for division is carried, those parts of the proposal or of the amendment which are subsequently approved shall be put to the vote as a whole. If all operative parts of the proposal or the amendment have been rejected, the proposal or the amendment shall be considered to have been rejected as a whole.

The delegate of Venezuela? Do you wish to speak on this?

Dr CASTILLO (Venezuela) (*translation from the Spanish*): Mr President, I wish to place on record the fact that the Venezuelan delegation voted against the resolution which has just been carried, for the reasons which I set forth in the note submitted by my delegation,<sup>1</sup> which was distributed in good time.

The PRESIDENT: The first of the paragraphs in the third draft resolution reads as follows:

1. DECIDES that the costs of the malaria eradication field programme shall be incorporated in the regular budget by stages over a three-year period in the following manner:

<sup>1</sup> See pp. 412-413.

- (1) an amount of \$2 000 000 shall be added to the effective working budget for 1962 to help finance the malaria eradication field programme;
- (2) the Director-General is requested to include in his proposed programme and budget estimates for 1963 an amount of \$4 000 000 to help finance the malaria eradication field programme;
- (3) the Director-General is requested to include in his proposed programme and budget estimates for 1964 and future years the full costs of the malaria eradication field programme;

That part of the resolution is before the House. Any observations? Any remarks? May I put the resolution to the vote of this House? I take it that the House is prepared to accept this? This part of the resolution is declared as accepted.

I am sorry, the delegate of the Union of Soviet Socialist Republics.

Dr KURASHOV (Union of Soviet Socialist Republics) (*translation from the Russian*); Mr President, fellow delegates, in view of the importance of the decision we are taking, we should like to ask that there should be a roll-call vote.

The PRESIDENT: Under Rule 69: "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." I propose under this rule to accept a roll-call vote on this question.

We will begin with Madagascar. The voting is taking place only on the first part of the resolution that I have already read to the House. As the name of each country is called, those in favour of this resolution will say "Yes", those against will say "No", and those abstaining will say "Abstain".

*A vote was taken by roll-call, the names of the Member States being called in the English alphabetical order, starting with Madagascar, the letter M having been determined by lot.*

*The result of the vote was as follows:*

*In favour:* Argentina, Australia, Austria, Belgium, Bolivia, Brazil, Canada, Central African Republic, China, Congo (Brazzaville), Cyprus, Dahomey, Ethiopia, Federal Republic of Germany, Federation of Malaya, France, Gabon, Ghana, Greece, Guatemala, Haiti, Iceland, Iraq, Ireland, Israel, Italy, Ivory Coast, Japan, Jordan, Kuwait, Laos, Lebanon, Liberia, Luxembourg, Madagascar,

Morocco, Nepal, Netherlands, New Zealand, Nigeria, Norway, Pakistan, Paraguay, Philippines, Republic of Korea, Republic of Viet-Nam, Saudi Arabia, Senegal, Spain, Sudan, Sweden, Switzerland, Thailand, Togo, Tunisia, Turkey, United Kingdom of Great Britain and Northern Ireland, United States of America, Upper Volta, Uruguay, Yemen.

*Against:* Albania, Bulgaria, Cuba, Czechoslovakia, India, Niger, Poland, Romania, Union of South Africa, Union of Soviet Socialist Republics.

*Abstaining:* Afghanistan, Burma, Cambodia, Cameroun, Ceylon, Chile, Colombia, Costa Rica, Denmark, Ecuador, Finland, Guinea, Honduras, Indonesia, Iran, Libya, Mali, Mexico, Monaco, Nicaragua, Peru, Portugal, Somalia, United Arab Republic, Venezuela, Yugoslavia.

*Absent:* Chad, El Salvador.

The PRESIDENT: The result of the voting is as follows:

Number of Members present and voting . . .	71
Number required for simple majority . . .	36
Absent . . . . .	2
Abstentions . . . . .	26
In favour . . . . .	61
Against . . . . .	10

Paragraph 1 of the resolution is adopted.

Paragraph 2 of the resolution reads:

DECIDES further, as a transitional measure to preclude placing too heavy a burden on countries carrying out malaria programmes, that

(1) all active Members carrying out malaria programmes,

(a) whose assessments are 0.50 per cent. or less, or

(b) whose per capita income is low,

shall be eligible in 1962 for credits of 75 per cent. towards the payments for their share of the \$2 000 000 provided in paragraph 1 (1) above;

(2) the Members eligible for credits shall be determined by the Health Assembly in a schedule to be attached to the Appropriation Resolution;

(3) the credits referred to herein shall be covered by the cash balance available in the Malaria Eradication Special Account.

May I ask the delegate of the Union of Soviet Socialist Republics whether he wants a roll-call for

this paragraph of the resolution also? I take it he is not pressing for one. Then I can put the resolution to the vote of this House. Any observations? The delegate of Bulgaria.

Mr KOLYOVSKY (Bulgaria): Mr President, fellow delegates, I will speak on paragraphs 2 and 3 together. This part of the resolution which we are discussing now provides some measures aimed at lightening the heavy burden which a lot of countries will have to bear. The very fact that such measures are provided here proves that we are not able to avoid, and we are compelled to take into account, the difficulties which many countries will face. But in the opinion of the Bulgarian delegation, such difficulties will be faced by countries which have not the privilege of credits provided under this point. Now when we finance the programme of malaria eradication in the regular budget I think that we should take all measures not to hamper the implementation of this programme, and so, on behalf of my delegation, I would introduce the following paragraph 4: that the Members, according to their wish, can pay their assessment to the World Health Organization, as far as the financing of the malaria eradication programme is concerned, in their national currency.

The PRESIDENT: The amendment that the delegate of Bulgaria has suggested really refers to the first part of the resolution, which has already been accepted by this House. The second part deals only with the credits to be given to certain countries. The suggestion is that the contributions may be in the national currency, if I understand. Am I right?

The amendment that the delegate of Bulgaria has suggested really refers to point 1 of the resolution, about the financing of the malaria eradication field programme. Since that has already been accepted by the House, I feel that the amendment will not be acceptable at this stage. The second part of the resolution that I read refers only to credits being given to certain countries. I hope I have made myself sufficiently clear.

Mr KOLYOVSKY (Bulgaria): Mr President, excuse me if I do not agree with you. I think that this additional point could be discussed now as it deals with certain measures that will facilitate Members in carrying out the programme of financing malaria eradication.

The PRESIDENT: I would suggest to the delegate of Bulgaria, if I may, that the proper procedure would be for him to give notice of this amendment, which can be discussed when the budget ceiling is being

discussed in this House. At present I am afraid I will be constrained to say that it will not fit in with the stage which we have reached in dealing with this resolution. I hope the delegate of Bulgaria will understand my position. His amendment can be given notice of when we are discussing the budget ceiling.

The delegate of the Union of Soviet Socialist Republics.

Dr BUTROV (Union of Soviet Socialist Republics) (*translation from the Russian*): Mr President, the Soviet delegation would support the amendment put forward by the Bulgarian delegation and thinks that it could be discussed now, because we have considered the first point in this resolution and if we now make this amendment the second point—for it is a very important question of principle as regards the currency with which this programme will be carried out and the manner of its carrying out—we can then proceed to what is now the second and will then become the third point of the resolution under discussion.

The PRESIDENT: I have to invite the attention of the Members to Rule 55:

During the discussion of any matter a delegate or a representative of an Associate Member may rise to a point of order and the point of order shall be immediately decided by the President. A delegate or a representative of an Associate Member may appeal against the ruling of the President, in which case the appeal shall immediately be put to the vote. A delegate or a representative of an Associate Member rising to a point of order may not speak on the substance of the matter under discussion, but on the point of order only.

Since this question has been raised, and I have given a ruling, and that is questioned, I shall now requested the Assembly to decide whether the amendment be allowed or not.

Those in favour of the amendment being taken up now will kindly raise their cards. Those against? Abstentions?

The result of the vote is: in favour, 9; against, 59; abstentions, 21. The proposal is not accepted by the House.

May I now request the House to consider the second part of the resolution? Any observations? Those in favour of this resolution will kindly raise their cards. Those against? Abstentions?

The result of the vote is: in favour, 60; against, 2; abstentions, 27. The second part of the resolution is accepted.

The third part recommends to the Fifteenth and Sixteenth World Health Assemblies that credits as



defined in paragraph 2 above should be provided as follows: 1963—50 per cent; 1964—25 per cent. Any observations? Those in favour of this part of the resolution will please raise their cards. Those against? Abstentions?

The result of the vote is: in favour, 59; against, 3; abstentions, 27. This part of the resolution is accepted.

May I now put the whole resolution to the vote of the House. Those in favour of accepting the whole resolution? Against? Abstentions?

The result of the voting is: 67 in favour, 6 against, and 20 abstentions. The whole resolution is accepted.

The delegate of France.

Professor AUJALEU (France) (*translation from the French*): Mr President, after voting in favour of point 1, the French delegation abstained with regard to points 2 and 2 solely for the reasons of a legal nature which it explained during the discussion. Our delegation would have voted for points 2 and 3 if the credits granted to certain countries were to have been made in kind and not in cash.

The PRESIDENT: The delegate of the Federal Republic of Germany.

Dr STRALAU (Federal Republic of Germany) (*translation from the French*): Mr President, fellow delegates, after the decision taken by the World Health Assembly to make a fundamental adjustment in the financing of the malaria eradication programme, the German delegation wishes to express its sincere gratitude to the working party which carried out the extremely difficult task of accomplishing the preparatory work.

The German delegation wishes to inform you that the Federal Republic of Germany has decided to make an extra voluntary contribution to the Malaria Eradication Special Account of DM 350 000 in cash and DM 150 000 in kind, making a total of DM 500 000, which will be paid during the three coming months. Through this contribution the Federal Republic of Germany hopes to be able to assist the progress of the antimalaria programme which is to be carried out in 1961.

The PRESIDENT: Thank you. Any other remarks, particularly of a like nature? The delegate of Peru.

Dr QUIRÓS (Peru) (*translation from the Spanish*): Mr President, gentlemen, the Peruvian delegation thinks it would be advisable to add a further recommendation in view of the anxieties felt by the majority of countries with regard to the future of the malaria eradication programme and its financing, to the effect that the Director-General be requested to submit

annually a programme and budget indicating the way in which the funds intended for the programme are going to be used, and that the possibility be envisaged of reducing the assistance given by the Organization to countries in which the programme is making satisfactory progress and whose technical assistance requirements are not so large.

The PRESIDENT: I suggest that the delegate of Peru may make this suggestion in the Committee on Programme and Budget, as it is not related to the particular resolution that we have adopted.

The delegate of Colombia.

Dr PATIÑO-CAMARGO (Colombia) (*translation from the Spanish*): Mr President, Colombia offers a voluntary contribution of \$5000 for the malaria eradication programme.

The PRESIDENT: Thank you. May I take it that the Assembly approves the report as a whole? The report is approved.

##### 5. Election of Members entitled to Designate a Person to Serve on the Executive Board

The PRESIDENT: We now come to an important item on the programme, that is, the election of Members entitled to designate a person to serve on the Executive Board. I should like to make the position clear to all Members regarding the procedure and what is expected. Delegates will have received the report of the General Committee<sup>1</sup> which contains the lists of the eighteen and twelve Member States that were drawn up by the General Committee in accordance with Rule 94 of the Rules of Procedure of the Health Assembly. This document was distributed on Wednesday morning, so that the twenty-four-hour period required by Rule 94 has been satisfied.

The annual election by the Health Assembly of the Members entitled to designate a person to serve on the Executive Board is governed in the first instance by Articles 18 (b), 24 and 25 of the Constitution. Before I read to you these articles, I recall again that Articles 24 and 25 have been amended in order to increase the size of the Executive Board from eighteen to twenty-four and that these amendments entered into force last year in accordance with Article 73 of the Constitution. The articles read as follows:

###### *Article 18*

The functions of the Health Assembly shall be . . . (b) to name the Members entitled to designate a person to serve on the Board . . .

<sup>1</sup> See p. 439.

*Article 24*

The Board shall consist of twenty-four persons designated by as many Members. The Health Assembly, taking into account an equitable geographical distribution, shall elect the Members entitled to designate a person to serve on the Board. Each of these Members should appoint to the Board a person technically qualified in the field of health, who may be accompanied by alternates and advisers.

*Article 25*

These Members shall be elected for three years and may be re-elected, provided that of the twelve Members elected at the first session of the Health Assembly held after the coming into force of the amendment to this Constitution increasing the membership of the Board from eighteen to twenty-four the terms of two Members shall be for one year and the terms of two Members shall be for two years, as determined by lot.

The procedure for these elections is set forth in Rules 92, 94, 95, 96 and 97 of the Rules of Procedure of the Health Assembly. The text of these Rules is printed on pages 122-124 of *Basic Documents*, eleventh edition. I should like in particular to draw your attention to the fact that for this first election following the entry-into-force of the amendments to the Constitution, the procedural rules governing the election are those which were determined by the Thirteenth World Health Assembly and which appear in the left-hand column under Rules 94 and 95 in *Basic Documents*. In accordance with these transitional provisions, we have this year to elect six Members to be entitled to designate a person to serve on the Board in order to replace the six retiring Members, and to elect a further six Members in order to increase the size of the Board from eighteen to twenty-four. The six Members whose term of office expired this year are: Brazil, France, Guatemala, Iran, Union of Soviet Socialist Republics, Viet-Nam. As a result of these retirements, there remain at present on the Board one Member from Africa, three Members from the Americas, two Members from South-East Asia, three Members from Europe, two Members from the Eastern Mediterranean, and one Member from the Western Pacific. The General Committee nominations, having taken into account the need for an equitable geographical distribution of seats on the Board, have suggested for the purposes of this year's election three Members from Africa, two Members from the Americas, four Members from Europe, two Members from the Eastern

Mediterranean, and one Member from the Western Pacific, the number of seats for South-East Asia remaining the same. This suggestion, taken together with the distribution of the remaining seats on the Board, will, in the opinion of the General Committee, give to the Board an overall equitable geographical distribution.

Does any member wish to speak on the general question now? The delegate of India.

Mr TANDAN (India): Mr President, the Indian delegation is intervening at this stage to record our view that, in the allocation of additional seats on the Executive Board, the South-East Asia Region should not have been completely omitted. The report of the General Committee does not indicate the exact considerations on which the preliminary list of eighteen and the recommended list of twelve countries has been drawn up. But the Indian delegation notes with regret that the South-East Asia Region does not find a place in either list and feels that the principle of equitable geographical distribution has not been followed. We can only conjecture that the lists were drawn up on the purely arithmetical basis of a formula, such as 2 to 24 approximates to the proportion of 7 or 9 to 104.

The Indian delegation submits that it is not only the number of countries in a region that should determine the representation of the region on such an important body as the Executive Board; other considerations have to be taken into account. One important consideration is surely population, for the delegation believes it is right in assuming that a major objective of the World Health Organization is to bring health and well-being to every individual member of the population of the world. The population of the South-East Asia Region is about one-fourth of the population of the world. Also every geographical region has its own distinct and important problems and should be enabled to have as full an opportunity as possible to present them through its accredited representatives on the Executive Board for consideration and solution.

The Indian delegation is of the view that one of the six additional seats should be allotted to the South-East Asia Region and I have the honour to propose Ceylon for election as a Member entitled to designate a person to serve on the Executive Board.

The PRESIDENT: Any other observation? The delegate of Thailand.

Dr SUVARNAKICH (Thailand): Mr President, honourable delegates, my delegation would like to support the proposal of the delegation of India. In

the document before you, you see the list of the countries proposed by the General Committee; it does not contain any country in the South-East Asia Region at all. And on the back again, if you look at it, you see that the recommendation is as follows: Europe, 4; Africa, 3; the Americas, 2; the Eastern Mediterranean, 2; the Western Pacific, 1; and South-East Asia, nil. I think this is not justified in accordance with equitable geographical distribution and urge that the honourable delegates consider this matter.

The PRESIDENT: Any further observation? I have to refer to Rule 95 again. The relevant portion reads as follows:

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.

In other words, if any proposal is made, the question will have to be referred to the General Committee for consideration and report. This can be done if the Assembly so decides.

Do the delegates of India and Thailand wish that this should be referred to the General Committee?

*The delegate of India signified assent.*

Therefore, the Assembly will be consulted. The position, therefore, is that a name having been suggested, not included in the list of the General Committee, the Assembly has to decide whether it would like to refer it to the General Committee.

Ceylon has been suggested. I therefore put this to the vote of the Assembly. Will the Assembly consider sending back the recommendation to the General Committee on this particular issue—that the name of the Member State suggested may also be considered for inclusion in the list?

Those in favour of referring back to the General Committee, 15; against, 35; abstentions, 31. The proposal is not accepted by the Assembly.

The time is now 12.30 and I am afraid that, if the usual practice is followed, it will be a long time before we can conclude the voting. I therefore propose that the plenary be reconvened at 2.30 this afternoon, when the further procedure with regard to the election of the Executive Board will be gone through.

I have to request the chief delegates to note that the heads of delegations of Member States and the chief representatives of Associate Members are invited to the delegates' lounge at 5.30 this afternoon in order to meet the Prime Minister of India, Shri Jawaharlal Nehru.

I have also the pleasant duty to announce that I have received this morning from the chief delegate of the United States of America the following contributions from his Government to the Voluntary Fund for Health Promotion: \$500 000 for medical research, \$175 000 for community water supply. I am sure the delegates will be very happy.

The session is now adjourned until 2.30 this afternoon.

*The meeting rose at 12.30 p.m.*

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## EIGHTH PLENARY MEETING

*Thursday, 16 February 1961, at 2.40 p.m.*

*President: Dr A. L. MUDALIAR (India)*

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### 1. Election of Members entitled to Designate a Person to Serve on the Executive Board (continued)

The PRESIDENT: The meeting is called to order. We shall now proceed with the election of Members who are to designate persons to serve on the Executive Board. The voting papers will be distributed by the Secretariat to each of the delegations, and each delegation is requested to write on the ballot paper the names of twelve countries from the eighteen

indicated in the report of the General Committee. Any ballot paper bearing more or less than the names of twelve candidates, or giving the name of a Member State other than the eighteen listed in the report of the General Committee, will be null and void. It would assist the work of the tellers very much in counting the ballot papers if delegations would kindly number the names indicated on their papers from one to twelve. It will also help to ensure that the delegations have voted for twelve, not more or less.

After the voting papers have been filled—and a reasonable time of about five to seven minutes will be given for this purpose—the names of the delegations will be called in alphabetical order. The delegation that is to vote first will be determined by lot and delegations should, when their names are called, come to the rostrum and deposit their ballot papers in the ballot box. We will now have the voting papers distributed, one for each delegation.

The President has also to designate two tellers. I will be greatly obliged if Dr Cameron and Dr Butrov will kindly act as tellers on this occasion. They can come to the dais and sit down here.

*The two tellers took their places on the rostrum.*

The PRESIDENT: I shall now take the name of the country which is to start for the purposes of this roll-call. We will begin with Yemen.

May I know if all the delegations have had the voting papers distributed to them? Is there any delegation which has not received a voting paper? Then I propose we start.

*A vote was taken by secret ballot, the names of the following Member States being called in the English alphabetical order, beginning with Yemen.*

Yemen, Yugoslavia, Afghanistan, Albania, Argentina, Australia, Austria, Belgium, Bolivia, Brazil, Bulgaria, Burma, Cambodia, Cameroun, Canada, Central African Republic, Ceylon, Chad, Chile, China, Colombia, Congo (Brazzaville), Costa Rica, Cuba, Cyprus, Czechoslovakia, Dahomey, Denmark, Ecuador, El Salvador, Ethiopia, Federal Republic of Germany, Federation of Malaya, Finland, France, Gabon, Ghana, Greece, Guatemala, Guinea, Haiti, Honduras, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Italy, Ivory Coast, Japan, Jordan, Kuwait, Laos, Lebanon, Liberia, Libya, Luxembourg, Madagascar, Mali, Mexico, Monaco, Morocco, Nepal, Netherlands, New Zealand, Nicaragua, Niger, Nigeria, Norway, Pakistan, Paraguay, Peru, Philippines, Poland, Portugal, Republic of Korea, Republic of Vietnam, Romania, Saudi Arabia, Senegal, Somalia, Spain, Sudan, Sweden, Switzerland, Thailand, Togo, 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, Upper Volta, Uruguay, Venezuela.

The PRESIDENT: The ballot box will now be taken before the tellers, who will do the counting. In the meantime, the Assembly is temporarily suspended.

*The meeting was suspended at 3.20 p.m. and resumed at 4.45 p.m.*

The PRESIDENT: Fellow delegates, the result of the voting is as follows:

Number of Members entitled to vote . . .	99
Number absent . . . . .	1
Abstentions . . . . .	Nil
Papers null and void . . . . .	1
Total number of Members voting . . . . .	97
Number required for simple majority . . . . .	49

I will now read the names of the Member States and the number of votes polled for each:

United States of America . . . . .	95
Iceland . . . . .	87
Pakistan . . . . .	87
Italy . . . . .	86
Nigeria . . . . .	80
Poland . . . . .	80
Spain . . . . .	77
Chile . . . . .	73
Senegal . . . . .	71
Japan . . . . .	69
Iraq . . . . .	59
Israel . . . . .	58
Mali . . . . .	52
New Zealand . . . . .	47
Cameroun . . . . .	42
Philippines . . . . .	35
Ecuador . . . . .	33
Cuba . . . . .	33

The first twelve that secured more than the majority required are declared elected, and they are, I will repeat: United States of America, Iceland, Pakistan, Italy, Nigeria, Poland, Spain, Chile, Senegal, Japan, Iraq and Israel. I declare these twelve Member States elected.

I read to you earlier the text of Article 25 of the Constitution. This article provides that, of the twelve Members elected at this session of the Health Assembly, the terms of two Members shall be for one year and the term of two Members shall be for two years, as determined by lot. Consequently the terms of the remaining eight Members after the drawing of lots will be three years.

I shall therefore now proceed to draw lots for determining the terms of office of the Members we have just elected. The names of the Member States who have been elected have been typed on these papers. I propose putting them in the ballot box after folding them, and I shall have the unenviable task of taking two first and the other two afterwards—

the drawing of lots does not depend upon any of the predilections of the President of the Assembly!

I am now taking two slips from this box and I will hand them over to the Director-General to read the names of the Member States concerned, for these two Member States will be on the Executive Board for one year.

The DIRECTOR-GENERAL: Chile; Nigeria.

The PRESIDENT: Now, fellow delegates, I will take two more slips and hand them over to the Director-General. These two will be for two years on the Executive Board.

The DIRECTOR-GENERAL: Pakistan; Iceland.

The PRESIDENT: I propose to the Assembly the adoption of the following resolution:

The Fourteenth World Health Assembly,

Having considered the nominations of the General Committee,

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

Chile, Iceland, Iraq, Israel, Italy, Japan, Nigeria, Pakistan, Poland, Senegal, Spain and the United States of America, the terms of Chile and Nigeria being for one year, and the terms of Iceland and Pakistan being for two years, as determined by lot, pursuant to Article 25 of the Constitution.

Any observations? May I take it that the Assembly accepts this resolution? In the absence of any remarks I declare this resolution has been accepted.

May I convey our sincere thanks to the two tellers, Dr Cameron and Dr Butrov, who had a very heavy task and have done it exceedingly well, sparing us another ballot.

## 2. General Discussion on the Reports of the Executive Board and the Report of the Director-General on the Work of WHO in 1960 (continued)

The PRESIDENT: Fellow delegates, as we have some time still at our disposal, I suggest we continue the general discussion on the reports of the Director-General and the Executive Board. The names that I have on the list are Libya, Mexico, Indonesia, Paraguay, and Cyprus. I shall call on the delegate of Libya to come to the rostrum.

Dr BISHTY (Libya): Mr President, fellow delegates, ladies and gentlemen, on behalf of my country it is

my privilege to congratulate you, Mr President, on your election to the high office of President of the Fourteenth World Health Assembly. My delegation welcomes and congratulates the new Members on their admission to this organization during the last year.

My delegation is pleased to note the valuable work which has been done in various fields of public health in different countries, as seen from the excellent report presented by the Director-General. I take this opportunity to express the appreciation of the Libyan Government for the sound assistance given so far to my country.

May I now refer briefly to the sanitary conditions in Libya. The greatest handicap to the development of health services in Libya is the shortage of qualified sanitary, medical and paramedical personnel. So, on behalf of my Government, I urge very strongly that the education and training programme should be given first priority. In my country projects for training various sanitary and paramedical personnel are being carried out successfully with the help of WHO and we hope that full requirements of auxiliary personnel for my country will be fulfilled in the near future. Many Libyans have been sent abroad for undergraduate and post-graduate studies under various programmes.

Besides shortage of qualified personnel, other problems confronting my country are tuberculosis, trachoma and high infant mortality. All these problems are being dealt with properly by my Government, with the help of WHO and UNICEF. A tuberculosis survey of my country has been recently completed, and control measures are being adopted. The number of maternity and child welfare centres is increasing every year. A trachoma control programme is being planned with the assistance of WHO. Steps are also being taken to establish a section of health education for training all health workers.

The subject of atomic irradiation hazards is of paramount importance to my country, now that France is setting off every now and then atomic explosions in Reggane, a place not far from my own and many other countries that are Members of this honourable organization. These explosions charge our atmosphere, water and food with highly detrimental radioactive material. The explosions, apart from their various undesirable aspects, constitute a frank challenge to WHO's efforts aimed at promoting a better health standard in the countries concerned.

My Government wishes to congratulate the Director-General, as leader of a great organization, and his team of workers, on the achievements of the

last eventful year and to wish them success in the future.

Finally, I would like to offer my thanks and gratitude to the Government of India for the warm welcome and hospitality.

The PRESIDENT: Thank you, Dr Bishty. May I ask the delegate of Mexico to come to the rostrum.

Dr ALVAREZ-AMÉZQUITA (Mexico) (*translation from the Spanish*): Mr President, Mr Director-General, fellow delegates, first I should like to thank the people and Government of India for the hospitality they have shown to us all and particularly to the delegation of Mexico which I have the honour to lead. I have come to India with very great interest, because of the humanitarian nature of the community development programmes which this great country is carrying out. At the same time, I should like to congratulate the new Members, including Cyprus and the African countries.

As regards the general ideas of WHO and the planning of programmes in my country, I should like to say, regarding malaria, that our technical experience has led us to the conclusion that, after several sprayings, a dose of one gram of DDT per square metre is sufficient to maintain the activity of this product against vector mosquitos. We have also decided to administer pyrimethamine to all feverish cases in the problem areas, pending confirmation that the fever is not malarial in nature. It need hardly be said that we have microscopists on the spot who carry out an examination of blood-test slides as soon as possible, and I feel that this will greatly help us in coming to the end of the stage in which we are at present, already very close to eradication—a stage in which evaluation, particularly technical evaluation, is of very great importance.

Four years ago there were 2 500 000 sufferers from malaria in our coastal regions, with 25 000 deaths among them every year. Last year there was a total of 1380 cases with positive slides, and the death-rate fell to zero. The difference is thus enormous. I should also like to mention that we have trained 1768 persons from forty-nine countries and that Mexico will continue to welcome all persons who wish to be trained and will be glad to let them share her experience.

The eradication of malaria owes its social importance—and we feel that medicine can only be regarded as a function of society—to the enormous area it opens up for cultivation. The possibility of cultivating more productive land, once the malaria eradication campaign has been completed and the disease eradicated from many areas, calls for the

continuation of other work such as water supply and environmental sanitation. This work will make “internal colonization” possible and the creation of new villages in such areas, with the aim of successfully waging what the President of Mexico has called “the fight against unhealthy conditions, the fight against ignorance and the fight against want”. These words of the President of Mexico coincide, judging by the speeches I have read, with the sentiments expressed by President Kennedy of the United States.

We have also launched an eradication campaign against pinta, the stigma and psychological prison of 300 000 Mexicans, and between April and now we have administered penicillin injections to 100 000 persons. We hope to eradicate pinta in this large group of inhabitants within three years.

Last year we had only 67 cases of typhus fever and we hope that eradication will soon be achieved. It is clear that the control of the vector, *Pediculus vestimenti*, has been greatly advanced by the use of DDT in our antimalaria campaign.

As regards *Aedes aegypti*, which was discovered in Mexico in 1664, we can state categorically that all Mexican ports are free of it, and, for the first time in history, the town of Mérida. Last year, Dr Pinto Severo, a distinguished WHO expert, stated that the problem had been 90 per cent. solved. This year we shall dispose of the remaining 10 per cent. and I am quite sure that *Aedes aegypti* will be eliminated from the towns.

Poliomyelitis is a problem that we have in common with our northern neighbour, the United States of America. This year, in contrast to last year, during which only 500 000 children were vaccinated throughout the Republic of Mexico, we have undertaken a veritable crusade with Salk vaccine and we are vaccinating 5 500 000 children so as to protect ourselves as far as possible from the disease. We are also administering American oral vaccine of the Cox type to half a million Mexican children, after having ourselves confirmed its harmlessness and its effectiveness in producing antibodies.

Another programme to which we are paying great attention is that devoted to the organization and development of rural communities. The rich can pay themselves for what they need, the workers are protected by social security, so that we concentrate our attention on the economically weak living in the rural areas. Briefly, the programme is carried out as follows. We allocate a given sum, e.g. 100 000 pesos, to a particular area or village. The population receives it in the form of wood, sanitary latrines, windows which give both light and air, or drinking-water wells; furthermore, everyone can improve

his dwelling thanks to a loan which does not require the signing of any document, i.e., a loan against a promise to repay. We have found that the initial sum of 100 000 pesos rapidly becomes 300 000, taking into account the amount of work done by the inhabitants. Remarkably enough, of the 100 000 pesos lent we receive back 92 000 (i.e., 92 per cent.), showing that people and Government work hand-in-hand for the improvement of health.

In December 1960, the first Mexican Congress of Public Health was held, with a very good attendance. I would like to express publicly my thanks to Dr Candau and Dr Horwitz for their presence at the Congress, whose aim was to bring together the health and medical thinking not only of Latin America but of the whole world. We have produced a series of publications so as to spread our medical and scientific ideas all over the world.

The new principle which is beginning to be applied in my country, and which I have tried to encourage as much as possible, is the breaking down of the frontiers between public health activities and medical ones. It is absurd that the public health physician cannot treat patients and that the practitioner cannot prevent disease. This has meant training for many of our doctors and personnel and we have already built establishments which include both the preventive service of a health centre and a hospitalization service under one and the same director (with the consequent saving of a clinical laboratory and an x-ray department), thus providing complete health protection, which is precisely our aim.

There is no doubt that demographic pressure is extremely strong in our country, since the annual number of births is 1 300 000. However, not only the latter figure but also the expectation of life, which has risen from 25 years in 1930 to 62 at the present time, must be taken into consideration: this has meant a saving of 12 000 000 lives between 1930 and 1960, with an obvious increase in demographic pressure and in all health problems.

Finally, I should like to state that it has been an honour for me to be able to describe Mexico's largest and most important health programme, namely that against malaria, to the World Health Assembly and to give my personal comments. I should like to see the DDT dosage I mentioned at the outset studied by the Expert Committee, for if its effectiveness is confirmed, as it has been in our country, its use would lead to a considerable decrease in the cost of DDT spraying.

In conclusion, may I express to the President of the Assembly and to the Director-General my most sincere wishes for their personal well-being and for the progress of the Organization.

The PRESIDENT: Thank you, Dr Alvarez. The last speaker I will call upon is the delegate of Indonesia. May I request him kindly to take not more than ten minutes, if possible? The delegate of Indonesia.

Dr SOEPARMO (Indonesia): Mr President, fellow delegates, it is with great pleasure that my delegation associates itself with the previous speakers in expressing its gratitude for the warm hospitality accorded to us by our hosts, the people and the Government of India. Though belatedly, my delegation also wants to join the other delegations in congratulating the President on his election, while at the same time congratulating ourselves on having such a distinguished and eminent personality as Dr Mudaliar to guide us in our deliberations.

The Indonesian delegation would also like to use this opportunity to express its great appreciation to the Director-General for the Report submitted to this Assembly. This appreciation is not limited to the contents of the Report, but it also concerns its form and system, which enable us easily to have a view of the subjects. We know that it is not easy to compose a report covering the activities of a huge organization like the World Health Organization—activities as extensive as they are varied. Besides complicated scientific subjects, the report has to cover difficult organizational and administrative matters. My delegation, therefore, wants to express its sincere appreciation to the Director-General and his staff for the excellent report now under our consideration.

There are a few remarks which my delegation wishes to make. The Report gives us a general view of the activities of WHO in various parts of the world, and the successes it has achieved in many fields and in many countries. Activities in the fields of malaria eradication, communicable disease control, environmental sanitation, medical research, etc., show good progress, and I am sure that with our continued efforts the Organization will succeed in making the world a healthier place for mankind to live in. That is why, in my delegation's opinion, WHO should also concern itself with the problem of radiation, by whichever source created, which endangers the success of our endeavours to create better health conditions. And this is not a matter for countries advanced in nuclear technology only; it is a matter which concerns all countries, big and small, technically advanced or not. The Indonesian Government is always prepared to co-operate in every effort which can lead us to banning nuclear tests with their danger of radiation. Imagine what we could do if the funds spent on nuclear tests for armament purposes could be made available for

organizations like ours to relieve the suffering of mankind!

With regard to my own country, I can say that in general our efforts to arrive at better health conditions are progressing well. Of course we have still far to go, but we are working in the right direction towards achieving our goal: a healthy people in a healthy country. And we are grateful for the assistance WHO has been giving us. In this connexion, I would like to mention the progress we have made in our malaria eradication programme with the much appreciated assistance of WHO. My delegation is happy to note that the Report gives a prominent place to the malaria problem. It mentions that simian malaria is no obstacle to malaria eradication—which may be of great potential value in further research on antimalarial drugs. This conclusion is important, as in my country monkeys are found everywhere. Although the Expert Committee on Malaria has already arrived at the above-mentioned conclusion, I think that it will be worth while to continue investigations. Indonesia is prepared to co-operate, when WHO decides to do that.

My delegation also wants to take this opportunity to welcome the new Members to our organization. We wonder if the time has not arrived for us to consider administrative practices in view of this increased membership and the changing pattern of our organization as its result.

There is still one more remark my delegation is forced to make in connexion with the Report and other records we have received for consideration. The Indonesian delegation noticed with great regret that again the official WHO records pertaining to the territory of West Irian (West New Guinea) bear the denomination of "Netherlands New Guinea". It is not the intention of my delegation to introduce a controversial political issue into the deliberations of this Assembly, but my delegation cannot accept that the Netherlands is using WHO to promote its illegal designs on West Irian. We are convinced that it is not the intention of WHO to create the impression of biased opinions on the issue.

When the issue came up for the first time before the United Nations in 1949, a neutral denomination was used to indicate the territory under dispute, and that is "the Residency of New Guinea" or Irian (New Guinea). The terminology "Netherlands

New Guinea" did not exist until September 1956, when a draft law was accepted in the Netherlands Parliament to amend the Netherlands Constitution to the effect that "Indonesia", having been recognized by the Netherlands as an independent State, was to be removed from the Netherlands Constitution. Until that date, Netherlands acts and official government documents pertaining to West New Guinea were designated as "Nieuw Guinea" or "West Nieuw Guinea". The change of this terminology into "Netherlands New Guinea" in 1956—that is in the middle of the dispute—cannot be separated from the overall political campaign on the part of the Netherlands vis-à-vis the other party to the dispute, namely, Indonesia. This change, therefore, met with strong objections and protests on the part of the Indonesian people and the Indonesian Government.

In the absence of any solution for the West Irian issue, my delegation is of the opinion that no changes in the original denomination as used by the United Nations should be accepted by WHO, certainly not since these changes have met strong opposition from one of the interested parties.

My delegation, therefore, on behalf of the Indonesian Government, wishes to protest emphatically against the continuous use of the terminology "Netherlands New Guinea" for the territory of West Irian (West New Guinea). My delegation sincerely hopes that WHO will discontinue forthwith the practice of using that denomination in its records and documents to indicate the Indonesian territory of West Irian (West New Guinea), now under illegal occupation by the Netherlands.

In conclusion, my delegation again wants to stress that it is not its intention to introduce a political issue into the deliberations of this Assembly. Our wish is that WHO keep clear of political issues as far as possible and maintain strict neutrality regarding political controversies existing among its Members. My delegation ventures to suggest that this matter be taken up by the Secretary of the World Health Assembly with the Secretary-General of the United Nations.

The PRESIDENT: Thank you, Dr Soeparomo. The meeting is now adjourned.

*The meeting rose at 5.25 p.m.*



## NINTH PLENARY MEETING

Friday, 17 February 1961, at 2.30 p.m.

President: Dr A. L. MUDALIAR (India)

Later: Dr J. PLOJHAR (Czechoslovakia)

### 1. Address by the Representative of the Food and Agriculture Organization

The PRESIDENT: The meeting is called to order. May I call upon Dr Butts, representative of the Food and Agriculture Organization, to make a statement?

Dr BUTTS (Food and Agriculture Organization) read the following message:

On behalf of FAO I have great pleasure in extending my greetings and good wishes to all participants in the WHO Assembly now holding its session in New Delhi. WHO and FAO are active partners in the humane enterprise of removing hunger and disease from the world. The closeness of their objectives is perhaps best illustrated by the interrelationship between food and health. The conquest of disease can bring lasting benefit to mankind only if those who are saved from premature death can be provided with food adequate for a healthy and active life. This is where the basic opportunity for co-operation between WHO and FAO lies. In fact, this co-operation has a long history and has brought about fruitful results in many fields, particularly in the field of nutrition.

On this occasion, I wish to pay my tribute to WHO for the great triumphs this organization has helped to achieve in bringing under control, within the span of a few years, scourges that have taken a heavy toll of human life in past decades and centuries. Paradoxically enough, this very triumph has brought in its train problems which appear more intractable than the conquest of disease itself. While death-rates have been falling and the average expectation of life increasing, especially in the thickly populated underdeveloped areas of the world, with birth-rates remaining the same, or even increasing in some instances, a rate of population growth has resulted which will lead to a doubling of the present 3000 million in another forty years. How are these 6000 million people going to be fed adequately when more than half the present world population

suffer from varying degrees of under-nutrition and malnutrition?

This concern lies at the basis of the Freedom-from-Hunger campaign which was launched by FAO in July last year. I feel confident that under the impetus of this campaign the area of co-operation between WHO and FAO will be widened and intensified, and through this co-operation the other half of the twentieth century revolution in the conquest of disease and hunger will be accomplished.

(signed) B. R. Sen  
Director-General of FAO

The PRESIDENT: Thank you, Dr Butts.

### 2. Report by the General Chairman of the Technical Discussions

The PRESIDENT: I now proceed to the next item, the report of the General Chairman of the Technical Discussions, Dr Sauter. All delegates have received the document giving a report on these technical discussions. May I request Dr Sauter kindly to introduce this document?

Dr SAUTER, General Chairman of the Technical Discussions (*translation from the French*): Mr President, I have pleasure in presenting the report on the technical discussions held during the Fourteenth World Health Assembly. The subject of the discussions, in conformity with the decision taken by the Executive Board at its twenty-fourth session, was "Recent advances in tuberculosis control".

In preparation for these discussions, a suggested outline for use by countries in discussing recent advances in tuberculosis control was circulated by the Director-General in the second half of 1960 to all Member States and Associate Members. In accordance with resolution WHA10.33, this document was to allow discussions by specialized professional groups at the national level, which discussions could be used in the preparation and conduct of the technical discussions. A lively interest was

shown in the document and fifty-four countries sent WHO their reports on discussions at the national level. These reports were analysed and used in drawing up a very full background document which, by bringing together the essential data from the national reports, threw into relief the problems facing the health services and their experience in drawing up plans and organizing and implementing tuberculosis control programmes. This background document was sent to Member States and Associate Members in December 1960 for transmittal to the participants in the discussions.

Two meetings organized by WHO regional offices in 1960 preceded the technical discussions: a seminar on tuberculosis was held at Sydney under the auspices of the Regional Office for the Western Pacific, and at the session of the Regional Committee for the Eastern Mediterranean discussions were held on tuberculosis control, with particular reference to domiciliary treatment.

The technical discussions were held on 10 and 11 February 1961. Altogether 133 participants registered. They were divided into five groups, each composed of representatives of twenty-five to thirty countries. In constituting these groups an attempt was made, so far as restrictions imposed by the need for interpretation services allowed, to bring together people from different regions and from countries which had reached different stages in the control of tuberculosis. This procedure made possible an extremely interesting exchange of views and it was encouraging to note that members of all the groups took a very active part in the discussions. After a first plenary session at which an introductory statement was made by the General Chairman, the participants attended three meetings of their groups on 10 and 11 February. A second plenary session, held on 14 February, was taken up by consideration of the draft final report, which had been based on the five group reports.

The draft report as submitted to the participants in the second plenary session was also distributed to delegations on 14 February. Consequently there will be no need to read it in full at this Assembly; I shall merely give a summary and indicate the amendments made to it during the plenary session of 14 February. None of these changes introduces an amendment in substance or principle. They are merely additions or corrections which the participants thought might be useful, or mere drafting changes.

The report begins with an introduction describing the preparatory work, followed by a summary record of the first plenary session and the agenda for the group meetings. The next chapter, headed "General considerations", is a chapter from the

background document, reproduced for ease of reference. It is followed by chapters on various questions discussed at the meetings, such as epidemiology, case-finding, tuberculosis in domestic animals, prevention, chemotherapy and treatment outside the hospital, and the organization of a tuberculosis control programme.

The changes made are concerned with the age-limit for mass photofluorography in high prevalence areas, the addition of adrenalin to the tuberculin used for Pirquet's reaction, examination for Koch bacilli by means of stomach lavage, BCG vaccination of family contacts, the reporting of tuberculosis cases, and health education. As already stated, these alterations introduce no change of substance into the draft report.

The participants in the technical discussions approved the report as a whole, subject to the amendments mentioned above, and it is proposed that the Assembly take note of the report in this form.

In conclusion, Mr President, I would like to thank all those who assisted in preparing the technical discussions or took part in them. I would like to express my gratitude to the chairmen of the discussion groups who, with the assistance of the Secretariat, had to cope with the difficult task of drawing up their reports in a very short time indeed. I would also like to thank the consultant, Sir Harry Wunderly, and the members of the Secretariat for their excellent preparatory work, which was highly appreciated, and rightly so, by all those who took part in the discussions.

The technical discussions on recent advances in tuberculosis control have taken place at a time when encouraging prospects are opening up for the success of such control even in those countries which hitherto have been unable to carry out systematic measures. This exchange of views and experience at an important and perhaps decisive stage in the campaign against tuberculosis has also demonstrated once more that, if the subject is well chosen and they are well prepared, the technical discussions undoubtedly enhance the value of the World Health Assemblies.

**The PRESIDENT:** Thank you, Dr Sauter. I should like to express our sincere thanks to you for having so ably conducted the technical discussions and having taken the onerous responsibility of the chairmanship of those discussions. I should also like to thank the chairmen of the discussion groups for their valuable help in conducting the discussions and the members of the Secretariat who assisted in the organization, and also all the participants.

The report is now open for discussion. Are there any remarks? Any observations? If there are none

I should like to remind the Assembly that, as in the case of the technical discussions at previous Health Assemblies, these discussions, while convened under the auspices of the World Health Assembly, do not constitute an integral part of the proceedings of the Assembly. In consequence, the reports on these discussions stand apart from the proceedings of the Assembly. I therefore suggest to you that we take note of this report and thank all those who participated and presented this report.

Are you agreeable to this suggestion? The report is taken note of.

### 3. Second Report of the Committee on Programme and Budget

The PRESIDENT: We now come to the second item on the agenda, the second report of the Committee on Programme and Budget. The Rapporteur of the Committee, Dr Kamal, is invited to come to the rostrum and present the report.

*Dr Kamal (United Arab Republic), Rapporteur of the Committee on Programme and Budget, read the second report of that committee (see page 439) containing the resolution on the effective working budget and budget level for 1962.*

The PRESIDENT: The resolution is before the House. May I know if there are any observations or remarks?

In the absence of any observations or remarks, I wish to remind you that, under Rule 67 of the Rules of Procedure, decisions on the amount of the effective working budget have to be by a two-thirds majority of the Members present and voting. I shall therefore ask all those who are in favour of adopting the resolution kindly to raise their cards. Those in favour? Those against? Abstentions?

The result of the voting is as follows:

Number of Members present and voting . . .	68
Majority required under the two-thirds rule	46
In favour of the resolution . . . . .	66
Against . . . . .	2
Abstentions . . . . .	9

The resolution is therefore carried.

May I now present the report as a whole? Will the Assembly accept this report as a whole? Any observations? I take it then that the report is accepted.

The delegate of Albania.

Dr PISTOLI (Albania) (*translation from the Russian*): Mr President, gentlemen, the Albanian delegation voted against the 1962 budget level. In connexion with this I should like to explain the delegation's position, namely, that it did not vote against the

budget but against the incorporation of the financing of the malaria eradication campaign in the regular budget. I stated my opinion on this matter at the last meeting.

The PRESIDENT: Thank you.

### 4. Place of the Sixteenth World Health Assembly

The PRESIDENT: Fellow delegates, in the course of the addresses made the other day by Dr Martínez Marchetti of Argentina and Dr Kurashov of the Union of Soviet Socialist Republics, invitations were extended for the holding of the Sixteenth World Health Assembly in 1963 in Buenos Aires and in Moscow respectively. You will also have received the document in which the Director-General brings to your attention the written invitations that he has received from the Government of Argentina and from the Government of the Union of Soviet Socialist Republics.

May I recall in this connexion that, in accordance with earlier decisions of the World Health Assembly, certain formalities attend the holding of Health Assemblies away from headquarters. One of these formalities is that the host country should extend the invitation to the World Health Organization at least eighteen months before the date of the holding of the particular session of the Health Assembly, and this preliminary formality has in both these cases been satisfactorily fulfilled. On behalf of the World Health Assembly I should like to offer our very grateful thanks both to Argentina and the USSR for their kind invitations.

We have two invitations for the holding of the World Health Assembly away from headquarters at the same date, and I believe that I must request our prospective hosts to consider together the possibility of reaching a mutually agreeable understanding in order that the Executive Board, and later the Fifteenth World Health Assembly, may be able to determine where the Sixteenth World Health Assembly should be held. I have informally requested the heads of the two delegations also to meet and come to an agreement between themselves if possible.

At this stage no other formal action is required by this Assembly and we would request the Director-General, when he has been informed of the result of the discussions between the two delegations concerned, to inform the Assembly in turn. Thereafter we would request him to submit a report to the Executive Board at its twenty-ninth session, which will in turn report to the Fifteenth World Health Assembly, which is the Assembly to determine the place of meeting for the next session, namely, the Sixteenth World Health Assembly session.

### 5. Statement by the Delegate of the Netherlands

The PRESIDENT: The delegate of the Netherlands has asked for the floor to make a short statement. I now call upon the delegate of the Netherlands to come to the rostrum.

Professor MUNTENDAM (Netherlands): Mr President, the Netherlands delegation must, with reference to the statement made by the distinguished delegate of Indonesia on Thursday 16 February, place on record its strong objections to two words contained in the said statement, namely "illegal occupation". As to the remainder of the arguments raised, the Netherlands delegation will at this stage do no more than refer to the practice followed in the United Nations and to statements made on this point in the past few years by Netherlands delegates on similar occasions.

### 6. General Discussion on the Reports of the Executive Board and the Report of the Director-General on the Work of WHO in 1960 (continued)

The PRESIDENT: We will now start the general discussions and I will request our Vice-President, Dr Plojhar, kindly to take the Chair.

*Dr Plojhar (Czechoslovakia), Vice-President, took the Chair.*

The ACTING PRESIDENT (*translation from the French*): I give the floor to the delegate of Paraguay.

Professor GONZÁLEZ TORRES (Paraguay) (*translation from the Spanish*): Mr President, your excellencies, my brief appearance at this rostrum is to express the delegation of Paraguay's warm congratulations to the new President of this Assembly on his well merited election; to the organizers of the Assembly and to the Indian authorities who have made this gathering possible in a brilliant setting and in a traditional and hospitable atmosphere; to Dr Candau, Director-General of WHO, for his excellent Report on the work accomplished by the Organization during the past year, which shows the continual progress made; and especially to Dr Horwitz, who is a popular figure in all the American countries which he has frequently visited. We also offer our cordial and affectionate greetings to the Organization's new Members.

We are grateful for the valuable and continual help which Paraguay has received during the year from WHO, UNICEF, the United States International Co-operation Administration and other organizations—help which has enabled the development of the public health programmes which the Government has undertaken to protect the health and well-being of our people.

I have already spoken in committee on a number

of points which I had intended dealing with here, and I will therefore only refer briefly to certain points.

In our expanding public health programme we are constantly increasing the number of health centres and units in our country, especially in those new areas which are now being developed under a vast plan for the improvement of communications, resettlement of populations and agrarian reform which the Government of Paraguay has been implementing in recent years. We are also developing the integration of work in the health centres, with a view to decentralizing planning to regional and local level.

With regard to communicable diseases we are glad to state that 86.4 per cent. of the total population has been vaccinated against smallpox, and that the number of cases of smallpox notified is rapidly decreasing: in 1959 not a single case of the disease was reported. We have begun studies to evaluate a new public health problem in Paraguay—Chagas' disease—and we are glad to report that, following the Argentine delegation's statement on the campaign against Chagas' disease that is being carried out in La Rioja, we obtained the collaboration of Argentina in the future training of technical staff for our programme. We thank the delegation of Argentina for this collaboration in the solution of our common problems.

In 1956 the nutrition department of the Ministry of Health, acting upon the advice of FAO, carried out a medico-nutritional survey among children in the capital and a number of villages in the interior, on the basis of clinical symptoms alone, and this revealed a picture of hypovitaminosis and anaemia. In 1959-1960 a survey was made of food consumption and dietary habits among a representative national sample in the capital and in nine villages in the interior. The survey was carried out on a family basis, food supplies being inspected and weighed. In addition, data obtained from various sources in our country are being used to determine the stature and weight of our inhabitants. At the present time a nutrition project, including education in nutrition, is being undertaken in sixty rural communities with the collaboration of FAO, UNICEF, WHO and UNESCO and co-ordinated by the Ministries of Public Health, Education and Agriculture. The aim is to improve the nutritional status of the people through improved production, preservation and preparation of foodstuffs, and better feeding. The activities consist mainly in setting up school farms, young farmers' clubs, and women's clubs for training in housekeeping, together with the supply of milk to schoolchildren so as to inculcate the habit and cultivate a taste for the product.

The country's health code has been completed and is awaiting examination by the national codification committee before being submitted to Congress. In the preparation of this code we were fortunate in having the valuable help of Dr Valdivieso, an expert sent by WHO to our country in 1958. When the school year begins, a survey will be made to evaluate the results obtained from iodine prophylaxis of goitre. For the last three years, all salt used in Paraguay for human and animal consumption has been iodized.

In conclusion, Mr President, may I be permitted to offer our best wishes for the success of this Assembly in its work for the health, welfare and happiness of all peoples.

The ACTING PRESIDENT (*translation from the French*): Thank you, Professor González Torres. I give the floor to the delegate of Cyprus.

Dr PANOS (Cyprus): Mr President, fellow delegates, in joining the other fellow delegates in this Assembly who have spoken before me, I should like first of all, and on behalf of my country, to congratulate the honourable President on his election and on the trust bestowed in him. I share the confidence of the Assembly and believe that the President will steer our meetings and discussions with an expert and able hand, and will guide them towards complete success. I should also like to express our thanks to the Government of India for their kind invitation to this Fourteenth World Health Assembly to meet here, and for the extreme generosity that has been extended to the organization of this meeting. I wish also to thank all those fellow delegates who very kindly congratulated my country on attaining full membership.

I take this opportunity to join with everyone here in conveying my country's thanks and expressing our feeling of gratitude to the Director-General for the valuable services he has rendered to the World Health Organization and our high appreciation of the excellent Report which he has prepared.

This is the first Assembly in which Cyprus participates as an independent country and as a full Member of the World Health Organization. We feel proud of this high privilege, firstly because we are equal partners with other countries in an international organization that has such humanitarian objectives, namely, the improvement of the health of peoples as groups and of men as individuals; and secondly, because as an independent country we shall soon have the chance of doing our part, along with other Members of this organization, in the general effort towards the achievement of this

important and honourable task. Our contribution may be small, but I can assure the honourable delegates that we shall give it most willingly. I am certain that this organization will judge us accordingly and will pay us back our small percentage of effort not in the same measure, which I am sure you will all agree would not be in accordance with its high principles, but even more than tenfold.

We in Cyprus have indeed had ample evidence of the Organization's generosity from what had already been extended to us in the recent past, and I take this opportunity of publicly expressing my country's deep gratitude to the Organization, to the Director-General, and, in particular, to the Regional Director, Dr Taba, for the understanding with which our needs have been considered and for the prompt response shown to us.

The ACTING PRESIDENT (*translation from the French*): Thank you, Dr Panos. I call upon the delegate of Liberia.

Dr TITUS (Liberia): Mr President, distinguished colleagues, ladies and gentlemen, it is with great pleasure that the delegation of Liberia takes this occasion to extend to you, Mr President, its heartiest felicitations upon your election to this high office, and to assure you of its full co-operation during the tenure of your office. We are certain that with your wide experience of all that affects the work of this organization, you will be able to play a leading role in the solution of many problems which confront WHO.

We desire to record our thanks and appreciation to Dr Turbott for his able stewardship during the past year.

I should like to record the thanks and appreciation of the Government of Liberia for the excellent work which WHO and UNICEF have done in the field of malaria and yaws, to the extent that yaws is no longer a problem in Liberia. We are still pursuing a progressive programme in the field of malaria control and with the help and support of WHO and UNICEF would like to extend it on a nation-wide basis. With so many problems, such as leprosy, tuberculosis, smallpox etc., facing Liberia, we hope that it will be possible to include them in future programmes.

We have read and listened carefully to the excellent Report of the Director-General. We have but to congratulate him, and we want to add special thanks and congratulations for the effective work that he has been doing and is still doing in the Congo. However, we would appreciate better if more doctors qualified in tropical medicine could be sent in the Congo for better service to the people.

In conclusion, the delegate of Liberia desires to express appreciation to the Government of India for making it possible for us to meet here in New Delhi, the capital of one of the great and historic countries of the East, which gave birth to the spirit of Mahatma Gandhi and which spirit now happily reposes in one of his disciples, a leader of the world, Prime Minister Nehru.

We pledge again, Mr President, the co-operation and collaboration of the Liberian delegation in all things that will tend to enhance the great work of the World Health Organization towards the achievement of its goal.

The ACTING PRESIDENT (*translation from the French*): Thank you, Dr Titus. I call upon Dr Bravo, the delegate of Chile.

Dr BRAVO (Chile) (*translation from the Spanish*): Mr President, colleagues and delegates, it is a great honour for us to come again to this rostrum and especially to do so in this admirable country, which is a permanent source of inspiration for thinkers and sociologists and which, on this occasion, has wished to leave the mark of its philosophy and progressive spirit on the work of the Fourteenth World Health Assembly. We are certain that, under Sir Arcot's expert guidance, the Assembly's debates will lead to sound and balanced conclusions so that one more step forward may be taken in the campaign for world health in which we are all engaged. For all these reasons, Mr President, the delegation of Chile would like to express its gratitude to the Government of India for its generous and encouraging hospitality.

It gives me real pleasure to place on record that the introduction to the proposed programme and budget estimates for 1962 which the Director-General gave us a few days ago was in our view one of the most encouraging statements this Assembly has heard, both for soberness of presentation and for profundity of ideas. The Director-General gave us in a few words a complete review of the whole range of the Organization's activities in 1960, emphasizing furthermore those fundamental aspects which will constitute the scientific basis of the Organization's future work.

Our delegation wishes to call special attention to the medical research programme which the Organization is carrying out. Countries whose economic resources are limited cannot themselves undertake scientific research: their financial resources, personnel and equipment are too occupied by the day-to-day tasks of medical care to have time to spare for research. We would like WHO's research in these

countries to extend beyond laboratory research and include investigations of immediate practical application in public health, epidemiology and social medicine—as indeed the Organization is doing, and as the Director-General indicates in his commentary.

Mr President, I will close these few words by reaffirming my country's resolute adherence to the principle of multilateral co-operation in the field of public health through the World Health Organization.

The ACTING PRESIDENT (*translation from the French*): Thank you, Dr Bravo. I call upon the delegate of Mali.

Dr DOLO (Mali) (*translation from the French*): Mr President, in my far-off country the greatest honour, the kindest hospitality that can be offered a foreigner is to open one's thoughts and heart to him. This is what the Government and the people of India have done through their Prime Minister and through you, Mr President; we thank you for it on behalf of the people and Government of the Republic of Mali. It is for this reason, as well as for others and in particular your experience of international health problems, that you have so well deserved your election as President of the Fourteenth World Health Assembly, on which I sincerely congratulate you.

I also wish to associate myself with other delegations in expressing my satisfaction with the work of the Executive Board and the Report of the Director-General on the work of WHO in 1960. For us newcomers on the international scene, this report is an auspicious omen for the future. For until recently, as a colonized country, either directly or under the cloak of a sham French Union or a retrograde Community, Mali did not enjoy the great privilege of expressing itself in international bodies such as this learned Assembly or of stating objectively and realistically the numerous health problems that face it in all their stark reality. A glance at the activities of WHO in the African Region in 1960 shows the extent to which this dispossessed part of Africa—I refer to the western areas once under French rule—was consigned to oblivion through being deprived of the rights and privileges of WHO membership. *Official Records* No. 105, pages 81-92, mentions Dahomey, the Ivory Coast, Niger, Senegal, Togo and the Upper Volta as being concerned in inter-country projects but makes no mention of Guinea and Mali. Thus these new republics, former French colonies, have not had the benefit of our organization's work for international health co-operation. For that reason I shall confine myself to showing you the magnitude

of the task my Government will have to tackle in order to improve the health of our peoples.

It is true that France, the colonial power, left behind some sort of medical and public health infrastructure in Mali. To serve a population of four millions, scattered over an area of 1 200 000 square kilometres, there are two hospitals, with 500 and 400 beds respectively, three centres for emergency operations or field hospitals with a total of 350 beds, twenty-four advisory clinics with physicians in attendance, and a hundred or so rural dispensaries run by locally trained medical auxiliaries. What is known as the *Service des grandes endémies*, originally set up to combat trypanosomiasis, is now extending its activities to cover leprosy and the treponematoses. Finally two inter-state research centres, one on leprosy and the other on eye diseases, make up the rest of this very rudimentary infrastructure. To man all these health establishments we have available seventy doctors—one for every 60 000 inhabitants. My Government therefore, in this very first year of independence, conscious of the magnitude and acuteness of the health problems awaiting solution, has just assigned 15 per cent. of the 1961 national budget to the Ministry of Health.

As in all under-developed countries the problem of communicable diseases is our main anxiety in Mali. The whole range of them are found there, particularly malaria in its most severe forms. It is by far the principal cause of morbidity and infantile mortality, and no general line of action, no rational method of control has been adopted. For that reason, for several weeks now teams of foreign specialists, at the invitation and request of my Government, have been actively participating on the spot in drawing up a malaria control programme. Mali doctors are taking training courses abroad in malariology and WHO has been asked for assistance with a view to launching the programme in 1962. The campaign against leprosy, begun in 1957 with substantial aid from UNICEF, to which I am happy to express our cordial thanks, has been intensified this year as a result of active co-operation on the part of the people—co-operation brought about through health education of the public: 70 000 of the 80 000 registered cases of leprosy will be reached and treated by the mobile treatment teams. In 1961 we hope to launch a smallpox eradication campaign, to be financed from the national budget with the help of a contribution which WHO has been asked to supply from its emergency funds. Sleeping-sickness has again been brought under control and a consolidation campaign is under way in which insecticides are being used to “sterilize” the forest rides which provide a refuge for still infected tsetse flies. Tuberculosis

remains the endemic disease with the gravest threat for the future: a simple and quite superficial survey suggests that there are almost 200 000 contagious tuberculosis cases in the Republic of Mali. We do not possess, however, the basic medical establishments, the staff or the financial means to enable us to consider a large-scale campaign against this scourge. In this case also a request has been made to WHO for help in drawing up a rational programme. The problems of bilharziasis and onchocerciasis remain to be solved in their entirety and they are all the more alarming in that they affect the areas which are economically the wealthiest. We hope that WHO, United Nations Technical Assistance and bilateral aid from economically advanced countries will help us to overcome and defeat these social disasters and ensure a better future for our peoples.

The carrying-out of these urgent and primary tasks, the continuation of our efforts for maternal and child welfare, begun two years ago thanks to generous assistance from UNICEF, the problems of nutrition, environmental sanitation and drinking-water supply—all these represent so many equations with admittedly several unknowns but basically dependent on the recruitment and training of qualified staff. This is a major concern of my Government and it is taking firm action to fill the gap. Through training courses and fellowships abroad and accelerated training in Mali itself, my Government is striving to increase the numbers of its medical and paramedical staff—numbers which at the moment are ludicrously low. WHO has just granted the Republic of Mali twelve fellowships for medical studies for 1960-61, to be financed from emergency funds. I would like to convey the gratitude of Mali to the Regional Director for Africa, the Director-General, and all the delegates who at the Thirteenth World Health Assembly agreed to an increase of \$200 000 in the budget for newly independent African countries.

Mr President, ladies and gentlemen, this brief outline of the health situation in the Republic of Mali will have given you an idea of the extent, seriousness and acuteness of the problems which beset us. It only requires a visit to village communities where 56 per cent. of the inhabitants are blind as a result of the consequences of onchocerciasis or trachoma, to schools in which 54 per cent. of the children are suffering from bilharziasis, or to cities where the spleen rate reaches almost 50 per cent. and in which over 2000 persons spread tuberculosis bacilli every time they spit, to see that the legacy of seventy-five years of colonial rule is scarcely inspiring. This means that the people and Government of Mali are convinced that no under-developed

country—under-developed because it is under foreign rule—can bring about an improvement in the health of its people until it has gained its freedom and independence.

A distinguished delegate to the Thirteenth World Health Assembly made a statement to the effect that independence was the harbinger of fuller, easier and speedier attainment of the aims of the African Region and of the Organization as a whole. It would be truer to say that independence acts as a yeast and is the only guarantee that these aims can be carried out. The example of the Congo (Leopoldville), where the health situation led to rapid and fortunate intervention by WHO, demonstrates, if demonstration be needed, the unstable and ramshackle nature of health and welfare services as they are understood and instituted by the colonialists. For that reason, Mr President, the Mali delegation welcomes the inclusion on the agenda of this Assembly of the item on the granting of independence to colonial countries and peoples and the tasks of the World Health Organization.

In conclusion I should like to say a few words on the new disastrous event which other delegations have already mentioned. It may seem repetitive, but the question is an important one and as an African I cannot shirk it. The Executive Board in resolution EB25.R63 requested study of "the preventive aspects of reducing radiation hazards". Now there is no doubt in anyone's mind but that the main source of the ionizing radiations that are threatening present and future generations lies in the testing of nuclear weapons. WHO, as the supreme world health forum, must not close its eyes to that fact. Reference will be made, of course, to so-called safety precautions. However France, when the people of Corsica protested, did not dare to explode its last bomb in Corsican waters; in defiance of the protests of two hundred million Africans it was exploded in Africa.

Prevention is better than cure, as we have said on innumerable occasions since Hippocrates. If this is still the motto of WHO, the Assembly must boldly and resolutely take a stand to prevent the diabolical product of human ingenuity from turning against human life itself. As a subject of meditation for those who persist in their inhuman experiments, I should like to quote this statement by Georges Duhamel, one of our French colleagues: "The splitting of the atom, the fate of the devices made in preparation for a Third World War—and we do not even know whether, in the case of a peaceful settlement, they could be destroyed without an explosion liable to change all the conditions of life on the surface of this planet—are so many absurd and

insoluble problems, the thought of which haunts the waking hours of the watchful observer."

The ACTING PRESIDENT (*translation from the French*): Thank you, Dr Dolo. I call upon the delegate of Somalia.

Mr GIUMALE (Somalia): Mr President, your excellencies, fellow delegates, as I have had the honour to remark earlier, this is the first session in which the Republic of Somalia participates as a full and independent Member of the World Health Organization. My delegation is indeed proud that this memorable session is under the distinguished presidency of Dr Mudaliar and being held in this fascinating great country of India. I hope that our illustrious President will accept the warm congratulations of my delegation, and I also hope that the delegation of our great host country will accept, on behalf of the President, the Government and the people of India, the message of good wishes and cordial greetings from the President, the Government and the people of Somalia with which my delegation has the honour to be entrusted.

On another occasion, I had the honour of stating how much my country values its membership in this organization. The fortunes of my country have been closely connected with the United Nations and its specialized agencies since 1950, when ex-Italian Somaliland was put under United Nations trusteeship, and the emergence of independent and united Somalia is attributable to a great extent to the world community represented by the United Nations and its specialized agencies. Both during the trusteeship and after independence WHO, with the collaboration of UNICEF, rendered technical assistance to my country in the following ways, *inter alia*: the grant of fellowships, both of a short-term nature for studies and observations in various fields of public health, and of a long-term nature for undergraduate studies in medicine; help in establishing a tuberculosis centre in our capital; help in antimalaria operations, the satisfactory effect of which is already visible; and help in establishing a training school for health personnel.

However, our resources are not enough to furnish adequate medical facilities for the people. We urgently need now the following: (1) doctors and specialists in various fields of medicine; (2) medical equipment; and (3) ambulances. We also look forward to increased technical and financial assistance from WHO, UNICEF and other international or bilateral agencies in the programme of malaria eradication in Somalia.

Italy pays all the expenses of about fifty Italian doctors who serve in Somalia, and it is no exaggera-



tion to say that without them our health services would have been immensely weakened. We are very thankful to the Government of Italy for this kind assistance. The United Arab Republic also promised to send us some doctors, and we are thankful for that as well. We do very much need, and will gladly accept, any more assistance rendered to us by this organization or any of its more favourably placed Members.

WHO's technical assistance does not extend at the present time, except in very special cases, beyond the furnishing of consultants and advisers, and we would wish to suggest that technical assistance in the form of doctors and health workers to serve in the national hospitals and health institutions of the emerging States should be actively considered.

I must here refer to a matter which closely affects not only the health of the world, but its whole fate. As citizens of the world and Africans, we cannot remain indifferent to the threat to the health of mankind represented by nuclear explosions. We strongly resent the fact that some countries started exploding their nuclear devices in Africa. We feel that this august body should come out in no uncertain terms against nuclear explosions. Countries which go on defying world opinion and imperil the health of mankind should be condemned.

Before concluding, we wish to express our unconditional confidence in and support for this organization, and we wish to thank all the States which welcomed us to this organization. We wish also to pay tribute to the Director-General and the staff of WHO, and especially to the Regional Director for the Eastern Mediterranean, Dr Taba, who has always shown a commendable understanding of and sympathy with our problems. He is a shining example of the conscientious international officer and we are pleased to extend to him our warmest congratulations.

The ACTING PRESIDENT (*translation from the French*): Thank you, Mr Giumale. I call upon the delegate of Albania.

Dr PISTOLI (Albania) (*translation from the Russian*): Mr President, fellow delegates, on behalf of the delegation of the People's Republic of Albania I should like to wish the Fourteenth World Health Assembly success in its work. I wish to take the opportunity offered by the holding of the Assembly in New Delhi to greet the peace-loving Indian people on behalf of the Albanian people and to thank the Indian Government for its hospitality and the facilities it has provided for the Assembly's work.

Please allow me to congratulate Dr Mudaliar on his election as President and to give our best wishes

to the Director-General, Dr Candau. I should also like to welcome the new Members of our organization—countries which have recently achieved independence.

Before dealing with certain matters affecting the organization, I should like to speak briefly on some aspects of the health services in Albania.

The People's Republic of Albania achieved further successes in public health in 1960. Our Government is paying special attention to public health and is spending considerable sums on it. In 1960 allocations for this purpose were 18 per cent. higher than in 1959. New health establishments were built in 1960 and the number of beds increased by 9 per cent. over the 1959 figure, to reach a proportion of five beds to every 1000 people.

Good results were obtained in the control of infectious diseases. The malaria eradication programme is being successfully carried out and, on the basis of the results so far, we are convinced that before the end of 1962 we shall have entered upon the phase of consolidation. In 1960 all our children were vaccinated against poliomyelitis with the Sabin vaccine. The campaign is continuing this year and will cover all children in towns and rural areas up to twelve years of age. This mass vaccination will continue in the future in order to eradicate this serious disease. Vaccination is carried out free of charge.

A great deal of work is also being done to improve sanitary conditions in the countryside. The socialist collectivization of agriculture has created great opportunities for improving living and health conditions.

The main requisite for the solution of all problems is trained personnel, and accordingly the Government of the People's Republic has set up the first medical institute in the country, which now forms part of the medical faculty of Tirana State University. This faculty trains doctors and dentists, and in 1960 a pharmaceutical faculty was also established. The number of doctors increased last year, and we now have one doctor for every 3160 people instead of one to every 10 000 as in 1948. Also of great importance is the training of middle and lower grades of medical personnel, of whom 56.5 per cent. more were trained in 1960 than in 1959; but great prospects for the health services in our country are being opened up by the third five-year plan which started in 1961. The number of available beds will increase by 27 per cent. and in 1965 we shall have 6.3 beds for every 1000 people. The numbers of trained medical personnel will be greatly increased and by 1965 there will be one doctor to every 1600 people.

During this five-year plan much attention will be given to improving the industrial medical services,

and this will go hand-in-hand with the development of socialist industrialization. At the end of the five-year plan our country will have changed from a predominantly agricultural to a predominantly industrial country. Medical care in rural areas will be extended and every district will have its own medical officer and middle-grade medical personnel. A great deal of care is being given to child health. In 1965 there will be 42 per cent. more children in crèches than in 1960.

A programme was recently drawn up for eliminating or reducing the incidence of sporadic cases of certain communicable diseases such as malaria, poliomyelitis, diphtheria, etc. We are confident that these plans of ours will be carried into effect in the course of the next five years.

Gentlemen, there are problems of great importance for discussion on the agenda of the Fourteenth World Health Assembly. I have in mind, for example, the declaration concerning the elimination of colonialism and the tasks of WHO. The Albanian delegation considers that WHO, as an organization with humanitarian functions, should be one of the first to raise its voice and to fight for the elimination of colonialism and to enable these peoples freely to develop along lines of their own choice. Only after colonialism has been eliminated can these countries successfully deal with their public health problems. The delegation of the People's Republic of Albania considers that WHO has great and weighty tasks to perform in relation to those countries that have just freed themselves from colonial oppression. Our organization has a lofty humanitarian task—that of giving assistance for the protection of these peoples' health, to solve the numerous public health problems of peoples who suffered so greatly under colonial oppression. It is not a question of giving assistance by sending a few specialists. That is only one side of it; the main part of the assistance must be for the purpose of preparing, as speedily as possible, cadres of trained national personnel. That will help solve those countries' public health problems more speedily in a really practical way. We consider moreover that in this case material help should be given first and foremost by the States which ruled those colonies, in partial repayment of the enormous profits they made by their inhuman exploitation of those peoples and their immense resources.

There is an item on the agenda: "Report on assistance to the Republic of the Congo". It is our organization's duty to help the Congolese people, who are suffering as a result of colonialist intervention. But this help must be given to the legitimate government of the Congo and not to any other so-

called government which does not represent the interests of the people but serves foreigners, the enemies of the freedom and independence of the Congolese people.

WHO is an organization to which war, which causes the people so much unhappiness and suffering, should be alien. The Organization should speak out openly against the armaments race and the colossal rearmament carried out by some States with a view to instigating a third world war. The fact that some States protest against every proposal for disarmament and set up military bases outside their own territory shows clearly that they are not for peace. WHO must not be a mere spectator at this juncture: it should raise its voice for peace and against armaments with a view to the use of resources for the improvement of the standard of living of the peoples and the protection and improvement of their health. States with different social systems must co-exist in peace, because the interests of all peoples demand it. Albania lies on the shores of the Mediterranean, so that the testing of nuclear weapons in the Sahara is not a matter of indifference for the health of our people. The Albanian delegation therefore supports those countries which are protesting energetically against these tests.

Our organization should be world-wide and general. But unfortunately it does not contain representatives of all countries, even of such large countries as the People's Republic of China. It is high time to look facts in the face, however unpleasant that may be for some people. Common sense requires that China be represented here by the delegation of the lawful government of the People's Republic of China. It is quite ludicrous for our organization to close its eyes to the facts.

Allow me once more to express the hope that the work of the Fourteenth World Health Assembly will end with the successful settlement of the problems on the agenda.

The ACTING PRESIDENT (*translation from the French*): Thank you, Dr Pistoli. I call upon the delegate of Sudan.

Dr ABU SHAMMA (Sudan): Mr President, I have the honour and pleasure to convey to you the congratulations of the Sudan delegation on your election as President of the Fourteenth World Health Assembly. Your wisdom, experience, tolerance and objectivity will lead the members of this Assembly to deliberate wisely and to take sound resolutions on all subjects that are on the agenda. We have the pleasure also to convey our congratulations to the Vice-Presidents, who are also known for their integrity and soundness.

My delegation is highly appreciative of the generosity of the Indian Government and of its invitation to hold this Assembly here. We shall not only enjoy the hospitality of this great nation, but we shall witness the great efforts that are being made here to accelerate progress in every aspect of life. We shall go back to our countries full of experience and memories drawn from a background of great past, sound present and an illustrious future.

It is my pleasant duty to welcome and extend the same warm sentiments to the new Members of this organization, and I am sure they will contribute, in co-operation with their old colleagues, to the progress and furtherance of the aims of the Organization.

As a member of the Executive Board I have been fortunate to study and discuss the Report of the Director-General for 1960, during and after its preparation. My country has unlimited confidence in the efforts of the Director-General and his staff in the headquarters, in the regional offices, and in the field, and we have no doubt that the initiative taken by the Director-General during the Congo crisis is worthy of appreciation and praise.

My delegation notes with pleasure that the malaria eradication expenditure has now become part of the regular budget. It is not feasible nor practical to rely on voluntary contributions to finance this scheme.

My country is also grateful to WHO for all the assisted projects that are carried out there and also for the assistance which is given by UNICEF. My country is aware of the great tasks of WHO and its lead in research, but we consider that certain serious tropical diseases should be included in the list of priorities. These diseases include among others onchocerciasis, bilharziasis and kala-azar.

My country views with concern and apprehension the atomic tests which are carried out in the Sahara. It is not only the people living around the Sahara who are exposed to the dangers of radiation from these tests; but people all over the globe will, in one way or another, receive doses of this lethal and inhuman action. We look to this organization to take drastic measures to stop any further explosions in that area or any other.

The ACTING PRESIDENT (*translation from the French*): Thank you, Dr Abu Shamma. I call upon the delegate of Ecuador.

Dr GRUNAUER (Ecuador) (*translation from the Spanish*): Mr President, Mr Director-General, fellow delegates, the delegation of Ecuador has very great pleasure in greeting most warmly the Government and people of India and in expressing our deep

gratitude for the hospitality offered in their marvellous country. We should also like to extend a fraternal greeting to the other delegations present at this important meeting.

The Government of my country is endeavouring to an ever-increasing extent to solve the most urgent national health problems. At present, in accordance with agreements reached with international organizations, including WHO, two extremely important campaigns—malaria eradication and smallpox eradication respectively—are in full swing.

As regards malaria, we are in the fourth year of operations since the preparatory phase. The attack phase opened between October 1956 and February 1957 and we have completed the first, second and third years of complete coverage as well as an emergency programme.

Ecuador is situated on the western coast of South America and on the equator, from which it derives its name. The country is thus in the very heart of the tropical disease area and consequently is a suitable ground for malaria, as well as providing optimum conditions for the multiplication of anophelines. The work that has been carried out in Ecuador is of the greatest significance, for 51 per cent. of the inhabitants are exposed to malaria, and an area of 150 000 square kilometres is considered to be malarious. I do not intend to go over in detail what has been achieved, this is neither the time nor the place to do so, but I must say that the advance towards eradication of the disease is proceeding successfully, thanks to the interest shown by the Government and the very valuable assistance given us by the international organizations, among which WHO occupies an important place. We regard as very well employed the 32 923 456 sucres which we have spent; furthermore, the international organizations have supplied insecticides, equipment, transport, drugs, and technical advice. We therefore have reason to consider that malaria eradication is becoming a possibility in Ecuador.

Our country is also making every effort to eradicate smallpox, regarding this as an obligation towards the world. It cannot be put off any longer, and since the middle of 1958—also under the terms of a special agreement—we have been endeavouring to wipe out this blot on Latin America. Without interruption and following a carefully thought-out control and eradication plan, we have protected 32.15 per cent. of the population and we hope that within the time-limit laid down in the agreement smallpox will be nothing more than a bad memory in Ecuador.

The Government of my country is giving proof of its interest by making a careful study with a view to reorganizing the national health service in accord-

ance with modern technical and administrative standards, as well as with the needs and resources of the country. Special stress has been laid on administrative and technical autonomy and the employment of health personnel on a full-time basis has been recommended. Last December a series of meetings were held for all personnel responsible for preventive and curative medicine, either officially or on a private basis, so as to promote integration of the services. A carefully planned organizational chart will make possible a proper orientation of the functions and interrelationship of public health bodies.

We are convinced that the services rendered by WHO are invaluable and I beg you to accept, on behalf of Ecuador, our gratitude for this collaboration. Our thanks are also due to other bodies such as the United States International Co-operation Administration and UNICEF. We consider it essential—when we see how the engineering and health education departments are helping to solve many serious problems—to have a large technical staff that has acquired public health training both abroad in famous schools and in the intensive courses organized for auxiliary personnel, and that can guide the work of the national health services of Ecuador in the direction most suitable for the improvement of health and conditions for the common good.

I should like, Mr President, to congratulate you warmly on your unanimous and well-deserved election. I should also like to congratulate the Director-General on his splendid Report and express to the Assembly the hope that the work we are doing will be of great benefit to humanity. To this end, it is essential that our ideals should not be stifled or their realization hampered by activities in which minor differences could lead to an interruption of our work. May we never forget this!

The ACTING PRESIDENT (*translation from the French*): Thank you, Dr Grunauer. I call upon the delegate of Ethiopia.

Dr QUANA'A (Ethiopia): Mr President, Mr Director-General, distinguished delegates, ladies and gentlemen, may I first take this opportunity to thank the Government of India on behalf of my Government and delegation for the kind hospitality we are receiving and also congratulate the Committee on Nominations on their excellent choice of Dr Mudaliar as the President of this Fourteenth World Health Assembly. We also congratulate the new Members of this organization.

Each Member State represented in this Assembly has many and varied health problems. Ethiopia

has also many and it is with some effort that the Government is trying to surmount them. The No. 1 killer in the country, and the one that rules a reign of terror, is malaria. In realization of the magnitude of the malaria problem and the economic repercussions it has on the country, the Government of Ethiopia, with expert assistance from WHO and UNICEF and agreements with the United States International Co-operation Administration, started pilot projects back in 1955 and 1956, in representative areas of the empire. I might mention here that Sir Gordon Covell, who rightly deserves his reward, was a member of the expert team that visited the country. The objects of these pilot projects were the following. They were (a) to determine the technical and administrative feasibility of eradicating malaria in Ethiopia (these were experimental units designed to carry out on a small scale all phases of a country-wide malaria eradication programme); (b) to gather information on the extent and distribution of malaria; (c) to train national personnel in malaria eradication technique. In 1958 a second phase of the programme began, after compilation of the epidemiological, entomological and operational data for the pilot projects. It was concluded that interruption of the malaria transmission cycle can be achieved by residual spraying. It was on this basis that the Government of Ethiopia accepted the principle of the malaria eradication resolution of the Eighth World Health Assembly and in conformity with it passed a Malaria Eradication Act in order to facilitate, enhance and safeguard the field work of the project, and it has established a semi-autonomous national malaria eradication service. I will say here that this national malaria eradication service owes its existence to WHO, UNICEF and friendly nations. Though still in its beginning, yet the following are the small things that this project has accomplished. It has expanded the pilot projects into an eradication process within the project areas. It has established a central headquarters in the capital and two provincial headquarters with up-to-date laboratory facilities. From the malaria eradication training school, financed by the Malaria Eradication Special Account of WHO, sixty-five workers in the field have so far graduated, and more are coming. The future organizational plan is to carry out malaria eradication by stages on the basis of the above-mentioned plan. The invaluable assistance, both financial and in the form of expert advice, rendered by WHO, ICA and UNICEF is great, and my Government takes this opportunity of thanking these organizations for their great efforts to carry out a noble purpose.

In other fields of public health Ethiopia has made

appreciable progress. Finding that it is financially not feasible to enter upon any other eradication programme, the Government has found it best to establish health centres in the wide-flung provinces of the country. There have so far been established thirty-seven such health centres, which will be manned with national personnel and carry out multiple health services. WHO supervisory activity in these centres is offered and it is going to be a great asset. These health centres will be able to carry out smallpox control activities, as the Pasteur Institute of Ethiopia has started now to produce freeze-dried vaccine, which can be carried to the remote parts of the country and up till now, I am happy to report, about 150 000 doses of the vaccine have been produced. They will also serve as outlying centres for venereal disease control—one of the first health programmes assisted by WHO in Ethiopia.

As the distinguished delegate of Greece has pointed out, there are no accurate statistics about the incidence of tuberculosis in developing countries. The prevalence of tuberculosis in Ethiopia is unknown, but the outlying health centres will have to gather such data and carry out the present concentrated BCG programme on a wider basis. To guide such a process we have the tuberculosis control demonstration and training centre in Addis Ababa, which with WHO assistance has been operating with success since 1959, and we will watch hopefully for the outcome of the study on freeze-dried BCG vaccine that is under way.

With regard to leprosy, an active nation-wide control programme is being carried out with conventional methods alongside the rehabilitation measures; and again the research by WHO on the repository methods of giving DDS is hopefully watched.

Finally, one of the incessant long-term forms of assistance rendered to my country by WHO is the fellowships programme, of which I am a living example, and this will remain the basis for the national health programme. The Organization, with its wise Regional Director, Dr Taba, deserves thanks for choosing good institutions for the training of such medical personnel.

In conclusion, Mr President, may I thank the Organization on behalf of my country for its many and varied endeavours and the Director-General for his wisdom in putting the right emphasis on the outstanding problems which face the diseased people of this world. Our gratitude also to those Member nations which, realizing the problems that face WHO, try to help and do help in their own capacity.

The ACTING PRESIDENT (*translation from the French*): Thank you, Dr Quana'a. I call upon the delegate of Thailand.

Dr SUVARNAKICH (Thailand): Mr President, honourable delegates, ladies and gentlemen, on behalf of the delegation of Thailand, I have great pleasure in extending to you, Dr Mudaliar, our warmest congratulations on your election as President of the Fourteenth World Health Assembly. I am sure that with your experience and wide knowledge this Assembly will be guided towards the realization of its objectives.

I wish to congratulate the Director-General on his excellent Report and to thank him and his staff for the assistance rendered to my country in our various health programmes. As you know, health problems in South-East Asia are many and various, and Thailand is no exception. Despite our limitation in budget and personnel, we are doing our best to solve these problems. With the assistance of WHO and UNICEF we are fighting three major diseases: yaws, tuberculosis and leprosy. The yaws programme is now in its integration phase, and we hope the disease can be eradicated in a few years' time. Leprosy and tuberculosis are serious, and we will not spare our efforts in fighting them. Case-finding and domiciliary treatment have been started and are now going on. We are expanding the work every year despite heavy financial burdens and hope that we shall be able to control these dreaded diseases. We are beginning our smallpox eradication this year, aiming at vaccinating at least 80 per cent. of the population within three years.

We had cholera epidemics in 1958 and 1959. With intensive mass immunization the disease has disappeared since November 1959. The prevention of this disease and other enteric diseases is possible only by good sanitation. So we launched our new programme—village health and sanitation—last year. This has as its chief aims the provision of safe water supply, the construction and use of a sanitary privy for each household, and cleanliness of living quarters. It is a long-range programme which, when achieved, will save thousands of lives. For the implementation of this programme we are very much indebted to the United States of America for its assistance.

Another programme assisted by the United States of America is the malaria eradication project which has gone more than half way to its completion. I wish here to record our appreciation and gratitude to the said country.

Mr President, we have many other programmes, but I will not take time to describe them. We are doing

our best to solve existing health problems, yet at the same time we have to think of future problems. I would like to mention only two.

The first one is mental health. With the rapidly changing world, Western cultures come into conflict with Thai cultures and traditions and have produced poorer mental health. The number of psychoses and psychoneuroses has considerably increased. The prevalence of frank psychosis of one per 1000 population of ten years ago has now gone up to an estimated two per 1000. The socio-economic changes, the disruption of family ties and the family system, the social disorganization, the problems of migration, urbanization, industrialization, etc., are worth studying as causal factors contributing to the decline of mental health with a view to its prevention. The decision of the Executive Board at its twenty-sixth session to have for the technical discussions at the Fifteenth World Health Assembly the subject of mental health is well received by our delegation. Furthermore, the World Federation of Mental Health has organized the World Mental Health Year, urging countries to make a thorough study of this problem, which will be discussed at the International Congress of Mental Health in Paris this coming August. It is hoped that Member countries of WHO will make studies and participate.

Mr President, in olden days we looked to India as the land of civilization and the centre of learning. Thailand received from India its religion, culture, arts, literature and medicine. Through Buddhism India taught us the proverb "Arogaya Paramalabha", meaning literally "no disease is the greatest fortune". This has been, still is, and will be, the guiding principle in our health work. Even today India has not lost its leading role in the line of mental health and we look forward to India's contributing substantially to the technical discussions at the next World Health Assembly.

Another problem, Mr President, is nutrition. Thailand has a surplus of food, and yet malnutrition exists, through ignorance and tradition. We are now launching a pilot project with the assistance of WHO and UNICEF; but the problem is more serious than this. With the present rate of increase in population, undernutrition is bound to complicate the matter in the future. FAO is doing its commendable work in increasing food production, but I am afraid that it may not be able to cope with the rapidly increasing population. India is now facing this problem and many countries will follow. I am wondering whether this problem comes within the sphere of WHO. If it does, when should it be taken up for consideration?

I cannot conclude, Mr President, without extending,

on behalf of my delegation, our sincere appreciation and profound gratitude to our host country, India, for the hospitality and facilities we are enjoying during our stay in New Delhi.

The ACTING PRESIDENT (*translation from the French*): Thank you, Dr Suvarnakich. I call upon the delegate of the United Arab Republic.

Dr EL BITASH (United Arab Republic): Mr President, fellow delegates, will you allow me, Mr President, to express, on behalf of my delegation, our sincere congratulations on your election to preside over the Fourteenth World Health Assembly. Your distinguished personality is greatly appreciated by all who come to know you. We also wish very sincerely to avow not only our gratitude for the hospitality of the Government and the people of India, but also to express our happiness at having had the opportunity to live even for a short time in the land of a great nation, great in its history and great in the contribution which its various institutions have made, and are still making, in the fields of tropical medicine and public health. My delegation would like also to extend its wholehearted welcome to the new Members and Associate Members of our organization.

Mr President, I would like to say a few words in connexion with some items of the Report presented by the Director-General, which shows clearly the heavy task he and his staff are undertaking efficiently.

First of all the Malaria Eradication Special Account, on which we have had a lot of discussion in these few days. We are happy now that, after the resolutions approved, the matter is settled and the programme will go on steadily. I can state here that the northern region of the United Arab Republic was amongst the first countries to adopt a regular malaria eradication programme. The very favourable impact of this programme on the health and economy of this region since the start of the campaign in 1956, as well as the favourable results obtained in various other countries which executed similar programmes, has led to the preparation of a plan for conducting a similar but more extensive programme in the southern region of the United Arab Republic, where no less than eighteen million out of a total population of twenty-seven million are under the risk of infection. The Government has developed, with the technical advice and assistance of WHO, an overall project for the eradication of malaria, the intensive phase of which will last for about ten years and which will be nation-wide in scope. It is estimated that the malaria eradication campaign during the planned years of operation will cost about \$48 000 000; about \$38 000 000 of this represents

the cost of total services and supplies; the balance represents the cost of imported supplies—and in this connexion the Government is expecting the assistance of WHO and other organizations. This national budget represents a substantial charge on the national resources, but so great is our concern about the menacing role of malaria in our future developing agricultural and industrial schemes, that malaria eradication is receiving top priority.

We feel at the same time that a well organized public health endeavour of this nature and magnitude will create the experience and skill which can be efficiently utilized later on in the control or, as we hope, eradication of our enemy No. 1 disease—bilharziasis—when the time comes and better means of combating this disease are achieved.

Despite the heavy commitments which this malaria eradication programme imposes on the national budget, my Government, in order to demonstrate the genuineness of its interest in the world-wide eradication campaign, has contributed a token sum to the Malaria Eradication Special Account. My country also, recognizing the time-limited nature of this malaria eradication programme and the fact that a successful issue depends not only on scientific planning but also on effective administrative execution, is establishing an autonomous agency, through a presidential decree, to provide the malaria eradication service with financial and administrative self-sufficiency. My Government has also recognized the importance of the training of national personnel to staff the developing malaria eradication services and has already established, with the help of WHO, a regional malaria eradication training centre in Cairo, where malaria workers from many countries of the Eastern Mediterranean Region and also from the other neighbouring countries are receiving their training, and which started early in 1959. I wish to express my Government's appreciation of the work of WHO in stimulating and co-ordinating this global malaria eradication enterprise.

The apparent delay in starting the malaria eradication campaign in my country was, I may say, rather an intended one. It was the idea of those who prepared the suggested plan of operation that we must take into consideration and study all the difficulties and hazards which appeared during the execution of some of the malaria eradication programmes in other countries, where a hasty plan was suggested before a thorough study of the epidemiological and other factors which influence the transmission of the disease in a certain locality were completed, and find solutions to such difficulties beforehand, thus saving a lot of funds which could have been unnecessarily wasted.

Mr President, I cannot lose this opportunity of referring to one of the major and serious problems which affect my country, as well as many of the Afro-Asian and South American countries. I am referring here to the problem of bilharziasis. A short note on this disease appears in the Director-General's Report for 1960. But I shall not say much on the problem in this meeting and shall leave discussion to the committee concerned. I wish only to refer to the five-year bilharziasis pilot projects which already started in 1960 in my country with the help of WHO and the material assistance of UNICEF. I hope that the evaluation of the methods used up to now in the control of bilharziasis, and the adoption of new means which may develop during these projects, can help in solving such a difficult and serious problem.

My Government is also establishing a great number of combined rural health units, each to serve 15 000 of the population. Nine hundred of these units will be established in the next five years.

Mr President, there are many other points to discuss, but one of the most important is the protection of mankind from the hazards of radiation; and I will take this opportunity of expressing our hope that the decision of our Assembly on protecting man from the radiation hazards originating mainly from atomic tests and fall-out will be at least parallel in its substance to those resolutions adopted by the General Assembly of the United Nations on various occasions. The adoption of a resolution calling for an immediate cessation of test explosions of nuclear weapons is more than hopefully expected from our organization.

The ACTING PRESIDENT (*translation from the French*): Thank you, Dr Bitash. I call on the delegate of Tunisia.

Dr FARAH (Tunisia) (*translation from the French*): Mr President, my delegation associates itself with those who have spoken before me in congratulating you on your election. I should also like, Mr President, to thank the Indian Government on behalf of my delegation for the warm welcome it has given us.

Mr President, ladies and gentlemen, my delegation has studied the Director-General's Report with great interest. Reading it one cannot but be struck by the scale and diversity of the public health problems our organization is coping with in most countries in the world. I shall not comment on the projects undertaken jointly by my country and WHO, since an excellent account of them is given in the document before us. Neither shall I describe to you my

country's public health problems or my Government's public health achievements. The proper place for that is in the discussions now proceeding in the two main committees.

There is, however, one point I should like to say something about. Several speakers before me have emphasized the interrelation of health problems and the economic and social problem, particularly in countries in the course of development. My delegation cannot but agree with them: a public health problem can only be properly and effectively dealt with if it is approached within the general context of economic and social betterment. Although economic problems ought not to be considered in detail by our organization, since they are not directly within its competence and there are other United Nations bodies especially constituted to deal with them, my delegation nevertheless considers that WHO ought to play a more direct and active part in promoting social betterment than it is doing at present. Certain international bodies such as UNICEF and the Bureau of Social Affairs of the United Nations Department of Economic and Social Affairs are, we see, increasing their participation in social services for children or adults. My delegation considers that this question of social betterment is eminently of concern to WHO. In countries in the course of development, particularly in rural areas, the health educator or the social worker are the main if not the sole agencies through which social betterment begins in a community. These workers provide the community for which they are responsible with the rudiments, both of the fundamental principles of general hygiene, and of elementary ideas of child care, the fundamentals of rational domestic economy and certain principles of housekeeping. Thus, Mr President, while paying a tribute to WHO and its Director-General for the truly gigantic task on which they have embarked, my delegation would like to suggest that WHO associate itself more directly and closely with other bodies like the United Nations Bureau of Social Affairs or UNICEF for the promotion of social betterment.

The ACTING PRESIDENT (*translation from the French*): Thank you, Dr Farah. I call on the delegate of Spain.

Dr CLAVERO (Spain) (*translation from the Spanish*): Mr President, on behalf of the Spanish delegation I would ask you to transmit to Dr Arcot Mudaliar our congratulations on his unanimous election to the presidency of this Assembly, an election which is the unanimous recognition of his great personal qualities. I would also offer our thanks to the

Government of India for its generous welcome and say how much we admire the people of India for their ability to preserve the highest human values in all circumstances.

Having accomplished this duty, not out of mere courtesy but with real feeling, we would refer briefly to the Director-General's Report. Once again we have to congratulate the Director-General upon an excellent report—and that in spite of the difficulty of putting in concise form both an account of the work accomplished and an indication of what remains to be done.

If the situation in the different countries were similar, the planning of programmes would not be so difficult. The success of operations for the control of a disease does not depend so much upon the timing of the beginning of control measures as upon geographical, climatological and ecological conditions that are different in the various Member countries of the Organization. Although in some tropical countries the control of certain communicable diseases is important, in others the problem of these particular diseases hardly arises. There are also immense differences, as you know, between the predominantly agricultural and the highly industrialized countries. While in some countries, for example, it is malaria, bilharziasis, or yaws that constitute a cause for anxiety, in the industrial or what we may call the technically developed countries, the main causes of morbidity and mortality are the threat to mental health and degenerative and cardiovascular diseases, cancer, tuberculosis, etc. On the other hand, all have an interest in the progressive improvement of professional education, health education of the public, environmental sanitation, and medical research. All these factors are placed in their right perspective in the Director-General's Report, both in the general chapters and in those referring to the work of the individual regions.

I will not take up any more of your time but will conclude by emphasizing that we are not only all united in a single undertaking but united in our desire to bring that undertaking to a completely successful conclusion. My own country, Spain, is fully conscious of the spirit of collaboration necessary for the achievement of our aims.

The ACTING PRESIDENT (*translation from the French*): Thank you, Dr Clavero. I call on the delegate of the Upper Volta.

Dr LAMBIN (Upper Volta) (*translation from the French*): Mr President, fellow delegates, first of all I should like, Mr President, on behalf of the delegation of the Upper Volta, to join all those who have



spoken before me in congratulating you sincerely and cordially on your election as President of the Fourteenth World Health Assembly. No one better deserves to fill that post, in view on the one hand of the great and invaluable contribution that your country has made to forwarding our organization's work, and on the other of your personal standing as a scientist who has consistently devoted himself body and soul to the cause of our organization from its first beginnings to the present day.

My delegation is grateful to the Government of India for the warm welcome it has given us and for this boundless hospitality which is the characteristic of a great country.

I should like now, Mr President, to thank the World Health Organization—through its dynamic Director-General, Dr Candau, and his staff—for the material, technical and moral assistance lavished upon our sister State, the Republic of the Congo (Leopoldville), following the events, of which you are aware, that occurred after independence. By taking the well-advised and speedy action it did, our organization, without any fuss, gave most striking proof of its efficiency and maturity barely twelve years after its creation, and we can be proud of being Members of it.

Regarding the Director-General's Report, I can only congratulate him on the sound, succinct, clear drafting of this document, which reflects the entire humanitarian work of the Organization. WHO has done remarkable things in many countries of the world and I should like here to pay a formal tribute to it on that account; but there is still a great deal to be done in many countries, and particularly in the African States that have just achieved independence, of which my own country is one.

My country has a population of 3 800 000 and is one not over-endowed by nature in the fertility of its soil, which is poor. Our 7100 villages have 200 health units, and we have one doctor to every 59 000 people.

Morbidity from sleeping-sickness, which was decimating our peoples twenty years ago, no longer gives any cause for anxiety.

My country enjoys the unhappy distinction of being one of the West African States most seriously affected by Hansen's bacillus. We have 113 000 registered cases of leprosy: this represents a mean morbidity rate of 3 per cent., while in certain areas the rate is 10 per cent. We are carrying out an organized campaign against this disease with the assistance of UNICEF and France's Fund for Assistance and Co-operation.

Infant mortality is more than 50 per cent., and we are also receiving assistance from UNICEF for

maternal and child welfare. I take this opportunity of expressing our warm gratitude to UNICEF.

Every year during the rains, that is to say for nine months, epidemic cerebrospinal meningitis rages in our country, attacking thousands of people and claiming hundreds and hundreds of victims. Because of our modest resources we are obliged to take our major endemic survey teams away from their work and to concentrate exclusively upon this deadly epidemic.

Smallpox is steadily on the decline. Onchocerciasis affects the areas along our rivers which, though fertile, are deserted on account of this disease that blinds over 50 per cent. of the population in some villages. Thus we have a saying: "Rivers eat eyes". I shall not take up your time by telling you about malaria and bilharziasis, which are also rife in our country, or measles which works havoc among the undernourished child population, or tuberculosis. We are defenceless against tuberculosis because we cannot obtain the drugs required for its treatment.

Mr President, fellow delegates, I will not go on wringing your hearts but will stop here. My object in speaking is simply to remind you that there still exist in the world many countries like mine among those which have just achieved independence. It is up to you therefore, the advanced countries, the developed countries, to help us out of this state of stagnation. The Constitution of WHO says: "The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States". I should like to conclude now by urgently and formally appealing from this rostrum before this august Assembly to WHO and the developed countries, in the name of that solidarity and co-operation, to show much greater solicitude and warmth of heart in considering the lot of the African countries, which urgently require their help to relieve their peoples in the grip of disease and poverty.

The ACTING PRESIDENT (*translation from the French*): Thank you, Dr Lambin. I call on the delegate of Peru.

Dr QUIRÓS (Peru) (*translation from the Spanish*): Mr President, fellow delegates, I bring with me the greetings of my Government to the Government and people of India and to the people of all the countries whose representatives are met together in this august Assembly. Our congratulations go to the President on his well-merited election to the presidency, and we offer a special greeting to the Director-General of the Organization.

Our country, in fulfilment of its obligations to the international health bodies, has implemented the most important of the eradication programmes. We have, in fact, succeeded in eradicating *Aedes aegypti*. There has been no smallpox in the country since 1955, and our vaccine production laboratories and services have been used to train specialists from many American countries; we have also been able to send supplies of our vaccine to countries in need of it. The malaria eradication programme is progressing satisfactorily and we hope to be able at the end of April this year to terminate the spraying phase throughout the coastal region of the country where some 90 000 houses are being sprayed.

For those of us who devote our time to public health, it is particularly pleasant to attend a meeting of this kind where specialists from all over the world, without distinction as to race, politics or religion, meet together to discuss problems which affect the health of mankind and to find ways of improving standards of living. We have every confidence in the destiny of our organization and we were gratified to hear the Director-General's words this morning. He exhorted us to continue our support of the Organization, since the problems to be solved will undoubtedly be many, and will require all our effort.

I would like to take this opportunity (and I believe I shall be expressing the desire of many other countries which, like my own, have insufficient economic resources) to ask the great powers which generously support the programmes of international co-operation to give priority consideration to the multilaterally assisted programmes such as those sponsored by our organization, since these represent the most logical and most welcome form of collaboration.

Mr President, it is my fervent hope that the decisions arrived at in the course of this Assembly may serve to better the health of the peoples of the world.

The ACTING PRESIDENT (*translation from the French*): Thank you, Dr Quirós. I call on the delegate of Senegal.

Mr SAR (Senegal) (*translation from the French*): Mr President, there is an imperative duty the delegate of Senegal must discharge at the opening of his statement. Imperative—but most agreeable. For, far from being an empty form or meaningless routine congratulation, it is a heartfelt and considered tribute, this amply deserved tribute which we are in duty bound to pay to you, to your wisdom and authority, and to the wonderful welcome that has been given us, as well as to the virtues of your

great people and to the Government which, at its helm, is steering it into a brilliant future.

Our visit to India—this land, long one of tribulation and strife and which is still a land of contrasts, dominated by the moral loftiness of the great and wonderful figure of Mahatma Gandhi—represents for us a pious pilgrimage to the ancient sources from which came the spark of independence that freed the colonial peoples from European domination. Henceforward a land of freedom, of creative and fruitful freedom, and engaged in the tremendous struggle of national construction—in which, as His Excellency Prime Minister Nehru observed, problems expand automatically to the scale dictated by a population of 450 000 000—India stands as an example to us young States and a subject for our deep reflection.

Mr Director-General, the delegation of Senegal has, as you can imagine, read with due attention the closely written, detailed and responsible Report you are submitting to our Fourteenth World Health Assembly. It has of course, like any human production, its weaknesses and inadequacies. Considered in the light of our needs, which are immense, the assistance the Organization is giving to the under-developed countries may seem paltry. If we genuinely want to help the under-developed countries—of which Senegal is one—to make up their leeway vis-à-vis the developed States, our organization must radically revise its principles regarding assistance to countries in course of development. Otherwise the gulf is likely to get deeper and deeper, for it must not be forgotten that the equipped and developed countries are progressing faster than the under-developed, under-equipped and under-nourished countries.

I shall not, Mr Director-General, press this point, for two reasons which you will readily understand. The first is that Senegal does not wish to come here as a beggar. The second is that, considered as a whole, the Report you are submitting us deserves approval. My delegation approves the Report and congratulates you upon it on behalf of our Government.

Since yesterday there has been a new development: my country has become one of those entitled to fill a place on your Executive Board. I should like, ladies and gentlemen, to thank you for this mark of confidence and to tell you that Senegal will do its best to deserve it to the full.

Mr President, fellow delegates, ladies and gentlemen, on 31 October 1960 the Republic of Senegal became a full Member of WHO. Embarked on the course we have adopted, and which is dictated by a socialism that we want to be a genuinely African one, the stage marked by the admission of our ancient country to a body like this fills our young Republic

with yet further hope and with a gratification which we shall not attempt to conceal. This gratification is paralleled by the pride we take in the fact that we shall now be able to contribute with all our might and main to strengthening peace and to improving the relations which ought to unite together, in dynamic co-operation, all the nations that love peace, freedom and social justice.

In these hard times, disturbed as they are and overshadowed by the cold war, our hope remains inviolate and we still believe that reason will in the end overcome all the forces of evil, because mankind is not so mad as to commit suicide in the name of ideals, the declared aim of which is human happiness. And as our friend Mr Gabriel d'Arbousier, Keeper of the Seals and Minister of Justice, said a little while ago: "In our endeavours to prevent war, to prevent both war itself and the cold war, and thereby to prevent atomic war, we are certainly not acting like men in despair; we are even acting with a certain confidence, because mankind as a whole does not want either atomic suicide or the continuation of these ridiculous wars, and because although we are weak and without atomic bombs, up-to-date armaments or paratroopers we nevertheless have mankind, afflicted and patient mankind, behind us and mankind realizes that, in spite of the excesses of people like Hitler and certain madmen, it will always in the end absorb them in the course of evolution."

This introduction, Mr President, may give the impression that my statement is basically a political one. The fact is, you see, that the problems demanding our attention are so much part and parcel of one another that whatever field they arise in they remain interlocked. The Constitution of WHO formally proclaims in its preamble that "the health of all peoples is fundamental to the attainment of peace and security". How can one—I was about to say why should one—work to promote the health of all peoples when all peoples are threatened with extermination? It is one of the fundamental tasks of our generation, and particularly of WHO, to wipe off the map of the world the ghastly spectre of war, for I believe that of all the diseases that afflict mankind there is none more monstrous than war, above all the kind of war that is being prepared for us. The solution which we recommend is the solution proposed by all true socialists: total, simultaneous and controlled disarmament. This will mean that the immense resources which fear and the instinct of self-preservation oblige mankind to devote to destructive weapons will be freed for use for peaceful purposes—so that starvation which degrades and disease which kills may be done away with, and that those who stand between the two blocs may emerge

from their under-development, at last assured of effective solidarity on the part of the 'haves', and all men can hold up their heads.

It is with this interpretation of the context of the problem that Senegal comes before you. It does not come empty-handed to the concert of the free nations. It comes with more than a century's experience, and with a health infrastructure covering all aspects of public health, to this meeting-place of scientists whose supremely lofty mission it is to free mankind from the tribulations and ravages of disease. It has a whole range of institutions—from local nurses' training schools and a state nurses' and midwives' training school right up to the Faculty of Medicine, whose international standing has just been recognized by the most recent *journées médicales* at Dakar—to place at the disposal of any State that wants to acquaint itself with the secrets of African pathology. Appealing thus to international solidarity, my country is convinced that its contribution, added to that of all the other countries, can be decisive in all the fields to which our activities extend. My Government, Mr President, confirms the invitation which the Mali Federation made for the twelfth session of the Regional Committee for Africa to be held in 1962 at Dakar.

Our public health problems are admittedly enormous and, notwithstanding the progress made thanks to the help of our French friends, the Economic and Social Investment Development Fund (FIDES), the Fund for Assistance and Co-operation (FAC), the European Development Fund, UNICEF and WHO, these problems still remain a matter of great concern. Infant mortality, despite a fairly well-developed maternal welfare infrastructure, continues to take its toll. Forty per cent. of the population of the river valley have malaria, onchocerciasis drives many of the inhabitants of east Senegal from the banks of the Gambia, and leprosy continues to disfigure and kill. Serious thought the problems are, however, we are not without defence against these diseases in Senegal. Public health problems are to be catered for under a grand plan covering them all, under which each is scheduled, in an established order of priority, for solution by a specific date. Senegal's plan is ready. It is to be submitted to the National Assembly at a special meeting to be held during the independence celebrations. The document will be communicated to you.

Mr President, I should be leaving a duty undone if I went from this rostrum without thanking on behalf of my country all those who have given us their support and co-operation in the titanic struggle we have embarked upon to free the men, women and children of Senegal from disease, ignorance and

hunger. I should like to express my country's sincere gratitude to France—which just now is going through a most painful period, engaged as it is in a war that is so much at variance with its genius and humanism, a war which, I am sure, it will bring to an honourable end by recognizing Algeria's independence. We also wish to convey our warm and affectionate gratitude to the nations and international organizations that are supporting what we are doing.

Mr President, fellow delegates, ladies and gentlemen, official speakers have, from this rostrum, welcomed with great friendliness and affection the mass admission of African States to membership of WHO. I for my part, after thanking them for all

these tokens of affection and sympathy, should like to express the hope that our presence in this Assembly will represent an abiding confirmation of the positive contribution of Africa towards building a world free from the horrors of hunger, ignorance, war and disease.

The ACTING PRESIDENT (*translation from the French*): Thank you, Mr Sar.

There are no further speakers on my list. The general discussion on item 1.10 of the agenda is closed. The President thanks the speakers who have taken part in it. I declare the meeting closed.

*The meeting rose at 5.5 p.m.*

## TENTH PLENARY MEETING

*Monday, 20 February 1961, at 2.30 p.m.*

*Acting President: Dr A. MARTÍNEZ MARCHETTI (Argentina)*

### 1. Third Report of the Committee on Administration, Finance and Legal Matters

The ACTING PRESIDENT (*translation from the Spanish*): At its midday meeting the General Committee, in accordance with the provisions of Rule 51 of the Rules of Procedure, agreed to transmit to the Assembly in plenary the third report of the Committee on Administration, Finance and Legal Matters and the third report of the Committee on Programme and Budget. Since there has not been an interval of twenty-four hours since the distribution of these reports, the Rapporteurs of the respective committees will have to read them.

We will begin with the report of the Committee on Administration, Finance and Legal Matters. Will the Rapporteur of that Committee, Mr Sar, be good enough to read the report?

*Mr Sar (Senegal), Rapporteur of the Committee on Administration, Finance and Legal Matters, read the preamble and section 1 (Admission of new Associate Members: Ruanda-Urundi) of the third report of that committee (see page 442).*

The ACTING PRESIDENT (*translation from the Spanish*): As on former occasions, we will deal with these resolutions one by one and then consider the report as a whole. Delegates are asked to consider that part of the report which contains the first resolution, which has just been read.

Are there any comments? In the absence of comments and objections, the resolution is adopted.

The delegate of Belgium has asked for the floor. Will he please come to the rostrum.

Dr GOOSSENS (Belgium) (*translation from the French*): Mr President, I have not yet had the honour of congratulating Sir Arcot Mudaliar on his election as President of our Assembly. I congratulate him now, and my congratulations are no less sincere for their being made rather late. The reason I waited so long is that I wanted to make his work easier by avoiding supplementary statements. I would also congratulate the three Vice-Presidents. And lastly I should like, as every year—there is no reason why I should fail to do so this year—to thank the Director-General once again for his outstanding work and to congratulate him on his Report.

I also want to avail myself of this opportunity to thank the Government and people of India for the welcome they have given us.

At this session, Mr President, the Belgian delegation has had the honour of proposing that the Assembly admit Ruanda-Urundi to associate membership of WHO, in accordance with the request made by my Government on 19 September 1960. My Government regards this as an important milestone on the road to achieving the goals which Belgium was set when it was given the trusteeship of Ruanda-Urundi by the United Nations in 1945. We have thus the deep

satisfaction of supplying solid proof of the progress achieved in emancipating this country and in setting it on the road towards national sovereignty. It is a further source of gratification to us that health is one of the first fields in which this advance towards complete emancipation has become apparent, since this shows how much importance these peoples attach to health problems and the interest in health promotion that the administering power has succeeded in awakening in them.

Fully mindful of the obligations entailed by its admission to our organization, Ruanda-Urundi—my Government vouches for it—will act in accordance with the spirit of the Organization and, in particular, will respect Articles 66 to 68 of our Constitution. The co-operation it will bring in particular to the Regional Office for Africa cannot but be auspicious for the success of the policy that office is pursuing. Ruanda-Urundi on its side will be amply repaid by the advantages which accrue to it from belonging to our organization.

The request my Government has instructed me to make is an expression of the friendship Belgium has consistently shown for the people of Ruanda-Urundi and of the confidence it has in its future. I would sincerely thank you for receiving this request so favourably.

The ACTING PRESIDENT (*translation from the Spanish*): Thank you, Dr Goossens. I call upon the delegate of Ruanda-Urundi.

Mr HAKIZUMWAMI (Ruanda-Urundi) (*translation from the French*): Mr President, fellow delegates, sensible of the honour done my country by its admission to associate membership of WHO, I thank the Assembly for the noble concern it has shown in the sphere of the emancipation of peoples and for the way in which it has always worked to secure their enjoyment of inalienable human rights in the fields of health and social betterment.

I should like to express my gratitude particularly to the representative of Belgium, which has administered the trust territory of Ruanda-Urundi in accordance with the mandate given it by the United Nations. What the administering power has done in setting up a public health system and promoting a general improvement in health in the territory is a guarantee of the future active co-operation of my people in the common task, in particular our common task in this age-old Africa of ours. The people I have the honour to represent will remain true to the ideal of WHO.

Before leaving this rostrum, I should like to express my gratitude to the President of the Assembly and,

through him, to his country for having welcomed us with a graciousness and generosity characteristic of this ancient land of age-old spirituality and brotherhood. You may be sure, Mr President, that in conveying to it the hopeful message of the Fourteenth World Health Assembly, I shall not fail to inform my Government of your people's boundless good-will, industry and generosity.

The ACTING PRESIDENT (*translation from the Spanish*): Thank you. I would ask Mr Sar to read the second resolution.

*Mr Sar read section 2 of the report (Admission of New Associate Members: Tanganyika).*

The ACTING PRESIDENT (*translation from the Spanish*): Thank you, Mr Sar. The resolution which has just been read is submitted for the Assembly's consideration.

In the absence of any comment, the resolution is adopted.

The delegate of the United Kingdom has the floor.

Dr GODBER (United Kingdom of Great Britain and Northern Ireland): Mr President and fellow delegates, the United Kingdom of Great Britain and Northern Ireland regards it as a great honour to accept this associate membership on behalf of Tanganyika and assumes responsibility for ensuring the application of Articles 66 to 68 of the Constitution of the World Health Organization with regard to that country.

Having made this formal statement, I should now like, on behalf of my delegation, to congratulate Tanganyika and to extend a most cordial welcome to the distinguished representative of that country, Dr Charles Mtawali, who is now present at this Assembly. Tanganyika has already contributed in no small measure to the sum of scientific and practical knowledge in the field of health promotion in tropical countries and we are confident that she will play an important and constructive part in the work of WHO.

The ACTING PRESIDENT (*translation from the Spanish*): I thank the delegate of the United Kingdom. I call upon the representative of Tanganyika.

Dr MTAWALI (Tanganyika): Mr President, delegates, ladies and gentlemen, I am very glad to stand before you to-day to express on behalf of the Tanganyika representative here and the Government and people of Tanganyika our sincere thanks and grati-

tude for the honour you have bestowed upon us to-day by admitting our country to associate membership of this great international organization.

I would also like to take this opportunity to thank the Government of the United Kingdom of Great Britain and Northern Ireland, not only for sponsoring our country's application for associate membership but also for whatever has been achieved so far in the field of public health, with Tanganyika's own very limited resources together with WHO funds made available under the auspices of the United Kingdom Government and also some funds provided by the United Kingdom Government itself under various schemes such as the Colonial Development and Welfare Scheme.

In expressing these thanks I would like, Mr President, with your permission to read the following short message left behind by the chief Tanganyika representative, the Minister for Health and Labour, who has had to fly back to Tanganyika on some other urgent business:

Mr President, I regret that a meeting of the Legislative Council has made it impossible for me to stay at the World Health Assembly to hear the admission of Tanganyika to associate membership of WHO. I had hoped to be able to express personally my country's thanks for this honour. At the same time I should like to express our congratulations to you, sir, on your election as President of the Fourteenth World Health Assembly, and also to the Indian Government for being such charming hosts. We also owe thanks to the United Kingdom Government, our administering authority under the United Nations trusteeship, for sponsoring our application.

The health problems of Tanganyika are large and many, particularly when compared with our resources. The country's population numbers nine to ten million and of these less than five per cent. live in urban areas; the great majority dwell in rural areas, mainly as peasant farmers who are to be found scattered throughout the habitable and semi-habitable parts of the country, which covers an area of approximately 360 000 square miles. The scattered and sparse distribution of the population, together with relatively poor communications, makes it very difficult to provide a modern medical service and to exercise health control at a cost which is commensurate with the economic development of the people.

The present elected responsible Government in Tanganyika took up office only in September last year and since then we have been engaged as one of our primary tasks in working out a three-

year development plan for future progress. While details have yet to be decided upon, first priorities will be agriculture, communications and education. This does not reflect any lack of appreciation of the importance of medical and sanitary services or satisfaction with the health of the people generally, but it does reflect the priorities of an elected Government which has the very difficult task of deciding how to spend a limited sum of money in the face of many urgent needs.

Generally speaking, there is in Tanganyika a fast-growing demand for hospitals and rural health services, a demand which for reasons I have just stated is difficult to meet. Our immediate aim is to provide one general hospital bed per thousand of population in each of the administrative districts, and in addition to that dispensaries within easy reach of all the rural communities. In a few of the districts the immediate target of one bed per thousand has been achieved but in many other districts considerable expansion of the hospital services is still required. Even where the target has been reached considerable improvement is necessary as there are very few hospitals in Tanganyika which can be described as adequately serving the needs of their districts. Many of them lack the essential basic equipment which in more advanced countries is taken for granted as normal hospital equipment. There are in Tanganyika at present nineteen rural health centres, either already built or being built, for which useful equipment has been provided by UNICEF. This number of centres for a country covering 360 000 square miles can hardly be considered as satisfactory.

A lot has been said during this Assembly about malaria eradication programmes. This subject is of considerable interest to us because malaria is endemic throughout Tanganyika and is probably enemy No. 1 in the fight against infant and child morbidity and mortality. Our research workers have stated that an eradication scheme, to be effective, will have to cover not only the whole of Tanganyika but also all the other East African territories simultaneously and be maintained vigorously for at least fifteen years, in which case the total cost would be in the region of £23 000 000, a sum which has prevented us from even dreaming of the day when it will be possible to make a start.

Briefly, our immediate objectives, not in any order of priority, are as follows: provision of a country-wide tuberculosis control scheme; provision of a country-wide leprosy control scheme; improvement of the nutritional state of the people; eradication of eye diseases, which are now responsible for the very high incidence of blindness;

expansion of hospital and rural health services; and, finally, intensification of health education schemes. The long-term objectives are malaria eradication, smallpox eradication, and control of schistosomiasis.

These are the hopes and aims towards which we are working in the field of public health. We welcome this opportunity of taking part as an Associate Member of WHO in the working out of some of the problems which beset mankind—perhaps more particularly in the under-developed countries of the world to-day. Itself under-developed, Tanganyika is making rapid and forceful strides towards her goal of independence. We confidently expect that now we have only a little longer to wait to achieve this. And we look forward to continued friendly relations with our present administering authority, the Government of the United Kingdom of Great Britain and Northern Ireland. We hope when independence comes, we shall take our place in WHO as a full Member and make our contribution in the fight against disease throughout the world. I am grateful to the Assembly for the honour of admitting Tanganyika to associate membership. I can assure the honourable delegates of my country's support for the principles of WHO.

(Signed) DEREK BRYCESON

Minister for Health and Labour  
Tanganyika Territory

Thank you, Mr President, and thank you, fellow delegates.

The ACTING PRESIDENT (*translation from the Spanish*): Thank you. Does any other delegate wish to comment? There being no other comments I will ask Mr Sar to read the third resolution.

*Mr Sar read section 3 of the report (Admission of new Members: Islamic Republic of Mauritania).*

The ACTING PRESIDENT (*translation from the Spanish*): Are there any comments on this draft resolution? I call upon the delegate of Morocco.

Dr BEN ABBÈS (Morocco) (*translation from the French*): Mr President, fellow delegates, as you are aware my Government has officially adopted a position against the admission of Mauritania by sending the Director-General a letter from our Minister for Foreign Affairs, communicated in a document before you.

We knew quite well when we came here that this was a very serious problem and a highly political one, which would create a great stir among the delegations. In order to avoid disturbing the calm of this

august Assembly, we ourselves accordingly requested that the matter be referred to a committee. For the same reason we supported the draft resolution of certain countries which were proposing that the matter should not be discussed at this session. Again for the same reason, we refrained from touching on the substance during the discussions in committee. Unfortunately, not only did certain delegations see fit to enter into a debate on the substance, but the Committee decided to recommend the admission of Mauritania to our Assembly. I wanted to make these explanations to show that it is not we who are confronting our Assembly with a political issue. I must accordingly state what my country's position is and explain it to you.

First of all however I should like to make it clear that, as a country which has recently gained its freedom, we cannot but be glad and rejoice to see other countries gain their freedom as we have done. As an African country we cannot but rejoice to see other African countries joining our ranks. I want to make this clear for the benefit of all those who became independent last year and have come with us to this Assembly.

But this is something quite different—a highly political matter. Everyone knows that the question of Mauritania was one of the outstanding features of the last session of the United Nations General Assembly, and that it was discussed not only by the Political Committee but also by the Security Council. Consequently to try to get this alleged State admitted to our organization, when the United Nations has been unable to agree on its admission and there is a dispute on the subject, is to raise a political issue and try to get us to take a weighty decision which the United Nations itself did not see fit to take and which represents an attack upon the territorial integrity of a Member State of the United Nations and of WHO.

We consider Mauritania to be an integral part of Morocco. It cannot be admitted to WHO as an independent State. I shall, with your permission, try to explain to you as briefly as possible the Moroccan character of Mauritania and why we oppose its admission.

As I have just said, Mauritania is an integral part of our territory. Mauritania's history—a simple and straightforward one, as you will see in a moment—is one of those unhappy histories to which foreign occupation and colonialism inevitably lead, wherever they are established: a country originally free and united was occupied by colonialists, who divided it in order to rule. Then came the liberation of one part of the territory; the other, instead of gaining its freedom too, remained under foreign rule, until one

fine day, when colonialism had begun to disappear from the face of the earth, it was decided that it should be granted a sham independence so that it could be more easily exploited while keeping up appearances in the eyes of the world. Such is Mauritania's simple history. I should like to emphasize three things: (1) Mauritania has always been a province of Morocco; (2) the separation of Mauritania from Morocco was solely due to the French occupation; and (3) the so-called independence granted to Mauritania is nothing but a facade and a trick and represents a new form of foreign colonialism.

Mauritania in fact has never been a nation, it has never constituted a State. This southern part of Morocco is 1 100 000 square kilometres in area, it has a population of 600 000 of the same race as the population of the northern part. The two have the same religion, the same language, the same culture, the same traditions and a common history. Moreover, Morocco has always exercised its sovereignty over this part of its territory. The continuity of this sovereignty is established by incontrovertible legal evidence and the effective exercise of the prerogatives of sovereignty: the investiture of emirs, the appointment of caliphs, the levying of taxes, the dispatch of delegations from Mauritania to the central power, royal visits to that portion of the realm, and the raising of levies for the national army to defend the southern frontiers.

The French occupation alone is responsible for the separation of Mauritania and Morocco. The occupation began simultaneously in Mauritania and Morocco, arriving from Senegal in the case of Mauritania and from Algeria in that of Morocco. Resistance was quickly organized in both territories however, and this armed resistance was not finally overcome till 1934. By that time France, which had been administering Mauritania by means of the Protectorate and in the name of His Majesty, had decided to turn the Protectorate into a colony pure and simple. Thus Mauritania, by a unilateral act of the occupying power, was integrated into French West Africa. France imagined it had thereby secured the final separation of Morocco and Mauritania from each other. Moreover, it was not just Mauritania that was separated from Morocco. Occupied by France and Spain, the whole country was divided into dozens of parts: northern zone, southern zone, Tangier, Tarfaya, Ifni, Ceuta, Melilla, Rio de Oro, etc.

On gaining its independence, Morocco proclaimed its rights over Mauritania and the other territories over which exercise of its authority was still denied. We were trusting, however, and imagined that we

should be able to regain the occupied territories by negotiation and so restore the unity of our divided, torn and mutilated country. And in the end it was by negotiation that we regained the zone of the French Protectorate in March 1956, the zone of the Spanish Protectorate in April 1956, the international zone of Tangier in October 1956, and the province of Tarfaya in April 1956. A Franco-Moroccan commission had been set up to consider the question of Mauritania and certain frontier disputes but, instead of convening it, France decided unilaterally and abruptly to make Mauritania a State and give it so-called independence. At that point we referred the matter to the higher international authorities. The important place the Mauritanian problem had in the debates at the last session of the United Nations General Assembly is a matter of common knowledge: the debates were bitter and stormy and lasted for nearly ten days both in the Political Committee and in the Security Council, and in the end Mauritania's request for admission was rejected. Thus despite the vigorous propaganda of France and of certain African countries in its pay, Mauritania was not admitted to membership of the United Nations, notwithstanding the proclamation of its so-called independence on 28 November 1960.

I said "so-called independence". Why? Because, realizing that colonialism was in decline and steadily disappearing from the face of Africa, France wanted to disguise its presence and activities in Mauritania by granting the territory independence. By this means not only does France imagine it has finally secured the separation of Mauritania and Morocco from each other, but at the same time it keeps all the territory's resources under its own control and exploits it for military purposes. For those are the things in which France is interested. First, exploitation of resources, in this case iron and copper ore—and that at the very time when the free peoples of Africa are beginning to exploit their natural resources directly themselves—and, secondly, military and strategic occupation in order to set up bases and transform Mauritania into an advance stronghold on this continent which is everywhere demanding the complete evacuation of the foreign troops still stationed upon it.

Such is the new type of imperialism that France wants to establish in Mauritania and a lamentable example of which was given in the Congo by the secession of Katanga on the country's attaining independence.

Gentlemen, there you have the sad tale of Mauritania; there you have the naked truth about that country's most distressing case. Now you understand, I hope, why we are against its admission: it is



a genuinely Moroccan province, and we do not want there to be represented in this Assembly a part of our country.

People have spoken about what the Mauritians themselves want. Have the Mauritians really a chance to say what they want? They certainly have not, inasmuch as the territory is at present under military occupation. The best of them, the real patriots, are either in prison or at Rabat, where they have gone of their own accord in order to fight the invader and his minions.

I should like to emphasize here that it is not a matter of a struggle between Mauritania and Morocco, but of a struggle between France and Morocco. People have also spoken of annexation, expansion and even imperialism. Indeed! Can anyone really imagine that Morocco, known for its moderation and for the wisdom of its King and people, is an expansionist country? Can anyone really think that Morocco—famed for its social work, its action in the Congo to which it sent (though it has not sufficient for itself) its soldiers, its doctors and its technicians to defend the sovereignty of a neighbour State—is an annexing country? Can anyone really imagine that Morocco, which fought for its independence, was the first to attain freedom in Africa, and where first was kindled the flame of freedom that has spread throughout the continent, is an imperialist country? No, gentlemen, that is all propaganda, and poor propaganda at that, which cannot take in anyone.

People have also spoken about the independence of an African State. A pretty trick! Only colonialism could hit upon such a good one. This so-called State has actually been called an "Islamic Republic". If France is acting in good faith and is being so generous, why does it not give independence to Algeria, a real country of 10 000 000 people which has been fighting for its freedom for the last seven years? No, gentlemen, what France wants is this new type of colonialism; what it wants, now it has been thrown out of the whole of Africa where once it was master, is economic and strategic exploitation and to retain an outpost on this continent that desires to complete its liberation and to consolidate its prosperity.

Fellow delegates, those are the points I wanted to explain to you to show why we oppose the admission of Mauritania to our organization. If in spite of everything you are not influenced by them, and decide in favour of admitting Mauritania, you will be taking a serious decision—first by creating a dangerous precedent for our organization, since you will be taking it upon yourselves to handle a highly political problem which the United Nations itself has so far

been unable to solve; secondly, by ratifying the division of a Member State and thereby opening a door which you will find it difficult to shut afterwards, since the next thing will be that Katanga, Goa or some other province of one of the States represented here will be making you the same request; and, lastly, by lending support to the new form that imperialism is assuming, just when the United Nations General Assembly has adopted a resolution condemning colonialism and recommending that it be wiped off the face of the earth.

My Government's decision is in any case inflexible: Mauritania is Moroccan and sooner or later will be recovered by the efforts of its own sons. But meanwhile it is impossible for us to recognize its existence as a State by sitting beside those who claim to represent it. However, I know the prudence and wisdom of our Assembly, and I place my reliance in it; it would never be willing to act against the higher interests of one of its Members.

Mr President, in view of the grave consequences which the admission of Mauritania may entail, not only for my country but also for our organization, I request that a roll-call vote be taken on the Committee's resolution.

The ACTING PRESIDENT (*translation from the Spanish*): Thank you. I call upon the delegate of Senegal.

Mr SAR (Senegal) (*translation from the French*): Mr President, fellow delegates, ladies and gentlemen, after the lofty and far-ranging discussions in the Committee on Administration, Finance and Legal Matters on the request for admission made by the Islamic Republic of Mauritania and the vote taken at the end of those discussions, I thought that the question would not be raised again in plenary session. I fancied indeed that I had detected in speeches on both sides a wish—many times expressed—to avoid airing at an international gathering the differences which at the moment divide Africa, and I thought that we were mature enough, free enough from the slightest desire for conquest, to settle our family squabbles among ourselves. I now see how naïve I was. Once the problem is stated, sides have to be taken: it is one way of showing one's mettle. It remains however very difficult for me, since we are dealing with two of our brother countries, equally dear to us and linked with us by several centuries of contact, friendship and brotherhood; two countries which, like us, were subjected to the same influence, underwent the same training, and belonged almost to the same branch of civilization. And yet we must take sides. Our attitude will be neither sentimental nor arbitrary. It will be based on history, geography,

religion, law and the facts. Its language will be that of truth and reason—the only language which should be used, particularly in a case affecting partners for whom an equal and identical regard is felt.

From the Middle Ages to our own day, history affords not the slightest justification for the Moroccan claims on Mauritania. While it is true that relations were established between the two countries quite early, and caravans going in quest of gold and slaves passed through Mauritania on their way, at no period in history is there any mention whatever, no matter what may be said to the contrary, of Mauritania being an integral part of Morocco. On the contrary, in May 1767 the ruler of Morocco declined to give an opinion regarding the settlement which His Catholic Majesty, the King of Spain, wished to found south of the river Noun, because, as he said, he could not make himself responsible for the mishaps and misfortunes that might occur there, in view of the fact that his sovereignty did not extend so far and that the fierce nomad tribes of those parts had always despoiled and made captive the people of the Canary Islands.

In February 1910, the Sultan of Morocco, in a letter addressed to the Governors of Ifni, the Wadi Noun and the upper valley of Susa, set bounds to the frontiers of Morocco when he declared: "We have learnt that smuggled arms have been passing from your territory into the Sahara to the Sheikh Ma Al Ainin. This practice is detrimental to Makhzen, because illicit traffic and contraband are prohibited, not to speak of the disturbances and conflagrations caused in the frontier areas. We therefore command you to keep a close watch on any transport of contraband that you may chance upon in the border regions of our empire and French territory".

While reference to history provides no support to the Moroccan claims, it does establish beyond doubt that, long before the French conquests and especially the Moroccan claims, Mauritania in its Berber-Arab, Wolof, Toucouleur and Sarakollé portions alike, was administered by sovereign kings who, under God, were subject to no one.

Thus the Sultan of Trarza, Amar Nouldon, without consulting anyone and as a sovereign ruler, signed a treaty in June 1810 with Lieutenant-Governor Maxwell, the representative of the King of England, for the settlements of Senegal, Gore and their dependencies, when Senegal was British.

In the same way and under the same conditions, the Sultan of Trarza, Hamet Dou, at Saint-Louis in Senegal on 25 June 1821, signed a treaty with Governor Le Coupé, the representative of the King of France.

While history gives no support to the Moroccan claims, international law was quite unambiguous, when in an opinion of the International Court at the Hague dated 17 November 1953, it stated that what was of decisive importance in matters of sovereignty was not indirect presumptions deduced from events long past, but proofs relating directly to possession. Morocco, as we have seen, has never exercised sovereignty in Mauritania in an effective, constant, lasting or even indirect way.

As regards geography, ladies and gentlemen, we are sufficiently knowledgeable in these matters to say that Morocco has no common frontiers with Mauritania and that neither the nature of the country nor the origin of its inhabitants gives grounds for considering the Islamic Republic of Mauritania as an integral part of Morocco.

Religion is an argument of such little weight in these matters that I shall not labour the point. Suffice it to say that prayers have never been said in Mauritania in the name of the Sultan.

French penetration at the beginning of the twentieth century reached Mauritania not through Morocco but through Senegal and in 1904 Mauritania became part of the Federation of French West Africa; it shared with the other countries of Africa the continent's process of evolution.

Represented at the two Constituent Assemblies by Maître Lamine Gueye and President Senghor, it elected deputies to the French Parliament from 1946 onwards and had a seat at the Assembly of the French Union. It won internal autonomy at the same time and under the same conditions as the other African States. Its Constitution was adopted on 22 March 1959 and on 17 May 1960 it elected its first National Assembly by direct universal suffrage. Not every country can say the same. Its Government, enjoying the unanimous support of the National Assembly, was established on 26 June 1960 and five months later, on 28 November 1960, it solemnly proclaimed, in full agreement with the colonial power and in the presence of several ambassadors from all parts of the world, its complete and total independence.

Mr President, an attempt has been made to use the fact that Mauritania is for the time being excluded from the United Nations, under circumstances known to you all, as an alleged proof that it would be unconstitutional to admit it to the World Health Organization. Nowhere in the Constitution of WHO is it said that a State must necessarily be a Member of the United Nations in order to attend our Assembly as a Member.

The parallel which speakers have attempted to draw between what is happening in Mauritania and

events in another part of Africa will not stand up to an objective analysis of the two situations. While in the Congo (Leopoldville) the bullets whine as brother kills brother, Mauritania, under its flag with the white crescent on a green ground, is quietly continuing its development.

Mr President, in committee we were reproached with giving this discussion a political flavour. We consider that in this case also the blame must be laid at the right door. We believe that those who have given a political flavour to this debate in an Assembly which has forsworn politics are in fact those who in their desire to oppose the admission of Mauritania to membership of WHO have invoked a political vote taken in a political assembly.

Mr President, fellow delegates, ladies and gentlemen, history, geography, international law and the facts combine to deny Morocco any right to Mauritania; and history, geography, international law and the facts sufficiently prove that Mauritania is a legally constituted State and, at the present stage of its development, a sovereign nation and democratic republic. It fully meets the conditions laid down in our Constitution, and the Assembly's Committee on Administration, Finance and Legal Matters has given a very clear mandate for its admission. I am therefore convinced that the Assembly will adopt the recommendations of its own committee and that Mauritania, as is only just, will be admitted as a full Member to the great family of the World Health Organization.

The ACTING PRESIDENT (*translation from the Spanish*): Thank you. I call upon the delegate of France.

Professor AUJALEU (France) (*translation from the French*): Mr President, fellow delegates, as in the Committee on Administration, Finance and Legal Matters, the French delegation does not wish to say anything that might render more acrimonious a discussion which we all regret. However, the statement of the honourable representative of Morocco contains a number of assertions which France cannot allow to go unchallenged. A large number of African States—and they are best placed to know the situation—stated eloquently in committee what rights to independence Mauritania possesses. The same has just been done by the representative of Senegal; and as I could not say it any better, I shall not dwell further on the subject. To say, as the Moroccan representative has done, that because they have defended the right of Mauritania to independence, these African countries are in the pay of France, is a gratuitous accusation which I shall leave each of the countries concerned to answer for itself,

nor do I think that they will have any difficulty in doing so.

France administered a certain number of territories and offered all of them the free choice of their future. Mauritania was able to do exactly what it wished—to join another country or to set itself up as an independent State. It chose the latter solution, as it had the right to do. The freedom granted by France to its former territories to choose their own future was complete and one does not have to go far to find representatives of countries which once formed part of these territories and which have freely taken a path which diverges completely from that of France, without France preventing them from doing so.

Mention has been made of the Security Council, but why not state clearly that a considerable majority emerged in the Security Council for Mauritania's admission but it was not recommended to the United Nations because one of the two countries which opposed it had the right of veto? As for the allusion to Algeria made in the Moroccan statement, the Moroccan representative is well aware, as all of you here are aware and as has been confirmed by the Head of the French Government, that Algeria will itself determine its own future and will choose in complete freedom the path it intends to take. I consider that WHO should not be a party to the replacement of one colonialism by another, and I hope that the Organization will decide to admit to membership the Islamic Republic of Mauritania, an independent country.

The ACTING PRESIDENT (*translation from the Spanish*): Thank you. The delegate of the Upper Volta has the floor.

Dr LAMBIN (Upper Volta) (*translation from the French*): Mr President, fellow delegates, I shall not recapitulate the arguments just put forward by the delegate of Senegal, who has given you enough facts. As I have already said in committee, the Islamic Republic of Mauritania when it became independent was entirely free to take any decision it wished in the higher interests of its population. It decided to proclaim its independence within its present territorial boundaries and the proclamation was made on 28 November 1960 in all freedom and with complete knowledge of the facts.

Sixty-one countries have recognized the Islamic Republic of Mauritania as a sovereign State. Many sovereign States are Members of the World Health Organization without being Members of the United Nations. Accordingly my delegation will firmly support the admission of the Islamic Republic of Mauritania to full membership of WHO.

The ACTING PRESIDENT (*translation from the Spanish*): Thank you. Does anyone else wish to speak? I call upon the delegate of Iraq.

Mr KITTANI (Iraq): Mr President, my delegation, hoping to avoid a controversial and painful debate on the substance of the matter, attempted sincerely in the Committee on Administration, Finance and Legal Matters, by presenting a procedural motion, to postpone the very discussion in the midst of which we find ourselves now. It does not really follow logic to shed crocodile tears and to claim that this was brought about by the other side. The very fact that there is a request being considered by the plenary session of the Fourteenth World Health Assembly for full membership—the very discussion of that request—is basically political because Article 3 of our Constitution states that membership is open to all States; so to grant or to refuse membership to an applicant is basically political because if it is not a State, if it does not possess the sovereignty of a State, it cannot fulfil the requirements of Article 3 and therefore it should be rejected. This is the normal political implication of the matter before us.

In addition to this in the case of Mauritania, as has been brought out very clearly, there is a further very important factor involved; and that is the fact that the current session of the General Assembly of the United Nations—the highest political organ in the United Nations family of organizations—was and is still seized of this question in two separate ways. On the agenda of the fifteenth session of the General Assembly of the United Nations, Mauritania was mentioned twice, for there were two items about Mauritania. First there was a request for admission, as there is one here—that has been mentioned by the delegate of France. He also told you that it was rejected; how many Members voted for it is not important. The second way in which the question of Mauritania figured on the agenda of the United Nations is even more important in the present context of our deliberations because it was here, as my delegation pointed out in the Committee, that the debate was really painful and became too heated and controversial even by the standards of the United Nations, which is basically a political organization.

The countries most immediately involved on this question, the African countries, are themselves deeply divided on the question—there was one of the bitterest exchanges in the history of the United Nations between Africans and Africans on the question of Mauritania. That is why my delegation tried to ensure, and still hopes, that this basic question will not deteriorate into that kind of debate. But since we are in fact discussing the substance, namely,

whether Mauritania is qualified to become a full Member of this organization, we deem it necessary to state our delegation's point of view clearly and unequivocally. My Government, Mr President, considers that Mauritania is an integral part of Morocco. We believe that there was a deliberate attempt by the colonial power to dismember part of the national territory of Morocco and to bestow upon it an artificial independence. We believe that this is an integral part of the process of neo-colonialism that is taking place in many parts of Africa. And for that reason alone, we believe that Mauritania is not qualified to become a Member of this organization and we will vote against the resolution.

The ACTING PRESIDENT (*translation from the Spanish*): Thank you. Are there any further remarks? I call upon the delegate of the United Arab Republic.

Mr EL WAKIL (United Arab Republic) (*translation from the French*): Mr President, fellow delegates, the United Arab Republic is a country which long suffered from colonialism. It is therefore the first to welcome the arrival of new independent Members. The arrival of African States in particular it welcomes with open arms. In the case of Mauritania, however, my delegation feels that the consideration of its admission raises highly political and extremely delicate problems. It would accordingly have preferred consideration of the matter to have been deferred.

Unfortunately this view was not accepted by the Committee on Administration, Finance and Legal Matters. We are therefore obliged to state our position here on the substance of the question: my delegation considers Mauritania to be an integral part of Morocco and accordingly formally opposes the admission of Mauritania to membership of WHO.

The ACTING PRESIDENT (*translation from the Spanish*): Thank you. Any further comments? I call upon the delegate of Saudi Arabia.

Mr KHANACHET (Saudi Arabia) (*translation from the French*): Mr President, fellow delegates, I must confess it is with great regret that I take part in this discussion, for it is a very painful one for my delegation and on a subject which is no less painful. My delegation was one of the co-sponsors of a draft resolution that was submitted to the appropriate committee of this Assembly, seeking to defer a decision on the matter to a later date. We asked for the decision to be deferred because we realized the seriousness of the decision we were being called upon to take. I hope this Assembly will yet, while it still has the possibility and the opportunity of doing so, measure the seriousness of this problem and its

possible consequences, which, I am very sorry to say, are no less serious and painful for being predictable and still avoidable. Our object in proposing the matter be deferred was simply to prevent getting our organization, which is a technical one, on to the slippery slope of politics. Unfortunately, through circumstances beyond our control, it has been put on to that slope, and in a regrettable manner.

But at the stage this discussion has reached my delegation finds itself obliged to explain its Government's position on the substance. Delegates have spoken from this rostrum of the principles of law and justice; I appeal to them too, but should wish each one of us to recognize that these principles of law, these fundamental principles, are equally valid on both sides of the Pyrenees, on both sides of the Sahara, and on both sides of every frontier. Truth is one and indivisible and can only be one, whatever or wherever it is.

Reference has been made to the right of peoples to self-determination; I also uphold that right, as I am sure this Assembly does, but it has the same value and scope everywhere and for everyone. The principle of the right of peoples to self-determination is excellent if it is rightly applied and in the spirit of the United Nations Charter; but if it is exercised by those who, for one reason or another, do not wish to apply it with the same integrity, it can be a very dangerous instrument.

Mr President, fellow delegates, my delegation takes a definite stand with regard to the substance of the problem under discussion. The Saudi Arabian Government considers that Mauritania is an integral part of Morocco and it cannot therefore do otherwise than formally and firmly oppose the admission of Mauritania to this organization. My delegation is therefore obliged to clarify a point that has been presented to the Assembly in a distorted manner: it has been said that we have made the admission of Mauritania to the World Health Organization conditional upon its admission to the United Nations. This is not so. Our position is based on a fundamental principle: the validity or otherwise of the claims concerning the independence and sovereignty of Mauritania. My Government considers that this validity is still in question and that a decision on it has not yet been taken by the highest international authority—the only one competent to judge the matter. The substance of the question is not altered by any *de jure* or *de facto* recognition.

In conclusion, may I re-state the attitude of my Government and of my delegation: it formally opposes the admission of Mauritania to the World Health Organization.

Before leaving this rostrum, Mr President, and

since it is the first time I have had the honour of addressing this Assembly, I feel that I must take the opportunity on behalf of my delegation and my Government to congratulate Sir Arcot Mudaliar on his election to the Presidency, and also the Vice-Presidents. I would also like to offer the congratulations of my Government and my delegation to the Director-General for his Report. And, finally, I would express our gratitude to the Government and people of India for their generous hospitality to this Assembly.

The ACTING PRESIDENT (*translation from the Spanish*): Thank you. Are there any other observations? The delegate of Romania has the floor.

Dr BÎRZU (Romania) (*translation from the French*): The question of the so-called Islamic Republic of Mauritania, as you will have gathered from the well-documented statement of the delegate of Morocco, is a very delicate and essentially political one. In all honesty, we are not dealing with a country or a "republic" as it calls itself, but very clearly with a province belonging to a Member of our organization—Morocco. The question before us is: has our Assembly the right to discuss such a problem, such a politically acute problem, as that of Mauritania? In my view, the question of Mauritania, which is in fact before the United Nations, should be deferred to another session, that is, until the United Nations has taken a decision. If WHO does not take into account the serious realities of this problem of Mauritania, it will run a grave risk of encroaching upon a strictly political field—which is not compatible with the Constitution of the Organization.

In the opinion of our Government, Mauritania is an integral part of Morocco, and for this reason we are opposed to the admission of Mauritania to the World Health Organization.

The ACTING PRESIDENT (*translation from the Spanish*): Thank you. Are there any further remarks? The delegate of the Malagasy Republic.

Dr ANDRIAMASY (Madagascar) (*translation from the French*): Mr President, my delegation wishes to make clear our Government's position in regard to this painful question. As far as the Malagasy Government is concerned, there is no problem of the independence and sovereignty of Mauritania. For us, Mauritania is a State constituted in accordance with international criteria, an independent and fully sovereign State. Furthermore, it would be contrary to good sense and a deplorable anomaly for us, who are here for the most part as physicians and persons responsible for the public health of our countries,

to debate whether we should admit as a Member a country which asks nothing but the right to collaborate with us—with us who are physicians and public health men. For us therefore, I repeat, there is no problem and we give our full support to the admission of the Islamic Republic of Mauritania.

The ACTING PRESIDENT (*translation from the Spanish*): Thank you. Are there any further observations? I call upon the delegate of the Republic of the Congo (Brazzaville).

Dr MAHOATA (Republic of the Congo (Brazzaville) (*translation from the French*): Mr President, I do not think it is necessary to go back over the long discussion that took place in the Committee on Administration, Finance and Legal Matters, which committee, after a massive vote, recommended the admission of Mauritania as a Member of the World Health Organization. Contrary to what has been said by the delegate of Iraq, the Africans are not at all divided on the subject of the Islamic Republic of Mauritania. I do not believe that WHO, an apolitical and humanitarian organization, will follow the line taken by Morocco.

The Islamic Republic of Mauritania, like the Republic of the Congo (Brazzaville), celebrated its independence on 28 November 1960. The Republic of the Congo (Brazzaville) will therefore vote for the admission of the Islamic Republic of Mauritania to membership of the World Health Organization.

The ACTING PRESIDENT (*translation from the Spanish*): Thank you. Does anyone else wish to speak?

As there are no further observations we will proceed with the voting. Since the delegate of Morocco has requested a roll-call vote, Rule 69 of the Rules of Procedure of the Health Assembly is applicable. It states:

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 lots to decide who is to be the first to vote. The letter "V". The vote will begin with Venezuela.

We are voting on the draft resolution under examination. Delegates in favour of the text will reply "yes", those against will reply "no", and those who desire to abstain will reply "abstention". Let us proceed with the voting.

*A vote was taken by roll-call, the names of the Member States being called in the English alphabetical order, starting with Venezuela, the letter V having been determined by lot.*

*The result of the vote was as follows:*

*In favour:* Argentina, Australia, Austria, Belgium, Burma, Cameroun, Canada, Central African Republic, Chile, China, Colombia, Congo (Brazzaville), Costa Rica, Dahomey, Denmark, Ecuador, Ethiopia, Federal Republic of Germany, Federation of Malaya, Finland, France, Gabon, Greece, Guatemala, Haiti, Israel, Italy, Ivory Coast, Japan, Republic of Korea, Liberia, Luxembourg, Madagascar, Monaco, Netherlands, New Zealand, Niger, Norway, Paraguay, Peru, Portugal, Senegal, Somalia, Spain, Sweden, Switzerland, Thailand, Togo, Tunisia, Turkey, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America, Upper Volta.

*Against:* Ceylon, Cuba, El Salvador, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Romania, Saudi Arabia, Sudan, United Arab Republic, Yemen.

*Abstaining:* Afghanistan, Albania, Bulgaria, Czechoslovakia, Ghana, Guinea, Honduras, Iceland, India, Indonesia, Mali, Mexico, Nepal, Nicaragua, Nigeria, Pakistan, Philippines, Poland, Republic of Viet-Nam, Union of Soviet Socialist Republics, Venezuela, Yugoslavia.

*Absent:* Bolivia, Brazil, Cambodia, Chad, Cyprus, Ireland, Laos, Uruguay.

The ACTING PRESIDENT (*translation from the Spanish*): Gentlemen, the results of the voting are as follows:

Number of Members present and voting . . .	69
Number required for simple majority . . .	35
In favour . . . . .	54
Against . . . . .	15
Abstentions . . . . .	22
Absent . . . . .	8

The resolution is therefore adopted.

The delegate of Dahomey has the floor.

Dr GANGBO (Dahomey) (*translation from the French*): Mr President, fellow delegates, since the three votes that have just been taken in connexion with the admission of new Members give me the opportunity, I should be failing in my most elementary duty if I did not, in the name of the Government and people of Dahomey, express our gratitude to WHO.

My country is a new Member and we cannot at this moment conceal our emotion—an emotion which some of the older Members may find commonplace. I would, however, ask those of you for whom admission to WHO seems today to be an event in the natural course of things, to look back ten or fifteen years and remember your own admission; you will then no doubt find the moment more moving. Which of your countries, when admitted to WHO, did not wonder what the future held? You were concerned with the duties you were assuming rather than with the assistance you might expect. Today we in our turn ask ourselves, as you did then, if we are sufficiently mature to shoulder our new responsibilities. Gentlemen, as Dahomey enters the World Health Organization it of course hopes for a great deal of sympathy and understanding, but it is also firmly determined to contribute something by its personal efforts to the noble task of this organization—the improvement of world health. I mean, gentlemen—if I may take up the words of one of my elders, Mr Sar of Senegal—that we do not come here as beggars. Certainly we place high hopes in the help that WHO will give us, but we do not lose sight of the fact that membership carries with it duties—one of the most obvious of which was our vote in favour of the admission of other States to this organization. Here I am thinking especially of Mauritania, our companion in misfortune, whose difficulty in acceding to the international organizations makes us in Dahomey realize how fortunate we have been. Gentlemen, Dahomey now realizes the extent of the honour done to it in September 1960 and again we say: Thank you. Dahomey will show itself worthy of WHO.

The ACTING PRESIDENT (*translation from the Spanish*): Thank you. I call upon the delegate of Morocco.

Dr BEN ABBÈS (Morocco) (*translation from the French*): Mr President, fellow delegates, I note with some bitterness that, in spite of what we proclaim here every day, in spite of the technical and scientific character of our organization, we are in fact dominated by world politics. It is with bitterness that I note that this Assembly has, in the space of fifteen days, produced two conflicting votes on identical questions. Yesterday, it refused to discuss the admission of China, a country with 600 000 000 inhabitants. Today, it approves the admission of a so-called State of 600 000 inhabitants. It is with bitterness that I note the admission of Mauritania to our Assembly; and I have no alternative, Mr President, but to ask you, my heart sad and my soul sick, to

allow me to withdraw with the members of my delegation.

The ACTING PRESIDENT (*translation from the Spanish*): In my capacity as President, I am sure that I shall be interpreting the wishes of all delegates in requesting the Moroccan delegation to continue its collaboration with this Assembly in its praiseworthy task for the progress and well-being of humanity, with the same efficiency, devotion and enthusiasm as in the past.

I call upon the delegate of Mauritania.

Mr HAMOUD (Mauritania) (*translation from the French*): Mr President, fellow delegates, this being the first time I have spoken in this honourable Assembly I would like to associate myself with others who have preceded me at this rostrum in offering you, Mr President, in the name of my Government, our very sincere congratulations on your election to the presidential chair, and I would ask you to transmit to the Government of India our gratitude for the warm welcome and kind attention it has shown us, thus facilitating our work and making our stay in Delhi very agreeable.

I would also thank the Director-General of WHO for the assistance given to us in the development of public health services in our young country by the award of fellowships for training national personnel; our thanks also go to Dr Cambournac, our Regional Director, for the support he has always given to our programmes, and to UNICEF and FAO who have given us valuable assistance.

I was delegated by my Government—the Government of the Islamic Republic of Mauritania, a sovereign State—to represent it in the capacity of observer at the Fourteenth World Health Assembly, and I am aware of the result of the vote by which you have decided to admit our country to full membership of the Organization. On behalf of my Government I would express our deep gratitude to those Members who supported our candidature, for the confidence thus shown in us. My compatriots will be profoundly conscious of the importance of this fact and of the honour you have done them. For us, the citizens of Mauritania, your vote in our favour is more than anything else an indication of your confidence in the capacity of our Government and of our national health services to meet the obligation to respect the high principles enunciated in your Constitution. For a young and sovereign State, this confidence on the part of other nations in its capacity to play its part, however modest, in the concert of nations, is invaluable. Lastly, for our ancient people, anxious to consolidate the bonds of friendship with all other

peoples, it is a pledge of fraternal sympathy. The admission of our country to the highest world authority in the field of health will give immense satisfaction to our doctors, our midwives and nurses, and to all the personnel of our developing health services, to which the Organization has already given considerable aid.

You may be assured that the Islamic Republic of Mauritania, which has designated me to speak on its behalf, will endeavour always and in every way to show itself worthy of the honour conferred upon it by its admission to full membership of the World Health Organization.

The ACTING PRESIDENT (*translation from the Spanish*): Thank you. Are there any further remarks on the subject under discussion? As no one wishes to speak, I will call upon the Rapporteur, Mr Sar, to go on to the fourth resolution.

*Mr Sar read section 4 of the report.*

The ACTING PRESIDENT (*translation from the Spanish*): Thank you, Mr Sar. Does any one wish to speak on the subject of this draft resolution? In the absence of any remarks or objections, the resolution is adopted. I would ask Mr Sar to read the fifth resolution.

*Mr Sar read section 5 of the report.*

The ACTING PRESIDENT (*translation from the Spanish*): Thank you, Mr Sar. Are there any remarks? As there are no observations or objections, the resolution is adopted. I would now ask Mr Sar to read the sixth resolution.

*Mr Sar read section 6 of the report.*

The ACTING PRESIDENT (*translation from the Spanish*): Thank you, Mr Sar. I submit to the Assembly the resolution that has been read. There being no objections, we will take it as adopted, and the Rapporteur can proceed to the seventh draft resolution.

*Mr Sar read section 7 of the report.*

The ACTING PRESIDENT (*translation from the Spanish*). Thank you, Mr Sar. The text that has been read is submitted for your consideration. No objections being made, I declare the resolution adopted and invite the Rapporteur to read the eighth resolution.

*Mr Sar read section 8 of the report.*

The ACTING PRESIDENT (*translation from the Spanish*). Thank you, Mr Sar. I would invite delegates to consider the eighth draft resolution, which has just been read. There being no objections, the resolution is adopted.

Since each of the resolutions has been adopted separately, I now propose the adoption of the report as a whole by the Assembly.

There are no objections. The report is therefore adopted. I would thank Mr Sar for his efficient collaboration.

## **2. Third Report of the Committee on Programme and Budget**

The ACTING PRESIDENT (*translation from the Spanish*): We will now go on to examine the report of the Committee on Programme and Budget. I will call upon the Rapporteur of that committee, Dr Kamal, to read the third report of the Committee on Programme and Budget. Dr Kamal has the floor.

*Dr Kamal (United Arab Republic), Rapporteur of the Committee on Programme and Budget, read the third report of that committee (see page 439), containing a resolution on the report on assistance to the Republic of the Congo (Leopoldville).*

The ACTING PRESIDENT (*translation from the Spanish*): Thank you, Dr Kamal. The draft resolution contained in the report which has just been presented is before the Assembly.

I call upon the delegate of Cuba.

Dr ESCALONA (Cuba) (*translation from the Spanish*): Mr President, fellow delegates, the Cuban delegation wishes to repeat again what it said in the Committee on Programme and Budget—that it is our firm intention to support all projects and activities for the assistance of the economically under-developed countries, which are struggling to procure all the benefits of health for their peoples. We therefore congratulate the Director-General of the Organization very sincerely on the assistance given to the Congo. But we cannot conclude without referring, with your permission, Mr President, to the treacherous assassination of the legitimate Prime Minister of the Congo, Patrice Lumumba, and of his two government colleagues and prison companions, the President of the Senate and the Minister for Defence, victims of imperialist elements which have been repudiated by the Congolese people but which cannot resign themselves to relinquishing the power of which they have been legally deprived; they still endeavour to maintain the colonial regime which meant exploitation and misfortune for the people.

The premeditated assassination of Mr Lumumba and of his two colleagues has seriously compromised the return to a normal situation and the re-establishment of freedom in the Republic of the Congo, and will have serious repercussions on economic progress and therefore on the level of hygiene and health.



For this reason, in the name of the Congolese people's right to enjoy freedom and sovereignty and to live in conditions worthy of human beings, my delegation requests the Assembly to protest against this new crime of the agents of colonialism and to take the most appropriate measures to assist the people of the Republic of the Congo to achieve real freedom and economic progress—without which they cannot attain the “complete physical, mental and social well-being” of which the Constitution of WHO speaks.

The ACTING PRESIDENT (*translation from the Spanish*): Thank you. Are there any other remarks? Before calling upon the next speaker, I would ask delegates to be good enough to confine themselves to the subject under discussion.

I call upon the delegate of the Soviet Union.

Dr SAGATOV (Union of Soviet Socialist Republics) (*translation from the Russian*): Mr President, fellow delegates, the delegation of the Soviet Union has already stated at the meetings of the Committee on Programme and Budget its opinion regarding the Director-General's report on assistance to the Congo.

The Soviet Government has allocated medical staff, medical equipment and drugs for assistance to the Republic of the Congo to a total value of 50 000 roubles, on the understanding that this assistance be given through the lawful Government of the Congo—the Gizenga Government.

Fellow delegates, at the very time when the participants in the Fourteenth World Health Assembly are discussing practical measures to assist the Republic of the Congo and other countries, the telegraph has brought news of the criminal murder by the colonialists of the Prime Minister of the legitimate Congolese Government, Patrice Lumumba, and his closest associates, Joseph Okito, Chairman of the Senate, and Maurice Mpolo, the Minister of Defence.

In view of this the Soviet delegation would like to state that the Soviet Government and the whole Soviet people look upon this criminal murder of outstanding leaders of the Republic of the Congo as a very great crime committed by the colonialists against the Congolese people and all the peoples of Africa. The killing of the heroes of the national liberation movement in Africa is an international crime for which the colonialists, particularly the Belgians, bear the full responsibility. The Soviet

Government, in its statement on the murder of prominent leaders of the national liberation movement of the Congolese people and the whole of Africa, has expressed its anger and indignation at the outrage perpetrated by the colonialists. The real intentions of the Belgian colonizers and their backers are now quite clear to all. By this illegal act in the Congo, the colonialists have completely revealed themselves to the whole world as the most vicious enemies of the peoples of Africa.

The Soviet Union and the countries of Africa and Asia gave more than one warning about the preparations for the crime which has now been committed. The clique of Tshombe, Mobutu, Kasavubu and Kalonji, who committed this international crime on the instructions of the colonialists, must not escape responsibility for their bloody deed.

The tragic death of Patrice Lumumba and his colleagues once again discloses the despicable role played in Congolese affairs by the Secretary-General of the United Nations, Hammarskjöld, who was an accomplice in this bloody crime. The Soviet Government accordingly no longer recognizes him as an official of the United Nations.

The Soviet people bow their heads in memory of the brave sons of the Congolese people who firmly and consistently upheld the freedom and independence of their native land and fought for the happiness of their people. The Soviet delegation trusts that the participants in the Fourteenth World Health Assembly share the noble sentiments of the Soviet people and many other peoples, and will understand correctly the just attitude of the Soviet Union on this question.

The ACTING PRESIDENT (*translation from the Spanish*): Thank you. Does anyone else wish to speak? There being no further observations, and no objections having been made to the resolution, it is adopted.

I now submit the report as a whole for the approval of delegates. There being no objections, the report is adopted.

We have now completed our agenda for this plenary meeting. Before rising, I would inform you that the main committees will continue their work immediately. Gentlemen, the meeting is adjourned.

*The meeting rose at 4.45 p.m.*

## ELEVENTH PLENARY MEETING

Wednesday, 22 February 1961, at 2.30 p.m.

President: Dr A. L. MUDALIAR (India)

**1. Fourth Report of the Committee on Administration, Finance and Legal Matters**

The PRESIDENT: The meeting is please called to order.

Fellow delegates, at the meeting held yesterday and at noon today, the General Committee decided to transmit to this plenary meeting, in accordance with Rule 51 of the Rules of Procedure, the fourth report of the Committee on Administration, Finance and Legal Matters and the fourth report of the Committee on Programme and Budget. As these reports were distributed to delegates less than twenty-four hours before this meeting, they will be read aloud by the Rapporteurs. I shall first call on Mr Sar, Rapporteur of the Committee on Administration, Finance and Legal Matters, to kindly come up to the rostrum and read the report, resolution by resolution.

*Mr Sar (Senegal), Rapporteur of the Committee on Administration, Finance and Legal Matters, read the preamble and section 1 of the fourth report of that committee (see page 442).*

The PRESIDENT: The resolution has been read out to you. I shall put the resolution to the vote in accordance with the desire of certain delegations. Before doing so, may I know if there are any observations?

In the absence of any observations, I shall now put the resolution to the vote. Those in favour of this resolution will please raise their cards. Those against the resolution? Abstentions?

The result of the voting is as follows: in favour, 64; against, nil; abstentions, one. The resolution is adopted.

Will the Rapporteur kindly read the second resolution of the Committee?

*Mr Sar read section 2 of the report.*

The PRESIDENT: Any observations? I take it all are agreed on this resolution. The resolution is adopted. Item 3.

*Mr Sar read section 3 of the report.*

The PRESIDENT: Any observations? May I take it that the Assembly accepts this resolution? The resolution is adopted. Item 4.

*Mr Sar read section 4 of the report.*

The PRESIDENT: Is this resolution accepted by the House? The resolution is accepted. Item 5, please.

*Mr Sar read section 5 of the report.*

The PRESIDENT: Any observations? May I take it that the Assembly accepts this resolution? The resolution is accepted. The sixth resolution, Mr Rapporteur.

*Mr Sar read section 6 of the report.*

The PRESIDENT: Are there any observations on this resolution? Is the House prepared to accept this resolution? The resolution is accepted. Item 7.

*Mr Sar read section 7 of the report.*

The PRESIDENT: Does the House accept this resolution? The resolution is adopted. Item 8.

*Mr Sar read section 8 of the report.*

The PRESIDENT: Any observations? May I take it that the Assembly accepts this resolution? The resolution is adopted. Item 9.

*Mr Sar read section 9 of the report (Universality of WHO Membership).*

The PRESIDENT: Are there any observations on this resolution? The delegate of the Philippines.

Dr SAMONTE (Philippines): Mr President, distinguished members of this Assembly, I have taken this opportunity to register some further observations on this very important matter. The resolution that is presently under consideration before this Assembly has been the subject of a very protracted discussion and debate in the Committee on Administration, Finance and Legal Matters. And why should it not be so? The subject-matter relates generally to that part of mankind which is not at present within the ministrations of the World Health Organization. It is, therefore, a happy augury that so much valuable time has been spent and participation generated in its discussion. It shows that we are all very much concerned with it.

My delegation wishes to be allowed at this moment to state that we, too, are very much concerned with these peoples and we sincerely share the solicitude of those who, during the debate in the Committee, took it upon themselves to speak on behalf of these peoples. We, too, wish and want these peoples to join this ever-enlarging brotherhood.

By way of recapitulation, when the resolution of the delegation of Czechoslovakia was taken up in the Committee on Administration, Finance and Legal Matters, my delegation stated its position squarely in opposition to its adoption, for the reason that the operative clause would require the exercise of a basically political function, for which we believed WHO had no competence. A perusal of the resolution that is being submitted to this plenary Assembly shows that the basis of my delegation's opposition to the original resolution of the delegation of Czechoslovakia remains. To quote the operative clause of the final draft, as amended:

INVITES all States which are or become eligible in accordance with Chapter III of the Constitution, but which are not represented in the World Health Organization, to consider applying for membership in the Organization.

In this operative clause, WHO has to perform two acts, namely: first, to determine which States have become eligible for membership under the provisions of Chapter III of the Constitution, and, secondly, to invite these States to consider applying for membership. My delegation feels that there is no question that these two acts, particularly the first one, are basically political decisions which WHO has no competence to make.

Why is WHO not competent? The answer should be obvious: because basically its special discipline is not of law or of government, to which these decisions appertain, but of medicine and science. The first act calls for the determination by WHO as to which are the States that have become eligible for membership under the provisions of Chapter III of the Constitution. This process of determination presupposes some criteria of what constitutes eligibility, and in seeking for the attributes of what is eligibility this Assembly will probably have to resort to the definition of the United Nations. My delegation believes that the United Nations, because of its competence in law and in government, is the proper body to make these political decisions required by the operative clause of this resolution now under discussion before the plenary Assembly.

Now the question may be asked—and it may probably be a silly question—what would happen if WHO presumed to perform a function that is not within

its competence? The answer is not hard to seek. As if recent events had conspired to bring the answer to this question in bold relief, there was enacted here in this Assembly, not so long ago, the sad spectacle of a Member of WHO that withdrew its membership in this organization because of the exercise by WHO of this controversial function, which my delegation firmly believes is not within its competence.

It might be argued however, and not without justification, that WHO acted within its constitutional powers in accordance with Article 3 of Chapter III when it admitted Mauritania to membership. Very well. But, if this act of WHO means anything at all, my delegation feels that it only brings in to question the propriety or wisdom of the unqualified exercise of this power, in view of the special relationship existing now between the United Nations and the World Health Organization. Nevertheless, should WHO insist on the exercise of this political function simply because the provision is there in the Constitution, my delegation believes that there should be a clear and unmistakable qualification to its exercise, such as that only States seeking membership in WHO whose sovereignty over their respective territories is unquestioned should be admitted; and those affected and afflicted with a serious controversy, as in the case of China and Mauritania, be left to the resolution of the United Nations. A consistent policy along this line, in the exercise of this constitutional power, would no doubt spare WHO the divisive consequences which a political controversy of this kind usually engenders.

On this matter my delegation is prepared to submit an amendatory resolution, calculated to add a clear and unmistakable qualification of the exercise of Article 3 of Chapter III of the Constitution.

In concluding this intervention, my delegation realizes that its objection to this resolution is purely procedural and that we are in fullest sympathy with the sentiment to include and admit all people of all races and creeds under the benevolent ministrations of the World Health Organization. Much as my delegation sincerely detests mere matters of procedure interfering with the speedy implementation of a noble objective, it seems however that we cannot dispense with them. They are a necessary evil that haunts us with its unceasing presence in anything we do under any condition.

Gentlemen of the Assembly, allow me to conclude with this observation: that the contradictory political decisions taken by this Assembly in the cases of China and Mauritania can only forebode distrust in the integrity and courage of the World Health Organization.

The PRESIDENT: I gather that this subject was thoroughly discussed in the Committee on Administration, Finance and Legal Matters and that all aspects of it have already been considered. I therefore propose that the Assembly should vote on this resolution by a show of hands.

The DIRECTOR-GENERAL: Mr President, this is just to clear the record. The honourable delegate of the Philippines has said that the Government of Morocco has withdrawn from the World Health Organization. May I clear this record: the Government of Morocco's delegation to the Fourteenth World Health Assembly withdrew from the Assembly. Morocco continues to be a Member of the World Health Organization.

The PRESIDENT: Thank you. The delegate of the Philippines.

Dr SAMONTE (Philippines): Ladies and gentlemen, I am sorry for the misinformation. I stand corrected.

The PRESIDENT: The delegate of Norway.

Dr EVANG (Norway): Mr President, dear fellow delegates, I am not going to prolong this discussion or enter into the matter of substance. Only, since I did not hear the distinguished delegate of the Philippines mention the origin of the resolution before us, I would just like to mention for the delegates who happened not to be present in the Committee on Administration, Finance and Legal Matters that, after a prolonged discussion, the Australian delegation, supported by the delegations of Argentina, France and the United Kingdom, proposed the amendment which was finally approved by the Committee on Administration, Finance and Legal Matters and which is now before you for your decision.

The PRESIDENT: Thank you. I shall now put the resolution to the vote. Those in favour of the resolution are kindly requested to raise their cards. Those against the resolution? Abstentions?

The result of the voting is as follows: those in favour of the resolution, 64; against the resolution, 4; abstentions, 10. The resolution is adopted.

I shall now put the whole of the fourth report of the Committee on Administration, Finance and Legal Matters. Any observations? The delegate of the Federal Republic of Germany.

Dr STRALAU (Federal Republic of Germany) (*translation from the French*): Mr President, dear colleagues, in view of the vote that has just taken

place, the Federal Republic of Germany wishes to make the following statement and to have it included in the record.

In the light of the comments made by the delegate of the USSR on 20 February at the meeting of the Committee on Administration, Finance and Legal Matters, my delegation wishes to draw the attention of this Assembly to the fact that that part of Germany which he called the "German Democratic Republic" cannot, for reasons well-known to all delegates to this Assembly, be considered as a sovereign and independent State.

The PRESIDENT: Thank you. The delegate of the United States of America.

Dr BURNEY (United States of America): Mr President and distinguished delegates, I have asked for the floor to explain briefly my delegation's favourable vote on the resolution just adopted. We supported it in view of the incorporation of the qualifying clause that the invitation is extended, as the resolution says, to States which are not represented in the Organization. It is our understanding that the States of Korea, Viet-Nam, China and Germany are in fact now represented in our organization.

The PRESIDENT: Thank you. The delegate of China.

Dr CHEN (China): Mr President, I have asked for the floor to explain my abstention from voting on this resolution which was just passed. Although we are very much in sympathy with the intentions of the sponsors of this resolution, we feel that the effect of passing this resolution is to repeat what has been said very clearly in the Constitution of the World Health Organization, and that the passage of this resolution is not only superfluous but also may give the impression that we have not much faith in the adequacy of the Constitution of WHO.

I also want to put on record, in view of the discussions in plenary session and in the Committee, that the four nations mentioned just a moment ago by the delegate of the United States of America are all represented in WHO, namely, China, Korea, Viet-Nam and Germany; and that another State mentioned, that of Outer Mongolia, is something which is so completely dominated by a foreign power that it is not eligible for membership in the World Health Organization.

The PRESIDENT: Thank you. The delegate of the Union of Soviet Socialist Republics.

Mr KOSSENKO (Union of Soviet Socialist Republics) (*translation from the Russian*): Mr President,

fellow delegates, in connexion with the statement of the delegate of the Federal Republic of Germany and the statements made by the delegate of the United States of America and the Chiang-Kai-Shek representative, I should like, on behalf of the delegation of the Soviet Union, to repeat once again what I said in the Committee on Administration, Finance and Legal Matters.

It is well known that the Mongolian People's Republic has been an entirely sovereign independent State for more than forty years, and that after the end of the Second World War there was a national plebiscite in Mongolia which confirmed the Mongolian people's desire for an independent sovereign existence.

As to the German Democratic Republic, it is well known that in that country a people's democratic system has been established which has the support of an absolute majority of the German people.

Regarding the Korean People's Republic and the Democratic Republic of Viet-Nam, there again, as all delegates are aware, people's democratic systems have been set up and the governments formed by the peoples of those countries enjoy unqualified support and are achieving outstanding success in building up a new and happy life.

The PRESIDENT: Thank you. The delegate of Korea.

Dr BANG (Republic of Korea): Mr President, first of all I thank the distinguished delegate of the United States of America for the statement he made just now, and also I would like to take this opportunity to protest at the remarks made by the delegate of Czechoslovakia in the plenary meeting, as well as in committee meetings, with regard to our sovereignty. As you all know, the Government of the Republic of Korea is the only legal Government and has been recognized as such by the United Nations. The regime in the northern part of Korea is not a government, but a regime imposed upon the people by the foreign aggressors, and it is not qualified to be afforded the dignity of being considered to be seated in any agency of our United Nations, particularly WHO. I have made this statement just for the record.

The PRESIDENT: Thank you. I will now take up the fourth report of the Committee on Programme and Budget and request the Rapporteur, Dr Kamal, to present the report, resolution by resolution.

The delegate of Viet-Nam has raised his card rather late, but I shall allow him on this occasion and also the delegate of Switzerland. These will be the last two speakers.

Professor TRAN VY (Republic of Viet-Nam) (*translation from the French*): Mr President, I would not wish to prolong a discussion which has already taken up too much time. However, the allusion just made by the Soviet delegation obliges me to reply that Viet-Nam was already a Member of the World Health Organization before the Geneva armistice. I say "armistice" advisedly because it is no more than the recognition of a military situation. In fact, from every point of view the Republic of Viet-Nam, which I have the honour to represent here, is the sole legal government of Viet-Nam and the only one qualified to represent the people of Viet-Nam in international bodies.

The PRESIDENT: Thank you. The delegate of Switzerland, please.

Mr CAMPICHE (Switzerland) (*translation from the French*): Mr President, I wish to explain our vote. If the Swiss delegation has voted against this resolution, it is not at all because we are against the principle of universality. But we feel that the question is adequately regulated by the Constitution and that the resolution is therefore superfluous.

## 2. Fourth Report of the Committee on Programme and Budget

The PRESIDENT: May I now ask the Rapporteur of the Committee on Programme and Budget to present the fourth report of this committee. Dr Kamal.

*Dr Kamal (United Arab Republic), Rapporteur of the Committee on Programme and Budget, read the preamble and section 1 of the fourth report of that committee (see page 439).*

The PRESIDENT: Are there any observations on this resolution? May I take it that the Assembly accepts this resolution? The resolution is accepted.

*Dr Kamal read section 2 of the report.*

The PRESIDENT: Are there any observations on this resolution? May I take it that the Assembly accepts this resolution? The resolution is adopted.

*Dr Kamal read section 3 of the report.*

The PRESIDENT: Any observations? Shall we adopt this resolution? The resolution is adopted.

*Dr Kamal read section 4 of the report.*

The PRESIDENT: Any observations? Can we accept this resolution? The resolution is accepted.

*Dr Kamal read section 5 of the report.*

The PRESIDENT: Any remarks? May we adopt this resolution? The resolution is adopted.

*Dr Kamal read section 6 of the report.*

The PRESIDENT: May we adopt this resolution? This resolution is adopted.

*Dr Kamal read section 7 of the report.*

The PRESIDENT: Any observations? Shall we adopt this resolution? The resolution is adopted. Now the Appropriation Resolution for the financial year 1962.

*Dr Kamal read section 8 of the report (Appropriation Resolution for the Financial Year 1962) with the exception of the list of countries at the end of Schedule A, appended to the resolution.*

The PRESIDENT: Thank you. The resolution is before the House. Are there any remarks or observations? The delegate of the USSR.

Dr SAGATOV (Union of Soviet Socialist Republics) (*translation from the Russian*): Mr President, gentlemen, the Soviet delegation is abstaining from voting on the Appropriation Resolution for the 1962 regular budget.

Our position is based on the fact that we consider it necessary to continue the financing of the malaria eradication programme from a voluntary fund, i.e. we are against the incorporation of this expenditure in the regular budget.

In addition we are disturbed by the constant increase in the Organization's unproductive expenditure on staff costs and administrative and other so-called statutory costs. We consider that the tasks facing WHO in connexion with the granting of assistance to many new Member States require a review of expenditure on the main items with a view to eliminating spending of secondary importance and releasing additional resources for the accomplishment of the basic aims of WHO.

I request that the resolution be put to the vote.

The PRESIDENT: Any further observations?

In the absence of any further observations, I propose to put the resolution to the vote. The delegates are requested to vote in the usual manner.

Those in favour of this resolution, kindly hold up their cards. Those against. Abstentions. Thank you.

Those in favour of this resolution, 68; against, nil; abstentions, 9. The resolution is carried.

I shall now put the whole report to the House. May I take it that you approve the whole report? The report is adopted.

### 3. Statement by the Delegate of Belgium

The PRESIDENT: Before closing, the delegate of Belgium has requested to make a statement—a brief statement. The delegate of Belgium.

Dr GOOSSENS (Belgium) (*translation from the French*): Mr President, thank you for giving me the opportunity to speak. Mr President, ladies and gentlemen, throughout this long session the Belgian delegation has endeavoured to keep its interventions at the level at which this Assembly is accustomed to conduct its debates—in spite of the violent, and I would even say insulting, nature of the remarks directed by certain delegates at the country which it represents.

The Belgian delegation has no intention of departing from this rule of conduct but it wishes the record to indicate that our silence does not mean that we accept calmly the provocations that have been aimed at us. Our delegation will confine itself to recalling that the Belgian Government has refuted once and for all, within the appropriate organs of international co-operation, the accusations made against the Belgian people. This is all the Belgian delegation has to say on this occasion, for it intends to comply with the wish of the President of this Assembly, when he expressed the hope that speakers would confine themselves to subjects within the Assembly's competence. In conclusion, the Belgian delegation regrets that, by their behaviour, certain delegates have imperilled the efficacy of our organization.

The PRESIDENT: The programme of the meeting having ended, the plenary meeting is closed.

*The meeting rose at 4 p.m.*

## TWELFTH PLENARY MEETING

Thursday, 23 February 1961, at 2.30 p.m.

President: Dr A. L. MUDALIAR (India)

### 1. Fifth Report of the Committee on Administration, Finance and Legal Matters

The PRESIDENT: The Assembly will please come to order. We shall now take up the fifth report of the Committee on Administration, Finance and Legal Matters. The report was distributed to the delegates yesterday. May I request the Rapporteur to come to the rostrum and read the report, resolution by resolution?

*Mr Sar (Senegal), Rapporteur of the Committee on Administration, Finance and Legal Matters, read the preamble and section 1 of the fifth report of that committee (see page 443).*

The PRESIDENT: Thank you. The resolution has been read out to you. May I know if there are any observations? Then shall we adopt this resolution? The resolution is adopted. Now the second resolution.

*Mr Sar read section 2 of the report.*

The PRESIDENT: Is the Assembly prepared to adopt this resolution? The resolution is adopted. The third resolution, please.

*Mr Sar read section 3 of the report.*

The PRESIDENT: Are there any comments on this resolution? Is the Assembly prepared to adopt it? The resolution is adopted. The fourth resolution please.

*Mr Sar read section 4 of the report (Relations with the League of Arab States).*

The PRESIDENT: Any comments or observations? I should like to invite the attention of the honourable delegates to Article 70 of the Constitution which reads as follows:

The Organization shall establish effective relations and co-operate closely with such other inter-governmental organizations as may be desirable. Any formal agreement entered into with such organizations shall be subject to approval by a two-thirds vote of the Health Assembly.

If there are no observations, I propose to put this resolution to the vote and request you to consider that a two-thirds majority will be necessary to carry it out.

Those in favour of this resolution please hold up your cards. Those against. Abstentions.

The result of the voting is as follows:

Number of Members present and voting . .	53
Majority required under the two-thirds rule	36
Number voting in favour of this resolution	50
Against . . . . .	3
Abstentions . . . . .	17

The resolution is therefore adopted.

I will now give the floor to Dr Shousha for a short statement.

Dr SHOUSHA (League of Arab States): Mr President, Director-General, distinguished delegates, allow me at the outset to convey to you, Mr President, the most sincere congratulations of the Secretary-General of the League on your election to the Presidency of the Fourteenth World Health Assembly. To me, who had worked with you for many years and known your high principles, your sound judgement, your dedication to the objectives of this organization, to me, sir, it was of particular satisfaction to see that this Assembly has been able to take the opportunity of doing honour to you in electing you to this high office.

May I be allowed also to take the privilege of standing on this rostrum to pay tribute to Dr Candau for his outstanding leadership, which has contributed so much to the progress of the World Health Organization and to the advancement of world health.

Perhaps, Mr President, it is a happy coincidence that this Assembly convening here in this great city of the Indian continent should approve the agreement regulating the relationship between the World Health Organization on the one hand and the League of Arab States on the other hand. The Arab world and India have cherished for thousands of years the most intimate and fraternal relations. Both have contributed to the development of world civilization in culture, in science, and especially in medicine.

Distinguished delegates, the Arab League is a regional intergovernmental organization, including every Arab State in the stretch of land from the shores of the Atlantic Ocean in the west to nearly the Indian Ocean in the east. It is composed of Member States that have the same language, the same culture, the same traditions, the same trials of the past, and the same aspirations for the future. The League is an instrument for self-betterment: it is not only an instrument of peace and security, it is a step in the direction of economic, cultural and social development. Among its objectives is the co-ordination of the Members' plans and co-operation in the fields of economics, culture and health.

Although the League is a few months older than the United Nations, its pact, anticipating the establishment of this international body, made specific provision for collaboration with it and with its various agencies. In 1957 an agreement was signed with the United Nations Educational, Scientific and Cultural Organization; in 1958 an agreement was signed with the International Labour Organisation; in 1960 an agreement was signed with the Food and Agriculture Organization; and today, distinguished delegates, you have graciously supported an agreement with the World Health Organization, thus bringing it into harmony with similar relations already developed with the other sisters of the United Nations family.

Mr President, may I through you extend our appreciation and express our gratitude to all those honourable Members of this august body who have consented to approve this agreement. As a representative of the League of Arab States, I assure them that we shall wholeheartedly and faithfully co-operate with the Organization for the realization of its goals and objectives, namely, "the attainment by all peoples of the highest possible level of health," and that "health of all peoples" which "is fundamental to the attainment of peace and security", because we are partners for world peace and we believe that our destiny is linked to that of all humanity.

The PRESIDENT: Thank you, Dr Shousha.

## 2. Sixth Report of the Committee on Administration, Finance and Legal Matters

The PRESIDENT: I will now take up the sixth report of the Committee on Administration, Finance and Legal Matters and would request the Rapporteur to come to the rostrum and present the report.

*Mr Sar (Senegal), Rapporteur of the Committee on Administration, Finance and Legal Matters, read the preamble and section 1 of the sixth report of that committee (see page 443).*

The PRESIDENT: Is the Assembly prepared to accept this resolution? The resolution is accepted and adopted. Item 2, Mr Rapporteur.

*Mr Sar read section 2 of the report.*

The PRESIDENT: Thank you. Is the Assembly prepared to accept this resolution? The resolution is accepted. Item 3.

*Mr Sar read section 3 of the report (Agreement with the International Office of Epizootics).*

The PRESIDENT: Any observations or remarks? May I tell the honourable delegates that this resolution also, according to Article 70 of the Constitution which has already been read, requires a two-thirds majority to implement it. I shall therefore put the resolution to a vote.

Those in favour of this resolution, please hold up your cards. Against. Abstentions.

The result of the voting is as follows:

Number of Members present and voting	78
Number of votes required for a two-thirds majority . . . . .	52
Number for . . . . .	78
Against . . . . .	nil
Abstentions . . . . .	2

The resolution is therefore adopted. There is one more resolution, item 4. Will the Rapporteur kindly present that resolution?

*Mr Sar read section 4 of the report.*

The PRESIDENT: Thank you. Are there any observations on this resolution? May I take it that the Assembly is in favour of adopting this resolution? The resolution is adopted.

Now I will put the whole of this report for the approval of the Assembly. Any remarks? May I take it that the Assembly accepts the whole report? The report is adopted.

## 3. Fifth Report of the Committee on Programme and Budget

The PRESIDENT: We shall now take up the fifth report of the Committee on Programme and Budget. May I request the Rapporteur to present this document?

*Dr Kamal (United Arab Republic), Rapporteur of the Committee on Programme and Budget, read the preamble and section 1 of the fifth report of that committee (see page 440).*



The PRESIDENT: I now put this resolution before you. Are there any observations or comments? Will the House accept this resolution? The resolution is adopted. The second resolution.

*Dr Kamal read section 2 of the report.*

The PRESIDENT: Is the House prepared to adopt this resolution? The resolution is adopted.

*Dr Kamal read section 3 of the report.*

The PRESIDENT: Are there any observations? May I take it that the House is prepared to adopt this resolution? The resolution is adopted.

*Dr Kamal read section 4 of the report.*

The PRESIDENT: Are there any comments on this resolution? Any observations? May I take it that the House is prepared to adopt this resolution? The resolution is adopted.

I now put the whole of the report for adoption by the Assembly. Any observations? I take it that the House adopts the whole report. The report is adopted.

That concludes the business of the Assembly for this session. The meeting is adjourned.

*The meeting rose at 3.20 p.m.*

### THIRTEENTH PLENARY MEETING

*Friday, 24 February 1961, at 9.30 a.m.*

*President: Dr A. L. MUDALIAR (India)*

#### 1. Fourth Report of the Committee on Credentials

The PRESIDENT: May I request the Assembly to come to order? Fellow delegates, the first item on the agenda is the fourth report of the Committee on Credentials. May I request Mr Sar, the Rapporteur, to come up to the rostrum and present the report?

*Mr Sar (Senegal), Rapporteur of the Committee on Credentials, read the fourth report of that committee (see page 438).*

The PRESIDENT: The report has been presented to the Assembly. May I take it that the Assembly approves of this report? The report is adopted.

#### 2. Sixth Report of the Committee on Programme and Budget

The PRESIDENT: The next item on the agenda is the sixth report of the Committee on Programme and Budget. May I request the Rapporteur, Dr Kamal, to present this document?

*Dr Kamal (United Arab Republic), Rapporteur of the Committee on Programme and Budget, read the preamble and section 1 of the sixth report of that committee (see page 440), containing the resolution on radiation health (including protection of mankind from ionizing radiation hazards, whatever their source).*

The PRESIDENT: Fellow delegates, you have just now had the resolution read out. I have received

notice of an amendment proposed by the delegation of Monaco to paragraph 6 of this resolution. The delegate of Monaco.

Dr BOÉRI (Monaco) (*translation from the French*): Mr President, I am extremely sorry to speak again, and this time in plenary session, on the subject of a draft resolution which relates to item 2.8 of our agenda, and I apologize for my late intervention on a matter which has not yet been the subject of a definite decision. I may nevertheless claim your indulgence since I was able only after the event to decipher a diplomatic document drafted in a language which is not my own. It is precisely on account of the interpretation given to this document in the Committee on Programme and Budget that I am intervening now.

Permit me first of all to recall that the Members of our Assembly were in the first instance presented with a draft resolution submitted by the delegation of the United Arab Republic<sup>1</sup> relating to the immediate cessation of nuclear weapons tests. This was followed by a draft resolution presented by the delegation of Monaco<sup>1</sup> which proposed, in connexion with the subject under discussion, that the discharge of radioactive waste in watercourses or the sea be prohibited to the extent that the safety of such discharge had not been proved. At this stage, the delegations of Chile, Denmark, Italy, Mexico, Republic of Viet-Nam,

<sup>1</sup> See p. 292.

Turkey, and the United States of America endeavoured to combine the various proposals<sup>1</sup> and as a result document A14/P&B/28 emerged and was submitted for your consideration. In view of the many considerations in the preamble and the complexity of the operative portion of this draft resolution, as well as the differences between it and the initial proposals, the Chairman of the Committee on Programme and Budget very properly suggested the setting-up of a working party with the task of reconciling the various points of view. This resulted in the draft resolution proposed by the working party,<sup>2</sup> which was composed of the delegations of Norway, the United Arab Republic, the United States of America and Monaco. Thanks to the spirit of conciliation which animated the members of the working group, this resolution was very rapidly drafted. I can testify to the fact that warm congratulations and vigorous handshakes were exchanged between delegates at the end of a discussion which lasted less than half an hour. Champagne was very nearly drunk to celebrate such a marriage of ideas.

Then, yesterday morning, at the moment when this draft was to be discussed, the distinguished head of the United States delegation, after having kindly notified me, proposed two amendments to paragraphs 6 and 8 of the text previously agreed upon by the working party of which he was a member. I will only concern myself with the first of these amendments—to replace paragraph 6 of the draft resolution, which reproduced almost word for word the provisions of the Monaco proposal, by the following:

6. REQUESTS urgently all the Members of the World Health Organization to comply with Article 25 of the Convention on the High Seas in respect to the discharge of radioactive waste into watercourses or the sea, and to promote research as referred to in paragraph 5 above.

So far nothing in any way exceptionable, although I cannot refrain from pointing out that the intervention of the distinguished chief delegate of the United States of America—of whose good faith there can be no doubt whatever—contained a statement that may have misled a certain number of delegations. He stated that Article 25 of the Convention on the High Seas met all the requirements of the delegation of Monaco. I have since been able to have the article in question translated and analysed. I do not have the official French text but I will read you a very satisfactory translation. I have the original

English document and it is at the disposal of any delegate who may wish to see it. I quote:

1. Every State shall take measures to prevent pollution of the seas from the dumping of radioactive waste, taking into account any standards and regulations which may be formulated by the competent international organizations.
2. All States shall co-operate with the competent international organizations in taking measures for the prevention of pollution of the seas or air space above, resulting from any activities with radioactive materials or other harmful agents.

From one point of view, this text says clearly what it means and, so far as I am aware, there is no mention anywhere of radioactive waste in watercourses, which was expressly included in the Monaco resolution. You will note, however, the ambiguities and uncertainties which result.

I am therefore obliged to make the following four remarks. (1) Many delegations may quite excusably be unfamiliar with, or not remember very well, a Convention on the High Seas thus abruptly referred to. (2) The Convention mentioned by the distinguished chief delegate of the United States of America is only just at the stage of ratification and we do not know how many States will finally adopt it. Moreover we all know how long and deliberate these procedures are. (3) The only provision that is specifically mentioned, namely, Article 25 of the Convention, does not cover all the aspects of the problem with which the delegation of Monaco is concerned. (4) Finally, the small majority that voted in favour of the amendment in the circumstances I have just described might not be obtained again after the further explanations which I have just had the honour of giving at this rostrum—and which I think clarify to some extent a situation that was formerly somewhat ambiguous.

For this reason, I should be happy if we could return to the text of paragraph 6 as it was established by the working party, and I therefore formally propose the replacement of paragraph 6 of the draft resolution which is submitted to us by the Committee on Programme and Budget by the following text:

6. REQUESTS urgently all the Members of the World Health Organization to prohibit all discharge of radioactive waste into watercourses or the sea, to the extent that the safety of such discharge has not been proved, and to promote research as referred to in paragraph 5 above.

<sup>1</sup> See p. 292.

<sup>2</sup> See p. 308.

The PRESIDENT: You have just heard an amendment to the resolution that has already been read to you. May I know if there are any observations or remarks, either on the resolution or on the amendment? The delegate of the United States of America.

Dr BURNEY (United States of America): Mr President and distinguished delegates, may I say, first, that I certainly respect the differences of interpretation of our distinguished friend from Monaco relative to Article 25 of the Convention on the High Seas. The request I have, Mr President, is that we take a vote on this proposed amendment.

The PRESIDENT: Are there any further remarks? In the absence of any further remarks I shall now proceed to the vote on this question.

According to Rule 62, when an amendment to a proposal is made, the amendment shall be voted on first. We are therefore going to vote on the amendment that has just been read out by the delegate of Monaco. Those delegations who are in support of this amendment will please raise their cards. Those against? Abstentions, please?

The result of the voting is as follows. Those in favour of this amendment, 29; against, 15; abstentions, 26. The amendment is accepted.

I shall now put the resolution as amended to the vote of the House. Any remarks? Those in favour of the resolution as amended please raise their cards. Those against? Abstentions?

The result of the voting is as follows: in favour of the amended resolution, 41; against, 1; abstentions, 25. The resolution as amended is adopted by the House. The delegate of France.

Dr CAYLA (France) (*translation from the French*): Mr President, gentlemen, I have asked for the floor to explain our vote. As the resolution which has just been adopted is full of good intentions, the French delegation did not vote against it. Our delegation abstained because the resolution deals with certain matters which are not within the competence of the World Health Organization. Our organization, while fervently desiring the success of the efforts of the competent bodies, must confine itself to its objectives and functions as laid down in Articles 1 and 2 of its Constitution.

The PRESIDENT: I shall now request the Rapporteur to read the rest of the report.

*Dr Kamal read section 2 of the report, regarding the declaration concerning the granting of independence to colonial countries and peoples and the tasks of the World Health Organization (see page 441).*

The PRESIDENT: Thank you. I have received a draft resolution submitted by the delegations of Iraq and Saudi Arabia on this part of the report. May I request one of the delegates—the delegate of Saudi Arabia—to present the resolution?

Mr KHANACHET (Saudi Arabia) (*translation from the French*): Mr President, gentlemen, I must first of all apologize to this Assembly for prolonging the debates and for returning to a subject which was discussed at length in the Committee on Programme and Budget.

In reintroducing this draft resolution into the Assembly, the delegations of Iraq and of Saudi Arabia are maintaining the attitude they adopted in the Committee; above all, they are anxious to give the Assembly an opportunity of deciding on a subject of whose importance you are all aware, and to clarify a situation which has not been lacking in confusion and ambiguity.

In the opinion of the delegation of Iraq and of my own delegation, the sole object of the vote which was taken yesterday in the Committee on Programme and Budget was to show disapproval of the tone and character of the debate which had taken place in that committee. We are convinced that in no way (and this has been confirmed to us by several delegations) could the vote have concerned the substance of the question under examination. At the end of the debate, my delegation expressed its regret that the Committee had allowed itself to be involved in an undesirable, useless and deplorable political discussion; it also expressed regret at the Committee's failure to adopt a positive and constructive resolution on this important subject, and at the fact that the vote taken at the end of the debate had a definitely political character.

It is still possible to repair now what was done yesterday. This can be done by means of the text that we are submitting for the approval of the Health Assembly. We guarantee—and you can in any case verify it for yourselves—that this text has no political implications of any kind whatsoever. It is a draft resolution whose spirit and substance are in complete

accord, in perfect harmony with the provisions of the Constitution of the World Health Organization; it is a concrete expression of what has always been, and we hope will always be, the mission of the World Health Organization. Further, Mr President, we believe that if the Assembly adopted this resolution it would provide all its executive organs with the possibility of accomplishing a task which is one of the Organization's obligations under the terms of its Constitution.

Before concluding, Mr President, I would appeal to the Assembly to approve our draft resolution because we believe that it is positive and constructive and merits this Assembly's favourable consideration.

I would also ask the Assembly, seeing that the subject of this draft resolution has already been discussed at length—perhaps more than necessary—not to let itself be led again along the perilous path of political discussion.

The PRESIDENT: Thank you. The resolution just now proposed by the distinguished delegate of Saudi Arabia is contained in a document which, I understand, has been placed at the disposal of all delegations.<sup>1</sup> May I know if there are any observations or remarks on this resolution? May I take it that the House is prepared to adopt this resolution? The resolution is adopted.

Thank you, fellow delegates. I now present the whole report for adoption. I take it the House is in a good mood to adopt the whole report. The whole report is adopted.

### 3. Review and Approval of the Reports of the Executive Board on its Twenty-sixth and Twenty-seventh Sessions

The PRESIDENT: The only item remaining on the agenda for the present plenary is the review and approval of the reports of the Executive Board on its twenty-sixth and twenty-seventh sessions. In conformity with the provisions of Article 18 (*d*) of the Constitution, the Assembly and each of its two main committees have devoted part of their time to the

examination of the reports of the Executive Board on its last two sessions, as well as of the Director-General's report on the Organization's work in 1960. The Assembly has taken note of the Annual Report of the Director-General in its resolutions WHA14.34 and WHA14.36, but there has as yet been no Assembly resolution with respect to the reports of the Executive Board.

May I take this opportunity of expressing, on behalf of the Assembly, our warmest thanks to the two distinguished representatives of the Executive Board at this Assembly, Dr H. M. Penido, Chairman of the Board, and Mr T. J. Brady, for the competent way in which they have fulfilled the task entrusted to them.

In order that the Assembly may take note of the Board's reports and express its satisfaction, may I propose the following resolution to the Assembly:

#### The Fourteenth World Health Assembly

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

This resolution is identical with those adopted in previous years. I think the honourable delegates will be pleased to accord it a warm approval.

Are there any observations? May I take it that the resolution is adopted? The resolution is adopted.

#### 4. Announcement

The PRESIDENT: I have a short further announcement to make. The closing plenary meeting will take place this morning at 11.30 a.m. All resolutions which have not yet been distributed to delegations will be distributed at this final plenary or shortly after in the hotels, so that all delegations may return to their countries with a complete set of the resolutions adopted by the Fourteenth World Health Assembly.

The House is now adjourned and will meet at 11.30 a.m.

<sup>1</sup> The resolution was adopted as WHA14.58.

*The meeting rose at 10.30 a.m.*

## FOURTEENTH PLENARY MEETING

*Friday, 24 February 1961, at 11.30 a.m.*

*President: Dr A. L. MUDALIAR (India)*

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### 1. Closure of the Session

The PRESIDENT: May we resume our session?

At the tenth plenary meeting, last Monday, on the occasion of the vote on the admission of the Islamic Republic of Mauritania to membership of the World Health Organization, the chief delegate of Morocco, Dr Ben Abbès, asked for the floor and declared that, on the basis of the decision taken by the Assembly, he was obliged to withdraw with the other members of his delegation from the Health Assembly. On the same occasion, the Vice-President requested the delegation of Morocco to continue to participate in the work of the Health Assembly. The delegation of Morocco has ceased to participate in the work of the Health Assembly and it is to me a matter of personal regret that this should have occurred during my presidency of the Assembly in India, the host country on this occasion. I had hoped that the delegation of Morocco might have reconsidered that decision in the light of the appeal; but I can only hope now that Morocco, a Member State of this organization, will kindly continue to be a Member of the Organization and attend all future World Health Assemblies. I make this personal appeal to the delegates, who are not present here unfortunately, and I hope this appeal will be conveyed to them by the sister delegations.

I have a few names of delegations that have requested the floor on this occasion. As there are a number of them, I hope their interventions will not be very prolonged.

May I request the delegate of the United States of America to come up to the rostrum?

Dr BURNEY (United States of America): Mr President, Mr Director-General and distinguished colleagues, it is my pleasure to join with many others here in attempting to express our warm gratitude for the very gracious hospitality of the people of India to the World Health Organization in this, its Fourteenth Assembly. I believe we would all agree that the Prime Minister's very thoughtful and profound speech at the beginning of this Assembly set an excellent tone and was an expression of the attitude and the thinking of the people of this country. And

certainly, both in the facilities that have been made available to us and in all the other arrangements, everything has been done to expedite and to make more effective our work while here in this great country. His Excellency the Minister of Health, Mr Karmarkar, I know has had a great deal to do in making sure all our wants, within reason, have been fully met, and we want to commend him and to thank him for these very many courtesies.

But even more important, Mr President, and since you are a son of India and a very noble representative of this great country, I think I would like to end my comments by expressing, on behalf of my delegation—and, I am sure, of many others—a true appreciation of the opportunity, as a result of our visit here, not only to hold our deliberations but also to make many new friends and to renew acquaintance with many old friends; to learn what your plans are here in India for improving the health of the people of this great country; and to see the very enlightened planning which you have done and are doing in this area, as the Prime Minister said, not only for the present, but with the understanding that you have a foot in the future also. To see the devotion and dedication of the health workers whom we have met here in India on this occasion and on previous occasions is really an inspiration to all of us and to the entire world, showing what a country with the right attitude and the right leadership can do in improving the health of its people and helping them to attain the highest level of health possible within present knowledge.

So, Mr President, may I express to you, and to the people of your country, our warm gratitude for your many courtesies, for your very gracious and charming hospitality throughout this Assembly, for the opportunities we have had to see some of the very excellent programmes which you are carrying out in this country, and even more for the opportunity to meet many of your fellow-countrymen and learn from them some of the things they are doing and, what is even more important perhaps, some of the things that they are thinking.

We leave your country, Mr President, with regret, but on the other hand you can rest assured that we leave your country with a real sense of satisfaction

and deep gratitude for what we have learnt and for the many friends we have made in our three weeks here.

The PRESIDENT: Thank you. The delegate of the Union of Soviet Socialist Republics.

Dr SAGATOV (Union of Soviet Socialist Republics) (*translation from the Russian*): Mr President, gentlemen, we have pleasure in thanking the Government and people of India for their warm and friendly hospitality to us, the delegates to the Fourteenth World Health Assembly. The brilliant organization of the work of the complex organism which our Assembly represents, and the cordiality and tact of our hosts, are worthy of a great country and of a great and wise people. It is particularly pleasant for us, as representatives of the medical profession, to have been staying in India where the ancient tradition, strikingly and profoundly reflected as far back as the Vedas, has throughout the centuries accorded honour and respect to the physician as a vehicle of humane ideals, learning, and skill in freeing mankind from disease.

I should also like to convey our sincere thanks to our deeply respected President, Dr Mudaliar, for the impartial, tactful and masterly way in which he has presided over this great Assembly. We also wish to thank the Vice-Presidents of the Assembly, the Rapporteurs, the Chairmen of the committees and other officers who have so skilfully guided our work along the path of constructive proposals for the general good.

We would also pay a tribute to the Director-General, his assistants and the Secretariat who have, in this new setting, carried out their work with efficiency, dispatch and a high degree of skill.

Our thanks are especially due to the Ministry of Health of India, and to the Minister, Mr Karmarkar, for the way he has looked after the delegates and the Assembly day in day out, and for the gifts and kind hospitality. The bright, hot sun of the south has warmed our hearts and strengthened our co-operation. We have taken many important decisions that will promote the development of health services throughout the world and strengthen the authority of WHO.

However, we have been unfavourably struck, in the course of our joint work, by some of the statements at our meetings. The delegate of France spoke of the "positive and fruitful legacy of colonialism" in Africa, quoting in support of this the unselfish help given by colonial doctors to the local population, the elimination of epidemics, the building of hospitals, etc. According to him and the speaker from Gabon, the colonial powers have made an earthly paradise in

the colonies. But all such word-spinning collapses in face of the stubborn, harsh facts of life. It is sufficient to refer to any official statistics, however touched up they may have been: they show that health conditions in the metropolitan countries and in the colonies are diametrically opposite. It will scarcely be disputed that in the whole area of Africa two or three years ago there was one doctor for every 10 000 people, whereas in France, Great Britain, Belgium and other metropolitan countries one physician served about 1000.

Gentlemen, you cannot dispute the figures given by WHO (*Annual Epidemiological and Vital Statistics, 1957, Geneva (1960) page 612*), according to which in 1956 in French Equatorial Africa there was one doctor to every 27 000 people; in French West Africa, one to an even greater number—56 000; in the French Cameroons one to 29 000; in French Togoland one to 49 000, and so on.

How can one speak of favourable health conditions in the former French colonies if, as shown by official WHO data, epidemics are widespread in those countries? Thus in French Equatorial Africa in 1956 and 1957 (according to WHO's *Epidemiological and Vital Statistics Report*, published during 1959) there were 121 848 cases of malaria, over 90 000 cases of yaws, over 79 000 fresh cases of syphilis, more than 17 000 cases of dysentery, more than 54 500 cases of leprosy, etc.

Similar figures could be quoted endlessly; and it is such figures that are the real indicators of the regrettable consequences for health of colonialism. No matter how the representatives of the colonial powers may try to whitewash the results of their rule in the colonial countries, they will not succeed in misrepresenting, altering or embellishing the facts. Otherwise our Assembly and Organization would not now be faced with the need to eradicate smallpox and malaria and to control other mass diseases which are still rife, particularly in the former colonies, and with the need to give special help to the underdeveloped countries.

The objective criticism of colonialism in relation to health matters evidently touched the Netherlands and France on a sore spot, otherwise they would not have departed from the tone usual among educated people and allowed themselves to make absurd and malicious attacks on the Soviet Union and its people. Indeed, only a person who has lost his composure, or—a possibility we cannot entertain—a malevolent person, could insult the sovereign and free peoples of Estonia, Latvia, Lithuania, Central Asia and other parts of our united socialist state.

Perhaps it was not worth while mentioning these attacks, but they were made in our Assembly, by

whose authority we set great store and which we shall protect from any attempts to undermine or belittle it.

In conclusion, Mr President, I should like to wish the people and Government of India the best of good luck.

The PRESIDENT: Thank you. May I make a personal appeal to the Assembly? I have a long list of speakers. Naturally every one of them would like to say a few words. I shall be grateful if their interventions are limited to the shortest time possible.

The delegate of the United Arab Republic.

Dr El Din TARRAF (United Arab Republic): Mr President, distinguished delegates, ladies and gentlemen: on this occasion of the fourteenth plenary meeting, which is the last meeting of the Fourteenth World Health Assembly, will you allow me to express on behalf of my delegation our warm gratitude and appreciation for the smooth manner with which you have gracefully conducted our meetings?

Although we feel very happy at the achievements we were able to reach during this Assembly, which we hope will help in the promotion of health and better standards of living for all peoples of the world, yet we feel a touch of sorrow in our hearts at the moment we are preparing to end our wonderful residence in this peaceful city, New Delhi, the capital of a great country, India—a great nation whose leaders and people are always participating in the promotion of peace and happiness for all mankind. The overwhelming hospitality of the Indian Government towards all members of the Fourteenth World Health Assembly, as well as the friendly attitude of the people of India, will remain as everlasting memories in the hearts and souls of all who were lucky enough to participate in this Assembly.

Mr President, although there were a few moments of apparent tension and political discussion during our debates on the various items of the agenda, your wisdom and unique personality led us all with safety to a smooth and fruitful ending. During our meetings here in plenary session or in the committees various problems were discussed and resolutions adopted, all of which no doubt will lead to better planning and execution of our health programmes.

The amount of work the staff of the Secretariat did every night after the adjournment of the meetings of the committees, which on some occasions extended to a semi-night session, shows undoubtedly the efficiency of all the staff members of the Secretariat, to whom we convey our deep appreciation.

Before leaving this rostrum, I should like very much to extend our best wishes to you, Mr President, and

to all the distinguished delegates to this Assembly. We hope to meet again during the Fifteenth World Health Assembly to carry on the same traditions of WHO, which are the promotion of health and happiness for all peoples of the world.

The PRESIDENT: Thank you. The delegate of Greece.

Professor PAPANICOLAOU (Greece) (*translation from the French*): Mr President, before the closure of the Fourteenth World Health Assembly, the delegation of Greece feels that it must express to the Government of India its gratitude for the hospitality shown to our organization, which has been able here to do constructive and useful work.

WHO is engaged in a task whose scope and success might be the envy of many other international organizations. It is therefore the sacred duty of each one of us to do everything possible to facilitate that task and to keep it on the purely human and technical level. For this reason, our delegation would like to express the hope that future Assemblies will be free of the political considerations and controversies which have unfortunately hindered and slowed down our work on more than one occasion.

To you, Mr President, I would offer my sincere congratulations on the exemplary manner in which you have directed the Assembly's debates.

This is what I had to say on behalf of my own delegation.

In addition, on behalf of the delegations of Argentina, the Republic of the Congo (Brazzaville), the United States of America, France, Greece, Poland, the United Arab Republic, the United Kingdom of Great Britain and Northern Ireland and the Union of Soviet Socialist Republics, I have the honour formally to submit to you the following draft resolution:

#### The Fourteenth World Health Assembly

EXPRESSES to the Government and to the people of India its deepest gratitude and warmest thanks for the cordial welcome and friendly hospitality shown throughout the Assembly to all those who have participated in its work.

(*Applause*)

The PRESIDENT: The delegate of Greece has submitted a resolution for adoption by this Assembly. I take it that the acclamation that his concluding remarks received indicates that the Assembly accepts that resolution. May I take it that the resolution is accepted? (*Applause*) Thank you.

The delegate of Cambodia.

Dr THOR PENG THONG (Cambodia) (*translation from the French*): Mr President, honourable delegates, we have reached the end of the work of the Fourteenth World Health Assembly. May I, in the name of the delegation of the Kingdom of Cambodia, say how gratified we are to find that the World Health Assembly has once again been held in its usual cordial atmosphere. Once again it has ended in a spectacular success. Although some discussions were a little long they were never boring but, on the contrary, quite interesting.

How can we do other than rejoice at having found solutions to all the problems which the Fourteenth World Health Assembly was required to examine, even the most difficult of all, that of the financing of the malaria eradication programme? In this particular regard let us hope that the solution adopted will make it possible for us to continue our antimalaria programme and bring it to a successful conclusion, for it would be extremely regrettable if our organization, whose prestige is constantly increasing, were unable to wipe out a scourge which we are unanimously resolved at all costs to eradicate, in the interests of all mankind.

It is very heartening, Mr President, to note that in our Assembly the concept of international solidarity has reached its highest expression. For it became clear that our organization's difficulties in solving the problem of financing the antimalaria programme have been a source of serious anxiety to all Members, even those which are not directly concerned with this question. No Member remained indifferent, and everyone agreed on the absolute necessity of continuing the world antimalaria programme in spite of the difficulties encountered. In this spirit all Members, with remarkable goodwill, helped in the search for a solution to the problem of financing the programme.

We are happy to note also another favourable aspect of the Fourteenth World Health Assembly as demonstrated in the adoption of certain resolutions of a particularly appropriate and strongly humanitarian nature. Such decisions cannot but enhance the prestige of our organization. Such good work justifies the hopes the peoples of the world have placed in WHO.

We should be failing in our duty if we did not recognize that the success of the Fourteenth World Health Assembly has been due in great part to the facilities provided and the favourable atmosphere we have enjoyed in the place where our session has been held. We here offer our deep and sincere gratitude to the host Government, which has spared no effort to facilitate our work and contribute to its success. During our stay in this great country we

have been able to see for ourselves the very interesting projects implemented by the Government of India for the improvement of its people's health, and the praiseworthy efforts made deserve our heartiest congratulations. We shall remember with great pleasure the very warm hospitality shown to us by the city of New Delhi and we hope that its people will accept this expression of our sincere thanks.

Mr President, the admirable way in which you have guided the discussions and brought the work of the Assembly to a successful conclusion are proof of your character and wisdom. Our gratitude goes also to the two Chairmen of the main committees, thanks to whose competence the discussions, even in the most difficult circumstances, were conducted at all times in a calm and decorous atmosphere. Finally, we would pay a tribute and offer our thanks to the Director-General and all his collaborators for their praiseworthy endeavour in preparing the work and bringing it to a successful conclusion. Although the session has been held away from headquarters, the Director-General and his staff have once again shown that, wherever it is held, the World Health Assembly is bound to be a success.

The PRESIDENT: Thank you. The delegate of Malaya.

Mr ONG YOKE LIN (Federation of Malaya): Mr President and fellow delegates, I should like to take this opportunity to express on behalf of my delegation our warmest congratulations to our distinguished President for his great wisdom and patience in presiding so successfully over this Fourteenth Assembly.

We have been very happy and privileged indeed to be in this great and beautiful Asian capital, and my delegation expresses our deep gratitude and appreciation for the very gracious hospitality that we have received from the Government and the people of this great country, in particular the distinguished Minister of Health, Mr Karmarkar, and officials of his Ministry, and also for the excellent facilities provided for this Assembly.

I should like, sir, to take this opportunity to add our very real appreciation and admiration for the most excellent work accomplished by our distinguished Director-General and all his staff.

It can fairly be said that, despite the unfortunate introduction of controversial political issues into the discussions, this Assembly has been successful and fruitful, particularly the technical discussions, which have been of inestimable value and benefit to us all. My delegation sincerely feels that such



controversial political issues should find no place in our organization. There are many other forums in which ample opportunities are provided for indulgence in such luxuries. We should, if I may say so, always bear in mind one of the principal objectives of this organization, and that is to achieve the highest attainable standard of health for every human being, without distinction of race, religion, political belief, economic or social condition.

The World Health Organization in the comparatively short period of its existence has accomplished much, but there are still multifarious and difficult problems throughout the world to be faced. I am confident, however, that, if we all bear constantly in mind the fundamental objectives of our organization and approach these problems with sincerity and with a spirit of co-operation and goodwill, we shall be able to solve these problems and help to build a more happy and healthy future, not just for one nation or one race, but for the whole human race.

The PRESIDENT: Thank you. The delegate of the Philippines.

Dr SAMONTE (Philippines): Mr President, distinguished delegates, ladies and gentlemen, we are at the close of the Fourteenth World Health Assembly and my delegation would like to convey its deep and abiding gratitude to the good people of India for their rare hospitality, and its high admiration to all their distinguished officials for the wonderful arrangements which they have provided for the use of this Assembly, and which made our stint here pleasant and very rewarding.

"All's well that ends well", goes the saying. After the bitter and acrimonious debate yesterday afternoon in the Committee on Programme and Budget, which promised to leave some bitter feelings too among many of us, it was the profoundest joy and satisfaction to my delegation, and no doubt to all of us, that the Fourteenth World Health Assembly this morning rose to the painful challenge to its honesty and integrity, when, with the characteristic humility and understanding which seem to be the common patrimony of all those dedicated to God's work of alleviating the sufferings of the sick and the needy, it resolved beautifully that bitter issue in a consummate and sober manner.

And so, on behalf of my delegation, allow me, as we part from each other to go on our separate ways to our homes and to our loved ones, to bid you all God speed. God bless us all in our journey!

The PRESIDENT: Thank you. The delegate of Brazil.

Mr DE MENEZES CAMPOS (Brazil): Mr President, distinguished delegates, first and foremost may I, on behalf of the Brazilian Government and on my own behalf, extend sincere and warm congratulations on the smooth and efficient way in which the work of this Fourteenth World Health Assembly was conducted and is now being brought to a happy conclusion. This doubtless was in no small measure due to the able guidance and stewardship of the Assembly by this year's President, Dr Arcot Mudaliar, leader of the Indian delegation, whose vast talent, wide experience and quiet diplomacy were of so much avail to us all.

In the second place, I should like to express our deep gratitude to the Government of India for the perfect arrangements made in connexion with this World Health Assembly, and above all for having afforded us an excellent opportunity to meet in this hospitable land and in this historic city of Delhi, where we could see for ourselves the continuous and persistent efforts made since the dawn of freedom by the Government and the people of India, as well as the remarkable results achieved in several directions, especially in the realm which concerns us most—that of health and sanitation.

To us Brazilians it was particularly heartening and gratifying to note the keen interest evinced by the Government of India—and we should like to place on record our appreciation of the fact—when it sought the good offices of the World Health Organization in order to guarantee the safety of airports in such countries where there still exist so-called "infected local areas"—that is, localities where the activity of the yellow-fever virus is found in vertebrates other than man—thus avoiding difficulties and hindrances to international traffic, so essential for closer contacts, better understanding, and greater goodwill and concord among the peoples of the world.

The PRESIDENT: Thank you. The delegate of Argentina, Vice-President Dr Martínez Marchetti.

Dr MARTÍNEZ MARCHETTI (Argentina) (*translation from the Spanish*): Mr President, fellow delegates, once again constructive ideals have inspired and given an impetus to our work. Men from all parts of the world, full of faith in the future of humanity, have during three weeks—a short time for their creative ambition—discussed the health problems which affect them, and studied appropriate solutions. Being neither omniscient nor omnipotent, each one has put forward and defended the truth as he sees it in a frank exchange of views, with the positive result that progress has been made in that enterprise which

is man's response to the divine commandment concerning brotherly love and understanding. Our work, Mr President, has been illuminated by the brightness of your ruling authority and our task facilitated by the guidance we have received from the Director-General and the officers of the main committees, with the effective collaboration of the Secretariat. I take the opportunity again to express my satisfaction at the honour conferred upon my country by my election to the vice-presidency together with the distinguished delegates of Czechoslovakia and the Philippines.

Finally, Mr President, I should like to say that the indelible impression that will remain in our hearts is that of the cordial welcome given to us by the Government and people of your country: we have been surrounded by a gentle atmosphere of affection which has reached beyond the confines of our minds to our hearts; we shall remember it when time has faded the ink in which our resolutions are written.

For all this, and the encouragement it brings to our most cherished hopes, Mr President, fellow delegates, we thank you.

The PRESIDENT: Thank you. The delegate of Senegal will please come up to the rostrum.

Mr SAR (Senegal) (*translation from the French*): Mr President, fellow delegates, the delegation of Senegal did not wish to leave this meeting and this fine country without returning to the rostrum once more to fulfil its final obligations. At the beginning of our work, Mr President, we said that our journey to this beautiful country of India was a sacred pilgrimage to an ancient source. We said that India serves as an example to the African countries which have just achieved independence—a living example of what can be achieved by countries attaining freedom. We made our pilgrimage when we went to pay homage at the Raj Ghat to the memory of Mahatma Gandhi, the man of non-violence. India has not disappointed us, for we are convinced that she will continue for a long time to be an example. Moreover, your country, Mr President, has shown such warm hospitality that we shall remember it for many years to come. For all these reasons the delegation of Senegal, through me, offers you thanks, Mr President.

Before leaving this rostrum I should also like to thank the members of the Secretariat for the help they have given us and the way in which they have facilitated our task and enabled the Assembly—whatever one may say—to achieve satisfactory results.

In conclusion, Mr President, I should like to express a hope. There has been much talk of Africa;

indeed, Africa has been the dominating theme in the discussions. There has been talk especially of colonialism, but not of colonization, of which colonialism is only a by-product. The man now addressing you is in the habit of speaking the truth, for it is the only language permissible. Certainly I have not come here to this rostrum to defend colonialism, having myself fought against it when circumstances made it necessary to do so. But, also, I owe it to the truth to say that that stand was taken and those responsibilities assumed in full freedom and without any hindrance. If we had spoken in other countries, in other parts of the world, as we spoke in that country, which can justifiably pride itself on its democracy, we should certainly not have been allowed to be here among you today and to address you from this rostrum. This also is a tribute I must in all conscience pay to France.

But gentlemen, the problem is not there. History is composed of light and shade, of beautiful and of ugly things—and all these things form one whole. Colonialism is for us a thing of the past, a period in history, a page which we have definitely turned. We are now beginning another and more positive period—that of national construction.

We are starting along a difficult road with underdeveloped and under-equipped countries which need your help rather than your words.

If international solidarity is really the law governing this Assembly, we would ask you, for the love of God and for the dignity and honour of Africa, to help us, gentlemen, and to keep your speeches for yourselves. There is one thing worse than colonialism: the paternalism, so offensive to us, that people are trying to bring into Africa. We want neither colonialism nor paternalism; we are men like any others, equal to any others; we are here as members of one large family, that of WHO, and, on leaving this rostrum, I would like to express the hope that Africa, instead of being a bone of contention, may be a land of freedom and fraternity where all the countries of the world may unite so that together we may bring to humanity what it looks to us for: happiness and health, freedom and peace.

The PRESIDENT: Thank you. The delegate of Yugoslavia.

Dr DJUKANOVIĆ (Yugoslavia): Mr President, on behalf of my delegation I want once again to express our thanks to the Government and the people of India for the excellent organization of the Fourteenth World Health Assembly, and for their hospitality and sympathy during our stay in the capital of this great country. We are especially thankful to you, Mr President, for the remarkable way in which you

have conducted our work. We wish you to be the interpreter of the great sympathy that the Yugoslav Government and people cherish towards the friendly country of India. Thank you again, Mr President.

The PRESIDENT: Thank you. The delegate of Ceylon.

Mr OBEYESEKERE (Ceylon): Mr President, sir, distinguished delegates, on this historic occasion when the Assembly is meeting for the first time in our Region, it would not be fitting if we from Ceylon did not take this opportunity of expressing on behalf of our country and delegation very sincere gratitude to India, our host, and in particular to the Indian Ministry of Health led by the Minister, the Honourable Shri Karmarkar himself, for the unbounded hospitality and the superb arrangements they have made for us who attended this Fourteenth World Health Assembly. We do also appreciate the extremely efficient manner in which the Director-General and the entire Secretariat carried through a heavy and intricate programme without missing a single beat. To you, Mr President, we offer a warm and special tribute for having so ably aided our deliberations and guided them to a very successful conclusion.

The PRESIDENT: Thank you. The last speaker, whom I shall now invite to the rostrum, is the delegate of India.

Lt-Col. SRINIVASAN (India): Mr President, sir, I have been asked to convey the following message from the Union Minister of Health, Government of India, to the Fourteenth World Health Assembly, and have great pleasure in doing so :

It has been a great pleasure for us to have you, the distinguished delegates from all parts of the world to the Fourteenth World Health Assembly which is just concluding in New Delhi, in furtherance of the sacred cause of health. The Fourteenth Assembly may indeed be considered as a landmark in the progress of the monumental work which the World Health Organization has been able to motivate in all corners of the earth. The steps that have been taken towards the consolidation of the work for the control and the eradication of communicable diseases should go a long way in raising the standards of health of the peoples of the world. The Assembly has reviewed a very creditable record of the activities of the Organization in the course of the last year and has approved the outlines of a sound programme for the coming year.

To us particularly in India, this Assembly has been of great significance for more reasons than one. It is the first time that so many distinguished colleagues in the field of health have gathered at one place at any time, in the East. The glimpse that delegates have perhaps been able to get of the herculean efforts being made by our Government to grapple with the numerous health problems will encourage us in continuing these activities on an expanded scale. As it happens, the Assembly has met in this country at a time when we are on the threshold of the third five-year plan and we are sure that this will go a long way in inspiring us to greater efforts towards the achievement of the objectives of the World Health Organization, to which we subscribe fully.

We would also like to take this opportunity of reiterating our pledge to the cause of the World Health Organization. Although it has been our earnest and constant effort to make the stay of the delegates in this city as comfortable as possible, we are aware of many shortcomings. For this we beg your indulgence. We would also like to take this opportunity of expressing our gratitude to the Director-General of the World Health Organization and to his able colleagues in the Secretariat, who have given us all the help necessary in our efforts to make this session of the Assembly as successful as possible.

I would also like to acknowledge here the co-operation which the Ministry of Health has received from other Ministries of the Government of India, particularly from the Ministries of Works, Housing and Supply, Information and Broadcasting, Transport and Communications, Railways, Finance, and External Affairs. It is a great pleasure and privilege to convey to you all on behalf of the Government and the people of India our best wishes for your safe return to your respective countries, to take up there again with redoubled efforts your work for the promotion of health.

To this, sir, I would like to add the personal tribute of my delegation to the great spirit of comradeship which we have received from all the delegates.

The PRESIDENT: Fellow delegates, the labours of this session having ended, let me avail myself of this opportunity to express my sincere thanks to you all for the kindness and courtesy that you have so uniformly extended to me in the discharge of my duties as President of the Fourteenth World Health Assembly. I am not indulging in platitudes or any conventional phraseology when I say that I am deeply

touched by the uniform courtesy that has been shown to me by all delegations and by the sympathetic understanding of the difficult situation which has been vouchsafed to me. It has heartened me more than I can express in words that, in spite of differences of opinion on some subjects, the decisions arrived at ultimately have been accepted in a spirit of cordiality so rich in its significance for the future of the work of the World Health Assembly. Differences of opinion there are bound to be when momentous questions are discussed, and it augurs well for the virility of the Organization that different viewpoints have been expressed so frankly and freely—as they should be in all such assemblies—but that in the end the conclusions were accepted in goodwill on all sides and with a spirit of understanding.

It may be that on occasions it might have been felt that some problems which are not the creation of the World Health Assembly and may not be really relevant to this particular organization might have been settled in other forums of the United Nations. The World Health Assembly has as its ideal the welfare of humanity at large, and in all our endeavours we, as representatives of nations, look to one goal, have but one ideal, and speak but one language. That goal is the ultimate happiness—physical, social and mental—of the peoples of the world. That ideal is to ensure not merely the absence of disease but the promotion of positive health, which is and ought to be the heritage of mankind. That unanimous voice is the voice that we have learned as members of the medical profession—the voice that tells us that our first duty is service, that inner voice that has always prompted the members of the medical profession to carry that message to everyone and to care for the health of all, irrespective of nationality, race, colour, sex or any other so-called dividing factor. We of the medical profession have always realized that the first duty that devolves on us is to place our services unreservedly at the disposal of those who are in need from the point of view of health. So it is that the medical profession has been accustomed to render that help even on the battlefield, irrespective of whether we are concerned with the treatment of a friend or otherwise. I am sure that, animated by the same spirit of service, the World Health Organization has a great deal to contribute for the peace and prosperity of the world. We have had to tackle some very difficult problems at this session of the Assembly—problems which at one time loomed large and seemed almost impossible of solution. But, thanks again to that spirit which has dominated the Assembly at all times, the solution was possible.

The Fourteenth World Health Assembly will be a noteworthy session in that it has taken a great step forward in certain directions. The budget is the largest budget so far passed in any Assembly. It is also significant that it was possible not only to pass this budget but also to introduce a new element, an element which gives hope for the future: that is, the fundamental determination on the eradication of diseases as a firm policy to pursue. I consider it a significant step that the World Health Assembly has taken, and I do hope and pray that it will, by the very manner in which the problems have been tackled, prove itself to be a step in the right direction—which wisdom no less than self-interest has dictated to this Assembly. Although a significant start has been given to the budget by including in the regular budget sums that hitherto have been made available from voluntary contributions, may I appeal to all nations who could help the Organization in this direction to continue this and to give voluntary contributions either for specific objectives or for the general funds of the Organization, to enable it to be of greater and greater service to humanity.

Fellow delegates, the opportunity for such service with material resources is greatest now. May I make this fervent appeal that now is the time—when nations have emerged and are emerging into a freer and more natural form of self-expression—now is the chance for nations blessed with greater opportunity for such service to show their goodwill and fellow-feeling to those emerging nations of the world. I am most grateful to the delegations who have announced generous contributions at this session, and trust that similar contributions will be forthcoming in an increasing measure during the year. After all, it is an investment that will yield a rich reward not only in the gratitude of many a nation; it may also prove an investment for the prosperity of all nations in the course of time.

I am glad that, in another direction, this Assembly has had the great privilege of welcoming several new Members, whose contributions will doubtless give greater significance to the debates and greater impetus to the solution of the problems that the World Health Assembly has to face. Many of our African friends who have joined us will naturally be very anxious for large schemes to improve the health conditions of their countries. I do trust that the discussions in which they have participated, and to which they have listened with interest like other delegations, will be of immense value to them. Let us not forget that their problems are not problems for their nations alone but problems for the whole world, which the World Health Assembly has to face and to which it must find a proper solution. As

one most interested in these delegations, may I express my warm felicitations and assure them that their welfare will always be in the forefront of the thoughts of all delegations.

Several delegations have naturally spoken, and with a certain amount of emotion perhaps, of the health hazards of the people in certain regions which are subjected to the nuclear tests that have been conducted. The appeal that they have made to the conscience of the world, the feelings that they have expressed, and the emotions that have been shown on some occasions in dealing with this question will, I hope, be understood by all delegations in the right spirit. They have spoken in a language in which the appeal can evoke response in the hearts of mankind. It is a question of hazards to health—not only to the living population but to the unborn future, and therein lies the sanctity of their appeal and the necessity to respect their wishes. I hope that next time we meet we shall have a clean slate, a clean bill of health in this respect, and that no such allusion will be possible or necessary.

Fellow delegates, let me, as one who has been privileged to attend every one of these sessions since the inception of the World Health Organization in 1948, present to you my strong conviction that our organization is one of the fundamental organizations which to a very large extent help to infuse into the people of the world the spirit of service, of mutual help, of protection from all hazards, of the eradication of diseases, so that (in the words of our Constitution) the attainment by all peoples of the highest possible level of health may become an accomplished fact. The road to that perfect state of health is straight but narrow, and it may take a long time indeed to attain the goal; but so long as we are set on the right path, so long as we undertake the right attitude, and so long as we realize the brotherhood of man and the oneness of the human race, so long shall we have the hope and certainty that in the course of time we shall attain the desired goal.

Let me conclude by expressing once again my gratitude to all who have made this session a success. We do not claim to have achieved any miracles, but, in the proverbial words of the poet, something attempted, something done, has earned the day's award.

My grateful thanks are due, fellow delegates, for your generous attitude and forbearance with me.

May I have the opportunity of thanking the Chairmen of the different committees, the Vice-Presidents and all the office-bearers who have helped to conclude this session of the World Health Assembly in time. I should like to express our gratitude to them for the heavy responsibility that they have undertaken and for the magnificent manner in which they have discharged their duties.

I cannot but express my admiration of the work of the Director-General. He has been the pillar of this organization for many years, and may he continue to give us that lead for many more years. To all the Assistant Directors-General and to the members of the Secretariat we owe a special debt of gratitude. They have come to an unfamiliar land for the first time and, despite all the inconveniences, the remarkable interest they have taken in their work, which they have done with such perfect thoroughness, is in itself significant of their devotion to the cause of the World Health Assembly. I cannot but express my admiration of that remarkable work, which has helped us to conclude our session within the time stipulated. To have produced all these documents in several languages, and to have made it possible for us to have our meetings in time and without delay on any occasion, is not an easy task. I should like to express my sincere thanks to the interpreters, whose splendid role has helped us to understand the proceedings and to follow the debate closely. Lastly, let me pay my tribute to those who have with such diligent care helped us in the working of this institution.

The session has ended. We have tried to do our duty, and I am reminded of those classical words from one of our scriptures: "To work you have the right, but not to the fruits thereof". So let us leave it to posterity to record its verdict whether our work has been useful or not.

Let me, in conclusion, wish you all *au revoir*. May you all return to your homes happy with the thought that you have contributed something to world health, happier still in the reunion with your families and friends. Thank you, fellow delegates.

The session having concluded, the Assembly is dissolved. Thank you once again.

*The session closed at 12.45 p.m.*

# MINUTES OF MEETINGS OF COMMITTEES AND SUB-COMMITTEES

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## GENERAL COMMITTEE

### FIRST MEETING

*Wednesday, 8 February 1961, at 9.30 a.m.*

*Chairman: Dr A. L. MUDALIAR (India)*

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#### **1. Allocation of Agenda Items to the Main Committees**

The General Committee recommended that the Health Assembly allocate to the main committees the agenda items as set out in the provisional agenda (see pages 17-20), it being understood that:

- (1) the Committee on Programme and Budget and the Committee on Administration, Finance and Legal Matters would hold a joint meeting to discuss items 2.4 (Report on development of malaria eradication programme) and 3.16 (Financing of the malaria eradication programme);
- (2) item 3.9 (Increase in the membership of the Executive Board: Report on the entry-into-force of the amendments to the Constitution) would be considered in plenary session; and
- (3) item 1.11 (Admission of new Members and Associate Members) would be allocated to the Committee on Administration, Finance and Legal Matters.

#### **2. Addition of Supplementary Items to the Agenda**

The General Committee recommended that the Health Assembly include the following items in its agenda:

1. Provision of emergency supplies to Member States;
2. Travel expenses and allowances for members of the Executive Board;
3. Sports medicine and physical training (Note submitted by the delegation of Italy);
4. Rights and obligations of Associate Members having attained independence;

#### **5. Use of Russian as a working language in the Regional Organization for Europe.**

It recommended that the Assembly refer items 1, 2, 4 and 5 to the Committee on Administration, Finance and Legal Matters, and item 3 to the Committee on Programme and Budget.

#### **3. Programme of Work of the Health Assembly**

The Committee fixed the times and agenda of the day's plenary meetings. It decided that at the morning plenary meeting the President would invite delegations to put forward suggestions regarding the election of the twelve Members to be entitled to designate a person to serve on the Executive Board, after explaining the procedure to be followed in the election. To comply with Rule 93 of the Rules of Procedure of the World Health Assembly, the suggestions had to reach the General Committee before noon on Friday, 10 February, and the Committee decided to make its recommendations for the election at its meeting on Tuesday, 14 February.

The Committee then fixed the programme of meetings for Thursday, 9 February.

It recommended that the Health Assembly approve the programme of work proposed for the technical discussions on "Recent Advances in Tuberculosis Control", to be held on Friday and Saturday, 10 and 11 February.

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., and that the General Committee would meet daily at 12 noon unless otherwise decided.

*The meeting rose at 10.20 a.m.*

## SECOND MEETING

*Thursday, 9 February 1961, at 12.30 p.m.*

*Chairman: Dr A. L. MUDALIAR (India)*

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### 1. Programme of Work of the Health Assembly

The General Committee fixed the time-table of the meetings for Monday, 13 February. It was decided that the Committee on Programme and Budget and the Committee on Administration, Finance and Legal

Matters would hold a joint meeting on Monday afternoon to examine the items on the agenda relating to the malaria eradication campaign and its financing (items 2.4 and 3.16).

*The meeting rose at 12.55 p.m.*

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## THIRD MEETING

*Monday, 13 February 1961, at 12 noon*

*Chairman: Dr A. L. MUDALIAR (India)*

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### 1. Programme of Work of the Health Assembly

After hearing brief statements by the Chairmen of the main committees on the progress of work in those committees, the General Committee pro-

visionally fixed the programme of meetings for Tuesday, 14 February.

*The meeting rose at 12.25 p.m.*

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## FOURTH MEETING

*Monday, 13 February 1961, at 5.50 p.m.*

*Chairman: Dr A. L. MUDALIAR (India)*

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### 1. Programme of Work of the Health Assembly

The General Committee fixed the programme of meetings for Tuesday, 14 February. It decided that the Committee on Programme and Budget and the Committee on Administration, Finance and Legal Matters would hold a joint meeting to continue the consideration of the financing of the malaria eradica-

tion programme, and that the meeting of the General Committee, to be held at 12 noon, would be mainly devoted to drawing up recommendations on the election of twelve Members entitled to designate a person to serve on the Executive Board.

*The meeting rose at 6 p.m.*

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## FIFTH MEETING

*Tuesday, 14 February 1961, at 12 noon*

*Chairman: Dr A. L. MUDALIAR (India)*

### 1. Programme of Work of the Health Assembly

The General Committee fixed the programme of meetings for Wednesday, 15 February.

### 2. Proposals for the Election of Members entitled to designate a Person to serve on the Executive Board

The CHAIRMAN recalled that, in resolution WHA12.43, the Twelfth World Health Assembly had adopted amendments to the Constitution designed to increase the membership of the Executive Board from eighteen to twenty-four. The provisions of Article 73 of the Constitution having been met, those amendments had come into force on 25 October 1960. He read out the amended texts of Articles 24 and 25 of the Constitution and drew attention to the transitional provisions adopted by the Thirteenth World Health Assembly to govern the first election following the entry-into-force of the amendments to those articles. The transitional provisions embodied in Rule 94 of the Rules of Procedure of the World Health Assembly required that, on the present occasion, the General Committee should draw up a list of eighteen Members and thereafter select from that list twelve Members "which, in the Committee's opinion, would provide, if elected, a balanced distribution of the Board as a whole".

In order to assist the Committee the following documents had been circulated: (a) a list of Member States that had been suggested in accordance with Rule 93 of the Rules of Procedure; (b) a table giving the geographical distribution of the seats on the Executive Board since 1956; (c) a list by regions of WHO Members that were or had been entitled to designate a person to serve on the Executive Board. In connexion with the first document, a letter had been received from the delegation of Tunisia stating that that country did not wish to stand for election, but would withdraw in favour of Iraq.

He proposed the adoption of the same procedure as in previous years for the submission of the General Committee's proposals.

*It was so agreed.*

Dr van Zile HYDE (United States of America) referred to the document on geographical distribu-

tion and wondered how the figures for 1961 had been arrived at; they would surely depend on the results of the voting in the Health Assembly.

The DIRECTOR-GENERAL explained that the figures for 1961 had been given purely as an indication for the guidance of the Committee. They were based solely on a mathematical calculation and on the precedent created in past years. The Committee was of course quite free to ignore the figures in the document and to adopt some other criterion in order to ensure equitable geographical distribution.

Dr KARUNARATNE (Ceylon) suggested that the under-developed areas of the world should be given rather more than a strict mathematical proportion of the seats on the Executive Board, since they were the ones faced with greater health problems.

Professor AUJALEU (France) thought it would be unwise to depart from the strict mathematical criterion as it was the only one which was not open to criticism of one sort or another.

Dr ENGEL (Sweden) agreed with the delegate of France and said that, although the health problems in the more industrialized countries were different from those in the under-developed areas, they were nevertheless very real.

Dr SCHANDORF (Ghana) emphasized the importance of the principle of equitable geographical distribution and thought it would be very dangerous to depart from it.

Dr KARUNARATNE (Ceylon) said that he had no wish to depart from the principle of equitable geographical distribution. However, if the Committee were to act purely on the basis of mathematics, the election might as well be calculated in advance according to an automatic formula.

Dr CASTILLO (Venezuela) said that the Committee had very important responsibilities in drawing up a list of Members entitled to designate a person to serve on the Executive Board. He referred to Article 24 of the Constitution, which mentioned the need for members of the Board to be technically



qualified in the field of health, and Article 28, which listed the many important functions of the Board.

Dr SAMONTE (Philippines) considered that the delegate of Ceylon had raised a very important point. It was true that the main health problems of the world were those of the under-developed areas and that fact should be given due consideration.

Professor AUJALEU (France) said that any criterion chosen would be open to some criticism. He thought that the Committee would be well advised to keep to the mathematical formula, since that was the only objective method of securing equitable geographical distribution.

Professor Aujaleu (France) and Dr Martínez Marchetti (Argentina) were invited to act as tellers.

A preliminary vote of an indicative nature was taken by secret ballot.

The Committee then took two votes by secret ballot to establish a list of eighteen Member States to

be transmitted to the Health Assembly. The following countries were nominated: Iceland, United States of America, Pakistan, Chile, Iraq, Nigeria, Poland, Senegal, Italy, New Zealand, Cuba, Israel, Japan, Mali, Cameroun, Ecuador, Philippines, Spain.

Two further votes were taken by secret ballot to establish the list of the twelve Members whose election would, in the Committee's opinion, ensure a balanced distribution in the composition of the Board as a whole. The voting gave the following results: Iceland, Italy, Nigeria, Poland, United States of America, Chile, Senegal, Spain, Iraq, Pakistan, Mali, Japan.

The CHAIRMAN read the draft of the Committee's report containing the recommendations for the election of Members entitled to designate a person to serve on the Executive Board.

The report was adopted unanimously (see page 439).

*The meeting rose at 3.40 p.m.*

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## SIXTH MEETING

*Wednesday, 15 February 1961, at 5.30 p.m.*

*Chairman: Dr A. L. MUDALIAR (India)*

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### 1. Transmission to the Health Assembly of Reports of the Main Committees

The General Committee decided to transmit to the Health Assembly the first report of the Committee on Programme and Budget and the first report of the Committee on Administration, Finance and Legal Matters.

### 2. Programme of Work of the Health Assembly

After hearing statements by the Chairman of the

Committee on Programme and Budget and the Vice Chairman of the Committee on Administration, Finance and Legal Matters on the progress of work in the two main committees, the General Committee fixed the programme of meetings for Thursday, 16 February and approved the agenda for the plenary meeting on Thursday morning.

*The meeting rose at 6 p.m.*

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## SEVENTH MEETING

*Thursday, 16 February 1961, at 9.55 a.m.*

*Chairman: Dr A. L. MUDALIAR (India)*

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### 1. Transmission to the Health Assembly of Reports of the Main Committees

At the CHAIRMAN's invitation, Mr SIEGEL, Assistant Director-General, Secretary of the Committee on

Administration, Finance and Legal Matters, read the second report of that committee.

Dr PLOJHAR (Czechoslovakia) considered that the resolution in section 3 of the report, on measures

to ensure the financing of the malaria eradication programme, would have to be adopted by a two-thirds majority of the Health Assembly, in accordance with Rule 67 of the Rules of Procedure, since it affected the budget level.

The CHAIRMAN stated that any delegation wishing to raise that matter would have to do so in the plenary meeting.

Col. AFRIDI (Pakistan) said that the Committee on Administration, Finance and Legal Matters had decided, when considering the draft of its report, to exclude from the resolution on measures to ensure the financing of the malaria eradication programme a paragraph recognizing that voluntary contributions would continue to be required, because a resolution

on voluntary contributions was to be presented later. That fact should, however, be indicated in some way at the present stage, otherwise the resolution as it stood might give the impression that voluntary contributions would not be required when, after three years, the malaria eradication programme was financed entirely from the regular budget.

After an exchange of views, *it was agreed* that, when the Rapporteur of the Committee on Administration, Finance and Legal Matters presented the report in the plenary meeting of the Health Assembly, he would give a suitable explanation.

The General Committee decided to transmit the second report of the Committee on Administration, Finance and Legal Matters to the Health Assembly.

*The meeting rose at 10.20 a.m.*

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## EIGHTH MEETING

*Thursday, 16 February 1961, at 6.10 p.m.*

*Chairman: Dr A. L. MUDALIAR (India)*

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### 1. Programme of Work of the Health Assembly

The General Committee fixed the programme of meetings for Friday, 17 February. It decided that the Committee on Programme and Budget would meet at 9 a.m. to determine the budget level for 1962 and

that, in accordance with paragraph (3) of resolution WHA13.1, there would be no meeting of the Committee on Administration, Finance and Legal Matters during the discussion of that item by the Committee on Programme and Budget.

*The meeting rose at 6.25 p.m.*

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## NINTH MEETING

*Friday, 17 February 1961, at 12.30 p.m.*

*Chairman: Dr A. L. MUDALIAR (India)*

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### 1. Transmission to the Health Assembly of Reports of the Main Committees

The General Committee decided to transmit to the Health Assembly the second report of the Committee on Programme and Budget.

### 2. Programme of Work of the Health Assembly

After hearing statements by the Chairmen of the

main committees on the progress of work in those committees, the General Committee fixed the programme of meetings for Saturday, 18 February, and Monday, 20 February. It was decided that the meetings of the main committees would be held on the Saturday afternoon if necessary.

*The meeting rose at 12.50 p.m.*

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## TENTH MEETING

*Monday, 20 February 1961, at 12 noon*

*Chairman: Dr A. MARTÍNEZ MARCHETTI (Argentina)*

**1. Transmission to the Health Assembly of Reports of the Main Committees**

It was decided to transmit to the Health Assembly the third report of the Committee on Administration, Finance and Legal Matters and the third report of the Committee on Programme and Budget.

**2. Programme of Work of the Health Assembly**

After hearing statements by the Chairmen of the main committees on the progress of work in those committees, the General Committee drew up the programme of meetings for Tuesday, 21 February.

In conformity with paragraph (3) of resolution WHA13.1, there would be no meeting of the Committee on Programme and Budget until the Committee on Administration, Finance and Legal Matters had completed its examination of the programme and budget estimates for 1962 relating to Organizational Meetings, Administrative Services, and Other Purposes, and the text of the Appropriation Resolution for 1962 (item 3.5 of the agenda).

The General Committee decided that it would fix the closing date of the Health Assembly at its next meeting.

*The meeting rose at 12.15 p.m.*

## ELEVENTH MEETING

*Tuesday, 21 February 1961, at 12.15 p.m.*

*Chairman: Dr D. SAMONTE (Philippines)*

**1. Transmission to the Health Assembly of Reports of the Main Committees**

The General Committee decided to transmit to the Health Assembly the fourth report of the Committee on Administration, Finance and Legal Matters.

**2. Programme of Work of the Health Assembly**

After hearing statements by the Chairman of the Committee on Programme and Budget and the Vice-Chairman of the Committee on Administration, Finance and Legal Matters on the progress of work in those committees, the General Committee drew up the programme of meetings for Wednesday, 22 February.

**3. Date of Closure of the Health Assembly**

The General Committee decided that the Health Assembly would close on the afternoon of Friday, 24 February.

Dr KPOTSRA (Togo) said that unforeseen circumstances obliged him to leave Delhi that evening. Before taking leave of his colleagues in the General Committee, he expressed his admiration of the wisdom with which the President of the Assembly, Dr Mudaliar, had presided over the Assembly's proceedings, and thanked the Government of India for its warm hospitality.

*The meeting rose at 12.25 p.m.*

## TWELFTH MEETING

*Wednesday, 22 February 1961, at 12 noon*

*Chairman: Dr A. L. MUDALIAR (India)*

### 1. Transmission to the Health Assembly of Reports of the Main Committees

It was decided to transmit to the Health Assembly the fourth report of the Committee on Programme and Budget.

### 2. Programme of Work of the Health Assembly

After having heard the statements of the Chairman of the main committees on the progress of work in those committees, the General Committee drew up the programme of meetings for Thursday, 23 February.

*The meeting rose at 12.10 p.m.*

## THIRTEENTH MEETING

*Thursday, 23 February 1961, at 12.20 p.m.*

*Chairman: Dr A. L. MUDALIAR (India)*

### 1. Transmission to the Health Assembly of Reports of the Main Committees

The General Committee decided to transmit to the Health Assembly the fifth and sixth (last) reports of the Committee on Administration, Finance and Legal Matters and the fifth report of the Committee on Programme and Budget.

### 2. Programme of Work of the Health Assembly

After hearing statements by the Chairmen of the

main committees on the progress of work in those committees, the General Committee decided to meet again in the afternoon to transmit to the Health Assembly the sixth (last) report of the Committee on Programme and Budget.

It was decided that on Friday, 24 February, the Health Assembly would meet at 9.30 a.m. and again, for the closure of the session, at 11.30 a.m.

*The meeting rose at 12.35 p.m.*

## FOURTEENTH MEETING

*Thursday, 23 February 1961, at 5.40 p.m.*

*Chairman: Dr A. L. MUDALIAR (India)*

### 1. Transmission to the Health Assembly of Reports of the Main Committees

The General Committee transmitted to the Health Assembly the sixth (last) report of the Committee on Programme and Budget.

### 2. Closure of the Session

The CHAIRMAN warmly thanked all the members of the General Committee, and in particular the Vice-Presidents of the Health Assembly, for their constant collaboration; he congratulated the Chairmen of the main committees on the masterly manner

in which they had conducted the work of the committees, and thanked the Director-General and his assistants for the valuable help they had given him.

Dr ENGEL (Sweden), on behalf of all the members of the General Committee, offered sincere thanks to the Chairman for the competent way in which he had directed the work of the Health Assembly, and also expressed gratitude to the Vice-Presidents and the Secretariat.

*The meeting rose at 5.45 p.m.*

## COMMITTEE ON PROGRAMME AND BUDGET

### FIRST MEETING

*Thursday, 9 February 1961, at 2.45 p.m.*

*Chairman: Dr W. A. KARUNARATNE (Ceylon)*

#### 1. Opening Remarks by the Chairman

The CHAIRMAN expressed his sincere thanks for the honour done to his country and to himself by his election to preside over the Committee's deliberations. The honour was perhaps a mark of appreciation by Member States of the role played by Ceylon in the work of the Health Assembly.

The Committee had a challenging programme to face at the present Health Assembly but he was sure that, with the co-operation of the delegates and the help of the Secretariat, its deliberations would be concluded on time.

He had great pleasure in welcoming the delegates, alternates and advisers of Member States, and also the representatives of the United Nations and the specialized agencies and the observers for the non-governmental organizations.

#### 2. Election of Vice-Chairman and Rapporteur

Agenda, 2.1

The CHAIRMAN said the Committee would be aware that the Committee on Nominations, in its third report (see page 438), proposed Dr Stoyanov (Bulgaria) and Dr Kamal (United Arab Republic) as Vice-Chairman and Rapporteur respectively.

*Decision:* Dr Stoyanov and Dr Kamal were elected to those offices.

#### 3. Terms of Reference of the Committee

The CHAIRMAN directed the Committee's attention to its terms of reference, as set out in resolution WHA13.1, the relevant parts of which were read out by Dr KAUL, Assistant Director-General (Secretary).

The main agenda items to be considered by the Committee would be found in section 2 of the agenda (see page 17), to which had been added an item on sports medicine and physical training under the supplementary agenda.

#### 4. Review of Work during 1960: Annual Report of the Director-General

Agenda, 2.2

At the invitation of the CHAIRMAN, Dr KAUL, Assistant Director-General (Secretary), introduced the first eight chapters of the Director-General's Annual Report for 1960 (*Official Records* No. 105).

He said he would attempt to correlate the activities proposed for the years to come with those carried out by the Organization in 1960, as described in the Director-General's Report. He was adopting that approach in a desire to give a balanced picture of the work involved and at the same time a clearer account and better understanding of the aims and objectives sought. The annual programmes of the Organization were for the most part successive stages of a long-term programme, each step of which carried closer to completion activities which were being undertaken.

The malaria eradication programme carried out in 1960, together with the proposals for the succeeding years, was a typical illustration of a task whose progressive accomplishment brought in its wake new problems, and new difficulties that necessitated adjustments if the problems were to be solved. Of the sixty-one countries or territories engaged in malaria eradication, most were receiving some form of help from the Organization. In 1960 field evaluation teams had been formed and a special epidemiological assessment unit had been set up at headquarters. In training personnel, the chief aim was to make malariologists fully familiar with the techniques of epidemiological assessment. A further feature of the programme was the support given to its advisory, evaluation and training components by research on insecticides, vector resistance to insecticides, nomadism, and other problems, and through entomological and epidemiological studies and those involving chemoprophylaxis.

The Director-General intended to keep under constant review the progress being made in world-wide eradication of the disease and specifically to evaluate the relative usefulness of existing surveillance systems.

The problems of malaria in Africa had been given special study in 1960. An appraisal of pilot projects in that continent had revealed that, where total coverage could be assured, malaria eradication was technically feasible in large parts of tropical Africa. However, administrative and operational difficulties still remained to be overcome.

Communicable diseases continued to form a major part of the Organization's work, despite the rapid drop in their incidence in the developed countries. The Organization's efforts were directed towards the ultimate objective of eradication, wherever it was technically feasible and adequate tools were available. That goal was being pursued in the smallpox eradication programme and, project by project, in the yaws programme.

Of the pestilential diseases, yellow fever, plague, smallpox and typhus had continued to decline, but unfortunately the same could not be said of cholera, which in fact had spread from its usual confines in East India and East Pakistan to Burma, Thailand, Afghanistan and West Pakistan. As a result, WHO intended to promote further measures against it.

His remarks would be concentrated on the main lines along which the programme was being evolved, rather than on details. As would be seen, special attention had been devoted in 1960 to helping national health administrations to develop sound epidemiological services which, apart from the general control of the communicable diseases, could help in studying their distribution and the factors influencing the pattern of their spread in different communities, and in solving problems of causation, so that proper preventive and remedial measures might be adopted. Epidemiological knowledge was also necessary for evaluation of disease control. The epidemiological approach would be maintained in future work.

Immunology was another important component of the programme. During 1960 the Organization had carried out several immunological and haematological surveys, among which might be instanced the continuing studies in Israel and Malta on the vaccination of sheep and goats against brucellosis, in which FAO was collaborating.

Rapid progress had been made during the year in the study of the live poliovirus vaccine, but a number of points still needed clarifying before its use could be unequivocally recommended.

The Organization's measures to co-ordinate the

research into various diseases being conducted through the development of international networks of laboratories and through field studies was another feature worthy of mention. He cited as examples the research into a simple freeze-dried liquid culture medium with a long life for the diagnosis of tuberculosis; the investigation of higher failure rates in the therapy of gonorrhoea; the study of a fluorescent antibody technique for the recognition of the gonococcus; controlled field trials of smallpox vaccination; field studies in domiciliary chemotherapy of tuberculosis; the study of respiratory and arthropod-borne viruses; and the investigation of the antigenic properties of the recently isolated trachoma virus.

Three entirely new subjects which the Organization had not as yet had an opportunity of studying adequately would have to be considered by expert committees. They were: the problems of resistance of the gonococcus to antibiotics; the minimum basic requirements of veterinary education; and the control of trypanosomiasis.

Faulty environmental conditions continued to cause much of man's suffering and indeed were the primary cause of cutting short many lives. In the present era of population expansion and rapid urbanization and industrialization, the impact of the environment upon human health and well-being was becoming progressively more formidable.

In the services given to Member States in 1960, the Organization's basic objectives had been to assist countries in building up administrative staff, developing educational and training facilities, promoting community water supplies of suitable standard, combating air and water pollution, and promoting adequate housing standards.

During the period under review, new pesticides had been tried out and methods for their application fully investigated. The community water supply programme was being further strengthened, thanks to the voluntary contribution of funds by the United States of America. The Organization was preparing technical, administrative and financial guide-lines to assist governments in developing their own schemes for the supply of water to communities. It had sponsored regional and inter-regional activities designed to stimulate the development of that programme.

As regards the public health services, efforts had been concentrated on securing adequate planning of national health programmes. An Expert Committee on Public Health Administration<sup>1</sup> had met in August 1960 to consider the planning of public health services; it had stressed the need for health surveys

<sup>1</sup> See *Wld Hlth Org. techn. Rep. Ser.*, 1961, 215.

to secure information on the state of health of communities.

The demand for nursing advisory services was still great, and 163 WHO nurses had worked in forty-five countries during the period under review.

Health education of the public—so essential to all aspects of health work—was handicapped in many countries by shortage of adequately trained staff. The Organization was continuing its efforts to overcome that difficulty by providing advisory services and assistance for the training of staff. It was also collaborating with UNESCO on teacher training.

The Executive Board had frequently emphasized that the human factor was fundamental to social and economic development and that the protection and promotion of health must underlie any programme designed to raise living standards. Rapid industrialization in developing countries, with the attendant migration of large rural populations to the towns, led to grave problems of urbanization. An expert committee was to be convened to consider urban health services in relation to the process of urbanization.

WHO would continue to study antibiotics with a view to standardizing methods for determining bacterial sensitivity to those products and ascertaining the best ways of detecting hypersensitivity to antibiotics among patients.

The Maternal and Child Health unit would continue to collaborate with other units in the study of diarrhoeal diseases in infancy and early childhood and would also continue its study of the health aspects of day-care centres and children's institutions generally. Coming to the work of the relatively new Division of Health Protection and Promotion, that division now comprised four units which had been established for a number of years (Dental Health, Mental Health, Nutrition, and Social and Occupational Health) and two units (Cancer and Cardiovascular Diseases) which had recently been established. The last two units, and the Nutrition unit, were dealing to a large extent with research.

In 1960 the Social and Occupational Health unit had been relieved of its responsibility for medical care, but had continued its activities particularly on occupational health, rehabilitation, accident prevention and the chronic diseases other than those for which special units were established. It was now proposed to study possible methods of organizing health services to meet the needs of small plants and agricultural enterprises. A study would be made of the relationship between chronic rheumatic diseases and certain environmental influences, particularly occupational.

In mental health, an expert committee had been convened in 1960 to review the subject of undergraduate training in psychiatry and mental health,<sup>1</sup> and another committee had discussed and made recommendations on the development of mental health programmes.<sup>2</sup> Pilot surveys related to the study of the epidemiology of mental disorders would be continued, as also the systematic collection of information on psychiatric facilities throughout the world.

The nutrition programme continued to centre mainly on the problems of protein malnutrition and anaemia. Investigations had been continued, in collaboration with FAO and UNICEF, on the production of protein-rich foods. Attention would be focused on iron-deficiency anaemia in Asia, Africa and Latin America, with a view to clarifying the part played by various causative factors. An expert committee would be called to consider malnutrition in relation to infectious diseases. It was also proposed to continue the collection of information on the toxicology of emulsifiers and pesticides.

An expert committee on dental health<sup>3</sup> had met in 1960 and reviewed the problem of periodontal diseases; a study of that problem had been undertaken in South-East Asia. Plans were already advanced to convene an expert committee to consider modern trends in dental education.

The main activities in regard to the cardiovascular diseases during 1960 had been concerned with research projects, training of staff, and exchange of knowledge. A scientific group on the subject had made recommendations for priority work in research. An expert committee had examined in detail the question of chronic cor pulmonale.<sup>4</sup> Studies on the classification of cardiovascular diseases would be continued and would be combined with studies on atherosclerosis, ischaemic heart disease and hypertension.

The programme in cancer had only recently begun. During 1960, a reference centre for mammary tumours had been established in London and a comparative pilot study of lung cancer had been undertaken in Dublin and Belfast, and another in Norway and Finland. The study of the epidemiological and occupational aspects of cancer would be continued in the future and reference centres for cancer of the lung, breast, bone and soft tissue and for the leukaemias would be organized. Comparative oncological studies would be pursued and the

<sup>1</sup> See *Wld Hlth Org. techn. Rep. Ser.*, 1961, 208.

<sup>2</sup> See *Wld Hlth Org. techn. Rep. Ser.*, 1961, 223.

<sup>3</sup> See *Wld Hlth Org. techn. Rep. Ser.*, 1961, 207.

<sup>4</sup> See *Wld Hlth Org. techn. Rep. Ser.*, 1961, 213.

information obtained would be exchanged through scientific meetings.

The rapid development of large areas of the world meant that a great effort must be made to develop training programmes as quickly as possible to enable newly emerging States to have qualified technical personnel of their own. WHO in 1960 had given direct assistance to training programmes and advised on educational programmes and methods in many countries. A review has recently been made of the experience gained in three major fields: training of auxiliary personnel, teaching of the basic medical sciences, and post-graduate training in public health. The conclusions reached had been made available to governments and interested institutions.

Fellowships had continued to be a major feature of the education and training programme of the Organization. From the Congo (Leopoldville) alone, sixty-one *assistants médicaux* had been placed in French universities, to undergo a three-year medical training course.

In view of the increasing importance that national health administrations were attaching to domiciliary care, it was proposed to convene an expert committee to review the experience gained in training medical students to work with families and in the patients' home. The committee was expected to lay down guiding principles for such training.

Fellowships would be utilized as hitherto for training staff for specific national posts; in that regard, co-operation with national fellowship officers tended to secure better selection and placement of candidates.

The programme in medical research in 1960 had been directed largely to laying the foundation for expanded activities to be integrated within WHO's general programme of work. Priority had been given to research in the communicable diseases, cancer, the cardiovascular diseases, radiation medicine, and human genetics. The Advisory Committee on Medical Research had examined the proposed programme and had laid down procedures for the review of future research work to be proposed by the Organization. Further information had been collected on research institutions, personnel and projects, and contact had been maintained with national research organizations on matters of general research policy. Services to research, such as the standardization of nomenclature and methodology, the setting-up of reference centres, and aid to research projects through contractual technical services, had received particular attention. Research components of activities had been fully integrated with those carried out under the regular programme

of the Organization. Additional research activities had proved possible as a result of substantial voluntary contributions made by the United States of America.

The Director-General had convened a series of scientific groups to supplement the work of the expert committees, particularly in relation to research. The work of those groups would eventually be taken over by the expert committees through the systematic enlargement of the WHO's expert advisory panels. WHO's intensified research programme was the first venture in international medical research and thus presented a challenge to quicken the pace of scientific advancement for the benefit of mankind.

As part of its work on radiation health and human genetics, WHO had convened a meeting of investigators to initiate an international collaborative study on the incidence of leukaemia in patients treated with radiation for cancer of the uterine cervix. Other meetings had included a seminar, sponsored jointly by WHO and the United Nations, on the use of vital and health statistics for genetic and radiation studies, and a meeting on the diagnosis and treatment of acute radiation injury, held in collaboration with the International Atomic Energy Agency. In addition, an international laboratory course on methods of human cell culture and cytology had been organized.

Dr GRASHCHENKOV, Assistant Director-General, introducing Chapters 9, 10 and 11 of the Annual Report of the Director-General, gave additional information on the work, carried out during the last three months of 1960, which was important for evaluating the activities that came under his responsibility.

In the work on health statistics, two important events had taken place during that period. The first had been a joint United Nations/WHO training course on vital and health statistics, held in Manila in late October and November 1960. The main work of organizing the training course had been undertaken by the Regional Office for the Western Pacific assisted by the Division of Health Statistics at headquarters. The training course had been attended by participants from the Western Pacific and South-East Asia Regions, and staff from headquarters and experts from the United Kingdom, the United States of America and other countries had also taken part as lecturers and observers. The course had dealt with many theoretical and practical subjects in the general field of health statistics, but especially with aspects of particular concern to the public health services and administrations in the two regions.



Secondly, the Expert Committee on Health Statistics had met in Geneva in December 1960. Statisticians from the various regional offices (with the exception of the Western Pacific) had taken part and their collaboration had been of great value. The Expert Committee had discussed and made recommendations on such important subjects as health and morbidity surveys, including local health surveys, specific disease surveys, and surveys in less developed areas.

It had also taken up matters connected with the preparation of the eighth revision of the International Classification of Diseases and had put forward recommendations on matters for discussion at its next meeting, which was planned for 1962.

It had also studied a report on the United Nations/WHO Seminar on the Use of Vital and Health Statistics for Genetic and Radiation Studies, held in September, and had expressed its keen interest in that new area of public health activity and recognized the potential role of health statistics as a source of data for research in that field. Special emphasis had been placed on the desirability of co-operation between students of human genetics and radiation epidemiologists on the one hand and the authorities concerned with civil registration of vital events and the collection of vital and health statistics on the other. The hope had been expressed that such contact might be maintained and expanded.

Under the Division of Biology and Pharmacology, a study group had been convened in November 1960 to formulate the international requirements for live poliomyelitis vaccine for inclusion in the series of international requirements for biological substances.

The Expert Committee on Specifications for Pharmaceutical Preparations, which had met in December 1960, had established specifications for laboratory control of the quality of pharmaceutical preparations, as a basis for the revision of the first edition of the *International Pharmacopoeia*. These specifications were being circulated to interested specialists, and through them to pharmacopoeia commissions and national organizations for quality control of pharmaceutical preparations in different countries, before being published in the next edition of the *International Pharmacopoeia*.

The Expert Committee on Addiction-producing Drugs,<sup>1</sup> in October 1960, had made a new attempt to enforce treatment of the drug addict by approving and recommending a civil commitment procedure whereby the addict would be entrusted to the authority of a medical panel. The Committee had also responded to the request of the Economic and

Social Council for a more precise formulation of the criteria which should govern the exemption of certain narcotic preparations from international control; a list of exempted preparations was to be embodied in the new Single Convention on Narcotic Drugs.

In addition, WHO had continued to fulfil its basic functions, under the international treaties on narcotics control, of investigating and formulating decisions concerning the control status of drugs; during the period under review twelve new drugs had been considered.

In the period from October to December 1960, the Division of Editorial and Reference Services, in conjunction with the Finance and Accounts unit and Legal Office, had drawn up and concluded an agreement on the publication in Russian of certain WHO publications, such as the *WHO Chronicle*, for 1960. It had also dealt with a number of technical aspects of publication in Russian, as from the beginning of 1961, of the *Technical Report Series*, the latest issue of *Basic Documents*, and other important WHO publications.

The CHAIRMAN thanked the Assistant Directors-General for their introductions and commented on the procedure to be followed in considering the Annual Report.

*It was agreed* that the Report should be taken up chapter by chapter.

#### *Chapter 1. Malaria Eradication*

Professor LUPASCU (Romania) commented on the spectacular progress in the fight against malaria since 1955, when the Organization had adopted the principle of world-wide eradication of the disease. The conversion from a control to an eradication programme had called for the building-up of a new strategy, the main points of which had been formulated by the Expert Committee on Malaria in its sixth and seventh reports.<sup>2</sup> Subsequently, the efforts deployed by the various countries had benefited not only themselves but often neighbouring countries and whole regions as well.

A bare twelve years earlier, Romania had had a very high incidence of the disease, perhaps indeed the highest among countries of temperate climate. But the number of cases had been brought down over the years, particularly since the institution in 1955 of an eradication programme: in 1960 only seventy-seven cases had been recorded. Those results had been achieved through a strong and comprehensive antimalaria organization, using both residual insecticides and, where necessary, antimalarial drugs,

<sup>1</sup> See *Wld Hlth Org. techn. Rep. Ser.*, 1961, 211.

<sup>2</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1957, 123; 1959, 162.

followed up by increasingly strict epidemiological control and, in the later stages, by epidemiological surveillance. The work had had to be accompanied, naturally, by parallel scientific research on treatment and surveillance methods, carried out partly with WHO's help or encouragement.

For most countries, the matter of greatest moment now was an epidemiological surveillance which would determine the exact status of the work and thus pave the way for consolidation. Reliable data were essential in order to decide whether spraying operations might safely be terminated, and to catch sporadic cases, imported or other, before they led to secondary foci of the disease.

In Romania, the extension of the rural health network had allowed those operations to be carried out by the basic health personnel rather than by specialized malaria staff. WHO had shown its interest in the effectiveness of the methods and organization developed in Romania and had even sent fellows from many countries for study there. But the Romanian system could not serve as a pattern for countries where good rural health services were still lacking. And unfortunately, as experience had shown, surveillance work was crucial for all countries. Where the work was not fully effective, there had been unpleasant surprises in the way of recurrent epidemic outbreaks, e.g., in Ceylon and Madagascar.

WHO was now at the stage of passing from pilot projects to eradication campaigns in the continent of Africa. And now was the time, before the attack phase even began, to lay the groundwork for surveillance and consolidation by taking steps to build up permanent health services in the countries of Africa. In studying possibilities, specific projects and long-term plans, consideration should be given to training staff, not only for the specific task of eradication, but for taking over the general maintenance of the public health services once eradication was achieved.

Dr ABU SHAMMA (Sudan), referring to the appointment of a consultant in February 1960 to study population movements in some countries of the African and Eastern Mediterranean Regions in their relation to malaria eradication programmes, wondered whether the report on the study was not being unduly delayed. Countries such as his own, where nomadism was a problem, were anxious to evaluate their programmes in the light of the expert advice expected.

Dr SUVARNAKICH (Thailand) stated that the malaria eradication programme in Thailand had been launched four years ago with the assistance of the United States International Co-operation Admi-

nistration. In 1960, WHO had sent an advisory team to Thailand to assess the progress made thus far. The team had reported that in northern Thailand transmission had been stopped in the plain areas but was still continuing in hilly ground; there was much evidence to show that transmission was still continuing, however, in the southern part of the country.

Thailand was greatly appreciative of the work done by the team, which had been able to show where deficiencies in the programme lay. Steps would be taken to reorganize the campaign. The obvious conclusion to be drawn from the campaign in Thailand was that a strict eye had to be kept on the work, since otherwise a great deal of money might be expended without giving commensurate results.

Dr YEN (China) found the Report very satisfactory, despite the fact that the Organization was still far from its object of global malaria eradication.

He drew attention, first, to the question of importation of malaria from outside; that was specially important for a country like his own where eradication was in sight. WHO should take the leadership in co-ordinating action on the matter. The question was whether or not to impose certain measures to prevent importation of cases from areas where malaria was still endemic.

The second item on which WHO should stimulate further study, and co-ordinate the collection of data, was the continued existence of residual cases in areas where the disease had been highly endemic for many years; such cases were not detectable by the use of the usual method, and were responsible for causing infection after blood transfusion.

The third point concerned the relationship of simian malaria to human malaria. In the later stages of his country's eradication programme, a substantial number of cases had been found among woodcutters inhabiting forest areas, and recent studies in certain countries had pointed out a correlation between the two forms of malaria. The matter should be investigated by WHO.

Lastly, the ultimate success of an eradication programme depended on the effectiveness of the surveillance operations, and that in turn depended on the existence of good local health services.

Dr BERNARD (France) welcomed the statement in Chapter I (page 3) that the importance of outdoor resting by many anopheline vectors had been more fully recognized and was being more widely investigated. The importance of such a development was obvious, and it would point to the need for utilizing antimalarial drugs as means of interrupting transmission where such a situation obtained. Nomadism presented another instance where residual spraying

was likely to be ineffective in interrupting transmission. In view of the accumulating evidence, the planners should be courageous enough to acknowledge that in certain cases the use of insecticides might well be abandoned and to concentrate on chemoprophylaxis alone. The results were likely to be exactly the same and the high costs of a campaign using both insecticides and antimalarial drugs was a potent argument in favour of such a course.

Dr SOEPARMO (Indonesia) said that one point mentioned in Chapter 1 was of particular interest to him, namely, that the fact had emerged from susceptibility testing that anopheline resistance to DDT was comparatively rarely of a high order, so that it might sometimes be possible to continue to use DDT in an area where resistance had been found. He could to some extent confirm that finding from

experience in his own country. Some four years ago, resistance to DDT had been found in one area, but a recent reversion to DDT spraying in that area was proving effective, thus tending to show that the resistance had disappeared. If that finding could be definitively confirmed—there was always the possibility that the vector now involved was different or a different strain—it would be a matter of great importance.

In Indonesia, antimalarial drugs were being used in combination with spraying operations. Perhaps the Expert Committee on Malaria had information on the experience of combined operations of the kind gained in other countries. If so, he would be glad to have such information passed on to him.

*The meeting rose at 3.55 p.m.*

## SECOND MEETING

*Monday, 13 February 1961, at 9.30 a.m.*

*Chairman: Dr W. A. KARUNARATNE (Ceylon)*

### 1. Review of Work during 1960: Annual Report of the Director-General (continued)

Agenda, 2.2

#### *Chapter 1. Malaria Eradication (continued)*

The CHAIRMAN said that discussion that morning would be limited to Chapter 1 (Malaria Eradication) of the Director-General's Report for 1960 (*Official Records* No. 105). Malaria eradication would be discussed in the afternoon at the joint meeting of the two main committees, so that delegations would have the opportunity at that meeting of giving their views on other aspects of the subject.

Dr PANOS (Cyprus) said that eradication of malaria in Cyprus had been achieved in 1949 and that since then a system of "maintenance control" had operated. On several occasions tests had been carried out which had proved that the whole island was negative—that there were no cases and no anophelines in larval or adult form. Periodically some areas, mostly in ports or where small schooners stayed for the night before entering port—had been found positive. There had been a fairly large number of those positive areas during the last five years, but they had been treated and no more had been discovered since 1957. However, anopheline mosquitos

had been introduced on ships and aircraft and there had been cases of malaria in visitors to the island; it was therefore important to maintain a system of surveillance in spite of its cost.

Dr ROBERTSON (Ghana) said that his delegation was pleased with the encouraging results obtained in pilot projects in tropical Africa and had great hopes that eradication could be achieved there, even though tropical Africa had been excluded from the immediate plans drawn up when the policy of eradication had been decided upon in 1955. A cautious attitude was, however, necessary because results in other parts of the world had shown that there were still problems to be solved. Ghana, which had a pre-eradication project assisted by WHO, was concerned because *Anopheles gambiae* had developed resistance to dieldrin in the project area as a result of spraying with dieldrin and BHC for agricultural purposes, not carried out under the control of the Ministry of Health. Information was needed on the extent to which that development of resistance would endanger the success of future eradication operations.

The suggestion had been put forward that malaria should be made a quarantinable disease. His delegation's view was that, although something should be done to make the global eradication campaign more

effective, it would be difficult and probably not always justifiable to enforce the necessary legislation. The Organization might, however, consider the possibility of including malaria in the list of notifiable diseases in areas where eradication programmes had been initiated; that might also provide useful information on the effectiveness of the campaign. Some legislation might, perhaps, be introduced in respect of international travel, in order to prevent the reintroduction of malaria into protected areas.

In tropical Africa it was difficult to ensure total coverage. The conclusion had been reached, in the review of malaria programmes in Africa, that previous failures to secure interruption of transmission were due to incomplete coverage, and that transmission could be interrupted anywhere in Africa if total coverage was achieved. However, there was no simultaneous eradication programme in the various countries in tropical Africa. Since it would appear that eradication was not possible otherwise, the various countries in tropical Africa should synchronize and integrate their malaria operations.

Ghana welcomed the WHO-assisted pilot projects for studying what methods might lead to a reduction of the costs of eradication campaigns.

Dr BRAVO (Chile) said that the situation in Chile was similar to that described by the delegate of Cyprus. In a small area in the north, in the city of Arica and the surrounding valleys, there had been a small focus of malaria which had been tackled by the national authorities before WHO began its assistance to eradication. The disease had been eliminated from that area, which had previously had an incidence of 40 per cent. Nevertheless, five cases of malaria had been notified in 1956, which investigation revealed to be in seasonal workers who had returned after contracting the disease in a neighbouring country. The situation obliged the authorities to keep up surveillance measures, which had been facilitated by agreements with Peru and Bolivia. Sanitary inspectors covered the whole area and investigated all suspicious cases and no indigenous cases had been found in the last few years. Chile, which was keeping its territory free from malaria with no assistance from outside, was glad that with stimulus from WHO many countries were achieving eradication.

Dr RAY (India) said that in recent years in his country there had been opposition to spraying operations on the part of the population, first because bedbugs, which had disappeared for a time, had again made their appearance; and secondly because, in view of the low incidence of malaria, people could not understand why spraying should be continued.

Under those conditions it was difficult to secure total coverage. The problem, which existed also in other countries, was sufficiently important to warrant investigation.

In India resistance had been observed in *A. culicifacies* in certain foci. The period after which resistance was observed in different parts of the world was not uniform—in India it had been found after ten to twelve years' spraying. That made it necessary to investigate thoroughly the question of duration of exposure but it would appear that, where resistance had developed, the duration of the programme should be shortened. Consideration should also be given to the point at which the insecticide should be changed when there were indications that resistance was developing.

Resistance of *Plasmodium* had not been encountered in India because proguanil and pyrimethamine had not been used there. Since, however, resistance to chloroquine had been reported in some countries, it would be desirable that all countries using chloroquine should pay attention to the problem.

There was no evidence that eradication had been achieved anywhere by the use of medicated salt alone. Although the method was useful in areas where nothing else could be done, it was doubtful whether operations involving only the use of medicated salt should be classified as eradication campaigns.

More attention should be paid to the question of when spraying operations should be discontinued. Although they should not continue longer than was necessary, for financial and other reasons, premature withdrawal could be disastrous.

Dr DIKKO (Nigeria) said that a pre-eradication pilot project, protecting 500 000 people, had been in operation in the north of Nigeria for the past six years. Although transmission had not been interrupted, the general health of the people had greatly improved and the investigations made had yielded much useful information. Nigeria was looking forward to the results of the experiments that were now going on all over the world to find out how to overcome the problem of resistance, and was gratified that the Insecticides Testing Unit, which was concerned with research on that problem, was operating in Lagos.

It was hoped that, after the pilot project, Nigeria would be able to embark on an eradication programme.

Dr PATIÑO-CAMARGO (Colombia) said that malaria was one of the greatest public health problems in Colombia, where 90 per cent. of the country was malarious and 70 per cent. of the population was at

risk. There were thirty-four species of anopheles, of which nine were vectors of malaria. Colombia had begun eradication operations in 1958 with the help of WHO/PAHO, the United States International Co-operation Administration, UNICEF, the Government of Venezuela, and neighbouring countries. Spraying with DDT had been carried out twice a year; the fifth cycle was due to finish in March 1961. Eight cycles in all were planned, to be followed by surveillance.

Results had been satisfactory. The incidence of malaria, which had been 64.6 per 100 000 inhabitants in 1944, had dropped to 9.46 in 1959. Along with the spraying operations, special attention was being given to health education of the population and to evaluation. It had been found possible to discontinue the spraying of 250 000 dwellings, and future operations would cover only a million.

Resistance to dieldrin had been encountered in two of the vector species; DDT was effective against the other seven. *Plasmodium falciparum* had been found to be resistant to chloroquine, which previously had been used with almost complete success. Experts from WHO had visited Colombia to investigate the matter and their report would later be available to other countries.

Colombia was devoting about a quarter of its health budget to malaria eradication. The sum allocated for 1961 was approximately \$3 000 000, and 2414 persons were engaged in eradication work. It was hoped that by the time the eighth spraying cycle had been completed, eradication would be in sight, which would benefit not only Colombia itself but also neighbouring countries.

Dr ROBLETO (Nicaragua) said that his country was engaged on its fifth spraying cycle and that resistance to DDT and dieldrin had been found, especially in certain cotton-growing areas, where the use of insecticides had been excessive. Nevertheless, since resistance was not complete, spraying had been continued in those areas, but along with other methods, and considerable improvement in the situation had been obtained in the endemic areas.

Professor CANAPERIA (Italy) referred to page 4 of the Director-General's Annual Report, where it was stated that, even where resistance to a given insecticide had been found, it might be possible to continue to use that insecticide, as in the case of the resistance of *A. sacharovi* in Greece and *A. sundaicus* in Indonesia. The phenomenon should be studied as it might throw new light on the resistance problem. Italy was carrying out research on the subject in the International Insecticides Centre in Rome because,

though no resistance had been observed in anopheles in Italy, there was resistance in houseflies.

As regards the tests on organo-phosphorus insecticides, mentioned on page 3 of the Report, Italy also had carried out experiments with those insecticides and with mixtures of organo-phosphorus insecticides and DDT. It must be borne in mind, however, that their residual effect was much less than that of the chlorinated hydrocarbon insecticides, and that because of their toxicity certain precautions in using them were necessary.

He asked whether, in the interest of shortening the debate, it would not be possible to take together the consideration of the Director-General's Annual Report for 1960 (item 2.2 of the agenda) and the review and approval of the programme and budget estimates for 1962 (item 2.3). The same subjects and the same problems came up for discussion under both items.

The CHAIRMAN said that Professor Canaperia's suggestion had already been made at the Thirteenth World Health Assembly and had been considered by the Executive Board when it discussed the possibilities of shortening the duration of Health Assemblies. The resolution on the subject by the Executive Board was being presented to the Committee on Administration, Finance and Legal Matters.

Dr DJUKANOVIĆ (Yugoslavia) said that the malaria control programme in Yugoslavia had been converted to one of eradication in 1959, which had been a year of preparation. But significant results from the control operations had already been achieved. Before the Second World War there had been about 500 000 cases in an epidemic year; in 1946 there had been 84 000, and in 1958 only 1208.

Yugoslavia considered that a malaria eradication programme should be conducted by the general health services, i.e., by an anti-epidemic service with additional funds and staff; otherwise it was impossible for the progress made to be maintained. Yugoslav experts had expressed that view in a number of international meetings, and the campaign in the country was being carried out in accordance with that policy.

Malaria had been practically eradicated from Yugoslavia except from Macedonia. Even in the autonomous province of Kosovo-Metohija, where there had been 652 cases in 1957, there had been only fourteen in 1960, of which eleven had been imported and three relapses. The cases for the whole country had totalled 700 in 1959, but only 241 in 1960.

No resistance in *A. sacharovi* had been encountered in Yugoslavia. Planning operations for 1961-62

provided for more intensive spraying measures, and strict surveillance for radical treatment of parasite carriers. It was hoped that transmission would be interrupted and the attack phase terminated by the end of 1962.

Yugoslavia was grateful to WHO for publishing periodic bulletins on the state of eradication operations in various regions; the exchange of information and experience was of enormous value and his country would do everything in its power to assist in that respect.

Dr ALVAREZ-AMÉZQUITA (Mexico) said that, when the malaria eradication programme had begun in his country four years previously, there had been 2 500 000 cases of malaria annually, with 250 000 deaths, in a malarious area of 1 300 000 square kilometres. In 1960 blood tests had given only 1396 positive results, and there had been no deaths.

He expressed his Government's gratitude to Dr Gabaldón of Venezuela, who had done a great deal in getting the programme under way.

At the present stage insecticide spraying was being combined with chemotherapy, except in the areas which had already been placed under surveillance. Experience had shown that it was possible to save large quantities of DDT (dieldrin was no longer used because resistance had developed) by spraying one gram per square metre instead of two grams as at the beginning of the campaign. In the areas where spraying was still continuing, all fever cases were treated with pyrimethamine until the result of the blood tests was known. The creation of new foci of the disease was thus avoided.

Forty-nine countries had already sent malaria workers for advanced training in Mexico, and the country's training facilities remained available for all who wished to take advantage of them.

The 66 000 000 pesos a year which his Government had invested in the programme had made it possible to put to agricultural use large areas which had formerly been unproductive. However, it was important not to stop at the elimination of malaria but to provide those areas with satisfactory all round health conditions, particularly by the provision of safe drinking-water.

During the period of the campaign, a veritable army of sprayers, doctors and evaluation experts had covered 7 200 000 dwellings. The few remaining cases should be easily controlled and it was hoped that complete eradication would be achieved in another two years.

Dr GRUNAUER (Ecuador) said that the geographical position of his country provided ideal conditions for

the spread of anopheline mosquitos. Malaria was found in three distinct zones making up over half the territory of the country, and cases occurred at all altitudes from sea level to over 2000 metres.

After four years of eradication operations carried out in accordance with WHO recommendations, a serious problem had arisen: the appearance of resistance to dieldrin during the third year of complete spraying coverage. To change to DDT would involve great expense, as two sprayings a year would be necessary, with corresponding increases in staff. However, the extra cost had to be met or the large sums already invested in the programme would be wasted.

Consequently, in July 1960 an agreement had been signed whereby the responsibility for the activities carried out by the National Malaria Eradication Service were to be transferred to the Inter-American Co-operative Public Health Service, WHO continuing to provide technical advice and UNICEF, together with the United States International Co-operation Administration, supplies and equipment. Meanwhile, since it was not possible immediately to provide for a double cycle of spraying with DDT in the present year, an emergency stop-gap programme aimed at control instead of eradication would be carried out between July and December.

Dr FARAH (Tunisia) said that malaria was not a particularly urgent problem in his country. However, control work, involving both insecticide spraying and chemotherapy, had been conducted for the last ten years, which would make it all the easier to launch full-scale eradication operations with a view to saving, in a few years' time, the amount now spent annually. Unfortunately, successful eradication would require synchronization with operations in neighbouring countries, and in the situation at present prevailing in North Africa there seemed little hope of that. Meanwhile the Government was undertaking surveys so as to be ready to launch full-scale operations when the opportunity occurred.

Dr EL TAHER (Saudi Arabia) said that in his country malaria operations were still in the pre-eradication stage; it was hoped to launch eradication operations in 1962. His Government was grateful for WHO's continued assistance, thanks to which the pilgrimage area, where there had formerly been many cases of malaria due to *A. gambiae*, had remained completely free of the disease since 1954. The Organization should continue to encourage the conclusion of intergovernmental agreements for malaria control in border areas—many of the cases that occurred in Saudi Arabia were imported.

His Government's interest in antimalaria work was shown by the fact that its budget for malaria control for the present year had been increased from four to five million rials.

Dr GUNARATNE (Ceylon) said that his country had an area of 25 000 square miles and a population of just under ten million. A country-wide programme of malaria control by DDT spraying launched in 1946 had reduced the incidence of the disease from 413 per thousand in that year to 3.07 per thousand in 1957. Encouraged by those results, and by the favourable impact on the general health level and productive capacity of the country, his Government, with the assistance of the United States International Co-operation Administration, had inaugurated towards the end of 1958 a full-scale eradication programme based on three-month spraying cycles in the most heavily infested areas and six-month cycles in other areas. As a result, the parasite index of fever cases had been reduced from 6.4 in 1957 to 0.07 in 1960, and the infant parasite index to zero. There therefore seemed good ground for hoping that complete eradication would be achieved in five years as originally planned.

The delegate of India had spoken of the development of insecticide resistance in *A. culicifacies*. He was glad to say that, though the vector was the same in Ceylon, no resistance had yet occurred.

Dr PIROSKY (Argentina) said that the type of malaria prevalent in his country was relatively benign; it occurred in three distinct regions, with a total population of two million, each region having its own characteristic vectors.

It had been thought that malaria had practically disappeared from the country but in August 1959 an epidemic outbreak had occurred with more than 5000 confirmed cases. Under an agreement signed between the Government, UNICEF and WHO a full-scale antimalaria programme had been launched and in one year it had proved possible to achieve control in 60 per cent. of the epidemic area. In two years it was hoped that Argentina would be an important addition to the list of areas in which malaria had been eradicated.

He thought that more attention should be paid to the fact that malaria involved men as well as mosquitos: to concentrate on the mosquitos while ignoring the pathogenesis of the disease, and especially the exoerythrocytic cycle, could delay the achievement of eradication indefinitely and make antimalaria operations a permanent drain on public funds.

Dr AL-WAHBI (Iraq) said he would briefly describe the position in 1960 of the malaria eradication programme, which had been launched in his country in 1957. The total population of the country was seven million, of whom 4 514 000 were at risk. For the purposes of the programme, Iraq had been divided into three zones: northern, central and southern. In the northern zone the population at risk totalled 1 287 000, of whom 1 000 000 were covered by spraying and surveillance, and 287 000 by surveillance only. In the central zone, of the 2 060 000 at risk, 736 000 were covered by spraying and surveillance, 1 324 000 by surveillance only. Finally, in the southern zone, where 1 167 000 were at risk, 879 000 were covered by both spraying and surveillance, 164 000 only by spraying, and 124 000 only by surveillance.

Operations in 1961 were to cover 1 000 000 people in the north, 73 000 in the central zone, and 300 000 in the south. Resistance to DDT had been confirmed in the area of the frontier with Iran in the south, so dieldrin was to be used in its place. It was planned to carry out intensive spraying over a belt ten kilometres wide to bar the way to the resistant strain.

One point that had already been mentioned in the discussion and which could not be over-emphasized was the importance of synchronization, co-ordination and co-operation between neighbouring countries in carrying out malaria eradication programmes; their absence could jeopardize the success of an entire campaign.

Dr QUIRCE (Costa Rica) said that the total area of his country was 51 000 square kilometres, of which 31 000 were infested by malaria. After three years of DDT spraying (dieldrin was not used), the disease had been almost eradicated on the Atlantic coast, but on the Pacific coast results had been less satisfactory. International assistance had been requested in studying the problem to determine whether the comparative failure was due to the development of resistance or to some other cause, such as the type of dwelling used on the Pacific coast or a change in the behaviour of the vector. Meanwhile, all workers travelling from the Pacific coast were being medically examined to ensure that malaria infection was not reintroduced on the Atlantic coast.

In conclusion, he endorsed what had been said about the importance of co-operation between neighbouring countries and expressed his Government's appreciation of the assistance received from UNICEF and WHO.

Dr TITUS (Liberia) referred to the statement in the Director-General's Annual Report (page 87) that the project in his country had proved that in forest areas total spraying coverage might not only interrupt malaria transmission but also eliminate the vector. It was true that that happy result had been obtained in one province and 200 000 people thereby protected, but there still remained over a million people at risk, so his Government would be grateful for WHO assistance in passing as soon as possible from pilot to full-scale eradication operations throughout the country.

Professor GONZÁLEZ TORRES (Paraguay) said that his country was now in the fourth year of dieldrin spraying over an area of 110 000 square kilometres inhabited by 850 000 people (about half the population). The incidence of malaria, which had been very high, had now been reduced to 2.4 per cent.

Nevertheless, certain mistakes had been made and were now being investigated with the help of an international team of evaluation experts. It seemed that malaria was more prevalent and the vector more widespread than had been believed and that the three years of total spraying coverage had not interrupted transmission. On the other hand, the vector was still susceptible both to DDT and to dieldrin. On the recommendation of the committee conducting the investigation, an intensified spraying programme, using DDT in place of dieldrin, was to be undertaken, the United States International Co-operation Administration making a substantial contribution to the increased cost.

Dr QUIRÓS (Peru) said that in his country the results of the malaria eradication programme were satisfactory wherever insecticides alone could be used, as was the case in the coastal area. It was hoped that there the last spraying would be completed by April 1961, by which time some 90 000 dwellings would not require any further spraying. A source of concern, however, were the areas where insecticides alone were proving inadequate, e.g., the upper valleys and the eastern part of the country, where living conditions and certain epidemiological factors made it doubtful whether the results of spraying would be as satisfactory as in the coastal area.

It would be useful if the Director-General's report could indicate how far, and in what areas, it was possible to get results by the use of insecticides alone, and where other measures would be necessary. Research should be intensified on the problem, as any undue prolongation of the programme would be a matter of concern to the agencies taking part.

Dr EL BITASH (United Arab Republic) said that malaria was not one of his country's major problems. Eradication work had started in the northern part of the country in 1955 and results had been very encouraging. The eradication campaign in the south was scheduled to start in 1961 and would cover eighteen million people exposed to malaria, out of a total of twenty-seven million.

With reference to the remarks of the delegate of Mexico on the amount of DDT to be used per square metre, it had been found, when malaria control was started in a southern province of his country in 1946, that one gram per square metre gave almost as good results as the double amount. It would be worth while to go into that question, with a view to reducing the cost of insecticides.

The statement in the Director-General's report on the development of the malaria eradication programme that WHO was encouraging the search for substitute insecticides to replace those to which mosquitos might develop resistance was very welcome. Pilot projects would help in the planning of eradication programmes and it was hoped that WHO would be able to assist with such projects.

In view of the importance to the eradication programme of training personnel, the United Arab Republic had, with WHO assistance, set up a centre for the Eastern Mediterranean Region, which could train workers from that and other regions.

Finally, early evaluation of the results obtained in a given year were very important for proper planning of the following year's work.

Dr KAUL, Assistant Director-General, Secretary, said in view of the very full report on the development of the malaria eradication programme which had been submitted by the Director-General, he would confine himself to replying to the questions addressed specifically by delegates to the Secretariat.

He agreed that the development of the health services was a prerequisite for the execution, consolidation and maintenance of an eradication programme. As the campaign in a country moved from the attack phase into the surveillance phase, the need for a properly organized malaria eradication service became increasingly apparent.

The delegate of Sudan had referred to a study undertaken by the Director-General, with the help of a consultant, into the highly complex problem of nomadism. That was of special interest to certain areas in Africa, both north and south of the Sahara. Although the study was a preliminary one only, it emphasized the fact that, in areas where it was a problem, nomadism must be taken into account in developing any eradication programme. Population



movements jeopardized the effectiveness of the programme but, since the habits of the people differed in different parts of the world, no general rule could be applied. Special measures must be taken to meet each individual case. In some areas adequate steps were already being taken.

As regards the international aspects of malaria eradication, the number of areas being freed meant a corresponding increase in the number of countries which felt that urgent steps should be taken to prevent the reimportation of malaria. The Organization was fully aware of the risk: in December 1958 the Director-General had convened a Study Group on International Protection against Malaria, to study the spread from infected to non-infected areas. The Group had made recommendations and suggestions which had been studied by subsequent expert committees, including the expert committee which had met in July 1960. The general feeling had been that as long as the active stage of attack and consolidation continued, the risk of infection going undetected and uncontrolled was not too great. When active measures and surveillance came to an end the risk might increase, but that time was far off. So far, neither the Expert Committee, the Study Group, nor the Committee on International Quarantine had felt it to be necessary to recommend any specific measures apart from those already in force, such as notification of malaria cases, disinsection of aircraft and other possible carriers of vectors and, in areas where the disease had been or was on its way to being eradicated, special measures for imported cases or immigrant groups, e.g., chemoprophylaxis, blood tests, and surveillance till the period of risk was over. Such measures seemed satisfactory at the present stage.

Next there was the question of simian malaria. It was now known that the disease could be transmitted by vector to man by some of the lower monkeys which harboured malaria parasites. That was not a new problem, but the fact that in certain malarious areas such monkeys were in close contact with the population perhaps made it more important than had hitherto been thought. The subject had been studied by the Organization and had been presented to the last Expert Committee on Malaria. The report of that committee contained the following statement:<sup>1</sup>

Thus it might appear that the discovery of the transmissibility to man of some strains of malaria parasites of lower monkeys has uncovered an additional obstacle to the global eradication of human malaria by providing evidence of the

possibility of a simian reservoir of infection. Such a conclusion, however, may not be justified. In the present state of knowledge, it seems that malaria, as a zoonosis, is of only limited importance in the global programme of malaria eradication. The areas where foci of human malaria could perhaps be maintained from a simian reservoir of infection are few and relatively small in relation to the enormous territories where monkeys either do not exist or are present only in very small numbers, or where simian malaria parasites are absent, or non-infective to man, or not transmissible by those *Anopheles* that transmit human malaria.

There were at least two areas in the world where there was close contact between humans and the lower monkeys but where eradication had been achieved. The first was Venezuela, where the greater part of the country was now free from malaria but simian malaria was known to exist: there had been no sporadic cases of malaria in that area. The second was Taiwan, where again eradication was far advanced. Thus, although the situation existed and research into it was being stimulated, it did not seem at the moment to create any particular problem. In fact, it might even be of assistance as providing a reservoir for experiments and the testing of chemoprophylactic agents.

A number of references had been made to the problem of vector resistance, and the matter had been dealt with very fully in the Director-General's report on the development of the malaria eradication programme. The fact that the number of resistant species was increasing had not so far produced any serious obstacle to the eradication programme. Fortunately, if a vector became resistant to one insecticide, it was in almost every case susceptible to another, so that a change of insecticide generally controlled the problem. In very few places was the vector resistant to both DDT and dieldrin, and even there the resistance was only relative and an appropriate dosage of DDT had been able to control it. Intensive research was being undertaken into new insecticides such as the organo-phosphorus compounds, to find out proper methodology and dosage. One experimental team was working in Nigeria and another in the Americas. Research was also going on to discover the extent of resistance and methods of controlling it.

Finally, there was the question of the dosage of insecticides. The eradication programme was following the principles laid down by the Expert Committee on Malaria and the dosage and specifications recommended by the Expert Committee on Insecti-

<sup>1</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1961, 205, 47

cides. About seventy countries were at the present time using a dosage of two grams of DDT per square metre; about ten were using a different dosage. Although the dosage varied, the fact that a reduced dosage was effective in one area did not mean it would be effective in all. The Expert Committee on Malaria, to which the subject had been referred, had not been prepared in its eighth report to make any new recommendation on the basis of the evidence it had.

However, as a reduced dosage appeared to be effective in some countries, it had felt that special studies might be useful, and recommended that the Organization should help wherever governments wished to undertake them. If, after such studies, it appeared that a lower dosage was possible, that dosage would be recommended.

*The meeting rose at 12 noon.*

### THIRD MEETING

*Tuesday, 14 February 1961, at 4 p.m.*

*Chairman: Dr W. A. KARUNARATNE (Ceylon)*

#### 1. First Report of the Committee

At the invitation of the CHAIRMAN, Dr KAMAL (United Arab Republic), Rapporteur, read out the draft first report of the Committee (see page 439).

Col. AFRIDI (Pakistan) wished to propose an amendment to the resolution on the malaria eradication programme contained in the report but was informed by the CHAIRMAN that the report could not be altered, as it had been approved by the joint meeting of the two main committees.

Dr BERNARD (France) recalled that the draft resolution (see page 410) contained in the report had been passed by the joint meeting without delegates seeing a written text.

He was not at all happy about the second paragraph of the preamble. It appeared from the wording of that paragraph that insecticide spraying alone, if complete, should lead to interruption of transmission in a given area; but although that had been demonstrated in certain forest, mountainous, and non-tropical regions, i.e., regions where *Anopheles gambiae* was not in its natural habitat but had been imported by man, in other parts, in particular in the savannah where the anopheles was at home, the interruption of transmission by insecticide spraying was by no means proved, and different methods of eradication seemed to be necessary where men spent a great deal of their life in the open air.

If, on the strength of the resolution, a government put all its resources into a campaign in a savannah area where eradication by insecticides alone was

difficult, failure would result, which would inevitably be laid at the door of those responsible for the campaign, although it might be due to all sorts of causes over which they had no control. For that reason he would have liked to amend the text to read: "... obtaining interruption of transmission in these areas of this continent by the strict application of measures judged necessary as the result of pre-eradication surveys".

Dr QUIRÓS (Peru) agreed entirely with what had been said by the delegate of France and thought the existing text liable to misinterpretation. He wished his statement to be recorded in the minutes.

*Decision:* The Committee adopted its first report.

#### 1. Review of Work during 1960: Annual Report of the Director-General (continued from second meeting)

Agenda, 2.2

##### *Chapter 2. Communicable Diseases*

The CHAIRMAN suggested that smallpox eradication, which was the subject of item 2.5 of the agenda, should be discussed under that item (see page 280) and not in connexion with the Annual Report of the Director-General.

Dr RODRIGUEZ (Philippines) congratulated the Director-General on his successful efforts to stimulate leprosy control programmes in the countries where leprosy was a serious problem. He was particularly

glad to read in the Report (*Official Records* No 105, page 14) of the emphasis laid on laboratory research. So far, there was no statistical proof that the leprosy control programme was successful, as claimed in the Report, or at least progressing well. The best measure of success was a downward trend in the disease, but because of the long incubation period it was perhaps too early to establish that. Success, however, could not be claimed until established by statistics.

Nor were there any data to support the claim that mass treatment was progressing satisfactorily. One proof would be that a high proportion of cases had become disease-arrested, and that the relapse rate was low.

There must be a proper evaluation of such programmes. It was not necessary for it to be carried out by a team of outside experts as seemed to have been contemplated; what was important was to establish some system of self-evaluation so that an interim audit of each programme could be kept. In the Philippines, the leprosy control programme was evaluated along three lines: results of treatment, performance of the different units, and trend of the disease. In order to carry out and follow up those evaluations, an evaluation unit and an epidemiological unit had been established. The first step had, of course, to be the establishment of a base-line from which the evaluations could be measured. Good evaluation also required good reporting. When leprosy programmes had been properly evaluated it would probably be found advisable to revise or modify them. It would also become clear why a programme which was suitable for one country could not successfully be introduced in another without important modifications to take account of local conditions, availability of funds, and other factors.

Professor MUNTENDAM (Netherlands) first dealt with virus diseases. Infectious hepatitis, which was a notifiable disease in the Netherlands, was on the increase. In 1955, there had been 3113 cases; in 1959, 9439 cases; and in 1960, 16 717. Most of them were children of school age, but adults also were affected, and the disease caused prolonged absenteeism. It was clear, therefore, that hepatitis was a public health problem. Knowledge of the disease was very limited so far as epidemiology, pathology and prevention were concerned. The Netherlands National Health Council was making an inventory of investigations in progress and research to be promoted. He asked WHO to assist governments by disseminating information concerning the disease.

Turning to poliomyelitis, he said that in 1957 a beginning had been made in the Netherlands with immunization with inactivated vaccine: 85 per cent.

of the children under fifteen had had three primary subcutaneous injections and a booster injection. Reliable figures showed that the number of notifiable cases in the past three years had been lower than it had ever been. In 1957, 203 cases had been notified, of which 163 were paralytic. The total figures for 1958, 1959 and 1960 were 39, 11 and 26 respectively. Vaccination could not be given all the credit however, as years with a low poliomyelitis frequency formed part of the normal epidemiological pattern.

Studies on live poliovaccine were continuing in the Netherlands. His delegation had been very interested in the third report of the Expert Committee on Poliomyelitis and fully agreed with the conclusion contained in section 4.1:<sup>1</sup>

With continuing experience of live virus vaccination in those countries electing to make general use of this method, it should become possible in a few years time for countries which for the present prefer inactivated vaccine or combined procedures to assess whether it is desirable to change to the exclusive use of live vaccine.

In the Netherlands, the very low morbidity had led his Government to the conclusion that it was preferable to continue administering inactivated vaccine, in particular because: (a) the most vulnerable part of the population seemed to be acquiring a degree of immunity; (b) the spread of the poliovirus was very restricted; and (c) it was uncertain whether live vaccine would give greater individual protection than inactivated vaccine.

In regard to evaluating the potentialities of inactivated as against live vaccine, the Netherlands National Health Council had considered whether immunization with Salk vaccine might not induce an epidemic increase in the number of paralytic cases, but there was no proof as yet that it led to such a result. It was clear from the report quoted that further research into live vaccine was necessary before it could be reliably evaluated. The Netherlands Health Council had also considered the replacement of the booster injection by Sabin vaccine but felt that the danger, particularly for pregnant women, was an argument against its use. On that point, reference should be made to section 3.2.4 of the third report of the Expert Committee.<sup>2</sup>

For those reasons the Netherlands would, for the time being, continue to rely on Salk vaccine, although the day might come when live vaccine would be generally administered.

Dr DOUBEK (Czechoslovakia) emphasized that international exchange of experience, and assistance

<sup>1</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1960, 203, 40

<sup>2</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1960, 203, 26

to countries which had not themselves sufficient means or experience to carry out effective programmes, was of vital importance. WHO had so far devoted particular attention to the first—the exchange of experience—and Czechoslovakia had been happy to take part in such an exchange, e.g., the international epidemiological symposium held in Prague in 1960, the training course on virological methods, and the course on streptococcal infections.

The position with regard to direct assistance was less satisfactory, and energetic measures should be taken to intensify disease control in the dependent and newly independent countries.

He would particularly stress the importance of vaccination, widely used in his own country against the communicable diseases. As free medical aid was a fundamental principle in Czechoslovakia, such vaccination was of course free, and that permitted collective immunization—a prerequisite for reducing morbidity from the communicable diseases. For example, since mass vaccination had been introduced against whooping-cough, its incidence had fallen from 400 cases per 100 000 inhabitants to barely 60. Infant mortality from whooping-cough had dropped from 856 in 1949 to 9 in 1960.

Even more impressive results had been obtained with poliomyelitis. In the spring of 1960, the mass vaccination of 3 500 000 children (some 93 per cent. of the children between two months and fourteen years of age) with live vaccine had been undertaken. The results had been substantial. In the second half of 1960, in the period of seasonal increase in poliomyelitis, there had not been a single case of the paralytic form among children.

Czechoslovakia would be glad to help other countries in the control of that disease. At the same time it believed that WHO could extend more substantial assistance to countries that were for the moment unable to obtain the vaccine in sufficient quantities. While appreciating WHO's work against the communicable diseases, he thought that its potential was not yet being fully utilized.

Dr SCHÄR (Switzerland), referring to the section in Chapter 2 on virus diseases, said the work of WHO in the field of live attenuated poliovirus was outstanding and very valuable for countries which intended to replace or supplement the Salk vaccine by live virus vaccines.

The Director-General had said in his Report that countries in which a high proportion of the victims of poliomyelitis were adults should use the live virus vaccine as a booster only, at least for the time being. That created difficulties, because although parents were quite willing to have their

children immunized orally, they themselves were unwilling to be immunized by injection. There had been serious outbreaks of poliomyelitis in 1954 and 1956, but in spite of that only 20 to 25 per cent. of adults between the ages of twenty and thirty could be persuaded to be immunized. It was known that more would have agreed had the immunization been done orally.

If a large number of children were immunized with live virus vaccines, a considerable number of non-immune parents would become immunized by an excreted virus which might be slightly different from the original one. Switzerland preferred to use live virus vaccines both for children and adults up to the age of forty. A large-scale field trial, involving nearly 50 000 persons, had been started a month previously.

He understood that a study group on the minimum requirements for the production and control of live virus vaccines had met in November 1960. Switzerland was anxious to have its report as soon as possible, because State-controlled laboratories would soon have to release batches of vaccine for use.

Dr PANDIT (India) congratulated the Director-General on his very comprehensive report on the work done by WHO in 1960 in the field of communicable diseases. The observation that live oral vaccine was safe for use in areas where poliomyelitis was primarily a children's disease was of special significance to many under-developed countries. Trials with live oral vaccine should be undertaken in such countries, as they had been in those where the adult incidence was high.

The Report high-lighted the steps taken to deal with onchocerciasis (page 14), but it appeared that bancroftian filariasis was not receiving the attention it deserved. Methods for controlling it must be developed. In India, a programme for its control had been initiated in certain selected areas of high endemicity by means of chemotherapy and an attack on the transmitting mosquito. The results had not been encouraging, and many problems requiring intensive study had come to light which must be further investigated, both in the laboratory and in the field, so as to discover a suitable method of control.

The Report stated (page 14) that there had been a progressive increase in the number of leprosy cases treated and discharged. He wondered whether treatment of recognized cases would help to control the scourge of leprosy. Prevention of infection in childhood should receive special attention.

The need for an effective epidemiological service was also stressed in the Report (page 7), and con-

certed efforts should therefore be made to train an adequate number of specialists in that field.

The Report drew attention to work in several fields. Many other suggestions might come forward for programmes in other communicable diseases. Priorities must therefore be determined for adequate financial support according to the importance of the problem and the funds available.

Professor KOSTRZEWSKI (Poland) also referred to virus diseases. It was stated in the Director-General's Report (page 11) that a continued use of the inactivated poliovaccine had been recommended by the Expert Committee. It had also been recognized that there were certain advantages in the use of live vaccine, especially where the stage of development of health services and financial difficulties precluded the use of inactivated vaccine.

In Poland, between September 1959 and May 1960, almost 9 000 000 children between the ages of six months and fourteen years had been immunized with type 1 polio strain. Almost 8 000 000 of those children had been immunized later with live vaccine type 3. More than 5 000 000 of the children, especially those between the ages of six months and seven years, had previously been immunized with a double dose of inactivated vaccine. One oral dose of the attenuated polio strain type 1 given to children, whether or not previously immunized with a Salk vaccine, had provided about 58 per cent. protection. Two oral doses of the type 1 followed by type 3 conferred protection as high as 88 per cent.

The most striking feature in the epidemiological situation after vaccination was the reversal of the seasonal epidemic curve of poliomyelitis. There had been a steady decrease in morbidity from poliomyelitis during 1960. In all countries using large-scale immunization by live vaccine, prevention of the seasonal increase had been observed, but that was not the case in countries where only inactivated vaccine was used for immunization. Because of the high effectiveness of live vaccine and the protection mass immunization afforded against the seasonal increase in poliomyelitis, the maximum possible use of that type of vaccine might be advisable. His delegation felt that immunization with live vaccine might also be recommended for countries that had carried out mass immunization with inactivated Salk vaccine and where the morbidity from poliomyelitis remained high. The safety of live vaccine—which was still open to discussion in certain aspects—seemed to be of less importance in countries which carried out mass immunization with inactivated vaccine. The problem of economy in the administration of live vaccine seemed to be of secondary

importance: the most important factor was its effectiveness. It was not easy to carry out mass immunization with live vaccine. It required an adequate network of health services and concentration of effort on the part of the public health service.

His second point concerned a question not dealt with in the Director-General's Report—that of infectious hepatitis, already mentioned by the delegate of the Netherlands. During 1959 about 75 000 cases of infectious hepatitis had been reported in Poland, a rate of 260 per 100 000. A similar situation had arisen in 1960. The high morbidity from infectious hepatitis was a characteristic of a number of European and other countries. Statistical data were lacking, since infectious hepatitis was adequately reported only in a small number of countries. It seemed to have become one of the most important communicable diseases in some parts of Europe. Perhaps WHO should consider undertaking research into the whole question of infectious hepatitis.

His third comment concerned typhoid vaccine studies. In 1958 the Polish National Typhoid Committee had undertaken a typhoid vaccine field trial. Thanks to the technical discussions the previous year, and the energetic action of WHO, it had been possible to co-ordinate the Polish and WHO programmes on the evaluation of the effectiveness of typhoid vaccine. Four types of vaccine had been prepared in Poland, two bacterial and two endotoxic. The dried vaccine prepared for WHO was made available to Poland and acted as a link between the field trial in that country and other WHO trials. Adequate samples of all four vaccines produced in Poland had been sent to the International Centre for Biological Standards in Copenhagen, and tests would be performed in various laboratories.

An immunization programme had just started in Poland and would continue until the end of May. About 1 200 000 people would be immunized. It was hoped to discover which of six types of vaccine prepared from one typhoid strain would provide the best protection. The second and more important object of the study was to discover a laboratory test which would give results correlated with epidemiological results. If those two objectives were achieved, other questions would arise requiring further investigation. Those were: (a) the effectiveness of monovalent vaccine tested against polyvalent vaccine; (b) the effectiveness of the combined vaccine and others.

Dr ROBERTSON (Ghana) said that bilharziasis was a problem to which no efficient solution had been found in spite of many years of research. The Organization was assisting projects in various

countries, including his own, and it would be helpful if those countries could be given information regarding the difficulties encountered and the prospects of future control of the disease.

From a reference to the data in *Official Records* No. 104 (Programme Activities: Summary, page 49) it would appear that one of the main difficulties was understaffing. He would be grateful if the Director-General would look into the matter. Bilharziasis was a growing problem in Ghana, where irrigation projects were in progress.

Onchocerciasis was also increasing in Ghana, and its ocular manifestations were responsible for the depopulation of large areas, with a resultant imbalance from the community health point of view. He would be interested to know the extent of the problem in other parts of Africa and in the world generally. The disease was largely responsible for the 65 000 cases of blindness in his country. He asked to what extent the assurance given at a previous Assembly that more attention would be paid to the subject had been implemented.

Communicable diseases were of basic concern in all countries, but more particularly in tropical areas where disease-bearing vectors were prevalent and where large numbers of the population lacked the necessities of life. It was in those countries that the Organization faced its greatest challenge, and it was doing an essential service in fighting those diseases.

Dr MORSHED (Iran) thanked the Director-General for the chapter of the Report dealing with communicable diseases. Most of the subjects in that chapter had already been covered by other speakers, but he would like to mention the work done in connexion with venereal diseases and yaws.

Venereal diseases had until recently been a problem in his country, but in 1953 an eradication programme had been started with the co-operation of WHO. Centres had been established in all parts of the country and mobile units sent to villages. Mass blood tests were carried out annually for the detection of latent syphilis. The disease had been eradicated so successfully that it was now difficult to find primary and secondary cases of syphilis for study by medical students.

Yaws was not an important problem in his country but, thanks to the co-operation of WHO, the few cases which had occurred were already under control.

Another subject of concern to his country was rabies. Vaccines and serums were being produced in Iran, and in very severe cases, which would otherwise have been fatal, a combination of those two types of treatment had proved successful.

Dr QUIRÓS (Peru) also stressed the importance of the Organization's work in the control of venereal diseases: if syphilis had diminished in importance, the other venereal diseases and non-specific urethritis continued to be a problem.

His own country still had foci of sylvatic plague, and he hoped that something could be done to eliminate remaining foci of that disease and study new control methods. He was pleased to note that the Organization had been intensifying its programme of assistance in tuberculosis control.

His delegation considered that in the control of communicable diseases in general the emphasis should be on fundamental research, since there were diseases, particularly leprosy and plague, which would continue to present problems pending the discovery of better methods of control.

Dr SOEPARMO (Indonesia) expressed his delegation's appreciation of the part of the Director-General's Report dealing with communicable diseases. The items were for the most part very clear and complete, but he would like to mention two diseases, namely filariasis and leprosy. The former, as the delegate of India had said, was very serious and widespread, yet it had received only half a sentence in the Report. He considered that more information might be given. In the case of leprosy, the planning of rehabilitation programmes was extremely important, and he hoped that that aspect of the problem would be given more attention.

Dr PATIÑO-CAMARGO (Colombia) congratulated the Director-General on his excellent Report. He stressed the importance of the problem of yaws in his country. The disease was active along the whole Pacific coastline and had affected a large proportion of his country's population. An eradication campaign with antibiotics had been started, as a result of which the area had been cleared to such an extent that it was now possible to proceed with plans for the Pan-American highway passing through that zone.

In connexion with virus diseases, he mentioned that several strains of arthropod-borne viruses had been isolated in the Orinoco river area, and there was concern about the possible spread of such diseases.

Following a virus 1 type epidemic of poliomyelitis in Colombia, a mass vaccination campaign had been launched using the Cox strain live attenuated virus. With that it had been possible to control the outbreak. Some 400 000 vaccinations had been carried out in children under six years of age, among whom not one case of poliomyelitis had occurred, the vaccination itself proving completely innocuous.

With regard to Chagas' disease, the vector *reduviid* had become resistant to insecticides, particularly residual insecticides, and an increasing number of cases of human trypanosomiasis were occurring. He considered that any malaria eradication programme should be followed by a campaign against trypanosomiasis.

Professor CANAPERIA (Italy) congratulated the Director-General on the chapter on communicable diseases. He emphasized the increasing trend towards integrating disease-control programmes in national health services, which was in accordance with the Organization's main objective of strengthening those services. He also stressed the increasingly important role played by the research programme in the control of communicable diseases, and congratulated the Director-General on the practical application of that programme.

An increase in venereal diseases had been noted in some countries, the problem, as other speakers had noted, being particularly serious in the case of non-specific urethritis. WHO should study the reasons for the failure in venereal disease control, and should intensify its research programme, as emphasized by the scientific group on research in the treponematoses. He welcomed the encouragement given by WHO to the experimental culture of pathogenic treponemes *in vitro* and other specific items of research.

The heading "Veterinary Public Health" on page 9 of the Report should, he thought, be changed to "Public health problems raised by the zoonoses", since the problem was not primarily veterinary but medical.

Dr GARCÍA SÁNCHEZ (Mexico) said that his country's campaigns against communicable diseases were being integrated into the local public health programmes. That made the allocation of priorities easier, since there were excellent epidemiologists in those services. Many epidemiologists from other countries had been trained in Mexico with the assistance of the Pan American Sanitary Bureau. He considered that the Organization's role, rather than carrying out work itself, should be to facilitate the exchange of information among countries.

The leprosy programme was at present under study in his country, forty leprologists being in training, and it was intended to integrate the leprosy control programme also into the normal national health services.

Dr SYMAN (Israel) regretted that the chapter on communicable diseases was shorter than usual and failed to do justice to the great amount of work

which the Organization had done in that particular field. Interest in the subject was increasing with the emergence of new States, handling their own problems of communicable diseases. He agreed with the delegate of India on the importance of intensifying work in communicable diseases and of setting priorities. He was glad to observe that the Organization had attached so much importance to epidemiological services and laboratory statistical services, and considered the establishment of reference centres of great value.

His country had had some experience with poliomyelitis and was glad to report that during the past two years the incidence had fallen greatly, only twenty or thirty cases having occurred in 1960.

It was disappointing that, after three international gatherings, and a meeting of the Expert Committee on Poliomyelitis, Member States had still not received from the Organization a clear lead as to whether to adopt the use of live vaccines or continue with the inactivated vaccine. On the basis of the results achieved with Salk vaccine during the past year, his country had, like the Netherlands, decided to continue for the time being with inactivated vaccines. Experience of them in his country had shown that at least three vaccinations, and preferably four, were necessary to assure immunity.

He had been very interested in the figures of the incidence of infectious hepatitis quoted by the delegate of Poland. It was a disease prevalent in other countries too and he entirely agreed with the request that the Organization should carry out research in that field.

The mycotic diseases were an important public health problem in some regions, particularly in the Eastern Mediterranean Region, and he was glad to read of the project in Yugoslavia in connexion with ringworm of the scalp. Clinical and field trials had shown that the use of griseofulvin was a very successful method, and it had been used in his country to replace x-ray epilation. He wondered whether the UNICEF/WHO Joint Committee on Health Policy could not recommend the supplying of griseofulvin to interested countries.

Professor SOHIER (France) said that the use of live poliovirus vaccine was complicated by the fact that the vaccinated person could become a carrier, and the cause of involuntary vaccination of others.

He drew attention to the reference to "institutions" on page 11 of the Report (second column, second paragraph). In French at least the word "institution" could be a community grouping people of different ages. Since the age-group was of importance in poliomyelitis vaccination, he

thought the composition of such institutions should be specified, to give more force to the statement. If the spread of the virus occurred regularly in families and in communities of children under two years of age, it was on the other hand much less marked in institutions for older children or adults. It would be a pity to discourage the use of the live vaccine in communities where there was little risk of the virus spreading.

Dr YEN (China) said that a considerable number of cases of rabies had occurred during the past decade in the province of Taiwan, but had been completely arrested two years ago after the use of live avian vaccine on dogs, and injection of humans bitten by rabid dogs with Semple vaccine in addition to a dose of antirabies serum.

He expressed his delegation's satisfaction with the joint trachoma research project being carried out in his country. Following the successful isolation of the local virus of trachoma, vaccination studies were being carried out which had so far yielded valuable information on its epidemiology and immunity. His Government was prepared to give full support to the joint research project.

Dr PIROSKY (Argentina) suggested that the Organization should emphasize the need for the specific prophylaxis of those diseases which could be prevented, such as diphtheria and tetanus.

The problem of arthropod-borne diseases was very important in his country, where an epidemic had occurred which had been attributed to influenza but had subsequently been found to be due to the vector *Haemolaelaps glasgowi*. The death rate had been 33 per cent., and the problem was serious for populations living in rural areas. The virus had been isolated and a vaccine produced which was being widely used.

Another serious problem was that of Chagas' disease, carried by the vector *Triatoma infestans*. The vector was found in about 50 per cent. of houses in the provincial capitals, and the disease was responsible for a large number of sudden deaths. Between 30 and 50 per cent. of the vectors were found with *Trypanosoma cruzi*, which indicated a serious epidemic situation. The Department of Communicable Diseases had, in September 1959, established certain minimum standards, and in January 1960 a programme of eradication of the vector had been carried out province by province, using insecticides in all dwellings. Chagas' disease had been known as far back as 1911. Its endemic area stretched from the north of the country to the thirty-ninth parallel, thus affecting three-quarters of the country.

Dr GERIĆ (Yugoslavia) said that the Organization's work in the promoting of research in the communicable diseases was of great importance. The use of up-to-date epidemiological techniques, progress in specific prophylaxis, and the use of new therapeutic methods for treatment of certain diseases would contribute to further successes in disease control. It was important that experience should be shared by all countries, and it would be useful if achievements and techniques could be passed on by means of seminars, courses or other media for exchange of information.

Virus diseases were of great importance everywhere, and significant results had been obtained in poliomyelitis, trachoma and other diseases. Yugoslavia was one of the countries which had decided to use the live poliovirus vaccine. A trial with live vaccine (obtained through the generosity of Dr Sabin) had been carried out successfully on 8500 pre-school and school children in a town in Yugoslavia (Kragujevac). The trial, which had been carefully prepared and controlled, had shown that, in the children followed up (453), antibodies of the three types of poliovirus had been found in 96 to 99 per cent., and that excretion of the virus had lasted up to two months after vaccination. After the trial, the Yugoslav authorities had started production of live vaccine and had begun to generalize its use. In the autumn of 1960 more than two million children had been vaccinated at the height of the epidemic season. The results had been most encouraging, and a rapid drop in morbidity had shown that the live vaccine was fully effective, even when used during the epidemic season. Regulations were being drafted to make vaccination compulsory in Yugoslavia, and live vaccine would be used in all cases for children from one to twenty years of age.

The discovery of the trachoma virus in Yugoslavia and the perfecting of a trachoma vaccine was of great importance to Yugoslavia. The use of antibiotics and the tests made in connexion with the mycoses gave grounds for hope that those diseases also might be effectively controlled. Research into diarrhoeal diseases was of particular interest to many countries. Satisfactory results had already been achieved in Yugoslavia in the production of a live measles vaccine, with a view to protecting children in children's homes and kindergartens, and it was hoped that it would be possible to use that vaccine for protection on a larger scale. Yugoslavia was prepared to share its experience in that field with other countries.

Dr ABU SHAMMA (Sudan) said that hydatid cyst disease was very common in one area in Sudan,



and he would be grateful if the Director-General could give some information about the diagnostic techniques used in the case of that disease.

Poliomyelitis was widespread in Sudan but was of mild type, and the majority of children contracted it in mild form in early childhood. Antibodies of the three known forms of the virus had been found, but it was not known whether such an attack would confer permanent immunity against the virulent form. It was difficult in those circumstances to decide whether or not to vaccinate.

In the paragraph on mycotic diseases in the Report (page 12), no reference was made to maduromycosis, which was common in his country in all its forms. Nor was there any reference in Chapter 2 to yellow fever.

Dr DOLO (Mali) congratulated the Director-General on his report on communicable diseases, which were of primary importance in his country, absorbing the greater part of the public health budget.

With regard to tuberculosis control, the need for reviewing the methods in use had been stressed in the technical discussions. The control of treponematoses had taken a step forward with the establishment of specialized services, and a mass campaign had been started. Conditions in Mali, however, made long-term treatment precarious since patients became discouraged, and it was necessary to find drugs to cut down the duration of treatment. He would like to have some information on the effectiveness of the sulfonamides at present under study.

He endorsed the remarks of the delegate of Ghana on the high incidence of onchocerciasis in West Africa. In a study made in a certain area of Mali, 50 to 60 per cent. of the population had been found to be blind, and some villages had been completely deserted. The incidence of bilharziasis was equally high, and so far there had been no complete survey as a preliminary to control measures. The Organization's assistance was all the more necessary, since programmes must be co-ordinated with those of other countries traversed by the same infested rivers.

Dr BRAVO (Chile) said that domiciliary treatment of tuberculosis with isoniazid was of particular interest to his country, since institutional treatment was not practicable in countries with a weak economy. There were, however, dangers in basing services exclusively on domiciliary treatment and closing sanatoria too precipitately. WHO should therefore disseminate as much information on the subject as possible.

He was pleased to see the reference in the Report (page 10) to the Second International Conference

on Live Poliovirus Vaccines held in Washington and the Expert Committee that had followed it. He would like the Organization to define its position regarding live poliovirus vaccine—a matter of vital interest to countries without great resources for control measures.

Endorsing the remarks of the delegate of Argentina on Chagas' disease, he said that Chile had initiated an extensive campaign against the disease, using much the same methods as were being used in Argentina.

Dr ALAN (Turkey) said that the discussion on tuberculosis in the technical discussions had been most useful. Some of the methods used in control programmes were costly and lengthy. He therefore welcomed the reference in the Report (page 8) to further results from the chemotherapy trials. He stressed the preventive and prophylactic aspects of tuberculosis campaigns and was pleased to note the importance attached to BCG vaccination. The freeze-dried vaccines were particularly useful since they allowed of easy transport and storage; he regretted that there was no progress report on studies of that type of vaccine, and would be grateful for further information.

His delegation attached importance to the studies of typhoid vaccines, and he congratulated the Director-General on the work in that field. There too, he would like to see the preparation and use of freeze-dried vaccine encouraged.

Professor AGARWAL (International Association for Prevention of Blindness), speaking at the invitation of the Chairman, said that his organization, in co-operation with the World Council for the Welfare of the Blind, was planning a world-wide effort for one week on the subject of prevention of blindness, conceived more as a public relations activity than as a fund-raising campaign.

The World Council for the Welfare of the Blind, founded in 1951, consisted of representatives of national welfare organizations for the blind in forty-six countries, and had a permanent secretariat with offices in Paris and London. Its Sub-Committee for the Prevention of Blindness had as its main object the dissemination throughout the world of knowledge about the possibilities of prevention. The International Association for Prevention of Blindness had been set up in 1929 to promote the establishment of national and local organizations dealing with the subject and to provide them with all possible information.

Considering the high incidence of preventable blindness, his organization, together with the World Council for the Welfare of the Blind, would very

much appreciate it if their action could be supplemented by a World Health Day on the same theme, organized by WHO in co-operation with those two organizations.

The CHAIRMAN said that Dr Kaul would reply to Professor Agarwal the following morning.

*The meeting rose at 6.20 p.m.*

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#### FOURTH MEETING

*Wednesday, 15 February 1961, at 9.30 a.m.*

*Chairman: Dr W. A. KARUNARATNE (Ceylon)*

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### 1. Review of Work during 1960: Annual Report of the Director-General (continued)

Agenda, 2.2

#### *Chapter 2. Communicable Diseases (continued)*

Dr KAUL, Assistant Director-General, Secretary, said it was very encouraging for the Director-General to have had so full a discussion on such an important part of WHO's programme as its work on communicable diseases; it would help the Director-General to adapt his programmes and policies to the interests and requirements of Member States. At present there were, of course, deficiencies—some of them due to the vastness of the field and the limitation of WHO's financial and technical resources—but generally speaking, work was expanding and almost the entire field was now covered either by preliminary studies or by advanced work.

Reference had been made to the brevity of the Annual Report for 1960 (*Official Records* No. 105), especially the chapter on communicable diseases. It should be remembered that it covered only a nine-month period and that it had had to be produced and printed three months ahead of the normal timetable so as to be ready for the Health Assembly. That was why some of the work of WHO in which there had been no particular new developments during the year were not mentioned. Thus there was no reference to yellow fever in Chapter 2 of the Report, though the disease had not yet disappeared. In fact, the Organization was at present stimulating continued studies on the epidemiology of jungle yellow fever, and a vigorous programme for the eradication of *Aedes aegypti* was being pursued throughout the Americas.

Reference had been made to the statement in the Report that mass campaigns for the control of leprosy were continuing satisfactorily and to the criteria for satisfactory progress. The criteria were, of course, difficult to define; but what was meant by

the statement was broadly that the numerous mass campaigns being conducted in various parts of the world under tripartite agreements between national governments, UNICEF and WHO were proceeding according to plan and covering ever larger groups of people; that the new chemotherapeutic methods were proving successful in reducing infectivity and improving symptoms, so that more cases could be discharged as arrested; and that the new concept, whereby the disease was no longer considered as in a different category from all others, was being more widely accepted. The condensed account in the Report (page 14) did not perhaps do justice to that progress. It might also be noted that in 1959 an expert committee<sup>1</sup> had dealt with some unsolved problems of leprosy control, including the degree of infectivity and the classification of manifestations.

It was true that hepatitis was increasing in many parts of the world. An expert committee had met in 1952 and its report<sup>2</sup> had dealt with a number of problems, including the etiology of the two forms of the disease—infectious and serum—but since then there had been few scientific developments to justify the convening of further meetings. However, the Director-General was aware that epidemiological studies were needed.

There had been many comments on WHO's programme in poliomyelitis, a field in which development was at present very rapid, especially in regard to live poliovirus vaccines. The Organization was doing all it could to stimulate a co-ordinated research programme to solve some of the outstanding problems. Reference had been made to the Second International Conference on Live Poliovirus Vaccines held during the year and the Expert Committee that had been convened later. The Expert Committee

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<sup>1</sup> See *Wld Hlth Org. techn. Rep. Ser.*, 1960, 189.

<sup>2</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1953, 62

had reviewed data collected in the mass vaccination campaigns carried out in Eastern Europe, South America, and parts of Africa. It had also reviewed experience with inactivated vaccines, and had found that the results obtained to date were encouraging and justified the continuation of that line of work. With regard to live vaccines, it had found that certain strains of virus were particularly valuable in producing satisfactory levels of immunity, especially in children, and had been used in mass campaigns without apparent danger to date. The report of the Expert Committee had been published<sup>1</sup> so he would say only that the Director-General's present policy was based on the Committee's recommendations. Further studies were needed on the interference between poliomyelitis viruses and other enteroviruses; the behaviour of the poliovirus under different climatic conditions and under different socio-economic environments; and whether the elimination of wild viruses from a vaccinated community was permanent. A study group on requirements for poliomyelitis vaccines had recently met but its report was not yet available.

More than one delegate had referred to the need to intensify work on filariasis and onchocerciasis. It was true that epidemiological studies were urgently needed and when the Committee came to review the proposed programme for 1962 it would note proposals regarding research on the pathology of those diseases and on the *Simulium* vectors. Meanwhile, a consultant had been collecting comparative data for the Organization and the Director-General was endeavouring to stimulate some international seminars and conferences, notably one which would be held in Africa in 1961. However, it had to be recognized that developments were not yet sufficient for conclusive results, though the best hope seemed to lie in the control of the vector, towards which the main effort was being directed.

The paucity of results in WHO's programme on bilharziasis was due not to shortage of headquarters staff, as had been suggested, but to lack of scientific knowledge. Since the first Expert Committee on Bilharziasis had been convened in 1952, numerous meetings of expert committees, study groups and scientific groups had been held, a list of which showed how active WHO was in that field. Unfortunately, however, present knowledge showed that epidemiology of bilharziasis was very complicated and varied throughout the world. Consequently, the disease called for a combination of several different control measures, including control of the intermediate host, environmental sanitation, chemo-

therapy, and above all health education. The Organization had stimulated work on preventing the spread of bilharziasis in new agricultural areas by engineering methods aimed at control of the snails; an international team was at present working on that problem in various parts of the world. At the same time governments were being assisted in pilot projects with a view to launching mass campaigns when control methodology was fully developed.

He agreed with the remarks made about the increase in venereal diseases in many parts of the world during recent years. They were particularly applicable to gonorrhoea, some strains of which were no longer susceptible to normal antibiotic treatment. An expert committee meeting on that problem was proposed for 1962 and data were at present being collected for it. The Organization was also stimulating studies on the culture of treponemes with a view to developing improved serology and chemotherapy.

The Director-General recognized that the title "Veterinary Public Health" might not be entirely satisfactory, but it was difficult to find a better one as the field covered was not limited to the zoonoses but also included food hygiene, the improvement of veterinary education and other such matters. In any case, there was close co-operation between veterinarians and doctors both within the Organization and, at the inter-agency level, with FAO.

With regard to trypanosomiasis, a study group had met to discuss Chagas' disease<sup>2</sup> and an expert committee on African sleeping sickness was proposed for 1962.

With regard to mycotic diseases, it was true that nothing was yet being done about the madura group, but it had to be realized that it was confined to certain areas and that the Organization's resources did not permit it to cover all fields. Regarding the treatment of favus, the suggestion that, because of the high cost of griseofulvin, UNICEF should be approached for assistance seemed feasible; he agreed that it would have to go through the normal procedure of submission to the UNICEF/WHO Joint Committee on Health Policy.

A suggestion had been made for a programme on hydatidosis. That was another disease in regard to which more fundamental research was required. At present data were being collected with a view to working out a standard diagnostic technique and better drug treatment.

Reference had been made to BCG vaccine, and in particular to the need for a freeze-dried vaccine. Studies had been proceeding for some years through the former Tuberculosis Research Office and a

<sup>1</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1960, 203

<sup>2</sup> See *Wld Hlth Org. techn. Rep. Ser.*, 1960, 202.

number of laboratories throughout the world on that important subject, with particular reference to the allergy-producing potency of the glutamate vaccine that had now been in use for some time. The preliminary results, some of which had been published the previous year in the *Bulletin of the World Health Organization*,<sup>1</sup> indicated that, while there seemed to be some diminution in bacillary content, it was doubtful whether the allergy-producing potency was affected. Moreover, freeze-dried vaccine kept well and was particularly useful in tropical areas, so pending definitive findings WHO was to a limited extent encouraging its production.

Finally, the representative of the International Association for Prevention of Blindness had suggested that the prevention of blindness should be made a theme for World Health Day. The Director-General would certainly consider the matter, and in any case he would do what he could to support the efforts for the prevention of blindness.

### *Chapter 3. Environmental Sanitation*

Dr DOUBEK (Czechoslovakia) said that during the past year staff from his country had taken part in WHO's environmental sanitation programme, and an advanced course for doctors on sanitation techniques, including water supply, had been held in Prague.

He would like to see more attention given in the Region to the public health aspects of housing and urbanization. Czechoslovakia's economic plans included a programme for completely solving its housing problem within the next ten years by the provision of some 1 200 000 dwelling units.

The provision of satisfactory water supplies was a very important element in raising the general standard of living. At present more than 50 per cent. of the population of Czechoslovakia had piped water, but the Government's long-term economic plans provided for increasing that figure to 80 per cent., and allowing for 350 litres per person per day. To reach that target would be difficult in view of the unfavourable hydraulic conditions in the country. Moreover, there was the growing water pollution which went with increasing industrialization, though under the present regulations no factory could be put into operation unless equipped with a water purification station.

The pollution of the air, especially as a result of the increase in transport, was an urgent problem. The Czechoslovak health services were carrying out research on the effects of air pollution on the health of the population and initiating measures necessary for its control.

The effect of noise on health was a problem to which WHO had not yet paid enough attention. Experience in Czechoslovakia indicated that it could be very serious, particularly the sound of traffic and noise at places of work and at home. The findings of the congress held at the end of 1960 in Rome, on the initiative of the Italian Government, had shown that there was not enough co-ordination between the various governments on the subject, and that WHO, with other international organizations, particularly ILO and the International Organization for Standardization, should play a leading part.

Dr BRAVO (Chile) said that the problem of providing safe drinking-water was serious in most of the under-developed or developing countries, and was aggravated by the fact that most of them were situated in arid areas, and also by the rapid growth of new towns in the vicinity of industrial areas. WHO was conducting an active campaign to help solve the problem, and had taken useful measures—for example by making safe drinking-water a theme for World Health Day—to create public awareness of the need. In the Americas, the Organization had provided essential technical information regarding the provision of water supplies to the authorities responsible for town planning and for general industrial development.

However, the problem was not only technical but also financial. He was therefore glad to see from the Director-General's Report that assistance was being received from the United Nations Special Fund for two projects in India. He hoped that that assistance would be continued and extended to cover more than the planning stage. WHO might also consider seeking financial help from international banks, as was already being done by PAHO.

The recent earthquakes in Chile had destroyed many of the country's water supply installations. It was hoped that WHO would be able to provide technical help in planning their reconstruction, and that financial aid would also be available from international sources.

Finally, he said that air pollution was not confined to Europe, and that attention should also be given to the problem in other parts of the world.

Dr KPOTSRA (Togo) stressed the importance of environmental sanitation for the under-developed countries. In his opinion, the subject received too little emphasis in the proposed programme for 1962. Environmental sanitation had been the subject of the technical discussions at the tenth session of the Regional Committee for Africa, and he himself at that time had stressed that bad sanitary conditions

<sup>1</sup> *Bull. Wld Hlth Org.*, 1960, **22**, 171-176

were at the root of most of the communicable diseases now prevalent in the Region. Unfortunately, sanitation problems could not be tackled without large financial resources, which was precisely what the newer countries lacked. If WHO's assistance in the field was to be extended, it was essential to seek additional financial help by interesting other organizations, such as UNICEF, in the problem. With better sanitation most of the diseases that now decimated populations in Africa—those transmitted by water, by insects and in faecal matter, for example—would disappear, and even the incidence of malaria would decline. Measures of health education would of course have to form part of the programme.

Mr LEBOSQUET (United States of America) wished, as a public health engineer—the only one present, he believed—to make a brief statement on community water supply and the relatively new subject, for WHO, of water pollution control. As a public health worker, he found himself directing the attention of water resource engineers to the public health aspects of water supply and water quality conservation, while as an engineer he directed the attention of public health workers to the non-public-health aspects of water. There was a need for very close co-ordination of all aspects.

He urged the developing countries to devote themselves with increased vigour to the development of urban water supply. While background conditions differed in different countries, experience in the United States of America had brought out three reasons apart from public health considerations to justify such an increased development effort. First, in the establishment and location of industrial plants, dependable water supplies could be a governing consideration. Secondly, urban water supply could not only be self-supporting but could produce a profit: the economic value per million gallons of water for urban supplies could be many times the value of water for irrigation. Thirdly, the urban use of water was not consumptive: the same water could be used afterwards for other purposes, such as irrigation of crops.

The United States of America had supported community water supply activities through both WHO and the International Co-operation Administration. In 1960 the United States contribution to the Special Account for Community Water Supply had totalled \$300 000 and, as the chief of his delegation had stated in the sixth plenary meeting, the proposed contribution to various special funds in 1961 was \$4 750 000, which included \$175 000 to be used through WHO for urban water supply. It was hoped that contributions could be maintained at

least through 1962. In addition, the International Co-operation Administration was conducting a parallel urban water supply programme co-ordinated with that of WHO.

Turning to water pollution, he said that the problem was becoming important in the developing countries for the following main reasons: population was growing at the rate of up to 2 per cent. a year, and much of that growth was in the cities; industrialization was receiving strong encouragement and was proceeding at a phenomenal rate; little attention had been paid to essential waste treatments or control measures, and wastes from the new industries were increasingly complex.

Thus the demand for water was growing while the available supply over the years was constant, though it could be stretched by the use of equalizing reservoirs, a matter which was receiving attention in many countries. Waste water must also be treated so that it could be re-used as it flowed from city to city and from industry to industry.

The developing countries were now in a position to profit from the experience of others and embark on a programme stressing the prevention as well as control of pollution. For example, it was easier to separate polluted industrial waste waters from the relatively unpolluted cooling waters when an industrial plant was being built than after it was in operation. Again, a chemical plant with salt brine waste might be located on the ocean rather than in the uplands where it would foul fresh water.

WHO had recognized the problem of water pollution but might well give it increased attention. The interest of public health officials could be stimulated; new research programmes could be developed and existing programmes intensified; research workers could be trained. WHO could also support the collection of basic data on the current situation, without which no effective programme could be developed. Finally, the Organization might assist in training the keen and competent technical staff that would be required.

In his recent State of the Union Message, President Kennedy had stated that in the United States of America the supply of clean water was dwindling. That statement could equally be applied to other countries, and there was a need for WHO leadership in a programme to preserve the cleanliness of the world's waters.

The CHAIRMAN thanked the delegate of the United States for his observations, which were most useful, especially coming from a sanitary engineer.

Dr GRUNAUER (Ecuador) congratulated the Director-General on the section of his Report dealing with

community water supply. WHO did well to draw attention to the problems involved.

In Ecuador, water supply was the responsibility of independent boards in the cities, and in the rural areas came under the municipalities. Because of economic difficulties, the problem was particularly acute in rural areas. An agreement had been entered into with the United States International Co-operation Administration for the provision of wells and latrines, but much still remained to be done. WHO might give assistance in obtaining long-term loans at low rates of interest from international banks to help finance such projects.

Dr GARCÍA SÁNCHEZ (Mexico) associated himself with the comments made by the delegate of Chile. In Mexico the problems of environmental sanitation fell into two categories, urban and rural, each with its distinctive administrative policy. In urban areas the question of water supply had been practically solved: it had been possible to obtain funds by means of credits from national banks. Two years previously, at the session of the Regional Committee for the Americas/meeting of the Directing Council of PAHO, the Mexican delegation had supported the view that external credits should also be sought through the intermediary of PAHO, and that approach had given some results.

Air pollution was also a growing problem and Mexico City was carrying out studies in that connexion.

In the case of rural areas the problem of environmental sanitation was more difficult and required attention, as in most under-developed countries, and concerned both the medical and the engineering professions. There were housing schemes for industrial workers, who could obtain credits up to 2000 Mexican pesos for housing improvements, everything possible was being done to improve their living conditions, and district public health centres were provided where the services of a doctor, a nurse and a health educator were available; but that was not the case for rural workers, who formed a majority of the population.

He also emphasized the necessity for health education of the public, to interest them in community development and encourage them to take advantage of improvements available.

Professor GONZÁLEZ TORRES (Paraguay) said that in his country top priority in the public health programme was given to environmental sanitation and the improvement of community water supply, since by that means the incidence of many communicable diseases could be restricted, the infant mortality

rate reduced, and many intestinal parasitic infections prevented. A survey had been made of environmental sanitation conditions in 1957 and since then much progress had been made in water supply, sewage disposal and health education. Schools were used as centres and the participation of the community was sought in establishing and maintaining sanitary installations. A programme for the improvement of the water supply system in ten of the main cities of Paraguay was envisaged which would cost some two million dollars; its financing with the help of international bodies was under study.

Dr GERIĆ (Yugoslavia) said that WHO's work in environmental sanitation had been most successful but, in view of the economic and social aspects, was insufficient. Aid was required by under-developed countries in a more concrete form than mere advice; in particular, funds for the improvement of community water supply were required. The possibility of using voluntary local labour should also be explored more fully by WHO.

He congratulated WHO on the initiative it had taken with regard to water pollution problems in Europe and said that his country fully supported the activities of the Organization in that connexion.

The CHAIRMAN appealed to speakers to be as brief as possible in view of the slow progress on the agenda item.

Dr PATIÑO-CAMARGO (Colombia) also stressed the importance of community participation in obtaining a pure water supply in rural areas. As regards environmental sanitation in general, in Colombia the number of insect vectors of disease had been successfully reduced by improvements in housing. For example, in the rural area of Tobia, merely by cementing floors and whitewashing walls it had been possible to control the tick vectors of petechial typhus. A study of means of controlling the housefly, and of its resistance to insecticides, was also necessary.

Dr SYMAN (Israel) emphasized the financial aspect of improved community water supply and associated himself with the comments made by the delegate of Chile regarding loans and the seeking of other means of financing water supply schemes.

In his country the problem was one of quantity rather than quality—90 per cent. of the population of both urban and rural areas had safe piped water supplies. Successful experiments in the purification of sewage to provide water for irrigation, and the demineralization of saline water, had been carried

out and his Government would be glad to put the results of such experiments at the disposal of any other countries interested. With regard to training, sanitary engineering had been successfully included in the syllabus of civil and agricultural engineering students as a result of the visit of a WHO expert to Israel.

He expressed concern at the toxicity of insecticides, particularly organo-phosphorus compounds, and was glad to see that attention was being given to pesticides and that a service of regular basic information had been set up for national health administrations on the toxicity of new insecticides.

Dr EL BITASH (United Arab Republic) referred to the vital importance of clean water supplies in the control of water-borne diseases and said that much progress had been made in recent years in his country. In 1960 pure water supplies were available to 90 per cent. of both urban and rural populations and by the end of 1962 would be accessible to the entire population. The programme had been costly but the public health authorities in his country had given it top priority. He referred to the necessity for improved sewage disposal, and to the investigations carried out in his country into methods of louse control with malathion.

Col. AFRIDI (Pakistan) recalled the remarks of his delegation at the first of the joint meetings concerning the scope of the research programme and the use of DDVP (see page 407). His delegation had intended no reflection on the research activity of the Organization, but had rather intended to emphasize the great importance of fundamental research in the matter. With that consideration in mind, he expressed the gratification of his delegation at the nature and extent of the research programme, particularly in the field of vector control and environmental biology.

Dr MURRAY (Union of South Africa) mentioned the "man-made" problems to which the Director-General had referred in the Introduction to his Report, and the increasing need for health workers to be associated at the planning stage with many types of development projects. He fully agreed with the views expressed by the delegate of the United States of America and felt that co-ordination of the type the latter had mentioned was essential. He was most gratified that the Director-General had stressed the matter in his Report.

Dr QUIRÓS (Peru) expressed his gratitude to PASB/Regional Office for the Americas, for its assistance in obtaining from the Inter-American Development

Bank a loan of ten million dollars for the development of the water supply and sewage system in the second largest city of Peru. Environmental sanitation in rural areas remained a major problem, however, and the improvement of living conditions was essential to permit the eradication of malaria, typhus, plague and Chagas' disease. It was important that efforts be intensified in that connexion, and the assistance of the local population should be obtained.

Air pollution also required study; it was a growing problem in his country, where the fish-flour factories were a particular source of pollution, which appeared to be responsible for certain allergy-type respiratory infections.

Dr ESCALONA (Cuba) thought that the importance attached to environmental sanitation by a government was a good measure of the extent to which it was representative of the people.

In Cuba, a survey made in 1953 had shown that out of 300 towns with more than one thousand inhabitants, 184 were without water mains and 293 without a sewerage system; and that even when such facilities existed they were sometimes in poor condition. There had been a radical change in the position during the last two years. By July 1960 the National Committee on Water Supply and Sewerage Systems was running 39 water supply systems serving 950 000 inhabitants, i.e., a 38 per cent. improvement. Apart from that, repair work had been carried out on many water supply systems. Budget allocations included \$28 000 000 for water supply, \$10 000 000 for sewerage systems, \$950 000 for drainage, and \$250 000 for repairs and other works—a grand total of \$39 200 000. That had been achieved without any external loan.

In the rural areas the Ministries of Education and of Agriculture were working in close liaison with the local health units to spread knowledge of the correct way of using and maintaining wells, thousands of which had been sunk. In the towns, the National Committee on Water Supply and Sewerage Systems had, in conjunction with the Ministry of Public Health, established water inspection services at important points.

As for sewage disposal, it was calculated that the rural areas required approximately 300 000 latrines. So far more than 50 000 had been completed, and the current budget allowed for the provision of 100 000 in 1961; in the coming three years the target of 300 000 would be reached.

The budget for the campaign against parasites, which depended to a great extent on water supply and sewage disposal, had increased from \$10 000 to \$250 000.

As regards the housing problem, intensive building work was being carried on, particularly in rural areas. In 1960, nearly 12 500 pre-fabricated houses had been built; in 1961 it was planned to construct a further 25 000. He referred to the "urban reform"—a measure taken by the Government which would completely solve the problem in the towns, since it guaranteed security of tenure to all those already occupying dwellings, in addition to making provision under a state building scheme for 40 000 new dwellings.

Dr PANDIT (India) said that his Government had also accorded top priority to community water supply, both rural and urban, and the maximum co-operation of the people had been secured. A large part of the public health budget had been devoted to water supply. The water supply scheme for Greater Calcutta was particularly important because, when finally implemented, it might be the means of wiping out one of the main endemic foci of cholera in India. He also referred to the importance of sewage disposal in the eradication of communicable diseases and mentioned the research programmes of his country in connexion with river pollution, where much progress had been made. He felt that WHO should devote greater attention to river pollution. He also mentioned the organization of public health programmes throughout India.

Dr EL TAHER (Saudi Arabia) spoke of the work that had been carried out in environmental sanitation in collaboration with the WHO expert, and expressed his gratitude for the assistance received. During the past year an environmental sanitation department had been set up within the Ministry of Health; nearly ten million dollars had been allocated for 1961 for sewage projects in four main cities; the pilgrimage cities had a new and sanitary system of water supply; and a planning board for national pilot projects had been set up.

Professor LUPASCU (Romania) referred to research on resistance to insecticides, and the work already undertaken by WHO. Much remained to be done, however, in particular a study of the normal and pathological metabolism of insects in order to ascertain the mechanism of their resistance. WHO should do its utmost to stimulate scientific research in connexion both with malaria eradication and control of the housefly. Such research should naturally be carried out in national institutes, and not only by medical research workers but also by entomologists and biologists, including those engaged in research on agronomy. He recalled the findings on basic research presented to the Tenth International

Congress on Entomology. The work accomplished by the various research workers should be made more widely known. In that connexion he reminded the Committee of the conference on tropical diseases which the Soviet Union proposed to hold in 1961 and which would be most valuable for those working in the field of medical pathology and entomology in tropical areas.

Dr CASTILLO (Venezuela) was of opinion that greater attention should be given to the community water supply programme. In Venezuela, that programme came under the Ministry of Health and Welfare for communities having 5000 inhabitants or less, the Ministry of Public Works being responsible for the work in large communities. The programme consisted largely of the building of aqueducts of a cheap and simple pattern.

He shared the view of the delegates of Togo and Mexico that, parallel with the building of installations, attention should be paid to educating the public in their use, since otherwise the efforts expended tended to remain largely unproductive.

He asked for some information on the work done and services that could be provided by WHO in regard to sewage disposal programmes, since that matter was not mentioned in the Report. He also asked whether WHO envisaged any research on the housefly, covering such matters as resistance to insecticides and ecological and etiological factors in different environments.

Dr KURASHOV (Union of Soviet Socialist Republics) drew attention to an aspect of environmental sanitation that had taken on greater importance in recent years, namely, air pollution. The development of industry and motor transport was leading to more and more pollution of the atmosphere by noxious gases harmful to human health, and indeed several tragic incidents had already occurred to emphasize that danger.

Much work was being done in the Soviet Union on the matter. Soviet scientists had carried out pioneering work in establishing admissible standards for air pollution concentrations. Apart from research work, practical courses in air pollution control were provided in special centres in the various cities and refresher courses were given each year by the institutes.

Rational town planning and the establishment of protected zones also helped to create appropriate living conditions for the population. Good results had already been achieved by all that work.

WHO might well take advantage of the experience of air pollution control gained in the Soviet Union,



in its efforts to advise other countries beset with the same problem.

The SECRETARY, winding up the discussion on the chapter, remarked that the various aspects of the Organization's work in environmental sanitation had all been singled out for emphasis by one or another speaker. It remained for him merely to give clarification on some of the points raised.

In its community water supply programme, WHO had been engaged during 1960 in helping several countries to develop plans of work for community water supply schemes, which would subsequently be submitted to financing authorities, such as the Inter-American Development Bank and the International Development Association. It was ready to continue that form of assistance in the future but it did not itself participate in the financing of schemes; its resources were limited to the provision made for the programme in the regular budget and in the Special Account for Community Water Supply. The latter had been established, as would be recalled, through the generosity of the United States Government.

The work on insecticides and pesticides constituted one of WHO's most extensive programmes, covering such matters as the development of new insecticides and pesticides, and investigation of resistance problems and of toxicity of pesticides. The programme was a long-term, continuing one. The Expert Committee on Insecticides met annually to keep abreast of developments; it was scheduled to meet in 1961, to advise on the insecticides now in use, particularly the newer insecticides, and other matters.

The research programme covered both fundamental and applied research. The fundamental research was carried out in accordance with the principles of the research programme; it was developed and stimulated by national institutes and laboratories throughout the world, with the aid of small grants of money or services. Close collaboration was maintained with organizations working in allied fields: agricultural organizations, for example, were closely associated with WHO's programme in insecticides and pesticides. Many aspects of the problem of resistance were under study and efforts were being made to find new insecticides and pesticides to take the place of those to which resistance had developed. In addition, practical field testing of the new products discovered was being undertaken. An Insecticides Testing Unit was at work in Nigeria, and similar investigations were going on in the Americas. It would thus be seen that the work in hand corresponded closely to the needs of the moment.

The fact that WHO's work in sewage and waste disposal was somewhat restricted at the present time was due to lack of funds and the decision of the Twelfth World Health Assembly to give priority to the community water supply programme. In time, as that work progressed, it would be possible to give more attention to the other aspects of environmental sanitation, including sewage and waste disposal.

#### *Chapter 4. Public Health Services*

Sir Kenneth COWAN (United Kingdom of Great Britain and Northern Ireland) referred to the brief mention at the end of Chapter 4 (page 23) of the diploma course on medical services administration given at Edinburgh University. The second course was now being held; it had twelve students, of whom four had been sponsored by WHO. The successful nature of the course was illustrated by the fact that the Nuffield Provincial Hospitals Trust in Britain had awarded six fellowships for attendance at the course, which were available to hospital administrators in Britain. Of the present class, seven held medical degrees, one was an arts graduate with administrative and research experience in nursing, and the remaining four were men with experience of administration in hospitals or government service.

Each course ran through three university terms, nine months in all, and was limited to twelve students, who were carefully selected by the two sponsoring organizations and the university authorities. The students were of university graduate or equivalent status and had had considerable experience of the health service of their own countries.

With the continual development of schemes of medical care, it was of utmost importance that doctors and appropriate laymen as well should be trained in the essentials of medical administration. The course, which was a pioneer effort sponsored in the first instance by WHO, was proving of great value and, since there were more applicants than could be accepted, WHO might perhaps consider establishing further courses of the kind elsewhere.

Dr FISEK (Turkey) welcomed the emphasis given in the WHO programme to helping countries to improve and develop their public health services.

In many countries, there was much competition among the various government departments for a share of the available funds and there could be no doubt that health work was limited by the smallness of the budgetary allocations made. It might strengthen the hands of the public health authorities in such countries to have some idea of the amount being allocated to health work elsewhere. He

accordingly suggested that WHO should undertake the preparation of a report giving information on the total health budget, the percentage of the health budget to the national budget as a whole, the per capita allocation for health work, and data on any other sources of funds available for health work, in its Member countries.

Professor MUNTENDAM (Netherlands) noted that WHO was continuing its studies on the costs and methods of financing systems of medical care in relation to public health. Studies of the kind in the industrialized countries would, he was convinced, show that the proportion of the overall expenditure on medical care services that was being devoted to hospitalization was steadily rising. That fact brought home to the authorities in those countries the need for more nursing homes to care for persons not necessarily requiring hospitalization, as the alternative of building more and more hospitals was unjustifiable both from the economic and the social points of view. The nursing home rather than the hospital was more appropriate, for instance, for taking care of chronic patients in the older age-groups. Of course, precautions would have to be taken to ensure that the nursing home did not become merely a home for chronically ill and disabled old people; and standards for its work ought to be established, with special emphasis on rehabilitation.

The Netherlands was not the only country lagging behind in that particular field, as witness a message sent to the United States Congress a few days ago by President Kennedy, in which the need for building more nursing homes with greater speed was stressed.

No planning of the kind should be undertaken without research. He accordingly welcomed the fact that WHO had convened a group of experts to make recommendations on research in public health practice. In developing a research programme of that nature, public health reference centres could give valuable help. In that connexion, he referred to a statement he had made in the Committee on Programme and Budget at the last Health Assembly, advocating that the Director-General should encourage governments to establish such centres.<sup>1</sup> Such centres might also help to develop health education work and, despite the varying conditions in different parts of the world, everyone would undoubtedly agree that the most effective way to promote health education of the public was to link it directly with practical health work. The Organization might well give some thought to emphasizing that approach in its health education work.

<sup>1</sup> *Off. Rec. Wld Hlth Org.* 103, 227

Dr ABAYOMI-COLE (Sierra Leone) expressed his appreciation for the valuable assistance which Sierra Leone had been and was still receiving from WHO; much still remained to be done to improve the health of the people and to provide adequate preventive and curative services.

Outside help was urgently needed, in particular, to enable Sierra Leone to improve and expand its maternity and child welfare services. The attitude among the people towards such services had changed radically since the early days of the century. In those days it had been extremely hard to persuade expectant mothers to seek hospital treatment for themselves, whereas nowadays the services that had been instituted were proving inadequate to meet the growing public demands on them. The medical authorities had accordingly decided some years ago to expand the existing hospitals with the aid of funds provided by the Central Government and the Colonial Development and Welfare Scheme. Six hospital extensions in the form of additional maternity blocks were now in course of construction and should be ready for use in the near future. Over the years, too, a network of health centres, linked with the district hospitals, had been set up to provide maternity and child welfare services. Alongside that work, attention had been given to the provision of domiciliary midwifery services to relieve the pressure on hospitals and health centres. A scheme had been started to train local village maternity assistants and midwives, and WHO and UNICEF had given material help in that work. The scheme had, however, come to an end, although the number trained was still inadequate to meet the country's needs. Sierra Leone would therefore welcome further assistance from the two organizations in order that such training might be continued.

The UNICEF/WHO scheme to supply skim milk for distribution at the infant welfare clinics had also been discontinued. There was still a very high incidence of protein deficiency among children of pre-school age and it would be of immense assistance if the scheme could be re-started.

Despite all the efforts that had been made, the infant mortality rate in the country was still high. Whatever assistance WHO could give towards the building-up of efficient maternity and child welfare services in Sierra Leone would therefore be most appreciated.

In closing, he took the opportunity to congratulate the Regional Director for Africa and his staff on the valuable work they were doing in helping the countries of the Region.

Dr SYMAN (Israel) welcomed the change in the structure of the headquarters Secretariat represented by the setting-up of the new Division of Health Protection and Promotion and the recruitment of an additional Assistant Director-General.

In regard to the chapter under consideration, he stressed the importance of the community development approach for the sound development of the public health programme in the lesser developed countries. WHO should promote that idea further, and perhaps the subject of community development in relation to the public health services could be considered as the theme of the technical discussions at the forthcoming Health Assembly.

With reference to the remarks made by the delegate of Sierra Leone, Israel would be glad to offer its assistance to countries that might consider its line of action in bringing down infant mortality a promising one. The rate in Israel had now dropped to 27 per thousand. WHO might well consider instituting a pilot project in a country where the infant mortality rate was high, with the object of investigating the multiple factors involved and finding more effective measures to bring about the desired result.

He was grateful for the information given by the delegate of the United Kingdom on the course at Edinburgh University. The need for such a course had long existed and most Member countries would, he was sure, make good use of the opportunity offered.

Dr BRAVO (Chile), in reference to the section on nursing in Chapter 4 of the Annual Report, stated that Chile had received assistance from WHO in training nurses for teaching and administrative posts. A number of the trainees had already taken up duty in the Santiago School of Nursing which, it was hoped, would eventually become a school for training the teaching and administrative personnel required to staff other nursing schools throughout the country. That work should be given the greatest possible help and assistance, as also the work of training auxiliary personnel. WHO and UNICEF were in fact giving help to Chile's programme for the

training of the large numbers of auxiliary nurses needed for expanding the maternal and child health services.

As had been mentioned, one of the main public health problems in Latin America was the high rate of infant mortality. That was certainly true of Chile, although the mortality rates there were lower than the average cited for Latin America, being 120 per thousand for the country as a whole. The root of the problem lay in lack of professional staff, lack of adequate medical care services for new-born children, defective nutrition, and the high incidence of enteric infections in summer and respiratory diseases in winter among infants. WHO, in its work on maternal and child health, must give priority to tackling that problem; the other matters mentioned in the Report, such as prematurity and health of school-children, were relatively unimportant beside it.

Chile was receiving substantial help from PAHO and UNICEF in its plans to set up ninety maternal and child health centres in the south, in the area devastated by earthquake. The national health services, for their part, were engaged in equipping similar centres in the central part of the country, so that soon there would be a complete network covering the country as a whole. Parallel work was going on in the training of nurses and in addition seven million dollars had been allocated for the distribution of milk to children.

He too expressed appreciation of the course on medical services administration being given at Edinburgh University. He asked what was the exact status of the proposal to organize a similar course in the French language.

On the question of community development, he was of opinion that the approach adopted by WHO was the right one. Community development had many other aspects besides the health and medical one, and a broader approach, as advocated by the delegate of Israel, would in his opinion be outside the competence of the Organization.

*The meeting rose at 12.35 p.m.*

## FIFTH MEETING

Wednesday, 15 February 1961, at 4.15 p.m.

Chairman: Dr W. A. KARUNARATNE (Ceylon)

**1. Review of Work during 1960: Annual Report of the Director-General (continued)**

Agenda, 2.2

*Chapter 4. Public Health Services (continued)*

Dr RAKHIMOV (Union of Soviet Socialist Republics) laid emphasis on the concept of public health, set forth in Chapter 4 of the Annual Report (*Official Records* No. 105), as part of a wider scheme of social and economic development. The recommendations of the Expert Committee on Public Health Administration<sup>1</sup> were of the greatest importance in planning public health services, and he hoped that WHO would continue its work in that field.

He gave examples of public health services in the Tadzhik SSR. In 1919 Tadzhikistan had possessed only four hospitals, with 40 beds; there were now 238 hospitals (with more than 14 000 beds), 2350 doctors and over 6500 auxiliary workers. The budget for that work was over 300 000 000 roubles.

Much had been done in the training of medical personnel. One medical institute, in the twenty-one years of its existence, had trained more than 2500 doctors, and over 800 nurses completed their training annually. In 1959 a new regional medical institute had been opened, and research centres were to be established in the near future.

The public health network had expanded considerably. Midwifery services had been organized in the rural areas and capital investment thereon had increased five times since 1953. In addition to the many hospitals being built, dispensaries and clinics had been set up in the kolkhozes, where conditions continued to improve. The birth-rate had risen to 32.5 per thousand in 1959, while mortality had been reduced to 5.6, the population increase being 2.7. Smallpox, cholera, leishmaniasis and, of course, malaria had been eradicated, and there had been a considerable decrease in trachoma, tuberculosis, goitre and the dermatoses.

The experience of Tadzhikistan might be of use to WHO, particularly as an example of public health administration for regions where the geography and

the public health problems were similar. Such international co-operation in health matters had to be strengthened, and he particularly welcomed the emphasis that had been placed on it by the Prime Minister of India in his inaugural address.

Professor CANAPERIA (Italy) said that he had been pleased to note that the Organization was continuing to give great attention to work in health education of the public. The work was sometimes hampered by lack of trained personnel, and he was glad to see that a health education certificate course had been organized in India to train experts for responsible posts in that field. The Organization should follow up that initiative by giving technical support and encouragement to the integration of health education in the training of doctors and auxiliaries, and to the training of specialized health education personnel.

He had noted the statement in the section on health laboratory services that experience in field projects had shown that for technical and economic reasons it was generally desirable for hospital and public health laboratory services to be completely integrated under one unified system of administration. The same course had been recommended by an expert committee which had met in 1958.<sup>2</sup> He did not agree with that concept, and considered that the tasks of national hospital laboratories and those of public health laboratories were entirely different. The task of hospital laboratories was to carry out examinations and assist in diagnosis and treatment of patients, while that of public health laboratories was much wider, including as it did the control of water quality, foodstuffs and pharmaceutical products, the study of air pollution and radiation levels, and a series of other functions which could not be performed by a hospital laboratory.

Dr PATIÑO-CAMARGO (Colombia) stressed the importance of health education.

He expressed his appreciation of the assistance given to his country by the public health schools of Mexico, Brazil and Chile in training health personnel, sanitary engineers, dentists, public health inspectors,

<sup>1</sup> See *Wld Hlth Org. techn. Rep. Ser.*, 1961, 215.

<sup>2</sup> See *Wld Hlth Org. techn. Rep. Ser.*, 1959, 161.

nurses and auxiliary personnel. Public health programmes could only be successful if properly trained personnel were available. It had been shown, for instance, that environmental sanitation could not be effective in the absence of proper medical training, and trained personnel, both medical and administrative, were essential for the efficient functioning of hospitals.

Public health laboratory work in his country, which had previously been carried out by autonomous or semi-autonomous public health institutes and laboratories, had now been integrated into an institute of public health under the jurisdiction of the Ministry of Health. It was considered that the new organization would prove more effective in carrying out that work.

Mr BORROU (Ethiopia), drawing attention to the section dealing with nursing in under-developed countries, said that very little attention had been given to the training of nurses in those countries, where it was still necessary to resort to the employment of foreign nurses. There was an increasing shortage of that group of specialized health workers in his country, and he would like consideration to be given to the subject.

Professor GONZÁLEZ TORRES (Paraguay) stated that, although the figures were falling, there was still a high infant mortality rate in his country. Among infants under one year of age, it was 93 deaths per thousand live births; among those under 4 weeks, 52 per thousand, and for infants aged from 4 weeks to one year, 41 per thousand. The main causes of death were pneumonia, tetanus, asphyxia, atelectasis and diarrhoea, the latter accounting for 50 per cent. of deaths; and 15 per cent. resulted from lesions at birth, i.e., were due to lack of experience on the part of those carrying out the delivery. Among children aged from one month to one year, infections of the respiratory passages, diarrhoea and enteric diseases accounted for 51 per cent. of deaths.

In order to control those diseases, work was being carried out in health education, maternal and child health, and nursing. At Asunción there was an educational institute with schools of nursing, obstetrics and social welfare which in 1961 would become part of the National University and which received technical assistance and assistance in personnel and equipment from WHO, the University of Buffalo, and a private foundation in Paraguay. At the regional and local level courses were held for nurses and laboratory assistants, and, in particular, to train the unqualified midwives who attended confinements in the rural areas.

He referred to the difficulty caused in his country by the absence of a national chemical and pharmaceutical industry. Drugs in sufficient quantity were not available, and that hampered the advance of the programmes. The fact that budgetary allocations were made monthly made it necessary to purchase imported drugs on the local market, and that reduced the quantity that could be acquired. It would be very useful if WHO could arrange for drugs to be purchased at cost price and with facilities for short-term credit. It would thus be possible to acquire more drugs with the same amount of money than by the system of local and monthly purchases.

Dr QUIRÓS (Peru) said that the Government of Peru attached great importance to the United Nations programme for social and economic development in the Andean region, for it brought important new groups of people into the life of the nation. However, better co-ordination was needed between the various specialized agencies involved. Presumably the subject would be dealt with during discussion of the relevant chapter.

In Peru outstanding results were being achieved, with WHO assistance, in the training of nurses, educational specialists, supervisors, etc.

Dr GERIĆ (Yugoslavia) said that the work of the Organization in 1960 had unquestionably been very useful in outlining general principles for the planning of health programmes. Intensive work was being done in Yugoslavia, where the report of the Expert Committee on Public Health Administration that had met in August 1960 was being awaited with special interest. Proper planning at all levels was required in order to integrate the various activities involved in health protection and promotion, and great benefit was derived from all the expert committee reports published by the Organization. The necessary funds should be made available, within the framework of the Organization's budget, for the continued publication of those reports.

In his Report, the Director-General had stressed the importance of linking public health education with other medical work. Experience in Yugoslavia had shown that the health education work carried out by specialists or administrators could not give full satisfaction: emphasis should be laid not on the establishment of special health education services but on the participation of all health workers, within the scope of their own particular activities. People were more inclined to accept the advice of the family doctor or the specialist treating them rather than that of a member of a health education team. General practitioners and specialist doctors should

therefore be encouraged to co-operate. Voluntary organizations also played an important role in health education. In Yugoslavia the Red Cross, the Society of Children's Friends, women's organizations and trade unions had greatly contributed to health education programmes. There could be no really satisfactory results without the active participation of the people.

Regarding the organization of medical care, it had been interesting to note the reference in the Director-General's Report to the pilot studies undertaken in Ceylon, Chile, Czechoslovakia and Sweden. It would be useful if WHO headquarters could provide information on the methods used and the results of the studies, for the use of countries wishing to undertake similar pilot studies. Perhaps the Regional Office could organize study tours for various experts to see at first hand how such pilot studies were conducted.

Dr ANDRIAMASY (Madagascar) was pleased to note, from the section on maternal and child health (page 22), that a paediatric consultant had been included in the inter-regional Diarrhoeal Diseases Advisory Team that had visited Mauritius. In view of the importance of preventive medicine in newly developing countries, the inclusion of a paediatrician in such teams was important not only for the study of a particular disease but also for the organization of national programmes in maternal and child health, nutrition, health education, or school health services. He was pleased to note that it was hoped to repeat the inclusion of a paediatrician in such teams.

Miss ARNSTEIN (United States of America) noted that, with regard to nursing projects, the Report of the Director-General had emphasized the help given in training teachers. It was clear that teachers were necessary if the number of students was to be increased. In addition, WHO had helped in establishing new schools of nursing and in enlarging and improving existing schools.

Both in the technical discussions and in the committee delegates had indicated that nurses were essential to their public health programmes, so that it was unnecessary to stress the importance of administrative and financial support for the training and employment of nurses in all kinds of institutions and in public health programmes. But the supply of nurses in most countries was quite inadequate, and those nurses available had to be as effective as possible. WHO, recognizing the importance of good administration, had held short courses on nursing administration, and that had helped individual

countries in establishing courses of their own on similar lines.

Nursing auxiliaries made up a large part of the nursing service, but, owing to their limited training, they had to be supervised by fully qualified nurses. WHO's assistance in training both the auxiliaries and their supervisors had helped the individual countries to recognize that fact.

The importance of mental health had been stressed by WHO from its very beginning, and it was hoped that the Organization might be able to increase its programme of assistance in several countries in the teaching both of mental health and of public health to nursing students.

In planning programmes which required nurses for their execution, WHO was setting an example by associating nurses with the programme from the very outset. Time was thus saved, all concerned knew what was happening, and the programme could be operated more efficiently.

Dr YEN (China), speaking of health laboratory services, referred to his discussions in December 1960 with health officers and technicians of some fifteen Member States of the Western Pacific Region. While the functions of hospital and health laboratory services differed, there were fields of common service: depending on the situation in any particular country, they could be run separately or jointly, but in either case they functioned more efficiently if they were combined under one central authority for technical supervision. The expression "one unified system of administration" in the Director-General's Report (page 23) might be too emphatic and not applicable in certain countries, but a system of central technical supervision within a country seemed desirable regardless of whether public health laboratories and hospital laboratories were run jointly or separately, as regards the general administration and budget. Such a system would ensure better co-ordination and collaboration between the various laboratories and greater uniformity in the laboratory tests, and would eliminate unnecessary duplication in equipment and personnel—particularly important for newly developing countries.

Dr ESCALONA (Cuba) stressed the importance of hospitals in both developed and under-developed countries. In Cuba there were 3200 nurses and 6200 doctors, a proportion of about 1:2. A recent study had shown that the country would need 6600 nurses during the next three years. Auxiliary nurses had recently been employed for the first time. Under a joint programme with PAHO, 900 would be qualifying each year, and the number

of students qualifying at nursing schools would also increase. Also with the help of PAHO a national school of nursing had recently been opened in Havana: it would serve as a pilot school to raise the level of teaching in the ten other schools in the country. Great importance was attached to the double role (for curative and preventive medicine) of nurses in Cuba and to the training of teachers of nurses.

During the past two years 12 000 additional hospital beds had been provided, and the number was still being increased by 3000 a year. Psychiatric services were being incorporated in the hospitals, and 600 beds had been provided during the past year in the six provincial and regional hospitals. Special buildings were being constructed for chronic or incurable patients, mainly for those suffering from tuberculosis, cancer and cardiovascular diseases, 1200 beds were at present being provided for that purpose. There had been a complete reorganization of the hospital administration system, including a reinforcement of administrative personnel. Thanks to the co-operation of the Mexican School of Administration, a model of its type, successful courses had been held for administrative workers.

Dr JAVIER (Honduras) said that in 1957 his country had reorganized its health services, and in 1958, in close collaboration with WHO, had established a national health plan under which seven districts were charged with the development of health programmes. The Government supported a central hospital, six regional hospitals, two tuberculosis sanatoria in the capital, and four tuberculosis sections attached to regional hospitals. During the last few years maternal and child health centres had been reorganized as regards structure, equipment and personnel. Of particular importance in that connexion was the construction of the central clinic for mothers and children, now in progress.

Regarding preventive medicine, the Ministry of Health and Welfare acted through the Directorate-General of Health and its special branches for epidemiology and statistics, tuberculosis, public health laboratories, health education, and the health teams for rural areas. The work was co-ordinated by the local services. The seven health districts were sub-divided into centres, sub-centres, health posts and mother and child clinics. Since 1958 twenty health units had been set up, and fourteen were in the process of being formed. During the first period of the national health plan all the services had been integrated in two districts, and integration was being achieved in a third; the three districts comprised 60 per cent. of the total population. Through those

units progress was being made in environmental sanitation, maternal and child health, control of communicable diseases, etc. During 1960 a clinic for the detection of cancer of the uterus had been opened in Tegucigalpa, attached to the Directorate General of Health.

Despite lack of personnel, the education programme and the training of personnel of all categories had been enthusiastically developed. With the help of WHO, the United States International Co-operation Administration, and the *Patronato Nacional de la Infancia*, the Government had provided several fellowships.

Regarding medical supplies, he supported the proposal of the delegate of Paraguay. The situation in Honduras was the same as in Paraguay.

Dr PIROSKY (Argentina) said that for several years Argentine doctors had been trained in schools in Chile, São Paulo (Brazil), the United States of America and, recently, in London. For a few years now there had also been two schools in Buenos Aires, one attached to the University and one to the Ministry of Welfare and Health.

In that respect Argentina had received considerable support from WHO. The Ministry of Welfare and Health had to deal with a wide variety of health problems, and the National Institute of Microbiology was playing an important role. He agreed with the delegate of Italy that national public health laboratories had functions very different from those of hospital laboratories. The National Institute of Microbiology did research work, trained technical and auxiliary personnel, carried out epidemiological studies, and investigated therapeutic products. Its possible connexion with the public health laboratories lay in the elaboration of methods which might serve as models.

Regarding the training of auxiliary personnel, for two years Argentina had been using certificated health workers; after three years of basic studies, the students could go on to obtain a *Bachillerato en Sanidad*; for that they followed two specialized courses, plus a year of practical training in the provincial and national services. The students showed great enthusiasm and became most efficient auxiliary workers.

Dr GRUNAUER (Ecuador) said that the United Nations programme for social and economic development in the Andean region was most important for a considerable section of the population of his country. There was a plan to combine it with other projects being assisted by WHO, e.g., the smallpox eradication programme, and to that end the national health services had sought the collaboration of those

responsible for the project, particularly as regards personnel and transport.

Mr IBRAHIM (Nigeria) said that health education of the public was of particular interest to the under-developed countries, where the authorities had great difficulty in persuading the general public to appreciate the elementary rules of health. He was pleased to note that WHO recognized the importance of the subject.

Elementary schools could certainly do more to educate both the public and schoolchildren, and school syllabuses could include lessons on health. In Nigeria posters were being used as a means of health education, but the scope of the campaign was

at present limited, and it was hoped that WHO would co-operate in expanding it.

The problem was linked with the question of general education. Unfortunately, the proportion of educated people in Nigeria was not very high, and people had to be taught, for instance, the importance of nutrition.

Previously, Nigeria had placed more emphasis on curative measures, but it was now realized that more had to be spent on health education, and that the programme had to be extended to the villages. Nigeria looked forward to undertaking more health education programmes with WHO.

*The meeting rose at 5.30 p.m.*

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## SIXTH MEETING

*Thursday, 16 February 1961, at 9 a.m.*

*Chairman: Dr W. A. KARUNARATNE (Ceylon)*

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### 1. Review of Work during 1960: Annual Report of the Director-General (continued)

Agenda, 2.2

#### *Chapter 4. Public Health Services (continued)*

Dr KAUL, Assistant Director-General, Secretary, gave the following information which had been requested in the course of discussion at the fourth and fifth meetings.

With regard to the course on medical services administration which had been organized at Edinburgh University and which had given extremely satisfactory results to date, WHO was grateful to the delegate of the United Kingdom for the information given on the course. A similar course in French would be held, beginning in October 1961, at Brussels University. Ten students could be accepted for the course, which would prepare them for a university diploma. Information on the subject had already been circulated and participants invited.

The delegate of the Netherlands had raised the question of the establishment of community health reference centres for research purposes, in accordance with the recommendations of the Expert Committee on Public Health Administration (Planning of Public Health Services) and the Scientific Group on

Research in Public Health Practice. The Director-General had decided, in view of the importance of public health research, that those recommendations should be implemented forthwith and was therefore in the process of planning the establishment of community health reference centres.

Note had been taken of the various proposals made concerning studies on infant mortality; those proposals would be most helpful in drawing up future programmes. However, it had long been recognized that infant mortality was a fair index of the health and living conditions of a community and it was doubtful whether such studies would bring to light any unknown factors. The subject was very complex and had already been considered in part in connexion with the comprehensive studies on diarrhoeal diseases and maternal and child health.

It had been suggested that information should be collected by WHO on the cost of medical care in different countries and on the amounts allocated in national budgets for public health, as well as related data. The collection of such data was already in hand for the report being prepared in collaboration with the United Nations on the world social situation, and also for the second report on the world health situation, to be presented to the Fifteenth World Health Assembly in 1962; the latter



would contain full information on the subject to the extent that it was provided by national health authorities.

Concerning the organization of health laboratory services, the integrated approach adopted had been queried. Advice had been given to newly developing countries on organizing their hospital and public health laboratory services, and the Organization was attempting to evolve certain principles which would be applicable in certain conditions, and could be adjusted to local needs and problems. An integrated approach had proved more suitable from the financial, technical and man-power points of view. In support of his explanation, he quoted the recommendations of the expert committee which in 1956 had studied the role of hospitals in programmes of community health protection<sup>1</sup> and of the expert committee which had discussed hospital laboratory services in 1958.<sup>2</sup> No change was required in services already in existence and giving satisfaction; the principles to which he referred were applicable only in the organization of new services, where no satisfactory arrangements already existed.

Reference had been made, especially by delegations from the Americas, to difficulties in purchasing drugs and equipment. An arrangement already existed whereby the Organization could assist Member States in that connexion through both headquarters and the regional offices, and it would be glad to assist any Member State which so requested.

#### *Chapter 5. Health Protection and Promotion*

The CHAIRMAN opened discussion on Chapter 5 of the Annual Report (*Official Records* No. 105) and closed the list of speakers on that chapter.

Dr GODBER (United Kingdom of Great Britain and Northern Ireland), speaking on the section on mental health, referred to the difficulties experienced in the United Kingdom in the recruitment of trained psychiatrists, and the problems that would doubtless arise in the near future as a result of the shortage of trained staff. He also mentioned the decrease in the number of hospital beds required since 1955 in his country owing to the fact that changes in treatment had greatly reduced the number of long-stay patients. Half the number of hospital beds or even less might be required later, and it was essential that planning for the coming ten to fifteen years should take into account the change in requirements. Other countries were doubtless experiencing similar difficulty in defining future requirements, and to prevent wastage

of building and other resources it might be advisable for an exchange of views and experience to take place on the subject.

Dr FRANSEN (Denmark) said that the work done on health protection and promotion was most satisfactory. In connexion with food additives, he felt that the Report did not reflect what had been done. The use of food additives was becoming increasingly widespread and he would be grateful for additional information on the subject, particularly with regard to the collection and dissemination of information.

Dr DAELEN (Federal Republic of Germany) said that her country was particularly interested in research work on mental health; some of the reports of the expert committees on that subject had already been translated into German, published and circulated among the medical profession specializing in mental health; and others would follow in due course. New methods were being introduced for prevention of mental illness and for after-care of the mentally deficient. A comprehensive survey had been made in 1960 covering preventive, curative and rehabilitation arrangements, and it was hoped that the information it contained would make a worthwhile contribution to the World Mental Health Year; the report concerned would be submitted to the meeting to take place in August 1961 in Paris. In accordance with WHO recommendations, proposals for the classification of mental diseases had been prepared in Germany.

With regard to food additives, she summarized the legal situation in her country. She also supported very warmly the work done by WHO in connexion with the study on epidemiology of lung cancer and expressed her country's concern in regard to that disease. It would be most useful if WHO activities could make generally known the dangerous effects of tobacco smoking, especially among young people.

Dr BRAVO (Chile) requested information on the reference and information centre on occupational health which he had heard was being set up in Geneva by WHO in co-operation with ILO. It was not mentioned in the Report and he would particularly like to know what would be the cost to WHO.

With regard to cancer, he shared the views expressed by the delegate of the Federal Republic of Germany. Chile was most interested in studies of air pollution in relation to lung cancer. With the help of the Pan American Sanitary Bureau the Chilean Government planned to hold a symposium in 1961 on the epidemiology of cancer and would be grateful for information on studies made by WHO on the subject

<sup>1</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1957, 122

<sup>2</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1959, 161

and for any data which it could provide as background documentation for the symposium.

Dr ANDRIAMASY (Madagascar), referring to the section on nutrition (page 25), emphasized the difficulty of inducing certain populations to change their traditional food habits, although it was essential that they should do so if their nutritional status was to be improved. In most developing countries the diet was lacking in animal protein, and the observance of religious taboos prevented the people from eating valuable foodstuffs that were available to them. Some information would be welcome on the International Conference on Malnutrition and Food Habits, held in Mexico in September 1960, in which FAO, UNICEF and WHO had participated.

Dr GERIĆ (Yugoslavia) referred to the progress made in social and occupational health and drew attention to health problems arising from the mechanization of agricultural methods.

With regard to nutrition, the prevention of protein malnutrition was extremely important and the work of the Protein Advisory Group most valuable. The co-operation of FAO and UNICEF was particularly useful in that connexion.

Cardiovascular diseases were important in developing as well as in developed countries; methods of prevention had not yet been evolved and the research carried out should be more specifically directed to that end.

Dr DOUBEK (Czechoslovakia) said that the rapid development of industrialization posed many problems of social and occupational health. The travelling seminars in France and England in 1958 and the study tour in Czechoslovakia in 1960, organized with WHO assistance, had proved their usefulness. His delegation suggested that WHO should organize courses, beginning with medical workers from the under-developed countries and particularly those which were building up their industry. It was indispensable to foster the exchange of experience in medical care of industrial and agricultural workers.

Dr ABU SHAMMA (Sudan) spoke on the section dealing with dental health (page 26) and gave an account of the steps taken in his country to train auxiliary dental personnel, frequently nurses who would serve in small villages where no dentists were available. The schools for the training of such auxiliary dental personnel had been set up thanks to the assistance of WHO, to which he expressed his country's gratitude. It was too early for him to report on the improvement in dental health resulting from the new scheme; he hoped, however, to be able to report on its progress in the coming years.

(For continuation of discussion, see eighth meeting, section 1.)

*The meeting rose at 9.50 a.m.*

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## SEVENTH MEETING

*Friday, 17 February 1961, at 9 a.m.*

*Chairman: Dr W. A. KARUNARATNE (Ceylon)*

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### **1. Review and Approval of the Programme and Budget Estimates for 1962**

Agenda, 2.3

#### *Establishment of the Budget Level*

The DIRECTOR-GENERAL, introducing the proposed programme and budget estimates for 1962, said the meeting was one of the most important of the Assembly, since delegations would have an opportunity of examining the basis upon which the budget level had been established for 1962. He recalled that the proposed programme of work, as explained in the Introduction to the proposed programme and

budget estimates for 1962—*Official Records* No. 104—attempted to preserve the continuity of WHO's evolution in recent years, with particular reference to the increasing importance of the stimulation and co-ordination of medical research, the continued need for concentrated effort on world-wide eradication of malaria, the mobilization of all means of strengthening basic public health services in the various countries, the constant concern to devote to field projects most of the additional financial resources available to the Organization, and the wish to accept fully the responsibility placed upon WHO by a very substantial increase in membership.

He also recalled that 1962 would be the first year in the third general programme of work covering a specific period;<sup>1</sup> delegates should therefore bear in mind that third general programme when considering the budget estimates for 1962. It would be seen that the budget estimates were a faithful reflection of the general programme of work.

The proposed programme as presented in *Official Records* No. 104 had been examined by the Executive Board at its twenty-sixth session, and the Board's comments were contained in *Official Records* No. 107. With some minor suggested reductions the proposals for 1962 had received the full support of the Executive Board. The reductions concerned were given in Part I of Chapter V (*Official Records* No. 107, page 62) and concerned the deferment of three projects in the European Region estimated to cost \$22 900—(a) a European seminar for sanitary engineers, (b) the study on exfoliative cytology in public health control of cancer, and (c) exchange of information between centres for the treatment of alcoholism. The explanations given by the Regional Director for Europe appeared in *Official Records* No. 107, page 53. In the opinion of the Director-General, the three projects should not be deleted from the programme; he would be glad to give more detailed justification for their maintenance in the course of subsequent discussion and hoped that the Assembly would accept the Director-General's proposals in their entirety and not in the slightly reduced form recommended by the Executive Board.

The report of the Executive Board given in *Official Records* No. 107 contained full information on the programme of work for 1962, which covered continuation of the previous programme and the normal expansion of the Organization. Attention had been drawn to the number of new Member States, particularly in the African Region. He felt that the programme of work for new countries was most important but should not be given emphasis to the detriment of old Members of the Organization, whose needs were often similar to or greater than those of new Members and Associate Members. The budget for the African Region compared very well with that for other regions.

An important factor was the lack of trained staff in the new and developing countries and the fact that frequently those countries could not afford to send personnel abroad for training and did not possess staff to replace such trainees during their absence from their normal duties. WHO was fully aware that the success of the assistance given to new or old Members did not depend entirely on the

help and guidance given by WHO experts but rather, in the final outcome, on the Organization's ability to stimulate the interest of national authorities in health work.

Many of the programmes which did not appear at first sight to concern education and training, such as malaria eradication, were in fact largely a matter of training national personnel. The evolution of public health services also depended to a considerable degree on social and economic factors, e.g., the number of students who, having had a secondary school education, were thus able to take university training. Unless greater attention was paid to the problem of general education, difficult problems would be encountered in the future in many areas of the world.

Much had been accomplished by the Organization in connexion with malaria eradication, but a great deal remained to be done. With regard to other diseases, particularly smallpox, the main work had to be undertaken at national level and co-ordinated internationally.

He stressed the part WHO should play in stimulation and expansion of medical research: the Organization should act as a clearing-house for the exchange of information. Often information available in well-developed countries was not accessible to other areas of the world for lack of communication, or language differences, and WHO could assist by enabling research to be done in countries where the necessary facilities were available on behalf of areas of the world where they were not.

In order to clarify the situation with regard to the recommendations of the Executive Board and the proposals contained in *Official Records* No. 104, he explained that the total estimated expenditure for 1962 originally proposed—\$20 852 000—represented a \$1 876 646, or 9.89 per cent., increase over the figure for 1961 approved by the Thirteenth World Health Assembly. The main items for which it was proposed to use that increase were summarized in Chapter IV, paragraph 5, of the Executive Board's report (*Official Records* No. 107, pages 27-28). Some \$1 385 000 (or 74 per cent.) of the total increase was proposed for programme activities, including some \$996 000 (or 53 per cent.) to allow for a certain expansion in field activities to meet some of the more pressing requests from governments; most of the remainder of the proposed increase was needed to meet salary increments and other statutory staff costs for existing posts.

Since the budget estimates for 1962 as contained in *Official Records* No. 104 had been drawn up, he had found it necessary to submit supplementary estimates for 1961 to cover, *inter alia*, additional

<sup>1</sup> *Off. Rec. Wld Hlth Org.* 102, Annex 2

requirements in respect of (a) assistance to the Republic of the Congo (Leopoldville) and (b) administrative and operational services costs of the malaria eradication programme, which had been approved by the Health Assembly on the recommendation of the Executive Board. The cost of continuing those two activities in 1962 would amount to \$110 033 and \$637 347 respectively.

There were seven further items affecting the proposed budget for 1962, six of which had been discussed by the Executive Board at its twenty-sixth and twenty-seventh sessions. In resolution EB26.R34, the Board had recommended the phased introduction of the Russian language as a third working language in the Regional Organization for Europe. Pursuant to the recommendation of the Regional Committee for Europe, \$11 600 had been included in the budget estimates to provide for the use of Russian at the Regional Committee session in 1962, on the assumption that the Health Assembly would wish to meet the request of the Regional Committee at least in so far as that session was concerned. To cover the use of Russian as a working language in the Regional Organization, as envisaged in the Board's recommendation and the decision which had been taken by the Health Assembly, an additional sum of \$21 400 would be required in 1962.

When the Executive Board had reviewed the proposed budget estimates for 1962, the Director-General had indicated that the provision of \$75 000 for the additional pension fund contributions which it was then expected the Organization would be called upon to pay to the Joint Staff Pension Fund in 1962 would not be sufficient to meet the actual costs if the recommendation of the Fifth Committee to the United Nations General Assembly were adopted. The General Assembly had since adopted the proposed changes in the pension fund arrangements and it was necessary to increase the budgetary provision by a further \$25 000 to meet the Organization's contribution.

The third item affecting the proposed budget level for 1962 related to the Headquarters Building Fund. When the Executive Board had examined the proposed programme and budget estimates for 1962, the Director-General had stated that, should the General Assembly of the United Nations approve a recommendation to reimburse the book cost to WHO of its investment in the Palais des Nations, the amount of \$500 000 included in the 1962 estimates for the Headquarters Building Fund could be reduced. Since the General Assembly had in fact approved that recommendation, the amount required in 1962 would be only \$297 000.

To provide adjustments to the pensions of retired

OIHP staff members similar to those accorded under the United Nations Joint Staff Pension Fund, as decided by the Executive Board at its twenty-seventh session, an amount of \$2000 was required in 1962.

An additional \$2400 was required to cover the increased *per diem* rate of members of the Executive Board which the Health Assembly had just approved.

An additional \$160 000 had to be inserted to cover the inclusion of the administrative and operational services costs of the malaria eradication programme in the Region of the Americas, which the Health Assembly had also approved.

The Health Assembly had also decided to add the sum of \$2 000 000 to help in the financing of the malaria eradication field programme in 1962.

Taking all the adjustments he had mentioned into account, the budget level required to meet the cost of the 1962 programme amounted to \$23 607 180.

The information he had given was set out in tabular form in a working document which was before the Committee.

He appealed to delegates to consider his proposals favourably, since in his view they would enable the Organization to continue its work to the best of its ability, increasing its activities to the maximum extent possible, and enabling WHO the better to serve Member States in need of its help.

The CHAIRMAN thanked the Director-General for his comprehensive statement. The proposals before the Committee had been examined by the Executive Board and by its Standing Committee on Administration and Finance. He therefore invited Mr Brady, who was the representative of the Executive Board and Chairman of the Standing Committee, to take the floor.

Mr BRADY, representative of the Executive Board, recalled that, in accordance with Article 55 of the Constitution, the Board was required to examine the budget estimates and submit them to the Assembly with any recommendations it might consider advisable. The estimates before the Committee had therefore been examined by the Board's Standing Committee on Administration and Finance and by the Board as a whole. The report adopted by the Executive Board in that connexion appeared in *Official Records* No. 107.

He summarized the contents of Chapters I, II, III, IV and V of that report, pointing out in connexion with Chapter II that the Standing Committee had appointed a working party to make a detailed study of the costing procedures which had been followed in drawing up the estimates. Among the items to which the working party had paid particular atten-

tion were the detailed estimates for the Regional Office for Europe, provided for under Appropriation Section 5 (Regional Offices) and those for five projects under Appropriation Section 4 (Programme Activities) as well as one project under the Malaria Eradication Special Account. As stated in paragraph 27 of the Chapter, the Board had endorsed the view of the Standing Committee that the costing procedures and the budgetary methods and techniques used in the computation of the estimates were satisfactory.

With regard to Chapter IV, the Standing Committee and the Board had, after examining the proposals for the European Region, decided to recommend to the Fourteenth World Health Assembly that three projects should be deferred and deleted from the estimates and that the amount provided for a fourth project should be reduced. As indicated in Chapter IV, paragraph 163, (*Official Records* No. 107, page 54) the total amount of the reduction recommended, affecting Appropriation Section 4 (Programme Activities), was \$22 900.

He then referred to the supplementary estimates for 1961 submitted by the Director-General, with budgetary implications for 1962 in the amount of \$747 380, to meet continuing costs of the assistance provided by WHO to the Republic of the Congo (Leopoldville) and administrative and operational services of the malaria eradication programme. Taking account of that additional amount and the reduction of \$22 900 in the 1962 estimates for certain projects in the European Region, the Board had considered the proposals for 1962 on the basis of an effective working budget of \$21 576 480.

As stated in *Official Records* No. 107, Chapter V, paragraph 4, the Board had called the attention of the Fourteenth World Health Assembly to the fact that, should the General Assembly of the United Nations accept recommendations to reimburse WHO the book value of its investment in the Palais des Nations, the amount of \$500 000 included in the estimates for the Headquarters Building Fund could be reduced by some \$215 000. The General Assembly had since accepted that recommendation and, as the Director-General had said, the amount of the reduction, as revised, was \$203 000.

In accordance with resolution EB26.R34, under the decision taken by the Health Assembly the amount of \$21 400 should be added to the budget estimates for 1962 in connexion with the phased introduction of Russian as a working language in the Regional Organization for Europe.

He then referred to the additional sum of \$25 000 related to the cost of WHO's participation in the United Nations Joint Staff Pension Fund in accord-

ance with the decision of the United Nations General Assembly.

The Executive Board at its twenty-seventh session had adopted resolution EB27.R24 requesting the Director-General to provide for an adjustment of pensions for retired OIHP staff members similar to that granted to pensioners of the United Nations Joint Staff Pension Fund. The Board had been informed that the amount required in 1962 for that purpose was \$2000.

The Director-General had already referred to the decisions of the present Health Assembly to include in the regular budget the administrative and operational services costs of the malaria eradication programme in the Region of the Americas and \$2 000 000 to meet part of the cost of malaria eradication field programmes in 1962. The Board had not made any specific recommendation on those matters but had referred them to the Health Assembly for consideration.

Reverting to the deferment of three projects in the European Region, he said that the Board's recommendation had originated from members of the Board from the Region concerned. It had not been thought that the projects proposed for deferment were without merit but simply that, in view of the funds available, priority could not be granted to them.

In conclusion he quoted from *Official Records* No. 107, Chapter V, Part 2, in which were set out the Board's terms of reference for its review of the annual budget estimates, as established by resolution WHA5.62, and the conclusions that it had reached.

Mr SIEGEL, Assistant Director-General, said that the working document before the Committee (already referred to by the Director-General) showed the original budget estimates for 1962, as presented in *Official Records* No. 104 and, in separate columns, the adjustments necessitated by developments in the matter of reimbursement by the United Nations for WHO's investment in the Palais des Nations, the Joint Staff Pension Fund, and the rate of pensions for the retired OIHP staff members; and by the decisions taken by the Health Assembly in plenary session the previous day in regard to the financing of the malaria eradication programme and its administrative and operational services costs, the use of Russian as a working language in the Regional Organization for Europe, and the rate of *per diem* allowance payable to Executive Board members. The total estimates, after adjustment, now stood at \$23 607 180.

The Director-General had also circulated, in accordance with the usual practice, a note containing

a draft text of a resolution on the effective working budget and budget level for 1962, drawn up in the customary form. It read:

The Fourteenth World Health Assembly

DECIDES that:

- (1) the effective working budget for 1962 shall be US \$.....;
- (2) the budget level for 1962 shall be established in an amount equal to the effective working budget as provided in paragraph (1) above, plus the assessments represented by the Undistributed Reserve; and
- (3) the budget for 1962 shall be financed by assessments on Members after deducting:
  - (i) the amount of US \$642 000 available by reimbursement from the Special Account of the Expanded Programme of Technical Assistance, and
  - (ii) the amount of US \$500 000<sup>1</sup> available as casual income for 1962.

The CHAIRMAN declared the item open for discussion.

Dr QUIRÓS (Peru) thought there was a good case for making some changes in the presentation of the annual programme and budget estimates. WHO's activities fell naturally into two groups: those of general interest to Members as a whole—such as the programmes for the eradication of malaria and smallpox, training and research activities, organization of seminars and technical meetings, public information work, and administrative services—and those of specific interest to individual Members alone, namely, country programmes. He therefore advocated a budget document in two parts, presenting the proposals for those two groups separately. It would be a helpful innovation, too, to simplify the presentation of the budget. At present there were various documents containing a mass of information, which it was difficult to study thoroughly. The suggested change would have the additional advantage of cutting down expenditure on printing, the cost of which was very high, and thus releasing funds for more productive work.

Dr BRAVO (Chile) announced that his delegation would be compelled to vote against the budget for 1962: the increase in the budget resulting from the inclusion of provision for the malaria eradication programme would bring Chile's assessment for 1962 to an amount that was beyond its capacity to pay.

<sup>1</sup> Amount recommended by the Committee on Administration, Finance and Legal Matters (see p. 326)

Chile's efforts to stabilize the purchasing power of the national currency had, at great cost and sacrifice to its people, already achieved certain results. His Government had no desire to see those results jeopardized by agreeing to an exorbitant contribution to allow WHO to carry out a programme that was too ambitious and tended to destroy the balance that should exist between the various activities.

Dr van Zile HYDE (United States of America) asked for information on the amount of the Undistributed Reserve to be included in the 1962 appropriations, so that the Committee might know the actual amount on which the assessments against Members would be based; the necessary calculations might be based on the amount for the effective working budget proposed by the Director-General, namely, \$23 607 180.

Col. AFRIDI (Pakistan) thought that the comparative figure for 1961, if readily available, might serve to give some idea of the total amount of assessments under the 1962 budget.

He wished to thank the Members of the European Region for their kindness in foregoing implementation of some of the activities proposed for that region in 1962. They had been moved, he was sure, by a desire for economy and the wish to see more funds applied to work of greater importance for the under-developed countries. The proposed cut in the budget estimates resulting from that generous impulse and the subsequent action of the Executive Board was the only proposal put forward for savings in the 1962 budget, and he urged that the items in question should not be reinstated.

Mr SIEGEL said that, taking the effective working budget for 1962 in the amount of \$23 607 180, the amount of the Undistributed Reserve would be approximately \$1 683 000. The gross budget total would then be some \$25 290 180, from which casual income in the amount of \$1 142 000 would be deducted to arrive at the total amount to be assessed against Members, namely some \$24 148 000.

The effective working budget for 1961, as revised by the inclusion of the supplementary estimates approved by the Health Assembly the previous day, amounted to \$19 780 448. The comparative figure for 1962 was \$23 607 180; the increase in 1962 over 1961 would therefore be \$3 826 732.

Dr KURASHOV (Union of Soviet Socialist Republics) wished to know the percentage increase in the 1962 budget as compared with the budget for 1961.

Mr SIEGEL answered that on the basis of the figures he had given the increase would be 19.3 per cent.

Dr KURASHOV (Union of Soviet Socialist Republics) asked to be given some idea of what the percentage increases would be in the 1963 and 1964 budgets over the budget for 1962, when the Health Assembly's decision to include the costs of the malaria eradication programme under the regular budget was taken into account. Would it also be approximately 19 per cent., or more?

The DIRECTOR-GENERAL, before answering the delegate of the Soviet Union, wished to clear up a misunderstanding on the part of the delegate of Pakistan. It had been the members of the Executive Board designated by European countries that had concurred in the recommendation to defer certain projects proposed for the European Region and to delete them from the 1962 estimates. The representatives of the European Region as a whole, acting through the Regional Committee for Europe, had on the contrary recommended the inclusion of the projects in question.

If he had understood the delegate of the Soviet Union aright, the answer to his question was that there would be an automatic increase of approximately 9.5 per cent. in the 1963 budget, as compared with the budget for 1962, as the result of including provision in the 1963 budget in the amount of \$2 000 000 for the malaria eradication programme. That percentage did not of course take account of possible increase in other parts of the 1963 budget. Since no fixed amount of provision for the malaria eradication programme in 1964 had as yet been decided upon, he was unable to give any firm forecast of the possible percentage increase in the 1964 budget. If an arbitrary figure of \$2 000 000 was taken for the malaria eradication programme in 1964, the increase would be 7.5 per cent.

Dr KURASHOV (Union of Soviet Socialist Republics) said that he had had in mind the possible overall percentage increase in the 1963 and 1964 budgets, taking into account also possible increases for activities other than the malaria eradication programme. He had the impression that the overall increase for 1963 would also be 19 or 20 per cent.

The DIRECTOR-GENERAL answered that, in view of the normal procedures for evolving the annual programme and budget estimates, it was impossible for him to give any forecast at the present juncture of the increased provision that might be required for the rest of the 1963 programme, apart from malaria eradication. The figure of 19 per cent. might be a good guess and he was not prepared to challenge it as such. The increase in the 1962 budget over that for 1961 for the parts of the programme other than

malaria eradication would be 9.2 per cent. and for the malaria eradication programme, 10.1 per cent., making an overall increase of 19.3 per cent.

Dr KURASHOV (Union of Soviet Socialist Republics) thanked the Director-General for the information he had given and reiterated that the overall increase for 1963 was likely to be about 20 per cent.

Dr EVANG (Norway) thought that the position was unique in that the Committee was faced with an abnormal percentage increase in the 1962 budget, owing to the decision to finance part of the malaria eradication programme in that year from the regular budget. The idea of fixing a regular percentage increase for the budget each year had been mooted a number of times before. The Health Assembly had invariably adopted the attitude that no constitutional body, whether national or international, could bind its successor in such a matter. At the moment, developments in the field of medicine offered unique possibilities for helping emerging and rapidly developing countries. He, for one, would be most reluctant to accept even the most provisional forecast on the amount of the budget for coming years. Several of the countries contributing to the Expanded Programme of Technical Assistance were at present reconsidering their position, and there were encouraging signs that they might be taking an even more positive attitude to that programme in the future. He hoped that that stand would be reflected in the attitude towards the programmes of WHO.

The Director-General had put the matter of the proposed deletions from the programme for the European Region in the right perspective. Neither the Member countries of the Region nor the Regional Director were willing to forego those projects and the Director-General had upheld that stand. A decision to discontinue work in hand invariably raised difficulties. As a matter of principle, he would ask the Board in such a contingency in the future to submit an analysis of its reasons for recommending discontinuance of work. It should be borne in mind in that particular instance that the activities in question related to matters not primarily of interest to Europe alone; the work was designed to benefit in one instance the under-developed countries and in another all Member countries. His delegation would accordingly support the maintenance of provision for those items in the 1962 budget.

Professor AUJALEU (France) said that the programme and budget estimates for 1962 had been drawn up on the assumption that the malaria eradication programme would be financed from voluntary contributions. Now that a decision had

been taken to include \$2 000 000 in the regular budget for malaria eradication, there was little that could be done with regard to the budget ceiling for 1962. For future years, however, the Secretariat would be forewarned as to the probable sums to be included for malaria eradication and he hoped that the Director-General and the Executive Board would review the whole programme and decide on priorities in order to see whether there was any possibility of making certain reductions under other items of the budget. There must be some limit to the increases in the budget if they were not to become an impossible burden on Member States.

Mr LE POOLE (Netherlands) asked for some clarification on the subject of certain extra-budgetary funds. In the tables prefacing the details of the programme and budget estimates for 1962 (*Official Records* No. 104, page 2), the estimated amount of the allocation for 1962 under the Expanded Programme of Technical Assistance was given as \$5 167 000. The Technical Assistance Committee, at its session in the autumn of 1960, had decided that WHO's allocation should be \$6 912 445, and that amount had been subsequently confirmed by the United Nations General Assembly. If his information was correct, he would like to know the Director-General's intentions for revising the programme carried out with Technical Assistance funds.

Mr SIEGEL drew the attention of the delegate of the Netherlands to the fact that the figure he had cited from the tables related to the year 1962, whereas his second figure related to 1961. The relevant figure for 1961 included in the table was \$5 269 000. WHO had not been apprised of its 1961 allocation under the Expanded Programme of Technical Assistance until November 1960. The budget document for 1962 had been prepared well in advance of that date, on the basis of the best information available at the time. The Technical Assistance Committee had not as yet made any allocation for the year 1962.

The position was that for 1961 WHO would receive Technical Assistance funds to an amount approximately \$1 000 000 in excess of the estimates shown in *Official Records* No. 104. Those additional funds would enable the Organization to meet some of the requests from new Members which could not otherwise be entertained, and at the same time to implement some of the projects listed in the budget document under Technical Assistance Category II.

Mr LE POOLE (Netherlands) suggested that, in preparing the budget estimates for 1963, the Director-General should take into account the increase expected from the Expanded Programme of Technical

Assistance, so that certain programmes at present provided for in the regular budget might in future be financed from Technical Assistance funds.

The DIRECTOR-GENERAL replied that the point raised by the delegate of the Netherlands was very important, but it should be addressed to Member governments rather than to the Secretariat. Technical Assistance funds were not allocated by the participating agencies and it was up to the countries concerned to give priority to health programmes when formulating their requests to the Technical Assistance Board.

Dr KURASHOV (Union of Soviet Socialist Republics) said that no one could deny the importance of the malaria eradication programme or the fact that the economically advanced countries should participate in it. The only point at issue was the way in which that should be achieved. The Health Assembly had decided that the cost of the programme should be incorporated in the regular budget by stages; as a result there was an unprecedented increase in the proposed budget level for 1962. It was clear that there would be further increases in the future and it was essential that the Committee should face the facts squarely. His delegation had maintained from the outset that all available means should be used to promote malaria eradication, including assistance in kind and in different currencies. The fact that that point of view had not prevailed would cause endless complications and would place the Organization in a difficult financial position for many years to come. He reserved the right to make a further statement on the subject when it was discussed in the plenary meeting.

Mr KOLYOVSKY (Bulgaria) thought that the decision to include the cost of the malaria eradication programme in the regular budget would place an impossible burden on many Member countries, particularly those which had currency difficulties. In order that all possible resources could be made available for the implementation of the programme, he proposed that Member States should be permitted to pay the proportion of their contribution relating to the malaria eradication programme in their own national currencies.

After some discussion on the procedure to be followed in dealing with the Bulgarian proposal, Dr KURASHOV (Union of Soviet Socialist Republics) suggested that it should be referred to the Committee on Administration, Finance and Legal Matters.

*It was so agreed* (see minutes of the seventh meeting of the Committee on Administration, Finance and Legal Matters, section 5).



Dr HOURIHANE (Ireland) said that, if the malaria eradication programme was successful, there should come a time when the extra cost involved would decline and would finally disappear from the budget altogether. He suggested therefore that, during the period of maximum expenditure on malaria eradication, every effort should be made to postpone less urgent projects until a more propitious moment.

The DIRECTOR-GENERAL recognized that the decision on the financing of the malaria eradication programme had introduced some complications into the discussion on the budget level. He felt however that the decision had been a wise one, since it was clear that the problem could never have been solved on the basis of voluntary contributions. The figure to be incorporated in the regular budget should serve as a reminder that considerable sums of money had in fact been contributed voluntarily by some countries in the past. A system of credits had been introduced in order to soften the impact of the change in policy and he hoped that the delegations would consider all the aspects of the matter when deciding on the budget level.

The remarks made during the discussion would certainly be taken into account during the preparation of the programme and budget estimates for future years. He realized that there would be particular difficulties in 1963 and 1964, but he emphasized that malaria eradication was not the only important project being undertaken by WHO. He hoped that funds would be forthcoming from other sources, such as the Expanded Programme of Technical Assistance, but with the increase in the number of Members there would be a constant drain on all the resources available. If the Committee wished to achieve budgetary stability it should bear in mind that the most important requirement was to provide the under-developed countries with the trained staff they needed to carry out the work.

The Fourteenth World Health Assembly was meeting at a time when the requirements were clear and when every effort should be made to provide more assistance for the under-developed countries. It was definitely not the time to allow any slackening of that effort and he was convinced from his personal experience that the best way to help the under-developed countries was through multilateral programmes.

Dr van Zile HYDE (United States of America) thanked the Director-General for his helpful statement. He proposed that the effective working budget for 1962 should be \$23 607 180.

Dr EVANG (Norway) said that several delegates had referred to the budgets for 1963 and 1964 in terms which implied that a definite decision had already been taken on the subject. It was true that the Health Assembly had decided to ask the Director-General to incorporate certain sums in the budget estimates for 1963 and 1964, but the final decision would surely be left to the Fifteenth and Sixteenth World Health Assemblies.

Mr SIEGEL confirmed Dr Evang's interpretation of the situation.

Dr GOOSSENS (Belgium) said that his delegation had been aware for some time that it would be impossible to finance malaria eradication by voluntary contributions alone and had, therefore, supported the proposal that the costs of the programme should be incorporated in the regular budget by stages. He had hoped, however, that such a decision would be accompanied by some temporary curtailment in other items of the budget, as suggested by the delegate of Ireland. Unfortunately that hope had not been fulfilled and the regular budget, apart from the increased costs for malaria eradication, had risen as much as, if not more than, in previous years. His delegation would, therefore, be obliged to abstain in the vote on the United States proposal.

Dr KURASHOV (Union of Soviet Socialist Republics) explained that his delegation would abstain in the vote because of its objection in principle to the inclusion of the cost of malaria eradication in the regular budget.

In reply to a question asked by Dr SUVARNAKICH (Thailand), the DIRECTOR-GENERAL said that the proposed budget level included provision for certain projects in the European Region which the Executive Board had recommended should be deferred.

Dr GODBER (United Kingdom of Great Britain and Northern Ireland) was sorry that the Executive Board's recommendation had been set aside because he had hoped that the small economies recommended might have led to further economies in the future.

Dr ESCALONA (Cuba) said that the discussion had confirmed his delegation in its opinion that the Health Assembly had been misguided in deciding to include the cost of the malaria eradication programme in the regular budget. Some countries would find it very difficult to meet the progressively increasing burden, particularly in the required currency, and the decision would have serious consequences. He could not

agree to the suggestion that other projects should be curtailed in favour of malaria eradication, since that would mean neglecting other equally important problems.

The CHAIRMAN put to the vote the United States proposal to recommend to the Health Assembly that the effective working budget for 1962 should be US \$23 607 180 and accordingly to insert that figure in sub-paragraph (1) of the draft resolution (see page 222). Under Rule 67 of the Rules of Procedure, a two-thirds majority was required.

*Decision:* The proposal was adopted by 53 votes to 4 with 28 abstentions.<sup>1</sup>

*The meeting was suspended at 12 noon and resumed at 12.25 p.m.*

## 2. Second Report of the Committee

Dr KAMAL (United Arab Republic), Rapporteur, introduced the Committee's draft second report containing the resolution on the effective working budget and budget level for 1962.

*Decision:* The second report was adopted (see page 439).

*The meeting rose at 12.30 p.m.*

## EIGHTH MEETING

*Saturday, 18 February 1961, at 9 a.m.*

*Chairman:* Dr W. A. KARUNARATNE (Ceylon)

### 1. Review of Work during 1960: Annual Report of the Director-General (continued)

Agenda, 2.2

*Chapter 5. Health Protection and Promotion (continued from sixth meeting)*

Dr KAUL, Assistant Director-General, Secretary, replied to some points raised during the discussion of Chapter 5 of the Annual Report (*Official Records* No. 105).

The delegate of the United Kingdom had indicated that with the use of the new chemotherapeutic agents the number of admissions to psychiatric hospitals, and the average length of stay, had been appreciably diminished. The Director-General was aware of that important fact and would bear it in mind in developing the Organization's mental health programme.

The Organization was giving attention to the need for more psychiatric specialists. A number of studies had been made and in 1960 a meeting of the Expert Committee on Mental Health<sup>2</sup> had been devoted to the training of psychiatric personnel. At present material was being collected for an expert committee later in 1961 on the role of public health officers and general practitioners in mental health

care. Finally, it would be remembered that mental health was to be the subject of the technical discussions at the Fifteenth World Health Assembly.

Several delegates had referred to WHO's work on food additives. It was being carried on in close collaboration with FAO, and a number of joint expert committees of the two organizations had been convened. The first, meeting in 1956, had discussed general principles governing the use of food additives and its report had been published in the *Technical Report Series*<sup>3</sup> and circulated to all governments. The second, in 1957, had discussed procedures in testing food additives for safety, and again the report had been published in the *Technical Report Series*.<sup>4</sup> Finally, the report of another expert committee, which had met in December 1960 and evaluated the carcinogenic hazards of certain food additives, was now being prepared for publication.<sup>5</sup> Thus the Organization recognized the importance of the question of food additives, and was doing all it could to promote the exchange of information and opinions so as to assist national authorities in developing suitable regulations.

As to what WHO was doing in regard to lung cancer, he had already mentioned that WHO's cancer programme was relatively new but that steps

<sup>1</sup> The draft resolution, thus completed, was transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA14.17.

<sup>2</sup> See *Wld Hlth Org. techn. Rep. Ser.*, 1961, 208.

<sup>3</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1957, 129

<sup>4</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1958, 144

<sup>5</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1961, 220

were being taken to make it as comprehensive as means allowed. At present it comprised two main aspects: epidemiological studies both at the national level and on a comparative basis throughout the world; and the development of reference centres for different types of cancer. For a full description of proposals under those two headings delegates should refer to the proposed programme for 1962, but the first heading included studies of the environmental factors involved in the etiology of lung cancer.

More information had been requested on the nutrition conference held in Mexico in September 1960 under the sponsorship of the World Federation for Mental Health and the Josiah Macy Jr Foundation, with the support of UNICEF, FAO and WHO. The subject had been food habits in relation to nutritional factors. The report was not yet available but would be given wide circulation.

The International Occupational Safety and Health Information Centre recently established by ILO was mainly concerned with collecting, analysing and disseminating information, and WHO was assisting in that work. An additional post of technical assistant was provided for in WHO's Social and Occupational Health unit to deal with the resulting additional workload, and that represented most of the cost to WHO of its participation in the work of the Centre.

The CHAIRMAN proposed that, to expedite its work, the Committee should discuss some of the chapters of the Report together and that, when it came to Part II on the regions, it should discuss at the same time the proposed programme and budget estimates for 1962.

*It was so agreed.*

*Chapter 6. Education and Training*

*Chapter 7. Medical Research*

Dr AUJOLAT (France) said that, in attempting to overcome the shortage of trained personnel, which was of course their main obstacle to health progress, the newly independent countries were torn between the need to speed up the process of training and the need to maintain adequate professional standards. WHO could do much to help countries to reconcile those two requirements, as had been pointed out at the seminar on the training of medico-social personnel organized by the International Children's Centre at Abidjan.

WHO could also help to ensure that more attention was given to preventive and social medicine in medical curricula.

Finally, he was glad to note the attention being paid to assisting the emerging countries to develop

post-graduate public health training, and in that connexion he awaited with interest the report of the expert committee that had met in December 1960.<sup>1</sup>

Dr KPOTSRA (Togo) thanked the Director-General for his attention to the education and training of professional and auxiliary personnel, which was the most difficult problem for his country, as for most of the newer ones. It was true that accelerated training was being given to persons leaving school—and in that regard he was very grateful for the help received from the Regional Office for Africa—but, useful as that measure was, it did not solve the problem of the shortage of medical practitioners. It was also true that valuable assistance was being received from friendly nations which were putting medical practitioners at the disposal of the African countries, but that was only a stop-gap. The only permanent way to overcome the shortage of doctors without lowering professional standards would be to provide those countries with fellowships for the full period of medical training. The stop-gap measure of providing trained staff should in no circumstances hinder or take the place of building up a body of trained national personnel. Unless the problem was approached in that spirit, expressions of sympathy for the newly independent countries would appear no more than propaganda.

Dr CAMERON (Canada), after joining those who had congratulated the Director-General on his excellent Report, said there was need to devise a policy for keeping the research activities of WHO within controllable bounds. During the discussion of previous chapters of the Report he had been struck by the frequent references to the need for research, and wondered whether much of WHO's resources might not be frittered away by trying to cover too broad a field. The Second World Health Assembly, in resolution WHA2.19, had resolved that "first priority should be given to research directly relating to the programmes of the World Health Organization". In accordance with that resolution, he suggested that priority in the present expanded research programme should be given to subjects relating to the Organization's current work, not only because that policy was desirable in itself, but also because attention would thereby be concentrated on the areas of the world where assistance was most needed.

Mr MARADAS-NADO (Central African Republic) said that in his country the shortage of medical and nursing staff was aggravated by a preference on the part of persons with secondary education for careers

<sup>1</sup> *Wld Hlth Org. tech. Rep. Ser.*, 1961, 216

that offered greater monetary rewards after a shorter training period. Moreover, the educational level of the nursing staff, which was almost the only staff available for international fellowships, was often too low for full benefit to be derived from the course of study followed. His Government would therefore be grateful for anything WHO could do to assist in improving the country's basic educational facilities and to attract suitable persons to the health professions by appropriate publicity methods.

Dr SYMAN (Israel) agreed with those speakers who had emphasized that providing the emerging countries with foreign medical staff was only a stop-gap measure, and that the central objective must be to assist them in setting up their own training centres.

Regarding medical research, he thought that everyone would approve the tendency that had crystallized over the past two years to give priority to the communicable diseases, which were the biggest problem in most parts of the world. He also welcomed the emphasis on services to research—an important function that only an international organization could satisfactorily perform. He asked for clarification, however, on two points regarding the procedure for initiating research projects. First, what was the relationship of the Office of Research Planning and Co-ordination to the other units of WHO? At the Thirteenth World Health Assembly he had had rather the impression that a body was to be created which would work in splendid isolation from the rest of WHO; he hoped that that was not the case, and that the necessary contact and co-ordination was maintained with the day-to-day activities of the technical units. Secondly, regarding the relationship between WHO's research programme and the work of national governments in the research field, he still did not understand the procedure that had been developed. It seemed to be the only part of WHO's programme that was worked out neither through the regions nor through contact with individual governments. The booklet that had been circulated on the procedure governing requests for research grants by individual institutions provided part of the answer to his question, but he would like some information on the relationship that was maintained with national governments and with national research committees and similar bodies.

Dr BAIDYA (Nepal) expressed his Government's gratitude to WHO for its assistance in setting up a school of nursing and a school for health assistants, to provide the best substitute for fully trained doctors. Graduates were now coming out from those schools every year and going to work in various institutions and in the rural areas. At the same time the shortage

of doctors had itself been largely overcome by India's generosity in accepting between twenty-five and thirty Nepalese students every year into its medical colleges under the Colombo Plan.

Now the Government of Nepal was proposing to establish its own medical college, and it was hoped that the anatomy and physiology classes could begin by the middle of 1963. However, shortage of teaching staff and of equipment would be a serious problem, to overcome which any assistance from WHO or from other national and international agencies would be welcome.

Professor BOVET (Italy) congratulated the Director-General on the steps taken to implement resolution WHA13.64 on the Organization's medical research programme. His delegation was aware of all the technical and financial difficulties confronting the programme, and approved the decision to give the main priority to communicable diseases, particularly those prevalent in tropical areas, and only secondary attention to cancer, cardiovascular diseases, the effects of radiation on health, and human genetics.

One of the main tasks of WHO in research would be to promote exchange of information between existing national research bodies. His delegation was therefore grateful to the Director-General for the support he had given to the action taken by the Italian Minister of Health in convening in Rome in December 1960, in commemoration of the twenty-fifth anniversary of the Istituto Superiore di Sanità, a symposium on the role of national health institutions, which had brought into contact about thirty directors of important institutions. He would be happy to see other governments organizing further such meetings, which could make an important contribution to the development of international collaboration in research.

There was a great need for the establishment of new institutes of tropical medicine and for the expansion of existing ones. He could promise the Director-General his Government's assistance in training the required research staff.

Finally, his delegation greatly appreciated the personal interest the Director-General had taken in the work of the Advisory Committee on Medical Research and his efforts to make its tasks as easy as possible.

The CHAIRMAN thanked Professor Bovet for his remarks. The Committee was fortunate to have the benefit of the views of a Nobel Prize winner.

Dr ABU SHAMMA (Sudan) said that his remarks would relate to training subsequent to post-graduate training. Before his country had attained indepen-

dence, the public health officials appointed by its foreign rulers had been able to attend annual refresher courses in their own countries. That advantage was not now enjoyed by the national staff: once they had obtained their post-graduate diplomas, all relations with the post-graduate institutions were severed. He wondered whether WHO might be able to arrange for such staff from time to time to take refresher courses of two or three months' duration.

Dr AL-WAHBI (Iraq) said that education and training was the backbone of the work both in WHO and at the national level. He noted the statement in the second column of page 28 of the Annual Report: "In other aspects of the programme there has been a gradual and continuous increase in requests for advice on educational matters, and particularly on the planning and establishment of new educational programmes and institutions." In addition to helping to establish new institutions, it was equally important to provide expert assistance in upgrading and developing existing institutions. He knew that some requests for such aid had already been received.

WHO had taken an important step forward in assisting governments in building up their own facilities by providing fellowships to enable candidates to teach and be taught in institutions abroad before returning and occupying posts at home. However, a further step now needed was to enable local staff to train in their own institutions so as to be able to take over from the foreign staff at present teaching there.

Finally, for various reasons, including lack of hard currency, many medical libraries throughout the world were short of sufficiently up-to-date literature. Any assistance WHO could give in that regard would be much appreciated.

Dr KIVITS (Belgium) welcomed the emphasis placed on WHO's programme of education and training. He agreed that, in the under-developed countries, the Organization's essential aim should be to build up national training facilities, so that staff could acquire an intimate knowledge of the needs and problems of their own countries, though a useful role would continue to be played by fellowships for further training abroad in highly specialized fields.

In the developing countries it was important that the medical curricula should give adequate attention to preventive and social medicine. It was also important to overcome the general tendency for qualified personnel to gravitate towards the towns rather than the rural areas. It might be made a condition for granting WHO fellowships that candidates should

pledge themselves to work for a few years in rural areas. At the same time, the attention of governments should be drawn to the desirability of offering financial inducements that would draw staff away from the physical comforts and other advantages of the urban centres.

Dr ENGEL (Sweden) shared the views of the delegate of Canada regarding the general orientation of WHO's research programmes.

From the discussion that had taken place he had the impression that some delegates would like fuller information on the details of WHO's research activities. He agreed with the delegate of Israel that closer co-operation with national health administrations and research institutions seemed to be required. At the Thirteenth World Health Assembly he had already expressed concern on that very point, and had suggested that Member States should be informed of the work of the scientific groups set up by the Advisory Committee on Medical Research. Since then he had obtained the reports of some of the groups, which had proved to be of the highest quality and interest, so he reiterated his view that they should be distributed.

He wondered when the medical research grants system was to come into operation. Preparations seemed well advanced.

Dr HOURIHANE (Ireland) said that the importance of WHO's functions in education and training were generally admitted and, from the point of view of a public health administrator, the emphasis given to the preventive and social aspects in medical teaching was particularly welcome. He asked when the report of the study group that had discussed preventive aspects in the teaching of physiology would be available.

It was a regrettable fact that, in his own country at least, the amount of post-graduate public health training was decreasing, not because it was not available but because students did not want it. In one institution with which he was familiar, the number of medical men who were pursuing a formal post-graduate course of study in public health had declined from a former figure of fifty or sixty (in a single year) some ten years ago to ten in the academic year 1960-61. The reason seemed to be that public health was less remunerative than other branches of medicine.

Dr TURBOTT (New Zealand) wished to make a remark applying not merely to the two chapters under discussion but to the entire Annual Report. In the general discussion in the fourth plenary meeting, the delegate of Greece had said:

There is, as a rule, no difficulty in starting a project and even in getting it running smoothly and well in the course of two to three years; but many reports have shown that, after withdrawal of WHO teams, the impression is that the work has been finished and completed instead of having been just started. My country would like to see clauses inserted in agreements with countries on projects, to the effect that there should be future periodical inspection of the after-effects of projects begun by WHO at specific intervals, of two years, for example, to ensure that the plans originally laid down by WHO teams are maintained and followed up in accordance with the original conceptions as set out in the original agreements.

Those remarks concerned an important matter that had already received some attention in the Western Pacific Region. His Government understood that WHO assistance was normally granted only after previous evaluation of the possibilities of integration into the national health services and the assumption of responsibility by national personnel. Owing to differing states of development, that ideal was not always realizable, but he was sure everyone would agree that integration and follow-up were in any case desirable. Perhaps the remarks of the delegate of Greece referred to the past and not to the present, but he asked the Director-General at least to note them and to discuss the matter with the regional directors to ensure that the policy he had referred to was being followed as far as possible.

Dr QUIRÓS (Peru) said that his Government was hampered in its efforts to provide sufficient staff for public health administration by financial difficulties in providing fellowships for students wishing to specialize in public health. At present such students could benefit from WHO fellowships only by going abroad, and he wondered whether WHO could modify its fellowships policy so as to allow study within the fellow's country of origin.

His Government would be grateful if WHO could pay some attention in its research programme to the epidemiology of sylvatic plague, of which some foci remained in Peru.

Dr PATIÑO-CAMARGO (Colombia) took the opportunity he had not had in plenary session of congratulating the Director-General on the work of WHO during 1960 and conveying to him the greetings and appreciation of his Government.

With reference to Chapter 7 of the Report, he stressed the urgency of research on methods of biological control of disease vectors and other pests,

as the chemical methods at present employed were dangerously shifting the balance of nature. For example, it seemed that spraying with DDT to break the epidemiological chain of malaria was destroying the natural enemies of the Reduviidae vectors of trypanosomiasis, just as the extermination of birds of prey had led to a great increase in granivorous birds which destroyed wheat and rice crops. The need for biological control was particularly acute in the case of the housefly, which was one of the most dangerous of all disease vectors and against which little was likely to be achieved by chemical methods.

Dr FISEK (Turkey) said that the work of the regional directors in connexion with education and training deserved the highest praise; they had made the most of the limited resources available. The extent of the work accomplished was far from sufficient, however, and every effort should be devoted to the training of staff. He had noted with satisfaction the collaboration with UNICEF. Such co-operation should be extended wherever possible: the constitutional rights of specialized agencies of the United Nations should not hinder service to the nations of the world. He requested information on the part played by regional directors with regard to fellowships and the possible establishment of a special fund open to voluntary contributions—even in local currencies—for the training of personnel.

The SECRETARY said that since many speakers on Chapter 6—Education and Training—had laid emphasis on the main elements of the programme, he would confine himself to replying to specific points raised. The comments made by delegates had been noted and would be taken into account when preparing future programmes.

With regard to the difficulties encountered by developing countries in finding suitably qualified students to take advantage of fellowships abroad, there was little that WHO could do to help, although headquarters and regional offices did everything within their powers. He felt it would be unwise to lower fellowship standards. As the Director-General had said at the previous meeting, much depended on social and economic development, and when conditions improved a greater number of qualified personnel would be available.

Reference had been made to the assistance of the Organization in equipping medical libraries. Such assistance had been given at the request of governments, particularly in organization and planning, but was restricted by the limited resources available. Assistance in that connexion could also be obtained by Member States from UNESCO.

The question of WHO assistance in upgrading and evaluating institutions for medical training had been raised. WHO undertook such work, suggesting revised curricula when necessary, at the request of the governments concerned.

The resources of the Organization would not permit the granting of fellowships to local personnel in institutions of their own country, except in very special circumstances. UNICEF did however provide assistance in that connexion under certain circumstances and requests could be made to that body.

The delegate of New Zealand had referred to a statement by the delegate of Greece in the fourth plenary meeting. Mutual agreement on a plan of operation was reached by the government concerned and WHO before projects were undertaken, and it was the responsibility of the government concerned to continue with the project after the withdrawal of international support, maintaining it and expanding it if necessary. Only thus could success be ensured on a long-term basis. The Organization was quite willing to reassess activities periodically, but could only do so at the request of the government or if a follow-up scheme had been written into the agreement. Regional directors present had no doubt taken note of speakers' comments on that subject.

Turning to Chapter 7, he said that the Director-General, who had unfortunately been called away to another meeting, wished to comment on two aspects of medical research and would be grateful for an opportunity to do so when he returned (see page 234).

The delegate of Canada had referred to resolution WHA2.19 concerning medical research programmes; both the Director-General and the Assembly itself had consistently followed the policy prescribed in that resolution. With regard to priority of programmes, the Advisory Committee on Medical Research had reviewed the Director-General's proposals (which appeared in *Official Records* No. 95, Annex 5) and had forwarded them to the Thirteenth World Health Assembly. The assistance provided by WHO did not consist of actual research work but rather of contractual technical services, and occasionally the supply of equipment which was essential but not locally available. The Organization also assisted in co-ordination and planning. It was not intended to create a division in the Organization to deal with research as such; research on different subjects came under the programme dealing with the particular disease concerned.

The CHAIRMAN announced that, pending the return of the Director-General, consideration of Chapter 7 was closed.

#### *Chapter 8. Radiation Health and Human Genetics*

*It was agreed* that Chapter 8 would be dealt with later under item 2.8 of the agenda—Radiation health, including protection of mankind from ionizing radiation hazards, whatever their source (see fourteenth meeting, section 2, page 292).

#### *Chapter 9. Health Statistics*

Sir Kenneth COWAN (United Kingdom of Great Britain and Northern Ireland) gave an account of a new scheme recently introduced in Scotland for the collection of morbidity statistics. For each patient there was a sheet recording full details of his case, dates, and diagnosis of the principal and any other conditions, according to the 1955 revision of the International Classification of Diseases. A separate scheme existed for mental hospital patients. Within a few months after the end of a given year, complete statistics were available for that year. It was hoped that the new scheme would meet the requirements not only of hospital administrations but also of clinicians and facilitate the study of national statistics in the various disciplines, showing the trends of illness in the population. He would be pleased to furnish full details of the scheme to any delegates interested.

Dr DOUBEK (Czechoslovakia) said that his delegation fully appreciated the efforts of WHO to unify and improve statistical methods and to promote the use of a single classification of diseases throughout the world. His country, together with the Soviet Union, Bulgaria, Romania, Hungary, Poland and Albania, was working on proposals for the eighth decennial revision of the International Classification of Diseases. Czechoslovakia was also participating in the WHO research programme, particularly on tuberculosis and arteriosclerosis. The members of the WHO Expert Committee on Health Statistics, which had met in December 1960, had shown great interest in the results of other statistical research in his country, especially the effects of industrialization on health and methods of medical examination to determine the state of health of the population. He drew attention to the advisability of using modern mechanical methods in the compilation of health statistics.

Dr JUNGALWALLA (India) gave an account of the work undertaken in India in connexion with the ten-yearly population census. New questions had been introduced of medical and social importance, and it was hoped that the resulting information would provide useful statistics on morbidity and the incidence of certain handicapping afflictions. He

summarized the statistical methods in use, mentioned the first medical records seminar which had just been opened, the new course on hospital administration with emphasis on medical records, and the model medical records unit that would be established in Delhi under the third five-year plan. He noted that WHO was sending advisory teams to government departments and that rural health centres were also covered in the programme, and suggested that the Director-General and the regional directors should in that connexion bear in mind medical statistical records, since they would provide a source of information on morbidity that would be most valuable in health planning and evaluation.

Dr DAELEN (Federal Republic of Germany) summarized the situation in her country with regard to health statistics and referred to the sample survey carried out since 1957. Additional health questions had been inserted (the answering of which was voluntary), primarily to provide data for planning and hospital administration. It had been found that the population replied willingly to health questions and the results would be published by the middle of 1961. It was hoped that hospitals would have full medical record facilities within a few years.

Dr SAUGRAIN (Central African Republic) said that it was difficult for his country to provide the information which WHO required for health statistics. Specialized personnel were needed to deal with the complicated forms which had to be filled in, and none were available in the country. For that reason his Government would welcome the visit of a WHO statistical consultant.

Professor CANAPERIA (Italy) said that there was no doubt that health statistics provided a valuable means of assessing health problems and the efficacy of steps taken; he was gratified to note the importance WHO attached to them.

He had been most interested in the new methods described by the delegate of the United Kingdom for obtaining hospital morbidity statistics, which he found preferable to the sample method. A scheme for the compilation of hospital statistics encompassing the whole country had been in practice in Italy since 1956. More than 2 000 000 filing cards per year were involved; the results were published annually and provided a reliable means of obtaining precise information on hospital morbidity in the country. The statistics for 1959 were available and, now the initial difficulties had been overcome, it might be possible to speed up the process.

He requested the Director-General to circulate to the health administrations of all countries the results

of the tripartite experiment described in the second paragraph of Chapter 9 and of any similar experiments, and the guides and data referred to in the sixth paragraph.

Dr HANSEN (Norway) congratulated the Director-General on the steps taken to facilitate the comparison of morbidity statistics in the various countries and supported the suggestion put forward by the delegate of Italy that the results of the tripartite experiment and the guides and data referred to in the sixth paragraph of Chapter 9 should be circulated to national public health administrations.

He requested information as to whether further experiments of a similar kind were planned and whether a study of world morbidity statistics was envisaged. A study of the reasons for differences between countries in the morbidity figures for cardiovascular diseases and the different forms of cancer would be most valuable.

Dr GRASHCHENKOV, Assistant Director-General, replied to the points raised in the discussion. He expressed much satisfaction at the progress being made in the recording of health statistics, apparent from the accounts given by various speakers, and noted that it was the first time since the Eleventh World Health Assembly that so much attention had been given to that important subject.

In reply to the points raised by the delegates of Italy and Norway, he assured members of the Committee that as soon as the results of the tripartite experiments were complete, they would be published and made available to all interested. The guides and data for recording administrative and morbidity statistics, which had also been referred to, would be published.

With regard to the request from the delegate of Norway for information on morbidity statistics for cardiovascular diseases and cancer, annual epidemiological statistics were published and circulated. As the Director-General had stated in Chapter 9, the volumes for 1956 and 1957 had already been published; those covering 1958 and 1959 would appear in 1961. Monthly epidemiological and vital statistics reports were also published and contained a considerable amount of data on morbidity and mortality rates. The request by the delegate of Norway would be borne in mind and the publications to which he had referred would be brought up to date and made available as rapidly as possible.

The statements made by the delegates of Czechoslovakia, India, the Federal Republic of Germany and the United Kingdom had been most interesting and had been duly noted. He expressed the hope that all Member States would take an active part



in the furnishing and communication of statistical data both of a general demographic nature and on the numbers of deaths caused by disease.

*Chapter 10. Biology and Pharmacology*

*Chapter 11. Publications and Reference Services*

Sir Kenneth COWAN (United Kingdom of Great Britain and Northern Ireland) asked that the Director-General give consideration to publishing the background document prepared for the meeting in October 1960 of the Expert Committee on Mental Health (Programme Development in the Mental Health Field) possibly enlarged by additional information taken from the survey on mental health that had been conducted at WHO's instigation. The document in question contained a wealth of material on many aspects of the problem of mental health facing communities all over the world and the members of the Expert Committee had felt sure that its widest possible publication would be of great value.

Dr HANSEN (Norway) recalled the information that had been furnished during the discussion on Chapter 2 in regard to the collaborative assays of a batch of freeze-dried BCG vaccine that were being carried out in six different BCG laboratories. Would it be possible for the Norwegian BCG laboratory to be given a sample of that particular batch of vaccine, so that it might make a start on comparing its own product with that batch, pending possible recognition of the latter as an international reference standard?

Secondly, in view of the recognized importance of having adequate means for controlling the many new drugs now coming on to the market and the fact that many countries had neither the funds to spare nor the technical facilities needed for carrying out the requisite controlled trials to determine in particular their therapeutic value, he would like to know whether the Director-General was taking or intended to take steps to co-ordinate the activities of the various countries in that sphere, e.g., by collecting and distributing information on completed, current or planned work.

Dr DOUBEK (Czechoslovakia) was of the opinion that the Biological Standardization unit had done good work during 1960. Co-operation with individual laboratories on the formulation of international reference standards was proceeding well; the work being done under the British Medical Research Council was worthy of being singled out for special mention.

The programme for formulating international reference standards for new pharmaceutical products

was a sound one, but it was of importance that as many as possible of the new standards formulated should be applied immediately. Czechoslovak institutes were ready to undertake some of the preparatory work entailed, e.g., titration. The work of standardization of methods of evaluating biological preparations should be speeded up and Czechoslovakia would welcome action on the proposal to set up international control services for certain biologicals that were difficult to evaluate.

Czechoslovakia would also like to see a substantial increase in the number of international reference standards for the quality control of new pharmaceutical substances, so that those substances might be available for use in comparative analyses. That would greatly simplify and at the same time increase the accuracy of operations in national laboratories and institutes engaged in the quality control of medicaments. It would also be useful if WHO would function as the arbitration body in any disputes between countries in regard to new drugs.

Lastly, Czechoslovakia was ready to co-operate with WHO in its work on the quality control of medicaments as part of its preparations for issuing a second edition of the *International Pharmacopoeia*, by trying out and testing new drugs by methods evolved in Czechoslovakia with a view to their being used as reference standards.

Dr HOURIHANE (Ireland) praised WHO's publications as uniformly excellent and singled out in particular the *Technical Report Series* for the up-to-date information its numbers provided. The latest number on poliomyelitis was of the utmost value for that reason; the information it gave was not available elsewhere, even in the latest textbooks on the subject.

He had one small suggestion to put forward and that was that the former practice should be resumed of including at the end of each number of the series, or at all events more frequently than was customary at present, a list of some recent past publications and of known forthcoming publications. Secondly, he would like to know what the prospects were for the publication of the report of the Study Group on the Preventive Aspects in the Teaching of Physiology; he had asked for that information during the discussion on Chapter 6, with no result.

Dr PATIÑO-CAMARGO (Colombia) urged WHO to intensify its work on drug addiction, with special reference to localized addictions. The Quechua population in his country had from time immemorial been addicted to the chewing of the coca-leaf, and his Government's ban on coca cultivation—instituted despite the economic loss entailed—was not proving fully successful. As a result, the

Ministries of Agriculture, Education and Public Health were taking concerted action; the population was to be indemnified for the destruction of coca trees and at the same time instructed and helped to grow remunerative substitute crops. Colombia felt that that was the only way to stamp out the harmful practice.

Dr GRASHCHENKOV, Assistant Director-General, answering some of the points raised, stated that the Director-General would give consideration to the request made by the delegate of Norway in regard to the BCG vaccine currently under test and would also study carefully his suggestions on co-ordinating activities in the control of new drugs.

The remarks of the delegate of Czechoslovakia would also be given due attention. Two centres were currently undertaking work for WHO on standardization of biological preparations: one in Copenhagen, which dealt solely with standardization of vaccines and sera, and the other in London, which was concerned with standardization of pharmacological products. The output of the two centres was of course subject to the limits of staff, equipment and laboratory accommodation. Serious consideration would have to be given before deciding upon any increase in the number of such centres, since there had already been suggestions that WHO was spending too much money on contractual technical services. The suggestion that WHO should assume responsibility for arbitration in regard to new medicaments also needed careful study since that was a legal function and, as such, lay outside WHO's competence.

The Director-General would take due note of the remarks of the delegate of Colombia regarding coca-leaf addiction in his country. Some two years ago, a similar case in regard to khat had been brought to the Organization's attention and a special study had been carried out, resulting in the placing of khat under special control.

The DIRECTOR-GENERAL, taking up some of the points just made and others brought up during the discussion on Chapter 7, explained that mainly budgetary limitations, but also to some extent limitations in WHO publications series, made it impossible for the Organization to publish all the valuable material amassed for and through scientific group or study group meetings. The question of publication was being kept under study; some of the papers had already been published in the *Chronicle* or in the new series, *Public Health Papers*. That practice would be maintained to the fullest possible extent.

If his memory served him aright, the report of the Study Group on the Preventive Aspects in the

Teaching of Physiology had not been intended for publication. It had been prepared for and submitted to the expert committee which had discussed the teaching of the basic medical sciences in the light of modern medicine, and the original material would be incorporated in that committee's report. He would take steps to verify that information, if desired.

The practice of including a list of recent or forthcoming issues in the *Technical Report Series* had been discontinued, probably because the point had been reached where the list was becoming too lengthy. He would look into the matter, however, to see what could be done. A full list of WHO publications was brought out approximately every other year.

With regard to the scientific groups on medical research, he reminded the Committee that those groups did not enjoy the same standing as WHO's expert committees, and hence publication of their reports was not mandatory. Their purpose was to provide him with guidance in framing his medical research programme and the practice was for their recommendations to be submitted to the Advisory Committee on Medical Research, together with his own comments thereon. In the course of time, as the work in medical research evolved, the expert advisory panels from which the membership of expert committees was drawn would be enlarged and the use of scientific groups progressively discontinued.

In regard to the question of the relationship between WHO and governments regarding promotion of research, the Organization had not as yet any settled policy, since the programme of medical research was still in a preliminary phase. He believed it essential for the Organization to maintain its freedom of action to contact scientific or research institutes without necessarily having first to go through government channels. Where research conducted in a country was under the control of a central body, WHO would naturally approach that body in promoting research on matters of mutual interest. It would certainly, however, hamper the Organization's programme if all approaches had to be made through governments.

**2. Review of Work during 1960: Annual Report of the Director-General; Review and Approval of the Programme and Budget Estimates for 1962; Report on Assistance to the Republic of the Congo (Leopoldville)**

Agenda, 2.2, 2.3, 2.6

*African Region*

Dr CAMBOURNAC, Regional Director for Africa, first offered his best wishes for their future prosperity to the countries in the African Region that had recently achieved independence.

WHO's work in the Region had grown apace during 1960, both in volume and importance. The Member governments were attaching added importance to health work, both for the control of communicable diseases and for the basic task of improving health conditions for their peoples.

The accession of a large number of new Members had necessarily entailed a growth in the regional programme. In drawing up the individual programmes for those countries, due account had been taken of their special needs and of their capacity to absorb outside assistance. Their greatest need was for help in training the medical and auxiliary personnel required to staff the public health services, and WHO was making special efforts to set on foot effective training programmes. The attention of governments had also been drawn to the benefits to be derived from the WHO fellowships programme. The need for parallel progress in the economic and social spheres was not being overlooked.

In addition to continued work on control of communicable diseases and on nutrition, further efforts had been made towards developing and strengthening the public health services in the various countries. In that work the basic health needs of the countries was the paramount consideration and plans were so designed as to allow of the eventual absorption within the public health services of the special services set up to deal with specific health problems. The value of a network of rural health centres was already well recognized. Such a network was essential for training purposes, especially for expanding the body of auxiliary personnel, and it could also serve a useful purpose in connexion with the work of surveillance and consolidation in eradication campaigns, thus bringing down the cost.

The number of projects in the programme had risen from 83 in 1959 to 99 in 1960, and the number of staff engaged in their execution from 178 to 207. In its work the Regional Office was maintaining close contact with other international bodies, including UNICEF, FAO, CCTA, the United Nations Economic Commission for Africa and the International Children's Centre.

The Regional Committee had held its tenth session in Accra, and had met with an immediate problem in that some of the countries in the Region had achieved independence since the time of their admission to associate membership by the Thirteenth World Health Assembly, thus, under the provisions of the Constitution, ceasing to be Associate Members. The Regional Committee had decided that the countries in question should be allowed to retain their rights and privileges as Associate Members within the Regional Committee until such time as

they became full Members of the Organization. The Region had now twenty-three full Members and two Associate Members.

After discussing and approving the Regional Director's report, the Regional Committee had examined the 1961 programme and the proposed programme and budget for 1962, including proposals under the Malaria Eradication Special Account and the Expanded Programme of Technical Assistance.

In the discussions on malaria eradication, stress had been laid on the need for co-operation among the various countries so that the operations might ultimately be successful. The Regional Committee had adopted a number of resolutions on matters of importance for the Region which were referred to it and had decided that its eleventh session should be held in Brazzaville, and its twelfth session in Dakar.

The technical discussions had been on "The main problems of environmental sanitation in Africa". Particular reference had been made to water supply and waste disposal, and a number of important conclusions had been reached. The keen interest of the Member countries in those matters had been further demonstrated by the Regional Committee's choice of "The role of health services in the implementation of environmental sanitation programmes" as the subject for the technical discussions to be held at the eleventh session.

The Regional Committee's attention had been drawn to the need for additional accommodation for the Regional Office, the present premises being now inadequate to house the growing staff.

After the regional programme and budget estimates for 1962 had been drawn up and submitted to the Regional Committee, word had arrived that the Region would receive additional allocations under the Expanded Programme of Technical Assistance in the amount of \$1 818 650, to be used for meeting the most pressing needs of the newly independent countries. Advisory teams from the Regional Office had been sent to the countries concerned, to give assistance in drawing up programme requests to be sent to the Technical Assistance Board before 15 October 1960.

The regional budget for 1961, excluding extra-budgetary funds, amounted to \$3 964 577 and for 1962 to \$4 023 632. The total number of projects envisaged for 1962 under the regular budget and Technical Assistance Category I was 255; adding also the requests under Technical Assistance Category II and the "Additional projects", the number would be 405. The number of fellowships included in the 1961 programme was 215 and in the 1962 programme, 234; many additional requests were listed under Technical Assistance Category II and in the

“ Additional projects ”, so that the total number of fellowships requested was 496.

Efforts would be made to develop as many projects as possible. The increased size of the regional programme called for additional regional office, area office and field staff.

The regional office staff had taken an active part during 1960 in giving assistance to the Congo (Leopoldville) and was continuing to do so. High priority had continued to be given to the education and training programme: 119 individual fellowships had been granted during the year and the additional assistance in connexion with training courses and seminars brought the number up to 232.

Nursing, environmental sanitation, maternal and child health, health education of the public, and health statistics had maintained their place of importance in the programme. Details of work on malaria eradication had already been given under another item of the agenda; he would therefore confine himself to thanking the Government of Nigeria for its co-operation in receiving the Insecticides Testing Unit now investigating in that country the possibilities of new insecticides. WHO's work on yaws had been expanded considerably. More than twenty million persons had been examined for the disease and more than ten million given treatment. Measures against tuberculosis were being intensified. The survey teams already sent out to various countries had confirmed that the disease was highly endemic throughout the whole Region and efforts henceforward were to be directed to developing tuberculosis campaigns by providing advisory services to governments.

The work in leprosy was also expanding: advisory teams at work in the field were evaluating the results obtained thus far and assessing the effectiveness of the methods in use. Onchocerciasis was of great importance in the Region, and special attention also was being given to it. A meeting was to be held in Brazzaville in June 1961 to consider onchocerciasis control measures and co-ordination of campaigns against the disease. He drew attention to the assistance given in trypanosomiasis and said that WHO was very interested in developing work in that field. Meetings on tuberculosis, bilharziasis and veterinary public health had also been held in 1960.

In closing, he thanked the governments of the Region for their ever-ready co-operation in developing the regional programme.

The DIRECTOR-GENERAL said that WHO assistance to the Congo (Leopoldville) had already been discussed at length in the plenary meeting and could

be considered one of the most important activities of the Organization in 1960. His report to the twenty-sixth session of the Executive Board was contained in *Official Records* No. 106, Annex 7, where the historical factors necessitating the action of WHO were described. The Executive Board had approved the action taken, in resolution EB26.R15. He had presented a further report to the twenty-seventh session of the Executive Board, which had adopted resolution EB27.R5 as a result. That latter report was also before the Health Assembly.<sup>1</sup>

He said that the situation in the Congo was rather different from that which WHO had encountered elsewhere in that the Organization had been called upon to act in an emergency, since medical services had practically ceased to exist or become extremely deficient. There had previously been a large number of medical staff in the Congo, mostly foreigners—approximately 2800 persons. A wide network of hospitals and dispensaries also existed all over the country. As a result of events of which all delegates were aware, many of the staff had withdrawn and WHO had been called upon to try to solve the immediate problem. With the help of the Red Cross teams, many of the hospitals had been kept open and the situation had remained stable. The Red Cross was not, however, a technical assistance agency and could only act during the state of emergency. The Red Cross had requested WHO to endeavour to solve the problem, and, in agreement with the Congolese authorities, WHO was trying to recruit 130 doctors and medical personnel. Recruitment had begun in October and many difficulties had been encountered, so that in December WHO had appealed to the Red Cross to prolong the stay of their teams for a further period of six months. With the consent of the United Nations (since the action of WHO in the Congo was part of the civil operations of the United Nations), WHO proposed to give the Red Cross a monthly indemnity per person if they maintained a certain number of teams in the country. That had been agreed and some fifty medical staff would stay in the Congo under the Red Cross until June 1961. At the same time, WHO had continued recruitment and the situation had considerably improved: there were now 31 doctors in the Congo, 63 firm acceptances to serve, 13 tentative acceptances, and 23 uncommitted vacancies. It was therefore clear that WHO would be able to provide the 130 medical staff which would enable the Red Cross to start withdrawing their teams in the middle of the year. He stressed that only a small part of the needs of the country would thus be met and that the 130

<sup>1</sup> *Off. Rec. Wld Hlth Org.* 110, Annex 5

medical staff, together with the doctors remaining in the country, represented the strict minimum required to maintain minimum services. A permanent solution to the problem entailed the important question of training.

An effort had been made to train Congolese staff and, as reported, sixty-one *assistants medicaux* had been sent to French universities to complete their full training in medicine. Three young medical students had been sent to France and four to Switzerland for full medical training. He felt, however, that the most important matter was the maintenance and improvement of the training institutions already existing in the country. One of the best medical schools in Africa, the Medical School of Lovanium University, was situated in Leopoldville and would probably be the most important factor in training staff in the country. The same university also ran a school of nursing. WHO had provided a programme of assistance to the University to increase the number of students in the medical school from seventeen in 1960-1961 to forty or fifty in subsequent years. The other medical school, now closed, was at Elisabethville, but the infrastructure existed there for the development of another medical school. The two medical schools he had

mentioned would be practically sufficient to train the medical personnel needed in the country.

As he had pointed out at a previous meeting, medical training, not only in the Congo but in all the African countries and in fact throughout the world, was dependent on the expansion of secondary education. Primary education in the Congo compared favourably with many other countries in Africa and with many other regions of the world. There would be a large number of students finishing their secondary school education by 1965-1966. That would depend of course on the maintenance of the secondary and primary school education structure in the country; the situation, as all knew, was unstable for the time being and the future of the institutions he had mentioned was unknown.

In order to finish on a note of optimism, he would say that, although the situation was serious, the basis existed for future education in the medical field to enable the country to recuperate in a period of ten to fifteen years. He knew that the Committee would agree that, to guarantee a permanent health service for the country, no other factor was as important as training local staff in their own national institutions.

*The meeting rose at 12.30 p.m.*

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## NINTH MEETING

*Saturday, 18 February 1961, at 2.30 p.m.*

*Chairman: Dr W. A. KARUNARATNE (Ceylon)*

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### 1. Review of Work during 1960: Annual Report of the Director-General; Review and Approval of the Programme and Budget Estimates for 1962; Report on Assistance to the Republic of the Congo (Leopoldville) (continued)

Agenda, 2.2, 2.3, 2.6

*African Region (continued)*

Dr NORMAN-WILLIAMS (Nigeria) said that the most spectacular achievement of WHO in 1960 had undoubtedly been the assistance it had given to the Republic of the Congo (Leopoldville). The prompt and effective action of WHO had prevented a complete breakdown of the health services and had succeeded in saving the lives of many Congolese men, women and children. On behalf of the peoples

of Africa, he thanked WHO, the Director-General for his prompt action in response to the appeal of the Secretary-General of the United Nations, the Regional Director and his staff for their services, and the International Committee of the Red Cross, the League of Red Cross Societies and the other specialized agencies of the United Nations for their invaluable help, without which peace could not have been maintained.

In connexion with malaria eradication, there had been spectacular discoveries and it was the duty of all African countries to review and revise their eradication programmes. The fact that the infant parasite rate had been known to fall to zero when insecticide coverage was complete was a happy augury for the future. However, the fact that

coverage had to be complete and widespread threw a very heavy responsibility on governments and was bound to strain resources in money and staff to the very limit. It was fortunate that governments could look to WHO to provide the former, but they would have themselves to plan for the training of essential staff as speedily as possible. WHO could best assist in the training of staff where training institutions existed locally. His Government looked forward hopefully to the results which would be obtained by the Insecticides Testing Unit at present in Nigeria.

In the light of recent developments, his Government would like to have WHO's advice on what policy should be adopted by countries where poliomyelitis was endemic. Surveys in Nigeria had shown that by the age of five children were immune to the three types of poliovirus. At present the Nigerian Government's policy was not to recommend vaccination of children by Salk vaccine as a public health measure, although those who wished to vaccinate their children with it were not discouraged from doing so. Expatriate immigrants to Nigeria were strongly recommended to have two injections of Salk vaccine before arrival in Nigeria and a third in Nigeria six months after the second vaccination. Similarly, parents of Nigerian children born abroad were advised to have their children vaccinated. In view of the development of the Sabin live attenuated oral vaccine and of the remarkable results obtained by its use in Latvia, Estonia and other parts of the Soviet Union, as well as the spectacular results obtained in Cincinnati in the summer of 1960, his Government would like advice from WHO as to whether a review or revision of its present policy of polio vaccination in respect of the indigenous population was advisable. The cost of vaccination would have to be taken into account.

Measles was a killing disease in West Africa, occurring in the West African child at an earlier age than in the European child. That fact, coupled with malnutrition, made the frequent complication of bronchial pneumonia serious and often fatal. The mortality rate from the disease was given as 40 per cent. His Government was, therefore, very interested in the development of a live measles vaccine. Trials were taking place in Ibadan and Ilesha, the results of which it was hoped could be reported in the near future.

In Nigeria, respiratory infections had relegated gastro-enteritis to second place as the greatest killer of children—a fact which might perhaps be due to the improvement of water supplies and general standards of sanitation. Polio infections might, therefore, have to be taken more seriously into account in the near future.

He reiterated his thanks to the Director-General for the prompt and effective action he had taken in the Congo and thanked the Regional Director and his staff for the continued personal interest they took in the affairs of each of the countries in the Region and for the successful way in which they had coped with the increasing problems of the newly emerging countries. He assured the Regional Director that he could count on the co-operation of the Nigerian Government at all times.

Dr ROBERTSON (Ghana) said his delegation had noted with satisfaction that the Regional Director had concentrated efforts on assisting national public health administrations in the development of basic health services covering all aspects of health work in the Region. His task would be particularly onerous in view of the fact that several States in the Region had become independent in 1960 and would, in consequence, need much assistance to strengthen their national health administrations.

Africa was passing through a period of unprecedented growth of population; urban centres were expanding at such an accelerated pace that adequate basic health services could not be provided. Slums were developing in several areas and sanitary conditions were most unsatisfactory. Much had been done to solve the problem but much more remained to be done through the concerted action of different government departments. The most important problems were related to water supply programmes, sanitation and health aspects of housing. His delegation welcomed the fact that education and training had been given high priority and that the fellowships programme had been expanded.

His Government believed that it would be wise to consider having more area representatives in the Region, since much technical assistance would be required in controlling the vector-borne diseases that flourished in the tropical belt.

A new sense of duty and national responsibility had been awakened in Ghana in 1960 with the birth of the Republic. Attention had been given to raising the standard of living of the population; development projects had been undertaken, industries established, large sums of money spent on the construction of new roads, hospitals, health centres, water supplies, schools and other amenities which were essential requirements for a richer and fuller life. Plans had been prepared for establishing an institute of tropical medicine and endemic diseases. In addition, arrangements for setting up a medical centre and a teaching hospital with the help of the Government of the United States of America were far advanced. To enable those institutions to play their proper role

in the country, the Government had taken adequate steps to accelerate educational advancement in the country so that, within the shortest possible time, illiteracy and ignorance and all other social set-backs could be eradicated. A large number of students had gone overseas, some privately, and others on government scholarships, to obtain scientific and technological education. Those trained scientists and technicians would return to Ghana to augment the country's manpower.

He had told the Committee what was being done in his country to illustrate the fact that, despite its limited financial resources, Ghana was making a large contribution towards improving and protecting the health of its population. His Government believed that was a worth-while contribution towards the cost of international assistance, since the continued existence of a disequilibrium between the economically under-developed and economically developed countries in respect of health and health protection was a danger not only to the people of a single country but to mankind in general. That was one of the reasons why international assistance was much needed in the economically less developed States. The assistance given by WHO had enabled Ghana to make appreciable progress in improving the physical and social environment, which was part of Ghana's overall programme for economic and social development.

His delegation was happy to learn of the tremendous amount of research that had been carried out on the communicable diseases and diseases of malnutrition. It had appreciated the fellowships granted by WHO to Ghanaian citizens to study in various fields of public health and nursing. The Government of Ghana also appreciated the invaluable assistance given by UNICEF, and FAO and the other specialized agencies of the United Nations, and also by Member States.

The delegation of Ghana had noted with satisfaction the assistance that WHO had given to the Republic of the Congo (Leopoldville) and congratulated the Director-General for his untiring efforts. The chief need of the Congo was for technical manpower. Both short-term and long-term provision would have to be made to meet the health needs of that country. WHO's undertaking to further the training of Congolese students in overseas medical schools was praiseworthy, and the action of the Governments and people of France and Switzerland in taking students into their medical institutions was greatly appreciated. The needs of the Congo were unique in the sense that the background to WHO assistance there was quite different from that of the normal assistance it gave to Member States. The

Congo had inherited a negative legacy from the former administration and, as a result, international assistance should not be limited to assistance by WHO. The other specialized agencies of the United Nations should be requested by the Director-General to continue to provide assistance.

He asked how many meetings had been convened in 1960 and how many it was proposed to convene in 1961 for the purpose of exchanging information.

In conclusion, he extended the greetings of the delegation of Ghana to all the Member States and Associate Members from Africa that were taking their seats in the Health Assembly for the first time. His delegation looked forward to working harmoniously with them in the Organization as well as to co-operating with them in carrying out inter-regional programmes for the control of communicable diseases.

Dr ANDRIAMASY (Madagascar) had been most interested in the Regional Director's report and wished, on behalf of his Government, to congratulate him for his dynamism and competence. He joined other speakers in thanking both the Director-General and the Regional Director for what they had done in the African Region.

He strongly supported what the Director-General had said about the increasingly important role of local health staff who spoke the national language and, preferably, who came from the areas in which they were to serve. His Government was concentrating its efforts to a large extent on the basic problem of training such staff. That was being done in a demonstration area, in co-operation with a public health team put at the Government's disposal by WHO and with help from UNICEF. The scheme was the responsibility of the Division of Preventive Medicine recently created in the Ministry of Health. The first course in health education had been inaugurated by the Minister of Health the previous month.

Dr KIVITS (Belgium) said he spoke both as a representative of the State which had been responsible for the administration of the Congo up to 30 June 1960 and as a representative of the Member State of WHO most interested in the health situation in the Congo, to which it remained linked by long and firm ties of friendship.

His Government had particular reason to thank the Director-General and the Regional Director for the speed with which they had answered the invitation of the Security Council and placed WHO's services at the disposal of the Government of the Congo to help it maintain, as far as possible, the excellent existing medical services, which had been

disrupted by events well known to all. It further wished to express its thanks to the International Committee of the Red Cross, the League of Red Cross Societies, and to those governments which had sent medical teams to the Congo, and which had collaborated with the national medical staff and the two hundred Belgian government or private doctors who had stayed in the Congo to try to help the Congolese Government start up the medical services again. It also wished to express appreciation to those countries, such as France and Switzerland, which had accepted *assistants medicaux* and Congolese students in their training institutions either to take up or to complete their studies.

His delegation had been distressed by certain statements made in the plenary meetings by some other delegations with regard to the medical services and installations set up by Belgium in the Congo. The remarkable statement made by the Director-General that morning had gone a long way to answering the allegations about the situation existing in the Congo at the time independence was granted. If further clarification was required, it was only necessary to refer to the report on the subject prepared by a WHO official who had gone to the Congo to find out what the situation was. If all those wishing to talk sincerely about the Congo read that document, no more would be heard about the Congo having had to start from scratch.

His delegation was fully aware of the material and psychological difficulties that complicated WHO's task in the Congo and wished sincerely to co-operate with WHO and the Congolese Government in re-establishing the medical services which the Congo had enjoyed thanks to the team-work between Belgian and Congolese staff.

There was one point regarding the reorganization of the Congolese medical services he wished to stress in particular: it was urgent that the preventive medical services should start up again soon. The report to which he had referred earlier spoke of the effectiveness of those services, which unfortunately had almost ceased functioning at present. WHO's main pre-occupation should be to see that those services were restarted as soon as political order was established. Unless that were done, the present fairly satisfactory situation would deteriorate rapidly. Already news of the increase of tuberculosis and sleeping-sickness in certain areas was disquieting. Sleeping-sickness had formerly been a killing disease that decimated the population and its incidence had been brought to a minimum as a result of regular case-finding, systematic treatment of the sick, and pentamidine prophylaxis in the worst affected areas. The results achieved could be maintained only if small residual

pockets were kept under careful surveillance. Unless the preventive services were started up again soon, there would be a danger of epidemics and of the resurgence of endemic diseases. The Congo possessed an excellent infrastructure of hospitals, dispensaries, maternity units, laboratories and sanitation services, which had not been destroyed. The national staff had long experience of prophylaxis and environmental sanitation; at the moment there was a problem of trained staff but that, he was convinced, would be solved in a few years.

Dr BUTROV (Union of Soviet Socialist Republics) expressed the sympathy of his delegation with the Congolese people in their terrible plight. Mr Khrushchev, in a telegram to the Vice-Premier of the Congo on 24 December 1960, had indicated that the Soviet Union fully shared the concern of the Congo about the situation created in the country following the terrorist activities of the colonizers and their puppets which had led to the arrest of Mr Lumumba and his collaborators and had now culminated in their destruction. The people of the Soviet Union considered the assassination of Mr Lumumba and his colleagues to be an international crime carried out in the sight of the whole world. That crime violated all laws and international decencies; it was incompatible with the decisions and with the Charter of the United Nations.

The statement just made by the delegate of Belgium seemed cynical. The colonizers were responsible for the plight of the Congolese people as far as health and medicine were concerned; it was they who had done nothing to improve the situation of the country, being interested only in exploiting its riches. In the Congo there were few hospitals and absolutely no medical cadres; that was its heritage. Instead of helping the Congolese people as much as possible to develop their health services after independence, the country responsible for their plight had sabotaged those services by recalling the small number of staff who were there.

The Soviet delegation had carefully studied the report on assistance to the Congo and believed that, thanks to the emergency measures taken by WHO and the assistance given by some governments and international organizations, particularly the Red Cross, the minimum of medical services now existed. It was not, however, sufficient; little had been done to overcome the crisis in the field of health. WHO should give increased attention to that question and call on all countries to contribute to the Special Account for Assistance to the Congo.

The Government of the USSR was prepared, through WHO, to send ten doctors and ten to fifteen



auxiliaries to the Congo for six to eight months, or if necessary longer, at its own expense; to send to the Congo, at no expense to WHO, 50 000 dollars' worth of materials and equipment required for those doctors; to accept in medical training establishments in the Soviet Union ten Congolese citizens for several years' accelerated training; and to accept up to twenty Congolese students in Soviet colleges, to help build up the medical cadres in the Congo—that as a voluntary contribution to the Special Account for Assistance to the Congo.

Dr DOUBEK (Czechoslovakia) said that his Government had followed with interest the activities of assistance to the Congo and was itself actively participating in that assistance. As it always had done, Czechoslovakia supported all efforts and all proposals for assisting African countries on a basis of equality, independent of any political consideration.

The Director-General had shown that there was a serious situation in the Congo with regard to public health and that that had been caused by exploitation over long years by a colonizing power that limited its concern to the well-being of the European population of the Congo. The health work in the Congo and the well-equipped hospitals had served only the colonizers, and that was one reason why the gaps in the medical services were enormous. Furthermore, Belgium, during its long domination, had not trained Congolese medical cadres. At present, the colonizers were attempting to interfere with force in the internal affairs of the Congo and were using the armed forces of the United Nations to regain a grip on the Congo in a new way. That was an unprecedented political manoeuvre.

The WHO Regional Office had not foreseen such difficulties, especially as its staff was composed mainly of persons from colonizing countries and it lacked staff from the African countries. The Czechoslovak delegation believed that it was indispensable to give maximum assistance to the unfortunate people of the Congo. Czechoslovakia had participated in that aid, having already given the Congo material assistance in an amount of two million Czech crowns. Its assistance had included three doctors, medicine and equipment. WHO had been informed of its proposal to send another three doctors and orthopaedic and surgical material. Czechoslovakia could supply still more doctors. The legitimate Government of the Congo had received an offer of fifty fellowships for medical training in Czechoslovakia and fifty for training auxiliary medical staff. If assistance to the Congo was to be really effective, it was indispensable to collaborate systema-

tically with the central Congolese Government; only then could one be certain that the assistance given was not used against the interests of the Congolese people.

Dr ESCALONA (Cuba) congratulated all those who had assisted the Congo when help was most needed—when it was fighting for its independence.

He asked whether the assistance given through WHO was given to the whole country. In other words, whether assistance had been equally distributed to the Province of Kivu, whose Government Cuba recognized as being the only legal government, and to the Provinces of Leopoldville and Katanga, whose Governments Cuba considered to be under the influence of the colonial powers and as being responsible for the assassination of Mr Lumumba. All the provinces had the same problems and the same need for assistance. The situation in the Congo was a supreme example of what colonialism could mean in public health and other spheres.

Dr ABAYOMI-COLE (Sierra Leone) thanked the Regional Director for his illuminating report and for the valuable work he had done in the African Region, whose problems were very complex.

Dr BIYOGHE (Gabon) thanked the Director-General for WHO's speedy and effective action in the Congo. He hoped that that action would be continued and supported. He also thanked the Regional Director for the interest he had always shown in Gabon. That country had always an excellent relationship with the administrators and experts which the Regional Office sent to it.

He expressed satisfaction that several of the projects proposed by his Government had been retained and were included in the proposed programme for 1962. His Government regretted that other projects had not been included, but hoped that they had only been postponed and would be included the following year.

Gabon was a country in process of development. It was half the size of France, but had under 500 000 inhabitants. On account of the sparse population, the impact of endemo-epidemic diseases on the demographic situation was particularly significant. A country could not develop economically and socially without a large and healthy population, and Gabon devoted 16.5 per cent. of its national budget to improving the health of its population. It also received substantial aid from France. UNICEF and WHO were giving technical and material assistance in the control of leprosy and yaws and for the maternal and child health programme, for which staff were being trained and which would enable

the services in urban and rural areas to be extended. His Government believed that assistance from WHO would increase in future years in view of the large number of health problems facing his country. He hoped that, thanks to the effort that was being made to improve health, Gabon would soon be able to reach a satisfactory degree of economic and social development.

Dr ARNAOUDOV (Bulgaria) said that his delegation had already given its views about assisting countries which had newly gained their independence from colonialism. Because of colonialism the Congo had been unable to train its own medical staff prior to gaining its independence, and had been left almost without doctors and medical staff. The Congo now needed doctors, other categories of medical personnel and equipment, that to a certain extent at least would satisfy its enormous requirements. The most important thing was to help the Congo to train its own medical staff so that it could finally build up its public health services independently of other countries.

His Government was ready to give assistance to the population of the Congo: it could offer fellowships to a certain number of students and could also send a medical team to the Congo for a given period. All that could be done through WHO, the Red Cross or even bilateral agreement. His Government was prepared to give such assistance on condition that its staff ran no risks. After learning what had happened to the Austrian Red Cross team, it had the impression that, in certain areas of the Congo, the elementary conditions necessary for the work to be carried out did not exist.

He supported those who had expressed indignation at the assassination of Mr Lumumba.

Dr LAMBIN (Upper Volta) expressed his deep appreciation to the Director-General, the Regional Director and all his colleagues who devoted themselves to the African Region. He also thanked UNICEF for the help it had given his country in combating leprosy, in implementing its maternal and child health programme, and in running the pilot malaria centre in Bobo Dioulasso. He would be failing in his duty if he did not also thank all those who had been concerned in bringing speedy assistance to the Congo in its catastrophic situation after attaining independence.

He assured the Organization of his country's wholehearted collaboration in its humanitarian work.

Dr JUCHNIEWICZ (Poland) expressed appreciation for the assistance given by WHO to the Republic

of the Congo, and hoped that it would be continued in the future. In response to the appeal of the International Committee of the Red Cross and the League of Red Cross Societies, Poland had sent three medical teams, which were continuing work in the Congo. In addition, at the suggestion of the Director-General, it had offered sixteen highly qualified physicians, fifteen of whom were ready to proceed to the Congo. On 17 February, following the assassination of Mr Lumumba, the Government of Poland had recognized the Government headed by Mr Gizenga as the legal Government of the Republic of the Congo. His delegation considered that assistance should be given to that government. The Polish delegation had expressed its opinions on the subject during the plenary meeting of 9 February, and now supported the view of the delegation of the Union of Soviet Socialist Republics.

Dr SOEPARMO (Indonesia) said that it was important that WHO, as a non-political organization, should assist all the peoples of the Congo, whatever their political views.

Dr SAUGRAIN (Central African Republic) thanked the Director-General for the prominence given to Africa in his Report, and the Regional Director for his work for the improvement of health in Africa.

For several years the Central African Republic, with the assistance of France, had been carrying out a public health programme, limited to the most urgent problems. Regarding prophylaxis, several endemo-epidemic diseases had been controlled and the population had increased by 20 per cent. during the past ten years. Mobile teams served all the villages, and about 90 per cent. of the population was examined annually. Those who were infected were treated on the spot by teams which made weekly visits, and vaccinations were given. As a result, smallpox and yellow fever no longer appeared in the statistical data. Sleeping-sickness had become sporadic: there had been some 18 000 cases in the small district of Nola between 1920 and 1946, but only twenty-two cases throughout the whole country during 1959. UNICEF was assisting campaigns against leprosy (which was now decreasing, affecting 5.5 per cent. of the population) and the treponematoses. Satisfactory results had been achieved in malaria control, but eradication was aimed at and a WHO pre-eradication survey team had started work. Bilharziasis was an important problem, and a consultant was to visit the country in 1961. A tuberculosis survey team was expected in 1962. Guidance had been sought on questions of nutrition, sanitation, maternal and child health and health statistics.

Nothing concrete could be achieved without health education of the public and qualified personnel. The Central African Republic was confident that WHO and the Regional Office would continue their valuable assistance in that connexion.

Dr KPOTSRA (Togo) thanked the Regional Director for his work. Referring to tuberculosis, he said that the technical discussions at the present Health Assembly had stressed the urgent need for the sound organization of an antituberculosis campaign. In Togo, as in most newly independent African countries, nothing had been done to organize such a campaign. At the ninth session of the Regional Committee for Africa, held in Nairobi, many States, including his own, had expressed the hope that a tuberculosis survey team would visit their countries. No such team, however, had yet arrived, and it had thus been necessary to postpone the intended tuberculosis campaigns. He thanked the Regional Director for his comments on that subject.

Regarding smallpox eradication, during the session of the Regional Committee for Africa in Accra in 1960 the Togolese delegation had stressed the need for co-ordinating the work of the various States in the campaigns against smallpox and other diseases. That suggestion had not been very warmly accepted, but he was pleased to note that at the present Assembly the same idea had been taken up and developed by several delegations, some of them from Africa. The Togolese delegation, convinced that smallpox eradication could succeed only if the work of the various States was co-ordinated, wondered whether WHO might encourage such inter-State action, particularly in Africa.

His delegation was convinced that in the so-called under-developed countries the solution of a large number of public health problems, especially the eradication of most infectious diseases, could be achieved only with a good combined programme of environmental sanitation and health education of the public.

In conclusion, he thanked the Director-General and his staff, the Regional Director and all those international organizations which had brought assistance to the Congo.

Dr DOLO (Mali), in the name of the Government and the people of Mali, thanked the Regional Director for his assistance to that newly independent country. He was pleased to note the work done in the training of personnel and the rapid extension of WHO's work in Africa. It was true international co-operation—as evidenced by the supplementary credits for assistance to African countries in 1961 voted by the Thirteenth World Health Assembly,

when Mali had joined WHO, and by the aid received under the Expanded Programme of Technical Assistance. The unbiased and efficient action of WHO in the Congo was also highly commendable. It was encouraging to see WHO working to save life whilst others acted to the contrary.

Yellow fever seemed to have disappeared from West Africa. The Institut Pasteur in Dakar, which had supplied more than 120 000 000 doses of vaccine to the population of that part of Africa, considered that more than 80 per cent. of the people were immune and that the national public health services could discontinue systematic vaccination. He would like to have the opinion of WHO experts on that subject.

In conclusion, he spoke of the reference in *Official Records* No. 104, pages 100 and 122, to a number of fellowships for various members of the French Community. None of the members of that Community were named, and he wondered who was going to receive the fellowships. Moreover, the French Community was not an internationally recognized entity. Presumably that heading would not be used in the future.

Dr DJUKANOVIĆ (Yugoslavia) said that, as already stated in the plenary meeting, priority should be given to the needs of the African countries.

Regarding assistance to the Congo, from the very beginning of the United Nations action in response to the request of the legal Government of the late Prime Minister, Mr Patrice Lumumba, in the face of the difficulties immediately following attainment of independence, the Yugoslav Government had persistently endeavoured to make that action as effective as possible. It had responded to the resolution of the Security Council and the appeal of the International Committee of the Red Cross and the League of Red Cross Societies by sending physicians to the Congo. The needs of the Congo were both urgent and great, and the Yugoslav delegation supported continued aid to that country. The action should be financed mainly from the United Nations Fund for the Congo. Help must be extended to the whole country without any discrimination: that was all the more important since the recent tragic events in the Congo had introduced new elements. The Yugoslav Government recognized the Government headed by Mr Gizenga, in Stanleyville, as the only legal Government of the Republic of the Congo.

Dr DOWNES (Australia) commended the action of the Director-General and WHO regarding assistance to the Congo. The Australian Government had made substantial contributions to the United Nations

Fund for the Congo, as well as paying its assessed share for United Nations operations in the Congo. It had also contributed towards the cost of two Australian Red Cross teams there.

Dr MAHOATA (Congo, Brazzaville) congratulated the Regional Director for Africa on his excellent statement.

Public health services had been fighting for years against the various diseases in his country. Regarding leprosy, a campaign had been started in 1954. At the end of 1960 there had been 15 780 cases registered (a prevalence of 1 per cent.), 2900 arrested cases and 2700 under observation but not receiving treatment. The campaign had been planned to reach the integration phase in 1962, but UNICEF was now studying the possibility of allocating new funds for 1962 and the following years.

A campaign against the treponematoses had been running for some years on the basis of selective mass treatment by the local services. Prevalence had been reduced to 0.8 per cent. The yaws project had begun in 1960, when clinical and serological surveys had been made throughout the country. Selective mass treatment had followed, and from the beginning of 1961 mass treatment of children was being given over the whole country, while in two areas the mass treatment was total. During 1962 there would be control operations and selective mass treatment, so that the integration phase could begin in 1963.

Among the projects being planned were those against bilharziasis (surveys in 1959 and 1960 indicated an 80 per cent. prevalence of vesicular bilharziasis among school-age children in the region of Niaru), and malaria (a team of consultants from the Regional Office was already in the Congo to make a survey for a malaria pre-eradication pilot project).

During the tenth session of the Regional Committee for Africa, held in Accra, the Congolese representatives had referred to certain projects, not appearing in the budget, which might possibly be financed by supplementary credits or from the Expanded Programme of Technical Assistance. They included various fellowships, advisory teams for tuberculosis and environmental sanitation, and short-term consultants on vital and health statistics and maternal and child health.

In conclusion, he thanked WHO and UNICEF for their material and technical assistance. He hoped that the Regional Office would receive sympathetically the above-mentioned requests for fellowships and consultants.

Dr KIVITS (Belgium) thanked the Chairman for his objectivity in maintaining the discussion within

its prescribed limits. He would refrain from all remarks beyond the competence of WHO. The facts before the Committee were more conclusive than any other statement could be. There was the cruel plight of a people to whom his fellow countrymen were sincerely attached, and the fine, generous gesture of assistance—such as the remarkable work done by the Director-General and his collaborators (in particular, the Regional Director), by the International Committee of the Red Cross and the national Red Cross societies, and by the various countries. He expressed his deep gratitude to all those who had provided disinterested aid to the young Republic.

Dr CAMBOURNAC, Regional Director for Africa, thanked the delegates for their remarks, which he would transmit to the staff at the Regional Office.

Regarding the points raised by the delegate of Nigeria, he stressed the importance of co-ordinating work on the malaria campaign and on the training of staff. The policy of WHO concerning poliomyelitis was outlined in the report of the expert committee which had met in 1960.<sup>1</sup> WHO was interested in the work being done in Nigeria on a live vaccine against measles. He expressed appreciation of the work being done in Nigeria on smallpox vaccine, and of the training course organized for the instruction of personnel on the preparation of freeze-dried vaccine, attended by participants from the African and Eastern Mediterranean Regions.

Referring to the remarks made by the delegate of Ghana, he said that the Director-General was already considering the possibility of having two more area representatives for West Africa. He was pleased to note the great progress being made in Ghana in raising the standard of living and developing the health services.

The work being done in Madagascar on the training of personnel was greatly appreciated, and the Regional Office was happy to have been of assistance in that respect.

In reply to the delegate of Togo, he said that the Organization had under consideration the need of countries to launch tuberculosis campaigns as soon as possible, without waiting for survey teams to arrive. The delay in sending such teams had been due to the great demand. The remarks made in the regional committee session regarding environmental sanitation and health education had been most helpful.

In reply to the delegate of Mali regarding the discontinuation of yellow fever vaccination, advice on that subject could be given only after a study of

<sup>1</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1960, 203

the situation in the particular areas concerned. Regarding his reference to the fellowships shown under "French Community" in *Official Records* No. 104, at the time the Regional Committee had considered the programme and budget for 1962 and the revision for 1961 many countries in Africa had not been fully independent and some had belonged to the Community. The volume had been printed before they had attained independence.

He thanked all countries for their help in developing the work of the Regional Office in the African Region.

The DIRECTOR-GENERAL thanked delegates for their appreciation of WHO action.

Replying to the points raised by the delegates of Cuba, Indonesia and Yugoslavia, he said that, since the beginning of operations in July 1960, WHO had had staff in all provinces of the Congo except Katanga. Since the beginning of December, WHO staff had been working in southern Kasai trying to combat the kwashiorkor epidemic. Red Cross teams had been spread all over the country except in Katanga.

In reply to the query of the delegate of Bulgaria regarding safety of personnel, he said that, up to 9 February, neither WHO staff nor Red Cross personnel had encountered any serious difficulty in carrying out their work.

The delegate of Czechoslovakia had referred to the staff of the Regional Office. The Director-General considered that the regional office staff had been acting as international staff and had kept the international standards of the Organization. He assured the delegate of Czechoslovakia that he was anxious to have as many Africans as possible on the staff of the Regional Office. It had been difficult for WHO to convince the governments of countries where technical personnel was limited that they should free staff to work for WHO.

Referring to the subject of contributions to the Special Account for Assistance to the Congo, he said that France had assisted with mobile teams. It was hoped eventually to have eight or ten teams to continue the training of local personnel in preventive measures. He expected soon to be able to report a contribution from Switzerland of fellowships to be taken up at the University of Geneva. He interpreted the offers of the Union of Soviet Socialist Republics and Bulgaria as being contributions to the Special Account.

He was in full agreement with the delegate of Yugoslavia that the expense should as far as possible be borne by the United Nations Fund for the Congo; his report showed that he had tried to include

as much as possible in that fund. During the six months of work together with the United Nations in the Congo, the United Nations had helped the Organization and accepted its suggestions. He felt that the maintenance and development of training institutions should be regarded as urgent and of a very high priority.

Dr KAUL, Assistant Director-General, Secretary, read the following draft resolution:

The Fourteenth World Health Assembly,

Having considered the reports of the Director-General on assistance to the Republic of the Congo (Leopoldville)<sup>1</sup> as well as the resolutions of the Executive Board on the subject,

1. NOTES the reports;
2. CONCURS with the conclusions of the Executive Board;
3. ADDS its appreciation to that expressed by the Board to the International Committee of the Red Cross, the League of Red Cross Societies and the governments which have helped in the emergency health programme;
4. REQUESTS the Director-General to call the attention of the United Nations to the fact that the World Health Organization considers that the maintenance and development of training institutions in the field of health are of the utmost importance to the development of the health services of the country on a permanent basis and that this assistance should be given a very high priority in the emergency programme; and
5. REQUESTS the Director-General to continue to keep the World Health Assembly and the Executive Board informed of developments.

*Decision:* The draft resolution was approved unanimously.<sup>2</sup>

**2. Review of Work during 1960: Annual Report of the Director-General; Review and Approval of the Programme and Budget Estimates for 1962 (continued)**

Agenda, 2.2, 2.3

*Region of the Americas*

The CHAIRMAN invited the Regional Director for the Americas to introduce the subject.

Dr HORWITZ, Regional Director for the Americas, supplementing the background information given in Chapter 5 of the Annual Report (*Official Records* No. 105), mentioned two important events in the

<sup>1</sup> See *Off. Rec. Wld Hlth Org.* 106, Annex 7; 110, Annex 5.

<sup>2</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA14.26

Region in 1960 which would increase the opportunities for health promotion. The first had been the establishment of the Inter-American Development Bank, from whose fund for special operations certain social and economic programmes would be financed. The first project approved had been the environmental sanitation programme for Arequipa, Peru.

The second important event was the establishment of a Special Fund for Social Development of 500 million dollars to finance fundamental education, the betterment of the use and tenure of land, housing and health. Agreement thereon had been reached by the great majority of the members of the Organization of American States at Bogotá in September 1960, following the proposal of the United States Government. He emphasized the fundamental policy of the Act of Bogotá—the basic document resulting from the meetings—which was that social programmes should develop at the same time as economic growth and not as a belated consequence of it. The Regional Office had taken an active part in the incorporation and drafting of the health chapter, which contained all the basic activities within the general programme of work of the Organization. That new opportunity for governments involved the responsibility for the formulation of sound projects to be financed within the above-mentioned fund.

Speaking on some of the highlights of the work of the Organization in the Region, Dr Horwitz pointed out the importance given by the Regional Committee, at its twelfth session in Havana in August 1960, to the incorporation of health programmes in the overall plans for economic development. Three resolutions dealing directly with the matter had been approved. The technical discussions for the 1961 session would deal with "Methods of evaluation of the contribution of health programmes to economic development". In the discussions on malaria, nutrition, the community water supply programme and other relevant subjects, the same policy had been expressed, which meant a reaffirmation of the general trend of the activities of the Regional Office.

An agreement had been entered into between the Pan American Health Organization and the National Institutes of Health of the United States Public Health Service to extend medical research in the Americas, in which task PAHO and WHO would act as one scientific entity. The first project, for which \$100 000 had been allocated, was a study of the economic implications of the malaria eradication campaign, to be carried out by the Department of Public Health Economics of the School of Public Health, University of Michigan, and the Organi-

zation. He expected that new projects within the general programme of medical research of the Organization would be developed in the Region.

The need to initiate or expand certain basic health activities in the Americas had resulted in the appointment during 1960 of regional consultants in medical care, virus diseases, tuberculosis, nutrition, radiation health and mental health. With regard to the latter, he mentioned the seminar on the control of alcoholism held in November 1960 in Viña del Mar, Chile, and attended by psychiatrists and public health administrators from most of the countries of Latin America. The problem had been analysed from an epidemiological point of view and measures of control had been spelt out, particularly their integration into the local health activities.

The publication *Health in the Americas* presented in charts statistical data on the basic health problems in the Region. In spite of the incompleteness of the data—calling, therefore, for improvement in vital and health statistics—the report gave a good panorama of the prevalent conditions, in order to facilitate the formulation of long-range planning. A special chapter had been devoted to health manpower, stressing once again the urgent need for more and better education and training.

The national health evaluation programme of Paraguay was, in his opinion, an important event in the activities of the Region in 1960. It had been carried out by Dr Macchiavello, Chief of the Office of Programme Evaluation at WHO headquarters, and had lasted four months. It had covered all departments and over 90 per cent. of the total area of the country, including all technico-administrative levels. The evaluation had revealed the great health advances accomplished by Paraguay in the last ten years, showing that the five-year health plan was progressing according to schedule, as well as the shortcomings in several programmes, and hence, the improvements to be made. The report, which was to be presented shortly to the Government, also emphasized the fundamental role played in that development by a substantial number of fully trained public health officers through fellowships provided by PAHO, WHO and the United States International Co-operation Administration (ICA). It was hoped that further evaluations of the same nature would be made in other countries upon the request of the governments.

The Regional Office had attached great importance to the provision of water, particularly in urban communities, following the principles and objectives contained in resolution WHA12.48. During 1960 consultant services had been provided to eight countries and three territories in technical matters;

to six countries in financial procedures; and, to Colombia and Cuba, continuous services in the planning of the water programme for several communities. Two training courses in financing and management had been held during the year, one at the Robert Taft Institute of Engineering in Cincinnati, for thirty-three PAHO and ICA consultants, in order to review basic policies; the second in Mexico for engineers of Central America, Panama, Mexico and the Caribbean area. Two seminars had also been held in 1960: the seminar on water rates in Montevideo for sixty engineers in key positions in the Americas, and that on stream pollution, held in Brazil simultaneously with the First Brazilian Congress on Sanitary Engineering and the Fifth Conference of Professors of Sanitary Engineering. The second had been attended by the Director-General, who had taken an active part in it. Fellowships for courses on water rates and utilization of underground water, organized by the University of Minnesota, had been awarded to professionals coming from nine countries and territories of the Caribbean area. Furthermore, travel grants had been given to key officials from three countries to visit installations and organizations.

If new contributions to the Community Water Supply Fund were received, it was expected to provide consultant services in 1961 to ten countries and several territories in the Caribbean area, as well as fellowships for professional personnel. If the same trend continued in 1962, the Organization would be collaborating with sixteen countries on the several different aspects of the problem.

Another significant event was the recognition by the Regional Committee of the importance of protein-vegetable mixtures of the type of Incaparina. It had been stated that those mixtures were not a supplement to animal proteins but a complement to the basic diet. Their high nutritive value, similar to milk, and their low cost were their major asset. The Member governments of the Region had agreed to the industrial production of Incaparina where the basic material—cotton-seed flour—existed, or to look for new sources of vegetable protein in order to prepare a similar type of food. The Regional Office, through the Institute of Nutrition of Central America and Panama, was prepared to render advisory services.

The further activities in the Americas during 1960, described in *Official Records* No. 105, were on the lines of the Organization's general programme. In sixteen countries assistance had been given by fifty-four consultants on the planning and development of national and local health services. To that number should be added the advisers at zone level. As part

of the overall programme of strengthening national health administrations, important reorganizations had been made during the year in Bolivia, Colombia and Guatemala. Emphasis was given in the demonstration health centres to maternal and child health, sanitation, communicable disease control and medical care, in an effort to integrate those activities within the programme. A total of over 700 non-professional personnel had been trained in the programmes of the different countries.

Health statistics had received particular attention through the training programmes of the School of Public Health in Chile and the Latin American Center for the Classification of Diseases, and by means of the daily activities of the statistical consultants in four out of the six zones.

In the field of education, 516 fellowships had been awarded and over 150 fellows from other regions placed and supervision given in their studies. Assistance had also been extended to all the schools of public health in the Region. The Government of Venezuela, with the collaboration of the Organization, had held the first national seminar on medical education. There had been a significant increase in the number of requests for assistance in medical education. Consultants had been provided for Ecuador and Nicaragua on the improvement of the curricula of the medical schools. Continuous assistance had been given to thirteen projects for nursing schools. Further progress had been made in the regional survey of nursing education, with information received from fifty-seven schools in seventeen countries.

A seminar had been held in Costa Rica on methods of administration and management of public health services, attended by the directors of health and chiefs of administrative services of Central America and Panama. The discussions had emphasized the importance of sound administrative practices for the proper fulfilment of the objectives of health programmes.

With regard to communicable diseases, continuous progress had been made in smallpox eradication, although two outbreaks in South America had raised the number of cases in the Region to over 3000 in 1960. Even though greater efforts for vaccination had been made, the total number of immunized persons, as reported by the governments, was below the minimum level of security in the Region as a whole.

El Salvador had been the eleventh country to be declared free from *Aedes aegypti*, increasing to more than 80 per cent. the area free from the mosquito.

Mention had been made during the discussions of the Second International Conference on Live Polio-

virus Vaccine and the WHO Expert Committee on Poliomyelitis that had followed it, as well as the significance of those two meetings. A study group on Chagas' disease had met in March 1960, analysing the problem and suggesting definite lines for the control of the disease and for research.

In the field of leprosy, consultants had been appointed in Central America and Panama, Colombia and Mexico, who had prepared plans for long-range control programmes with the assistance of UNICEF. A consultant had made a survey of Bolivia, Ecuador and Peru and it was expected to start control programmes in 1962. An agreement had been signed with the Government of Argentina to start planned activities, and assistance given to the Government of Brazil in the preparation of a plan to request drugs and vehicles from UNICEF. In Paraguay, activities had continued as expected.

Tuberculosis had received special consideration after the appointment of the regional consultant. Advisory services had been provided to Argentina, Colombia, Cuba, Mexico and Peru. In Argentina a prevalence survey had been made by a team of the Organization in the El Chaco Province so as to integrate tuberculosis control activities into the overall health programme.

The yaws eradication programme had continued in the Dominican Republic, in Haiti, and in the Caribbean area; the consolidation phase had been reached in Trinidad and Tobago. There was a need for the incorporation of the programme into the rural health services in order to maintain the results. The problem of the "last yaws cases" in eradication campaigns remained, as mentioned in the Report of the Director-General (page 8).

He would not go into details with regard to malaria, in view of the full analysis made by the Committee. He would only emphasize the data given in the Report, which showed that in the Americas, during 1959, there had been 53 251 000 people living in areas in the maintenance phase, while that figure had been raised in 1960 to 54 365 000. In 1959, there had been 2 156 000 people living in areas in the consolidation phase, in 1960 there had been 10 010 000 under the same conditions. The total malarious area of the Region contained a population of around 84 000 000.

The Region's work during 1960 had included 268 projects which, by 1962, would increase to 281, following the same general programme as already described. There were proposed eighty-two projects for communicable diseases, 162 for the strengthening of national health services, thirty-three for education and training, and four for other activities. The staff would number 899, indicating an increase of sixteen.

Only two of those persons were destined for the Regional Office, namely, an adviser on maternal and child health and his secretary. The others would be engaged in technical field work. The increase in the budget estimates would be 6 per cent. over those for 1961, the total investment being some \$13 000 000.

Dr BUCHANAN (United Kingdom of Great Britain and Northern Ireland) expressed his delegation's appreciation to the Regional Director and his staff, particularly for the assistance given to the British overseas territories in the Caribbean area. He had seen many of the projects there at first hand and had been impressed by their quality and range, and above all by the co-operation shown. He emphasized the value of the nursing education projects mentioned on pages 54 and 101 of the Director-General's Report. The public health nurse played a vital part in public health preventive services in that part of the world. The main difficulty was the lack of sister tutors trained in public health nursing, and their provision would pay great dividends.

He referred to the malaria control programme in British Guiana. *Anopheles darlingi* had for some years been eradicated from the coastal area, and the progress of the new project in collaboration with UNICEF and PAHO would be interesting to observe. The vector in the hinterland was more difficult to eradicate than *A. darlingi* and if the scheme proved successful it would afford valuable scientific guidance.

Dr JAVIER (Honduras) congratulated the Regional Director on the report just presented. Honduras had made tremendous efforts to improve the conditions of its population, and the democratic peace instituted by his Government in 1958 had made possible the provision of water supplies to more than fifty communities and the improvement of all health services. The territory of La Mosquita was now being reincorporated under the Government of Honduras. That territory was situated on the right bank of the River Segovia, which separated his country from Nicaragua, and had been granted to the State of Honduras by arbitral award by the King of Spain of 23 December 1906, confirmed by judgement of the International Court of Justice of 18 November 1960. Consequently the Government of Honduras was preparing to extend its health services to cover the inhabitants of that territory.

He thanked the Director-General for the technical and economic assistance afforded to Honduras by the Organization, and expressed his Government's gratitude to all the other organizations which had helped in that work.



Dr BRAVO (Chile) congratulated the Regional Director on a well-balanced programme, and noted that more than 50 per cent. of the projects were for strengthening the basic public health services. Training of personnel played a very important part in the programme, as did also the water supply projects throughout the Region. The system of zone offices in the Region was of great benefit in speeding up the solution of problems which would otherwise be greatly delayed.

Dr ESCALONA (Cuba) expressed his Government's gratitude for the help and co-operation of the Organization and of the Regional Director in particular. Public health work in his country had included malaria eradication, eradication of *Aedes aegypti*, integration of public health services, environmental sanitation, water supply, evaluation of the level of health, fellowships and nursing (including the establishment of a national nursing school, while a school of public health was also being planned). Cuba had received the continued assistance of the Regional Office in its public health programmes throughout the difficult period it had had to face.

Dr AGUILAR (El Salvador) recalled that in 1949 the Second World Health Assembly had first suggested the development of complete public health programmes in demonstration areas, with the Organization's technical assistance. Agreement had been reached in 1951 to establish such an area in El Salvador, comprising 1000 square kilometres with 95 000 inhabitants and twelve municipalities, in only four of which had any medical attention been provided, and that for only sixteen hours weekly. All twelve of those municipalities now had public health units with adequate staff, whose duties included preventive, curative and rehabilitation services. Sixty-nine local services had been provided, and four additional hospitals were to be opened. Water supplies had been provided to the rural population, and a special environmental sanitation division had been established. Training had received great attention, and in the demonstration area a school had been set up whose programme had included seven courses for inspectors, six for nurses and three for auxiliary personnel. From 1950 to 1953 most of the courses had been conducted by personnel provided by the Organization, but during the past four years that work had been done by national staff.

The total cost of the project had amounted to \$2 600 000, of which WHO had contributed \$400 000, and the national committee was at present carrying out an evaluation of the programme.

He expressed his Government's appreciation to WHO and the other organizations which had given assistance to his country.

Dr GRUNAUER (Ecuador) thanked the Director-General and the Regional Director for the Organization's help, particularly in the malaria eradication programme and in the establishment of the national School of Nursing and the Institute of Nutrition, and for the appointment of an adviser who had helped in redesigning the national health service. The scope of the technical training programme was at present rather limited. The Institute of Nutrition was studying the production of protein mixtures as a food supplement and also the enrichment of flour with minerals and vitamins. It also received assistance from the Kellogg Foundation. The supply of drinking-water was an important problem, and he hoped the Regional Office would give sympathetic consideration to a request which was to be made for assistance in rural areas.

Dr PATIÑO-CAMARGO (Colombia) associated himself with the thanks expressed to the Director-General and the Regional Director. His country's Ministry of Health had been reorganized in a manner which would ensure the efficient functioning of its programmes. *Aedes aegypti* had been eradicated throughout the country, and at the thirteenth session of the Regional Committee for the Americas/XIII meeting of the Directing Council of PAHO a request would be made for Colombia to be officially declared cleared of the vector of urban yellow fever.

The School of Public Health had increased its work in the training of both medical and auxiliary personnel for the municipal health centres, whose services were fundamental to the organization of any country's public health programme.

Dr COGGESHALL (United States of America) associated his delegation with the thanks expressed to the Regional Director and his staff. His Government was pleased to note the continued growth and effectiveness of the Pan American Health Organization; and was especially gratified that Congress had provided a site for the new headquarters building, and that plans were progressing rapidly, for that would increase the effectiveness of WHO in the Region of the Americas.

Dr QUIRÓS (Peru) said that during the fifty-nine years of its existence the Pan American Health Organization had adapted itself to meet the needs of the Region. Owing to the vast extent of the Region the decentralization of activities had been brought about by the setting-up of zone offices empowered to deal directly with governments. With

the increase in their programmes, most countries had appointed a co-ordinating official, who had come to be their official representative, and that had in many cases led to a duplication of effort. The majority of countries, moreover, preferred to deal directly with headquarters, and considered the cost of \$800 000 a year for maintaining the zone offices to be too high. During the past few years posts had remained vacant, perhaps while a solution to the problem was being found. However the situation was prejudicial to the proper functioning of the Organization.

With regard to the appointment of consultants, which the Organization usually engaged itself, he considered that it would be a better arrangement for the governments concerned to draw up a list of its officials from which selection could be made by the Organization on a basis of equitable geographical distribution.

Dr MARTÍNEZ MARCHETTI (Argentina) said that the Organization's work had made a great contribution to the promotion of health programmes at national and provincial level. Its services were of fundamental importance, since those vast programmes could not be carried out without assistance.

Dr ROBLETO (Nicaragua) congratulated the Regional Director on his excellent report, and expressed his country's thanks for the help given by the Organization, and by the United States International Co-operation Administration and UNICEF.

Dr LAROCHE (Haiti) also joined in congratulating the Regional Director on his report, and expressed his Government's satisfaction with the useful work done by PAHO in the Region. WHO's technical assistance had been extremely valuable in developing national services for yaws control, malaria eradication and technical training of personnel in public health, and his Government hoped for further co-operation in its future activities, which included a study on needs and resources to be undertaken by the National Committee for Health Planning. He believed that that assistance would enable Haiti to achieve its objectives in the public health programme.

Dr PADILLA (Guatemala) congratulated the Director-General on his Annual Report, and thanked him and the Regional Office for the help given to his country, particularly in the reorganization of its health services and of its biological laboratory. He also expressed the appreciation of Guatemala for the assistance given by the United States of America through ICA.

Dr TORRES BRACAMONTE (Bolivia) said that his country had succeeded in eradicating yellow fever and was now in the final stage of malaria eradication. The required minimum of smallpox vaccinations had been carried out, a tuberculosis programme had been initiated, and work had continued on the programme for eradication of yaws. That work could not have been done without the help of the Organization, of UNICEF and of the United States Government, and he thanked them for their assistance.

Dr QUIRCE (Costa Rica) joined in thanking the Director-General and the Regional Director for the Organization's help. His Government was particularly grateful for the technical help given in connexion with the malaria eradication programme, the vaccination of children under ten years of age with attenuated live poliovirus vaccine, and the eradication of *Aedes aegypti*. It was also grateful for the assistance in setting up a national body to deal with water supply systems, which would greatly further the advance of that programme.

Dr HORWITZ, Regional Director for the Americas, said that all the comments seemed to have one common denominator that was very gratifying and stimulating. The delegate of the United Kingdom had referred to the eradication of malaria in the coastal area of British Guiana. That was quite true and now a programme was being organized to eradicate it in the interior by the Pinotti method, using chloroquinized salt. It was expected that the procedure would be successful, that it would cope with the nomadic habits of the population and at the same time show in a relatively small area the benefits to be obtained from the method.

He referred to the comments of the delegate of Peru, saying that a study was under way with regard to the zonal organization in the Region. The study had been requested at the twelfth session of the Regional Committee; a report would be ready for the next session.

Concerning the question of getting more consultants on a regional basis, he said that, while the proposal of the delegate of Peru was being noted and considered, he would be glad to receive suggestions from any delegate who knew of suitable candidates for international health work.

He thanked all who had taken part in the discussion for their useful contributions, and expressed his particular gratitude to the staff of the Regional Office.

*The meeting rose at 5.35 p.m.*

## TENTH MEETING

*Monday, 20 February 1961, at 9 a.m.*

*Chairman: Dr W. A. KARUNARATNE (Ceylon)*

### 1. Third Report of the Committee

Dr KAMAL (United Arab Republic), Rapporteur, read the Committee's draft third report.

*Decision:* The report was adopted (see page 439).

### 2. Review of Work during 1960: Annual Report of the Director-General; Review and Approval of the Programme and Budget Estimates for 1962 (continued)

Agenda, 2.2, 2.3

#### *South-East Asia Region*

Dr MANI, Regional Director for South-East Asia, said that, owing to the vast mass of population and the low level of economy in that part of the world, the Region faced a constant struggle in matching resources to public health needs. The countries concerned were very actively engaged in economic development plans, but the rapid progress in industrialization raised the problem of finding sufficient trained personnel to take charge of the expanding health programmes that were needed. The provision for social development, and particularly for public health, in the national budgets was usually small compared with that for economic development. Morbidity and mortality rates in the Region were very high, although the latter were diminishing, owing not only to the expansion of public health services but also to the modern scientific techniques available.

However, morbidity was high and insanitation and malnutrition were mainly responsible. Heavy investment was needed for the control of both problems, and dramatic results could not be expected until the standard of living improved. At least 85 per cent. of the population lived in rural areas, where it was difficult to provide even clean water supplies, while the problem of sewage disposal was even more complicated. Nutrition was a question not only of the amount of food available but also of its nutrient value, and such nutrient foods were difficult to obtain for people with a low standard of living. Although attempts were being made to teach people

how best to use their limited budgets for the nutrition of the family, it was essential that the governments of the countries concerned should direct their food-production policies towards an increased production of nutrient foods, and should also consider the provision of subsidies to enable the poorer people to obtain them.

The main programme of the Region might be described under three basic headings: assistance to governments in control of communicable diseases, development of rural public health services, and (most important of all) training of personnel.

Under the first heading, the malaria eradication programme in every country was making progress, but in some countries, owing to financial and personnel difficulties, not as much as had been hoped for. Governments were doing their best to overcome the difficulties, but the programme would take longer to complete than had been originally anticipated. The tuberculosis programme had now been switched over completely to domiciliary and ambulatory treatment and case-finding. India and Thailand already had good programmes, and one was to be started shortly in Indonesia. Mass BCG vaccination was practised in almost all countries. With regard to leprosy, which was a very serious problem in the Region, good programmes existed in Thailand, Burma and Indonesia, while a large national programme was at present being worked out in India with the help of the Organization. Two groups of diseases, namely filariasis and intestinal diseases, were very difficult to control. In the case of the former, the scientific tools at present available were not so effective as those for the treatment of other diseases, such as tuberculosis. The question of controlling the large number of gastro-intestinal diseases was so dependent upon sanitation that it was difficult to find means of assisting governments apart from promoting sanitary facilities. The Organization was helping all governments in the Region to develop strong epidemiological units, and a special course in epidemiology had been arranged with Edinburgh University.

With regard to rural health services, programmes in India were being assisted by UNICEF and WHO.

Efforts were also being intensified in Afghanistan and Indonesia. The rural public health centres had a very heavy burden of curative work which left little time for dealing with preventive work. There was a lack of orientation of health personnel and it was also difficult to find personnel in sufficient numbers to keep pace with the growing needs.

It had been said in several meetings that more attention should be paid to priorities, but the situation was very difficult in areas with a rapidly developing economy. An attempt was always made to keep to priorities but, with the intense demand for expansion of public health services in the Region, governments had on occasion to undertake some important health work apart from the basic priorities.

With regard to the training of personnel, a continuous effort had been made over the past ten years and, in 1960, 270 training courses, attended by some 5000 trainees, had been held. Ninety-one fellowships had been given—twenty-seven of them within the Region and sixty-four in other countries.

The Region had been fortunate in having two projects financed by the United Nations Special Fund, one for improvement of water supplies and drainage in Calcutta and the other for a large research and training institute in sanitary engineering in Nagpur. WHO was participating actively in both those projects.

Dr JUNGALWALLA (India) said that India would shortly be embarking upon its third five-year development plan. As a result of its two previous five-year plans the gap in expenditure between medical care and public health programmes had narrowed, and in preparing the third plan attention had been given to providing adequate resources for the latter. State health administrations had been reorganized by the addition of new units or a review of the work of existing ones in public health engineering, health education, nursing supervision, epidemiology and statistics. A high level committee headed by Dr Mudaliar had been set up to review the total health programmes and make recommendations for the future, and its work would shortly be completed. He thanked the Organization for the valuable assistance it had given.

As had been mentioned by Dr Pandit, it was hoped that the environmental sanitation project in Calcutta would lead to eradication of one of the most important foci of cholera in India. The group of experts sent by WHO had included the first expert on administration and financial matters to be sent to India, and his services, as well as those of the technical experts, had been very valuable. The work in connexion with the Calcutta water supply

had enabled a large number of national groups interested in various aspects of the problem to meet together, with beneficial results.

The work of the team administering the integrated teaching project in medical colleges had been particularly valuable, as had also the work in connexion with non-clinical subjects and the fellowships in those subjects. The education bulletin published by the Regional Office had been widely appreciated. It was possible that a great deal of the work hitherto covered by that bulletin would be taken over by the national journal, but its stimulus had been of very great value and it was hoped that publication would continue.

A high-level national committee had been set up to deal with co-ordination of nutrition programmes, and it was hoped that the international organizations would continue to give assistance in that field, as well as in the school health programme. Extensive work had been done in developing protein-rich foods from vegetable proteins, and definite results could be hoped for. He was glad to see that food hygiene and the question of adulterated food-stuffs had been included in the future programme.

Assistance had been given to his country in developing its National Tuberculosis Institute and its Tuberculosis Chemotherapy Centre, and also in its campaign against leprosy. It was considered that the trachoma pilot project had now reached the stage when it could be developed as a wider control programme.

There had been an increase in the number of trained personnel, and the seminar for auxiliary personnel held in December 1960 had proved of great benefit.

He thanked the Regional Director and his staff for their close and constant association in the work of his country, and reciprocated the goodwill expressed by delegates in their speeches.

Dr SOEPARMO (Indonesia) said that a cursory glance at the Report might give the impression that the future of the Organization's activities in the Region was not bright. Many projects could not be carried out smoothly and gave only moderate results. The execution of well-planned health programmes often met with unexpected obstacles, while health education was a long process.

The situation could, however, readily be understood when the Report was studied more thoroughly. Progress was hampered by conditions of poor sanitation and malnutrition, combined with shortage of funds, and as one living in the Region he could understand the difficulties involved. He was well aware of the great efforts of the Regional Director to further the Organization's programme. The

figures in the Report did not altogether do justice to the work of the Regional Office, since they failed to convey the complications involved in, for example, the provision of one additional expert to a given area.

In the conditions prevailing, any progress made in the Region could be counted an appreciable success. The perseverance of the Regional Director and his staff had produced good results, and he was sure that all the obstacles would in time be overcome.

Dr VISALVETHAYA (Thailand) congratulated the Director-General and the Regional Director on the Organization's work in the Region. Several projects assisted by UNICEF and WHO had been undertaken in Thailand, including programmes for control of leprosy, yaws and tuberculosis. A tuberculosis pilot project had been organized in 1960, the results of which had so far been satisfactory and would, it was hoped, be helpful in planning future programmes both in Thailand and in other countries.

Dr TIN KYEE (Burma) associated his delegation with the thanks expressed to WHO and to other agencies.

In spite of financial difficulties his Government had agreed to co-operate with WHO and UNICEF in the malaria eradication programme, but had been unable to sanction participation in the proposed tuberculosis survey owing to shortage of funds. It was always willing to make as large a contribution as possible, but in the latter case the economic position did not permit of the expenditure involved.

Dr MANI, Regional Director for South-East Asia, thanked the Committee for the expressions of appreciation of the work of the regional office staff.

#### *European Region*

Dr VAN DE CALSEYDE, Regional Director for Europe, mentioned three points: the meeting of the Regional Committee for Europe, the administrative problem, and the 1961 and 1962 programmes.

The tenth meeting of the Regional Committee had been held in Copenhagen in August 1960, representatives from twenty-seven of the twenty-eight Member countries having participated, as well as from UNICEF and non-governmental organizations. The Regional Director's report had been studied, and also the modified programme and budget estimates for 1961, which had been approved for transmission to the Director-General. Several representatives had stressed the need for research work, particularly in cancer, cardiovascular diseases, and perinatal studies, while a number had mentioned the importance of the training programme, particularly fellowships. The importance of environmental

sanitation, in particular with regard to the problem of air pollution, had been stressed, while several representatives had commented on the assistance given to Morocco in its two national disasters and the suggestion had been made that WHO might consider the general public health problems involved in such disasters.

The Regional Committee had also studied questions arising out of decisions taken by the Health Assembly and by the Executive Board at its twenty-fifth session, and had adopted a resolution inviting countries to make annual voluntary contributions to the Malaria Eradication Special Account. Several members had considered that financing of the programme should be by contributions to the regular budget.

The Regional Committee had discussed a report on tuberculosis statistics in the Region, which was the result of a study designed to help, by the improvement of statistics, the exchange of information on tuberculosis mortality and morbidity. A resolution had been adopted requesting the Regional Director to continue to promote the comparability of tuberculosis statistics by recommending that governments apply standardized methods.

The Regional Committee had considered a proposal by the Minister of Health of the USSR to adopt Russian as a working language of the Regional Committee. The present Health Assembly had already approved the proposal of the Executive Board by which the Russian language would be adopted as a working language of the Regional Organization by stages—in all meetings of the Regional Committee from 1962, and as a complete working language on the same basis as English and French from 1963.

The subject of the technical discussions had been "Public health as a scientific discipline", and the subject selected for 1961 was "Cancer as a public health problem".

The Committee had confirmed its decision to hold its eleventh session in Luxembourg in 1961 and had accepted the invitation of the Government of Poland to hold its twelfth session in Warsaw in 1962.

With regard to administrative questions, working conditions in the Regional Office had greatly improved in January 1960, two buildings having been made available by the Danish Government. Space was now sufficient for the present staff, but would not allow for the expansion envisaged not only for certain technical services but also as a result of the adoption of Russian as a working language. A committee of representatives of the Danish Ministries of the Interior and Housing and of the

Regional Office had been set up to study and propose a solution for the long-term needs of the Office, and on 19 January 1961 a letter had been received from the Minister of the Interior expressing his sympathetic interest in the subject. The letter reaffirmed his Government's pleasure at having the Regional Office in Denmark, and stated that, after discussing the findings of the committee, the Danish Government had authorized him to say that it was prepared to put the necessary accommodation at the disposal of the Regional Office. He thanked the Government of Denmark publicly for that further expression of its friendship for the Organization. He recalled that the cost of construction of the building at present occupied by the Office had been borne entirely by the Danish Government, which had also undertaken to meet the costs of the new building; the Government's generosity had been demonstrated in many other ways.

With regard to the 1960 programme, in spite of the diversity of public health problems arising in different parts of the Region, Member States had shown their desire to collaborate in health matters, to exchange knowledge and experience and, whenever possible, to arrive at common conclusions. Each year the inclusion of new types of activity in inter-country programmes had been proposed to meet the needs of groups of countries or of the Region as a whole. There was a growing interest in programmes for direct assistance, and governments tended to ask increasingly for the Organization's advice or help in solving their health problems. It was also clear that a large part of available funds would continue to be needed for that form of assistance.

With regard to inter-country programmes new types of activity could sometimes be considered only by giving second place to those already in progress. The search for a balance between the desirability of continuing existing activities and embarking on new ones raised a difficult problem in the preparation of a regional programme for submission to the Regional Committee. During the period under review, the Regional Office had paid particular attention to work in two fields: epidemiology and health statistics on the one hand, and chronic diseases on the other. In the first instance the application of epidemiological methods by health administrations had received special attention, and an inter-country meeting had been organized to discuss the subject. Another problem was the increase in chronic diseases brought about by the growing longevity of the European population. The regional programme of the past few years had included a study on various aspects of cardiovascular diseases. A conference organized during the year in collaboration with a

national society of cardiology had studied the pathogenesis of hypertension, while a study was being made concerning health problems arising out of cancer and the various methods adopted or proposed by health administrations for dealing with them.

Inter-country programmes had included a seminar on dental health services for children, and one on child guidance. Another matter to which great attention was being paid was the rapid urbanization and industrialization in a large part of the Region—which raised special health problems, such as water and air pollution and the dangers of ionizing radiation. Education and professional training had continued to receive a high priority in the regional programme. Thirteen conferences and seminars and twelve training courses had been organized, and technical assistance had been given to courses organized by various countries, while the Regional Office had dealt with 500 fellowships for the European Region and 300 on behalf of other regions. The Regional Office was always very pleased to help other regions by arranging with European countries to receive students, and he thanked those countries for their willingness and help in the matter.

With regard to the inter-country programmes for 1962 (as given in *Official Records* No. 104), the organization of thirteen conferences and seminars and nine courses was envisaged under the regular budget, and four courses, financed from Technical Assistance funds, were planned. In addition there were further projects requested by governments and not included in the programme and budget estimates, amounting to \$234 000 (*Official Records* No. 104, Annex 6).

Dr GODBER (United Kingdom of Great Britain and Northern Ireland), after thanking the Regional Director and his staff for the excellent work they had done, said he hoped that studies on atmospheric pollution, which was a major problem in Europe at the present time, would be intensified. Much could be gained by exchanging information on the subject, although most of the work was for engineers rather than experts in public health.

He was sure that the proposed conference of teachers of public health would be very valuable, but hoped that participation in it would not be limited to teachers. Public health covered both environmental hygiene and the wider field of organization of medical care and the two aspects required different handling. In the past teaching had suffered from a tendency to cover too much ground and to deal with the two aspects in insufficient detail. He hoped, therefore, that the conference would be attended both by teachers and by "consumers", i.e., those who

used the product of the teaching in carrying out programmes.

Dr HOURIHANE (Ireland) congratulated the Regional Director on having conveyed so much information in his report.

One of the standard methods of compiling tuberculosis statistics was used in Ireland and it had been found to be very useful for co-ordinating information. His Government was willing to help other governments wishing to use the method or to introduce into the method any further element which might be of use to WHO.

The choice of subject for the technical discussions in 1961 was welcomed; deaths from cancer in Ireland showed a gradual but steady increase in number, and represented 13.7 per cent. of all deaths registered in 1958 compared with 8.4 per cent. in 1935-37. In the earlier period 1935-37, the cancer death rate per 100 000 population was 121.3, whereas by 1958 it had risen to 164.1, and from being fourth in the list of rates from "principal causes" in 1935-37, cancer now stood in second place, though it was still far behind "diseases of the heart", which was the commonest cause.

His Government valued very highly the fellowships offered by WHO and derived great benefit from them. It was willing to receive fellows from other countries whenever it was thought that training in Irish institutions or in association with Irish services would be of value.

He wondered whether the practice of holding the regional committee meetings away from the Regional Office year after year was wise. Such meetings were more expensive, it was more difficult to service them and it was difficult to satisfy the home authorities that serious business was being done. It was, of course, a matter for the Regional Committee to decide, but he felt that meetings should be held away from the Regional Office less frequently.

Dr CLAVERO (Spain) thanked the Regional Director for the help he had given to the Spanish Government in launching a number of programmes, including one for the control of trachoma, which had been a major problem in the eastern part of the country. The problem had been tackled from the social and economic point of view and spectacular results had been achieved, so that the disease was almost completely eradicated. Many foreign experts had visited Spain in connexion with the programme and Spanish specialists had visited Yugoslavia, where they had received a very cordial reception.

His Government had also been gratified at the results of the programme for premature infants, which WHO had planned and which had been carried

out with UNICEF's assistance. Help had also been received from the latter for a rehabilitation programme.

Experiments in health education in schools with regard to nutrition had been carried out in Spain with the joint collaboration of UNICEF, FAO and WHO. Not only were students being trained in the subject, but also teachers, nurses and doctors in rural areas. The help received from the different international organizations was greatly appreciated.

Dr OJALA (Finland) expressed his Government's satisfaction with the work being done by the Regional Office. Co-operation between the Regional Office and Finland had been very beneficial to Finland.

The epidemiological approach to the study of health problems was becoming increasingly important, in particular the epidemiology of chronic degenerative diseases was important in Europe. In climatic conditions such as in Finland, rheumatic diseases were affecting large numbers of people every year, and the scleroses also required attention. His delegation had noted with satisfaction the action being taken with regard to epidemiology and chronic degenerative diseases and hoped that special attention would be given to research and other work on the scleroses.

Professor NAUCK (Federal Republic of Germany), after congratulating the Regional Director on the excellence of his report, said that the establishment in Germany of hospitals for the aged and of geriatric wards had been stimulated by the meeting (held in 1958) on the public health aspects of aging of populations. The increase in the number of people over sixty-five was having a perceptible effect, particularly in large cities. The Government of the Federal Republic had taken measures to keep people in their work as long as possible.

During the past few years, the health and statistical offices had endeavoured, in collaboration with the German Central Committee on Tuberculosis, to improve tuberculosis morbidity statistics. Clear definitions of the incidence and prevalence of cases had been introduced, as recommended by the WHO Expert Committee on Health Statistics.

His Government believed that a multilingual public health dictionary should be compiled by the World Health Organization as soon as possible. Such a publication would be of great assistance in comparing the health statistics of different Member States.

Dr GERIĆ (Yugoslavia) stressed the fruitful work of the Regional Committee and the Regional Office during the past year. The Regional Office's pro-

gramme had been filled with activities of great importance to the Region and collaboration in its implementation had been most successful. The training programme, the programme of assistance to activities in Member States, and the inter-country programmes had been implemented successfully thanks to the help given by UNICEF and the Technical Assistance Board, the efficiency of the Regional Office, and the collaboration of Member States.

Co-operation between the Regional Office and Yugoslavia had been very satisfactory and on one aspect had been particularly useful: national seminars and courses had been organized in 1960 with the help of WHO experts, since under existing conditions that was the best way of using their help.

The technical discussions in 1960 had been extremely useful. The resulting recommendations were interesting and would be of great use to WHO as a whole.

It was clear from the proposed programme and budget estimates for 1962 that the activities of WHO had increased. Many programmes had been planned for one year only and, although there were programmes outlined in *Official Records* No. 104, Annex 6, which could not be included through lack of funds, the main programme represented a great achievement for WHO. Annex 6 contained programmes that were important, particularly for countries in the process of development.

While wholeheartedly supporting the proposed programme, he wondered whether it would not be wise to plan long-term programmes or programmes to last for at least two years, particularly in view of the introduction of long-term planning under the Expanded Programme of Technical Assistance. He did not wish to make a formal proposal on the subject, hoping merely that some thought would be given to his remarks.

Dr BUTROV (Union of Soviet Socialist Republics) thanked the Regional Director for his report and expressed his Government's satisfaction at the number of fellows participating in seminars and the increase in the number of seminars, which were of particular benefit to those engaged in rural public health services and in public health administration. His Government also welcomed the new emphasis being put on health statistics and on studies of hypertension and of cancer.

At the tenth session of the Regional Committee, criticisms had been made of the fact that the East European countries were so badly represented on the staff of the Regional Office. During the discussion on another regional office, when similar criticisms had been made, the Committee had been told that it

was difficult to find suitable people from that region to work at the Regional Office and that, if suitably qualified people were available, governments were unwilling to release them as they could not be spared. Such an explanation was completely unsatisfactory in connexion with the staffing of the Regional Office for Europe. It might be that there was some political reason. Some explanation should be given, since it was certain that WHO had on its files names of candidates whom governments were prepared to release. He hoped that the Director-General would take into account what had been said on the subject at the present Health Assembly and on previous occasions and that he would remedy the situation.

Dr FISEK (Turkey), after expressing his Government's appreciation of the help it had received from WHO and UNICEF, stressed the importance of country programmes as well as of inter-country programmes.

Most of WHO's country projects were connected with education, and it was in that field that the most useful results could be obtained. Two major programmes were being carried out with WHO help in Turkey—the reorganization of the School of Public Health and the reorganization of the schools of nursing. He hoped that the Director-General would propose to the Health Assembly more elaborate programmes of education.

During the last few years, public health had received increasing attention. So much was included in the term that it should be treated as a separate discipline, programmes in public health should be planned on a disciplinary basis, and a meeting to discuss the curriculum of schools of public health should be convened as a matter of urgency under the new conception of public health.

He thanked the Regional Director and his staff for all they had done for the countries in the Region, including Turkey.

Professor LUPASCU (Romania) stressed the efforts the Regional Office had made during the last few years to ensure close collaboration with and among the countries in the Region. He thanked the Regional Director for his concise report.

In malaria, his country had benefited by the exchange of information on the co-ordinated research being carried out on different problems. That the results achieved in Romania were appreciated was shown by the fact that fellows from Member States of WHO had been sent to study surveillance and its organization in Romania. Research on malaria and on malaria therapy had also been carried out in



Romanian institutions and the Romanian Government was ready to receive fellows, even for long periods, at the Cantacuzino Institute. French was spoken in the parasitology section and the Institute could become a centre for training personnel from the newly independent under-developed countries, not only in malaria but in other fields, such as epidemiology.

Romania could help the Organization in other spheres in which an exchange of information would be useful not only for European countries but for the other countries of the world. He requested the Director-General to bear in mind what he had just said when implementing the vast co-ordinated research programme planned for the coming years. If use was made of his country's institutes, the criticism about the lack of use of qualified people from the East European countries would be eliminated to a certain extent. He hoped, however, that something would be done to remedy the present situation in the Regional Office.

Although the holding of meetings away from the Regional Office might be expensive, much was to be said in favour of it. Not only were members of the regional office staff enabled to see what had been achieved in public health in different countries, but they were able to meet the officials responsible for public health administration; closer co-operation was then possible both from the organizational and the scientific point of view. The kind of travel involved was useful and he was sure that home authorities would be understanding if the advantages of holding meetings away from the Regional Office from time to time were clearly explained.

Professor PAPANICOLAOU (Greece) congratulated the Regional Director on his concise report and expressed his Government's appreciation and thanks for the help it had received in launching new programmes.

His Government had reconsidered its policy of tuberculosis control. More emphasis was being put on prevention. Assistance from WHO and UNICEF would be greatly appreciated.

Dr BEN ABBÈS (Morocco) thanked the Regional Director for all the interest he had shown in Morocco and for the help he had given. Help had been given not only in prevention of disease and malnutrition and in health education, but also in the training of personnel, particularly doctors. A school of medicine already existed and it had been decided to establish a faculty of medicine the following year. The latter would be established according to a plan prepared by a WHO expert and with financial help

from the United Nations Special Fund. Assistance had also been given for the training of paramedical personnel: fellowships had been granted, experts had been sent to Morocco to help in the training of auxiliary staff, plan training programmes and supervise practical training.

In 1959 Morocco had been the victim of a national disaster—poisoning with adulterated oil—and it had been completely unprepared to meet the situation, having no qualified personnel to deal with it. Thanks to aid from WHO, a school for kinesi therapists had been established where intensive accelerated training was given, and in December 1960 twenty-one specialists had graduated.

The subject of WHO's role in cases of national disaster had been brought up at the tenth session of the Regional Committee. Since the second national disaster—the Agadir earthquake—Morocco had created a national commando ready to act in case of disaster. Unfortunately, there were disasters which no country could deal with alone, especially a small country like Morocco, and that was where an international commando would be of great use. Nothing had been done to date; no one had decided who should be responsible for such a commando. He was convinced it should be WHO and that WHO should start at once studying the public health problems which might arise in the event of such national disasters.

Professor CANAPERIA (Italy) also expressed his delegation's appreciation for the work done by the Regional Office and by the Regional Director and his staff.

He drew attention to the importance of the epidemiological studies being carried out at the Regional Office, especially those on chronic diseases such as rheumatism, which was a serious problem in the Region. The Regional Office could make a valuable contribution by encouraging the exchange of information in that field.

The Regional Director had been quite right in drawing attention to the problems of urban health, which were particularly significant in a region where air pollution was so prevalent. Collaboration with sanitary engineers was necessary and the question of training specialists important. A school for training sanitary engineers had been established in Italy, for which support had been given and continued to be given by the Regional Office. He was sure the training given in that school would prove increasingly useful for carrying out programmes in public health.

He associated himself with the remarks of the delegate of the United Kingdom on the importance

of training personnel specialized in public health. It was obvious that a meeting of the type proposed would be most useful and it should be attended by teachers from schools of public health, as well as by public health administrators who were in contact with the day-to-day problems.

It was necessary not only to train experts in public health but to train doctors in preventive medicine. No progress could be made if doctors did not have a better understanding of health problems and problems of preventive medicine. Preventive medicine was not, unfortunately, at present included in the curriculum for medical training. It would be impossible to succeed without co-operation from the medical profession: it was universally agreed that the doctor of today should not only be a doctor who looked after the sick, but also a guardian of individual and collective health. The Regional Office could play a useful role in that respect.

It had been suggested at the tenth session of the Regional Committee, as the delegate of Morocco had mentioned, that WHO should study the public health problems that might arise in the event of a national disaster. He believed that WHO should act in such cases by helping to co-ordinate and stimulate activities and by giving direct aid. WHO should take up and study the whole question again.

Dr VAN DE CALSEYDE, Regional Director for Europe, replying to some of the points raised by delegates, said that the Regional Office was fully aware of the dangers of air pollution; the studies and work programme undertaken the previous year would be continued and intensified.

He had noted the remarks of the United Kingdom delegate on the subject of teaching in public health, and assured him that if it was necessary to modify the programme for the proposed meeting, it would be done along the lines suggested.

He knew that national authorities were not always aware of the necessity of having officials attend meetings. It was up to individual delegates to explain to their authorities the importance of the meetings of the Regional Committee.

The Regional Office was pleased when its initiatives were followed up nationally, as had been done in the Federal Republic of Germany and elsewhere. Larger audiences could be contacted on a national basis than by the Regional Office. He was pleased to learn that the help the Regional Office had given was valuable. Such help would be continued.

The Regional Office would always be willing to help the Government of Yugoslavia with its national activities, particularly those connected with public health and public health training. He too regretted

that it had been impossible to include in the proposed programme for 1962 all the projects suggested by Member States, but reminded the Committee that any Member of the Regional Committee could ask to have a project included and, if all Members agreed, that project would be included.

The delegates of both the Soviet Union and of Romania had mentioned the question of geographical distribution, which had been brought up on previous occasions. It should not be forgotten that WHO was an international organization and that it was not necessary that the Regional Office should employ only staff coming from countries in the Region. Much was to be gained by having staff from all over the world. It was important for the Regional Office for Europe to have on its staff people who had a knowledge of the under-developed areas of the world. He gave his assurance that the matter would be borne in mind when vacancies arose. It was obvious that staff members could not be dismissed to make vacancies. Use was being and would be made of representatives of the unfortunately under-represented countries for consultant appointments.

He assured the delegate of Turkey, who had stressed the importance of the Regional Office's role in the education and training of personnel, that all possible help would be given to countries setting up training schools. He recalled that a sum of \$250 000 had been set aside for assisting countries that were victims of national disasters, which sum could be used by the Director-General with the Executive Board's approval. It was not for the Regional Office to discuss the question of emergency assistance: that was a matter for the Executive Board and the Director-General.

With regard to the remarks of the delegate of Italy concerning the inclusion of preventive medicine in the training curriculum of doctors, he drew attention to the fact that a conference on the training of the doctor for his work in the community was to be held in 1961.

He had been moved by the expressions of appreciation for the work of the Regional Office. He too wished to thank all the countries in the Region for the help they had always been willing to give when requested.

#### *Eastern Mediterranean Region*

Dr TABA, Regional Director for the Eastern Mediterranean, was glad to note the admittance of Cyprus, Somalia and Kuwait to full membership of the Organization.

In line with the general rapid progress throughout the Region, considerable advance had been made in

all fields of health during the period under review. At the end of 1960 seventy-five projects had been in operation, fourteen had been completed and sixty-two were being actively planned. In addition, staff had been assigned from the Region to help in the programme of aid to the Republic of the Congo (Leopoldville).

The education and training programme was one of the most important aspects of WHO work in the Region, where there was a lack of qualified personnel. The programme was varied, ranging from training of single-purpose auxiliary workers to post-graduate studies in highly specialized fields. As shown in the table in *Official Records* No. 105, page 29, thirty-five of the ninety professors or lecturers provided by the Organization during the year were for Member States of the Eastern Mediterranean Region.

During 1961 an inter-regional seminar on auxiliary training in the Eastern Mediterranean Region was to be held in Khartoum. Increased assistance was being provided in the form of visiting teachers and in the establishment of medical schools (e.g., in Tunisia). A survey of the curricula of existing medical faculties was planned, in order to advise governments on any necessary adjustments. A consultant was at present making a survey of medical library facilities in order to make recommendations for improvements. A seminar on medical education was planned for early 1962, in Teheran. Regarding post-graduate studies, assistance was being given to the Public Health School of the American University of Beirut and the High Institute of Public Health in Alexandria, now well established as a regional post-graduate institute for various fields of public health. Inter-country training courses had been held during 1960, and were planned for 1962, in occupational health, radiation and isotope work, mental health, and the training of laboratory technician instructors. During the summer of 1961 public health administrators would be visiting the USSR for a seminar. A seminar on nursing had been held in Lahore in November 1960: it was fitting that it should have been held in Pakistan, where there had been so many developments in nursing in recent years.

During 1960, 221 fellowships had been awarded, of which twenty-two were for undergraduate medical students of countries where no medical faculties existed at present. An evaluation had been carried out of the total fellowships programme over the last ten years, during which 1048 fellowships had been awarded. The survey, submitted to the Regional Committee, indicated that the fellowships programme was in general successful. However, there was room for improvement in planning, selection of candidates and utilization of the fellows on their return.

Regarding communicable diseases, an important development was the interest of governments in having more inter-country programmes for the eradication or control of diseases. Malaria was one of the most important problems, three-quarters of the total population of the Region still being at risk. A number of countries, such as Cyprus and French Somaliland, had already eradicated malaria; in some countries, such as Kuwait, no cases had been reported during the last few years; others, such as Iran, Iraq, Israel, Jordan, Lebanon, Libya and United Arab Republic (Province of Syria), were now carrying out full eradication programmes. During 1960 pre-eradication surveys had been completed in the Province of Egypt and in Tunisia, and such surveys would be completed in 1961 in Ethiopia, Pakistan, Saudi Arabia and Sudan. To help to alleviate the shortage of personnel for the malaria programme, a regional training centre was in operation in Cairo, and assistance was being given to national training centres in Ethiopia, Pakistan and Sudan. In the field of administration and finance, a number of countries had granted relative autonomy to the machinery for carrying out the malaria eradication programme. In some areas, especially southern Iran, Iraq, Jordan and the United Arab Republic (Province of Egypt), mosquito vectors had developed a certain resistance, but so far a change from DDT to dieldrin or vice-versa had overcome that problem. Referring to nomadism as a further complicating factor, he said that a study had been made in 1960. An evaluation project centred in Beirut had been established to keep a check on eradication work and surveillance operations.

A pilot research project for tuberculosis control had been completed in Tunisia in January 1961, and an inter-regional training and demonstration centre was being set up in Tunisia for the training of tuberculosis workers. A regional epidemiological and statistical centre had been established at the Regional Office during 1960 to review and analyse data, particularly those related to tuberculosis.

Smallpox was still prevalent in some countries. A team of WHO consultants had made a survey and recommendations during 1960. Improvement was needed in land quarantine measures and in the enforcement of legislation on vaccination and revaccination. Assistance was being given to several countries in the production of potent vaccine, especially dried lyophilized vaccine. Many of the three million doses of vaccine donated by the Government of Jordan had already been used in the campaigns in Lebanon, Sudan and Yemen.

Nearly one-third of the total population of the Region was exposed to bilharziasis, especially in

those parts where rapid developments were taking place in perennial irrigation. There was much to be known still about the snail hosts, the development of effective and selective molluscicides, irrigation hydraulics and agricultural practices, and chemotherapy and chemoprophylaxis against the parasites. Research was also needed on the possible predisposing effect of bilharzia on the development of carcinoma. Assistance projects with considerable emphasis on research were in progress in Iran, Iraq, the United Arab Republic (Province of Egypt) and Yemen. In conjunction with the Government of the United Arab Republic, and with assistance from UNICEF, a project with considerable emphasis on research and training had been launched in Egypt the previous month.

Kala-azar, or visceral leishmaniasis, was a condition reported from a number of areas in the Region, but it was a particularly serious problem in Sudan and East Pakistan. Preliminary observations in Sudan suggested that *Phlebotomus orientalis* might be the main vector, but it was possible that there were undiscovered animal reservoirs for the parasite. (In some countries the dog had been incriminated as a possible reservoir.) Much research was needed, especially with regard to transmission. The Regional Committee had proposed that kala-azar should be considered a notifiable disease in all countries where it was a major problem.

Amongst the fields of activity receiving emphasis was mental health. Rapid industrialization and changes in the social structure in the Region made mental health an increasing problem. In addition to the advisory services provided to governments, there were training projects for the training of psychiatric nurses (very inadequate in the Region), and also for training general medical officers and practitioners in the essentials of mental health. A meeting of regional experts had been organized at the end of 1960 at the Regional Office when specialists from the Region had studied the problem with the regional adviser on mental health.

The Regional Office had assisted two countries in making general evaluations of health work: such an evaluation helped not only by assessing the total health programme but also by recommending any necessary adjustments for the future.

A seminar on community water supply had been held in November 1960 in Addis Ababa with the co-operation of the Regional Office for Africa, and a joint meeting had been held in Cairo with participants from the Eastern Mediterranean, South-East Asia, and Western Pacific Regions of WHO, as well as ICA workers. Consideration was given to the question of co-ordinating the Organization's

work on community water supply schemes with that of other agencies. The Regional Office was organizing a consultant team to visit the various countries.

Regarding radiation medicine, another new field of activity, a regional adviser had been appointed during 1960 to work on various aspects of the subject and to provide assistance to cancer institutes.

With regard to virology, a regional virology institute was being established in Cairo. Assistance to the ophthalmological centre in Tunis was continuing. The work done had been extremely successful, and a number of strains of virus related to trachoma had been isolated.

Another sphere of work was that of housing and its effects on health. There were projects for the systematic study of housing problems, especially in the rural areas.

Sub-Committee A of the Regional Committee had met in Tunis in August 1960, with fourteen Member States participating, and Sub-Committee B had met in Geneva, with participants from five Member States. The technical discussions had been on "Tuberculosis control, with special reference to domiciliary therapy". In 1961 the subject for both sub-committees would be "Poliomyelitis", and in 1962 it would be "Solar radiation and its related heat effect on the human organism"—a particularly important subject for the Region. He thanked the Government of Tunisia for its excellent co-operation, which had greatly contributed to the success of the session of Sub-Committee A.

Dr KAMAL (United Arab Republic) expressed deep appreciation for the outstanding collaboration his country was receiving from the Regional Director and his staff. Past projects and those planned for the future were varied and in keeping with the needs of both provinces of the United Arab Republic.

Work in education and training—a programme of utmost importance in the rapidly developing countries—included the establishment of a regional graduate school of nursing: it had been opened some years ago, and the first group of students had graduated in 1960. Assistance had also been provided for the in-service training of non-graduate national nurses to fit them for posts in training, supervision and administration. A project begun in 1954 had led to the opening during 1960 of a centre for sanitary engineering research. WHO was assisting the High Institute of Public Health by providing fellowships for the junior staff and in establishing a department of occupational health—the first of its kind in that area. Experts who had visited the Institute had been greatly impressed. Assistance was provided to the teaching institutions in the form of visiting teaching

staff, equipment, fellowships and the allocation of money for libraries. In that connexion, he supported the remarks made by the delegate of Iraq, and hoped the Regional Director would find some way of increasing financial assistance to libraries.

An inter-regional seminar on waterworks and their organization had been held in Cairo, as well as a regional seminar on industrial hygiene; an inter-regional seminar on industrial hygiene was planned for October 1961. Seminars were no doubt an effective means of exchanging knowledge, though he felt that results would be far more useful if the seminars were extended for an extra week (instead of lasting for the usual two weeks only).

He stressed the difficulties involved in recruiting visiting teachers on a short-term basis. Very often they were not at the institute at the right moment, their own particular subjects not figuring at that time in the institute's time-table.

Regarding fellowships, a distinction should be drawn between those countries able to train their people in the area in need, and those which lacked such means. Fellowships for the first-named countries should be of two kinds: short-term fellowships for staff of public health institutions or departments of public health in medical faculties, enabling the fellows to acquaint themselves with new methodology, etc.; and long-term fellowships in fields of education not existing in the country concerned (e.g. radiation, mental health, virology).

He was grateful to WHO for agreeing at last to establish two pilot projects on bilharziasis, and hoped that the joint efforts of international and national experts would lead to the control, if not the eradication, of that scourge.

He expressed deep gratitude to the Regional Director for his sincere interest and constant readiness to help.

Dr ABU SHAMMA (Sudan) congratulated the Regional Director on his report and thanked him for the assistance he was giving to Sudan. He hoped that the frequent visits of the Regional Director to the various countries of the Region would continue: they encouraged the local administrators and field workers. The co-operation and understanding of the Regional Director and his staff had helped the solution of the many health problems of Sudan.

He referred to a subject which had been raised by some of the Member States of the Region of the Americas. In some countries national staff had acquired adequate experience, but the Organization continued to send staff to supervise work which could easily be carried out by local people. The Organization's money was thus being wasted. National

public health administrators who were capable of doing so should be allowed to do the work: otherwise the Organization would give the impression that it had no faith in local experts.

Dr AL-WAHBI (Iraq) thanked the Regional Director and his staff for their most valuable help both in planning and in implementing the health programme. Mutual understanding and co-operation had helped to solve many problems.

It was most encouraging to note the importance attached to the malaria eradication programme, the control of communicable diseases, the stimulation of education and training, the integration of maternal and child health in public health programmes, and the co-ordination of the activities of the various countries of the Region.

During a recent visit of the Regional Director, discussions had resulted in the solution of many problems. Preliminary discussions had been held on the establishment of a higher nursing institute. The three main aspects of the project were: a three- or four-year course after secondary education, leading to a B.Sc. degree in nursing; a year's post-graduate studies in nursing and midwifery for graduate nurses; and a three-month refresher course for professional nurses. It was hoped that WHO would assist the project, the object of which was to produce much-needed nurses, matrons and tutors for medical care and public health activities.

He was happy to note from *Official Records* No. 105, page 62, that due importance was attached to the problems of trachoma and bilharziasis. Bilharziasis was of prime importance in Iraq, where in some districts it affected as much as 34 per cent. of the population. Everyone was aware of the difficulty of controlling the disease and of preventing its spread to new areas where there were extensive irrigation projects. Weapons of control were meagre, and top priority should be given to research on the subject. In the Endemic Diseases Department in Baghdad national and international experts, supported by the Ministry of Health, were studying more than twenty different aspects of the problem, including flow velocities in earth canals as related to the habitat of the intermediate snail host, *Bulinus*, and the search for other intermediate hosts and for wild mammal reservoirs of *Schistosoma haematobium*. Close co-operation was needed between the various research departments: perhaps the Regional Director and his office would be the best channel for that.

Dr FARAH (Tunisia) thanked the Regional Director for all the help he had given to such a particularly difficult region.

At the moment a WHO team was in Tunis discussing with the Tunisian Government the establishment of a faculty of medicine and pharmacy.

Dr NABULSI (Jordan) congratulated the Regional Director on his excellent report on the work of the Organization in the Region, and commended him for his work. The rapid social and economic changes in the Region had attracted the attention of the Regional Office, which had responded promptly in helping to solve the health problems of the area. He stressed the problem of radiation and radioactive fall-out and the need for detailed study on the subject.

Dr MORSHED (Iran) thanked the Regional Director for his effective collaboration. He referred to WHO assistance in the training of nurses. The key to public health was trained personnel, and nurses played an important role in the various programmes. In 1960 there had been about 500 students taking the three-year courses provided in seven different schools. The Regional Office had sent three teachers to one of the schools, in Teheran, and, together with the advisers on mental health, had arranged special courses in mental health nursing. Many of the teachers in the other schools had received fellowships from the Organization and had been trained abroad. He thanked the other agencies that had assisted the nursing schools in Iran. He was glad to note that a conference on medical education would be held soon.

Dr EL-BORAI (Kuwait) drew attention to the problem of tuberculosis, of extreme importance in Kuwait. The Public Health Department there, established in 1949, functioned competently, and hospitals, clinics and sanatoria (with a total of more than 2000 beds) were being developed. During 1961 a new 500-bed hospital would be opened. An obstetrical hospital with 160 beds had just started operating. In the near future a 500-bed hospital would be opened, and an additional sanatorium and large hospital built. A preventive health section was responsible for environmental sanitation and communicable disease control, including a leprosarium with twenty beds and a fever hospital with thirty-five. A new fever hospital with sixty beds was soon to be opened. There was also a veterinary division for the inspection of sheep and cattle, and a division of health education.

Today there were in the Health Department of Kuwait (a country with a population of 200 000) 250 physicians, 900 nurses, 1000 technicians, 600 male attendants and 2000 other health workers. The

school health service organized periodical medical examinations of students and teachers, as well as routine immunizations. The maternal and child health service ran five centres, each of which had one female and one male nurse and eight qualified visiting midwives.

However, despite those achievements, the spread of tuberculosis was favoured by the influx of labourers from neighbouring countries, many of whom were undernourished and lived in insanitary conditions. Often, when an x-ray test gave a positive result and an applicant was refused employment, he went back to live with other sound workers. Many tuberculous patients came from other countries to receive the thorough free treatment provided by the Government. They lived with friends or relatives, and so spread the infection. Moreover, a large number of sheep and cattle were imported, some from countries which had no legislation for tuberculin-testing. Although the veterinary division examined all the animals killed in the slaughterhouse, the large number killed outside escaped inspection. Although most of the milk consumed in Kuwait was of the dried pasteurized type, some of the poorer people and most of the Bedouins still used fresh unboiled milk.

The Kuwait Health Department trusted that the following measures would help overcome the problem of tuberculosis: sanatoria (the number of beds would soon be over 1000) and preventoria (in which the children of tuberculous parents were given anti-tuberculosis treatment); a chest clinic, to which was attached a mass x-ray section (all candidates for employment were referred to the unit, students were mass x-rayed every year and free treatment was prescribed where necessary); social services (the Health Department had appointed a graduate social worker to start a social service office, with five assistants); health education (education of the public in tuberculosis control was just beginning, and more intensive health propaganda with audio-visual aids was being prepared). Other plans to combat tuberculosis included the construction of barracks into which all immigrants living in huts and tents would be moved, after medical examination; an intensive programme of health education centring on the schools, clinics and health centres, and including domiciliary visits; the easing of the shortage of staff by a liberal provision of scholarships by the Government, encouraging young people to pursue further studies abroad. In that connexion, he asked whether the \$8000 specified in the budget for fellowships might not be diverted to some more important items, such as experts in statistics, trachoma, mental health, etc. A statistics and registration unit for

tuberculosis control would soon be established. The Regional Office was to assist the personnel of the tuberculosis division, the school health service, the maternal and child health service and other units in tuberculin-testing and BCG vaccination. Home visitors would be trained in the various activities of the maternal and child health centres, school health

clinics, maternity hospitals and other health and out-patient clinics.

The delegation of Kuwait would welcome any suggestions which might help towards the eradication of tuberculosis in its country.

*The meeting rose at 12.10 p.m.*

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## ELEVENTH MEETING

*Monday, 20 February 1961, at 4.45 p.m.*

*Chairman: Dr W. A. KARUNARATNE (Ceylon)*

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### 1. Review of Work during 1960: Annual Report of the Director-General; Review and Approval of the Programme and Budget Estimates for 1962 (continued)

Agenda, 2.2, 2.3

#### *Eastern Mediterranean Region (continued)*

Dr EL-BORAI (Kuwait), continuing his statement from the previous meeting, said, with regard to malaria, that a provisional insect survey had been carried out a few years before and no anopheline mosquitos had been found. A few *Anopheles pulcherrimus* adults had been collected in the Kuwait Oil Company area but that species appeared to play no part in the transmission of malaria. *A. preto-riensis* had also been collected in that area but was not considered a dangerous species. Malaria transmission in Kuwait was apparently unknown and cases which had hitherto occurred had been traced to infection outside the State borders.

He then referred to the geographical and prevailing wind conditions in his country since there appeared to be a general impression that mosquitos were more prevalent after a period of prevailing north wind. It was possible that Kuwait was invaded periodically by vector *Anopheles* from the north shores of the Bay of Kuwait. The risk of fresh cases of malaria arising therefrom would be slight, however, in the absence of a gametocyte reservoir. Conditions favourable for malaria transmission might be created through the importation of foreign labourers, most of whom were drawn from districts in which malaria was endemic.

Since further information was necessary concerning the marshes of the north shores of the Bay, he suggested that three or four spaced visits be paid to

the district by a trained team of mosquito-larva collectors during the period June-October, to furnish information for a more precise assessment of the potential malaria risk in Kuwait.

In conclusion, he expressed the cordial thanks of his delegation to the Regional Office for the Eastern Mediterranean and its Director for the visits of experts and their tact and advice.

Dr PANOS (Cyprus) joined in the thanks expressed to the Regional Director and his staff for the understanding and prompt attention which had been given to his country's public health problems. He hoped that such co-operation and understanding would continue in the future.

Dr Ataur RAHMAN (Pakistan) also expressed the gratitude of his delegation for the help received from the Regional Office and visiting experts in 1960 and the assistance planned for 1961 and 1962, and mentioned in particular the sympathy the Regional Director had shown towards the health problems of Pakistan.

Dr ZABARA (Yemen) expressed the gratitude of his delegation for the keen interest shown by the Regional Director in the health problems of his country and the work done by visiting experts. Considerable progress was being made, a number of fellowships had been granted to students from Yemen for study abroad, and valuable assistance had been received in connexion with equipment and drugs. The guidance of WHO was indispensable to his country. He referred to the usefulness of the malaria eradication programme, and the future establishment of tuberculosis control centres and

mobile units, and hoped that there would be an expansion of educational facilities in future.

Dr EL TAHER (Saudi Arabia) referred to efforts being made to overcome the shortage of health and sanitation personnel in Saudi Arabia. A national university had been created in 1955 and in 1959 a health assistants' and sanitarians' institute had been established, with assistance from WHO. It was hoped that as a result health workers would be available within a few years. He thanked the Regional Director for the visit he had paid to Saudi Arabia and expressed appreciation of his sympathy with the problems of the Region.

Dr QUANA'A (Ethiopia) said that as a result of the invaluable help of the Regional Office one-third of the physicians working in his country had been holders of WHO fellowships. He referred to the shortage of nurse tutors and to the comments made by the delegates of Iraq and the United Kingdom of Great Britain and Northern Ireland, and said that he would be grateful if the Regional Director would bear in mind that shortage and the social and economic difficulties of his country.

Dr WAKIL (Lebanon) thanked the Regional Director for his understanding and the efficient manner in which he had implemented the programme of assistance to Lebanon. He referred to the malaria eradication and antituberculosis programmes which had been most successful and to the training and education of physicians and auxiliary personnel to which the Regional Director rightly attached great importance.

Dr BISHTY (Libya) expressed the thanks of his Government for the work carried out by the Regional Director and his staff. Much progress had been made in public health through the assistance of WHO and UNICEF. In connexion with the visit in 1960 of the WHO regional smallpox survey team, he said that the WHO programme, although desirable, was not immediately practicable because of the shortage of personnel, the priority of other programmes such as those against tuberculosis and trachoma and the fact that Libya had been entirely free from smallpox for a number of years. Efforts had been concentrated on the systematic vaccination programme in the whole country and the dried smallpox vaccine would be most useful. He appreciated WHO's work on the health hazards arising from radiation and requested assistance in the formulation of measures of control and protection against the dangers of nuclear explosions.

Dr TABA, Regional Director for the Eastern Mediterranean, thanked those speakers who had expressed appreciation of the Regional Office for the Eastern Mediterranean, on behalf of the staff both at the office and in the field. All the points raised in the course of the discussion had been noted and would be borne in mind in the execution and planning of the work in the Region.

#### *Western Pacific Region*

Dr FANG, Regional Director for the Western Pacific, said that encouraging progress had been made in the strengthening of national health administrations, and the need for better co-ordination and careful planning had received increased recognition. Although there was still a tendency in some countries to maintain specialized services, governments were becoming more aware of the importance of planning integration from the start of a programme, especially of rural health services. The development of such services had continued. Relatively speaking some of them were still in the early stages but there was every indication that rapid expansion would take place in the coming years and that assistance from UNICEF and WHO would be increasingly sought. The implementation of long-range plans for the development of comprehensive rural health services with maternal and child health as an integral component was also worthy of note.

The education and training of national health personnel of all categories remained a need of fundamental importance. In addition to the award of fellowships, assistance had been given in the strengthening of medical schools, in particular in Cambodia, China, the Federation of Malaya, Fiji, the Philippines, the Republic of Korea, and Singapore. Experience had shown that training within the Region was more economical than elsewhere and permitted a greater number of fellowships to be granted with the funds available. It was also often more useful to the fellows concerned, as it was carried out in an environment with similar conditions and problems.

In nursing the year's work had been encouraging. The need for increasing the numbers of nursing personnel and improving the quality of nursing services was becoming more generally recognized. It was also gratifying to note that nurses in every country were becoming more aware of their responsibilities and of the contributions they could make to improve the health and welfare of the people.

With the appointment of a regional adviser in nutrition it had been possible to give more technical advice in that field. Assistance to governments in



combating communicable diseases continued to receive priority. The year had seen the intensification of antimalaria activities throughout the Region. The concept of eradication was now accepted by most governments, but there were still some countries and territories which had not yet completed their plans for eradication. The results of the mass yaws campaigns and subsequent surveys had been most satisfactory, but the continuation of follow-up work in some of the areas in which it had not been possible so far to develop a fully effective rural health service remained a problem. There had been an increase in the number of countries planning to undertake public health programmes for tuberculosis control or to expand their existing programmes. Smallpox continued to decline in the countries where it was endemic and eradication campaigns were being vigorously pursued by the Governments of Cambodia, the Republic of Korea and the Republic of Viet-Nam.

Close co-operation had been maintained with the United Nations, with other specialized agencies, and in particular with UNICEF, which had assisted many projects in the Region with supplies and equipment. There had been increased joint planning with other agencies working in the field of health and a closer relationship had developed with the South Pacific Commission. A project assisted by one agency, lending itself to gradual expansion by additional elements pertaining to the competence of other agencies, was exemplified in the Region by the bilharziasis control pilot project in the Philippines, which had begun as a health project with WHO assistance. Because some of the control measures had agricultural implications, FAO assistance had been requested and UNICEF aid had now been requested to equip the national advisory teams which would assist the local health services. It was not only a health project but one with direct social and economic implications, where success would mean an improvement in living standards.

Despite the many problems and difficulties still faced by countries in the Western Pacific Region, progress had been encouraging. If the available health resources were carefully assessed, short-term and long-term proposals for health activities formulated, and priorities realistically determined, even greater progress could be made in the years ahead.

With regard to the programme and budget, the budget for the Region showed a slight decrease compared with that for 1961. The estimated expenditure under the Malaria Eradication Special Account had been reduced by 22.02 per cent.; that under the Expanded Programme of Technical Assistance had been reduced by 3.12 per cent. An increase of

\$122 999 was proposed for the regular programme; \$5966, or 4.8 per cent. of that sum, was proposed for the increase in the regional office budget, and the remaining \$117 033, or 95.2 per cent., for field activities.

The programme had been developed to meet three great needs of the Region: the control of communicable diseases, the strengthening of national health administrations, and the training of personnel. In accordance with the wish of the Regional Committee, provision had been made for educational projects benefiting more than one country. They included a study conference on maternal and child nutrition and seminars on nursing education, Japanese B. encephalitis and other arthropod-borne encephalitides, vital and health statistics and smallpox—the latter in an effort to ensure that the resolutions of the Executive Board and the Health Assembly on smallpox eradication were implemented as effectively as possible. The general priorities established at previous sessions of the Regional Committee had been followed in the preparation of the programme, reflecting the wishes both of Member governments and of the Regional Committee.

Dr RODRIGUEZ (Philippines) expressed his appreciation of the excellent work carried out by the Regional Director and his staff. He referred to the efficient way in which the projects had been carried out, and stressed the importance of epidemiological studies on chronic contagious diseases, such as bilharziasis and leprosy, being undertaken.

In conclusion he congratulated the Regional Director on his extremely able presentation of the accomplishments and problems of the Region.

Dr DOWNES (Australia) referred to the stress laid upon education and training by the Regional Director and said that his country had been proud to associate itself with WHO in that connexion. He gave an account of the assistance his country had given and commended the Regional Director on his excellent work.

Dr BERNARD (France) thanked the Regional Office and its Director for the efficient and friendly collaboration it had extended to the authorities of territories of the French Republic in the Western Pacific Region. The campaign against yaws had brought about a notable decrease in the incidence of the disease. He had noted a reference to trials of medicated salt by Pinotti's method in Battambang Province, Cambodia, and requested information as to the preparation of the salt.

Dr DIN BIN AHMAD (Federation of Malaya) congratulated the Director-General on his Annual Report and thanked the Regional Director for his help and the interest he had shown in Malaya's problems. He agreed with the stress placed in the Annual Report on the training of all categories of health personnel; in his country there had been an unprecedented increase in the number of trainees. In the second five-year plan, which had begun in 1961, much importance was being given to the expansion of health services, particularly in rural areas, since past efforts in that direction had resulted in a considerable reduction in the infant mortality rate. It was planned to build new hospitals and improve existing ones, and the antileprosy services and the mental, dental and pharmaceutical services were to be improved. It was planned to open a new medical school in 1962, or 1963 at the latest, and his Government was confident that WHO, other international organizations and other governments would assist in that venture. Some governments were contemplating sending doctors to serve in Malaya and his Government was grateful to them.

No mention of filariasis had been made in the Annual Report of the Director-General and he drew attention to the desirability and importance of studies on the subject.

Dr YUN (Republic of Korea) congratulated the Director-General and the Regional Director on their comprehensive reports on the Western Pacific Region and expressed his satisfaction with the work accomplished by WHO in Korea during 1960. The help received in malaria control and the provision of fellowships were particularly appreciated and he had noted with satisfaction that smallpox had almost been eradicated. With regard to the needs of his country, for which continuance of WHO support was required, an evaluation of the overall public health programme was being planned, taking into account the survey made by the UNKRA/WHO health mission in 1952. Furthermore, his Government was carrying out training programmes and projects in disease control and environmental sanitation and was setting up health centres. All of Korea's available resources, in finance and in personnel, were being used to implement those programmes, which would be greatly strengthened by the assistance of ICA and WHO. Other needs were in connexion with the setting-up of a vital and health statistics department, a public health laboratory and industrial health programmes, all of which had received so far little or no outside aid. He mentioned those needs since, having noted the trends

and policy of WHO, he hoped that some assistance might be granted to his Government.

He had been very pleased to learn that Dr Fang had been reappointed for a further period of five years as Regional Director and extended to him hearty congratulations and the promise of full co-operation in all their joint endeavours.

Dr YEN (China) also expressed appreciation of the work in the Western Pacific Region and thanked the Regional Director and his colleagues for the successful implementation of WHO-assisted projects. He had noted with satisfaction the progress made during 1960, particularly in malaria eradication, tuberculosis control and the expansion of maternal and child health services. Much improvement in sanitation was also noticeable. It was encouraging that there was a trend to co-ordination and integration in preventive and curative medical services in many countries. Many health problems remained however, in particular the shortage of national health personnel to assume the responsibility of implementing health projects in the various countries.

For the health programmes in China, particularly malaria eradication, trachoma control, tuberculosis control, maternal and child health services and others, in addition to the help received from WHO substantial assistance had been received from ICA and UNICEF, for which his country was most grateful. In 1960 China had co-operated fully with WHO in the international health programme and had received a number of WHO and ICA fellows from various countries for field studies and observation of public health activities in China. He assured delegates, on behalf of his Government, that such study visits would continue to be welcomed.

Dr FANG, Regional Director for the Western Pacific, expressed his appreciation of the suggestions made by the delegates of the Philippines and of the Federation of Malaya, which would be taken into consideration in future planning.

In reply to the question from the delegate of France regarding the composition of the medicated salt, he said there were only two projects where it had been used. Ordinarily chloroquine was used, but in exceptional cases pyrimethamine was added. He thanked delegates of countries in the Region for their co-operation, understanding and courtesy, and especially thanked those countries which, while not receiving aid, had co-operated generously, in particular Australia, New Zealand and Japan. The Government of China had also been most co-operative in receiving fellows from the Region. He expressed the hope that that co-operation would continue in the future.

Dr TURBOTT (New Zealand) suggested that, in future consideration of the Annual Report of the Director-General, the introductory remarks of the Regional Directors should be circulated to delegates in writing to save time at the meeting. He also suggested that the various regions be considered in such a way that each year a different region was examined first so that the last regions to be considered, when time was short, were not the same at each session of the Assembly.

*It was agreed* that the suggestions of the delegate of New Zealand would be discussed when consideration of the Director-General's Report and the proposed regular programme and budget estimates had been completed.

*It was also agreed* to defer consideration of Chapter 20 of the Director-General's Report—Co-ordination of Work with other Organizations—until agenda items 2.10 and 2.11 came before the Committee.

#### *Expanded Programme of Technical Assistance for Economic Development*

Dr KAUL, Assistant Director-General, Secretary, introduced Chapter 21 of the Annual Report of the Director-General and invited questions.

There were no comments.

#### *Draft Resolution*

The SECRETARY read to the Committee a draft resolution in the following terms:

The Fourteenth World Health Assembly,

Having reviewed the Report of the Director-General on the work of WHO during 1960,

1. NOTES with satisfaction the manner in which the programme was planned and carried out in 1960 in accordance with the established policies of the Organization; and

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

*Decision:* The draft resolution was approved.<sup>1</sup>

#### **2. Review and Approval of the Programme and Budget Estimates for 1962 (continued)**

Agenda, 2.3

*Programme Activities (Official Records No. 104, Annex 1, Part II, 4)*

*Sections 4.1 - 4.5*

There were no comments.

#### *Section 4.6. Communicable Diseases*

Professor CANAPERIA (Italy), referring to sub-section 4.6.3—Veterinary Public Health—said that the work under that head had both a medical and a veterinary aspect, which entailed the collaboration of both types of personnel. Clearly, for work on brucellosis, rabies, leptospirosis and the zoonoses generally public health veterinarians had an important part to play, but he was surprised that the personnel did not include a medical officer.

In reply, the SECRETARY said that the title of the section, although the best that they had been able to find, was not entirely suitable. The point raised by the delegate of Italy was covered by the fact that full co-operation existed between the veterinary public health service and other units in the Division of Communicable Diseases.

Dr LEE (United States of America) associated himself with the view expressed by the delegate of Italy; the title of sub-section 4.6.3 was indeed unsuitable. He suggested that it might be amended to read "Comparative medicine in veterinary public health".

The CHAIRMAN said that due note had been taken of the amendment proposed by the delegate of the United States of America.

#### *Section 4.7. Public Health Services*

Professor CANAPERIA (Italy), speaking on sub-section 4.7.5—Health Education of the Public—thanked the Director-General very warmly on behalf of the International Union for Health Education of the Public for the support he had always given to the Union. He referred to the international conference on health and health education of the public to be held in Philadelphia, United States of America, in 1962, sponsored jointly by the International Union for Health Education of the Public and WHO, and expressed his gratitude, as Chairman of the Union, for WHO assistance in the organization of the conference.

The CHAIRMAN said that all realized the importance of health education, especially in the less-developed countries. The observations made by the delegate of Italy had been noted.

Dr EL BITASH (United Arab Republic) referred to sub-section 4.7.6—Maternal and Child Health—and wondered whether the provision of one consultant for the study of diarrhoeal diseases of infancy and early childhood would be adequate, as such diseases presented a very big problem in many countries.

<sup>1</sup> Transmitted to the Health Assembly in section 1 of the Committee's fourth report and adopted as resolution WHA14.36

The SECRETARY said that there was already a team working on maternal and child health and the consultant would carry out his studies in association with that team.

#### *Section 4.8. Health Protection and Promotion*

Dr BRAVO (Chile) referred to sub-section 4.8.1—Social and Occupational Health—and suggested that caution should be exercised with regard to the WHO participation in the activities of the International Occupational Safety and Health Information Centre, since he had reason to doubt the chances of success of the Centre.

Dr QUANA'A (Ethiopia) also referred to sub-section 4.8.1 and in particular to medical rehabilitation of the physically handicapped. He wondered whether the evaluation of physical impairment of a disabled person was included in the functions and responsibilities mentioned and suggested that if not such evaluation should be included.

The SECRETARY referred to the comments by the delegate of Chile and said that, when the subject had been discussed at an earlier meeting of the Committee (see page 227), he had furnished information on the International Centre being set up in Geneva by ILO and the co-operation which WHO was committed to provide. The functions and responsibilities of the Centre were fully recognized and the caution which the delegate of Chile had advised would be borne in mind.

With regard to the suggestion by the delegate of Ethiopia, the programme on physical rehabilitation was handled by the unit in a most comprehensive manner and he had no doubt that all aspects and problems were taken fully into account.

Professor CANAPERIA (Italy), referring to sub-section 4.8.6—Cancer—noted that it was proposed to convene in 1962 an expert committee to discuss the recent achievements of exfoliative cytology. The Committee would recall that one of the projects in the European Region was a study on exfoliative cytology in the public health control of cancer. Would it not be possible to avoid such duplication?

The SECRETARY said that the objectives of the two projects were different. The provision in the European Region was only for a review of current information, whereas the expert committee would be required to make recommendations for future policies. However, Professor Canaperia's observation had been noted.

Dr TOTTIE (Sweden), referring to *Official Records* No. 107, page 54, paragraph 163, said it appeared to him that the study on exfoliative cytology in the European Region had been deleted from the budget.

The DIRECTOR-GENERAL said that the paragraph referred to by the delegate of Sweden contained only a recommendation of the Executive Board which, as members would recall, had not been endorsed by the Committee.

#### *Sections 4.9 - 4.14*

There were no comments.

*Expert Committees (Official Records* No. 104, Annex 1, Part II, 6)

There were no comments.

*Inter-regional and Other Activities (Official Records* No. 104, Annex 2, pages 334-341)

Dr LISITSIN (Union of Soviet Socialist Republics) recalled that at the tenth session of the Regional Committee for Europe the representative of the USSR had opposed the inclusion in the regional programme of project Inter-regional 115, "Conference on Medicine and Health Aspects related to Environmental Factors in the Arctic", because neither his Government nor any other government with interests in the Arctic regions had shown any desire for it. The matter had come up again at the twenty-sixth session of the Executive Board, at which one member of the Board had made the same point. His delegation could still see no reason why the project should not be deleted, since no government seemed to have requested it.

The DIRECTOR-GENERAL said that to include a project among "Inter-regional and Other Activities" he did not need a specific request from any government; on the contrary, he had both the right and the duty to include any activities that he thought would be useful. The statement he had made on the matter at the twenty-sixth session of the Executive Board was referred to in *Official Records* No. 107, page 58, paragraph 200.

WHO was interested in the problems of tropical areas, and he saw no reason why it should not also have some concern with the problems of cold environments, just as it had been concerned with health problems in high altitudes. The Arctic and Antarctic areas were now being opened up by many countries, and the technical and scientific problems covered the fields of biology, medicine and public health. That involved epidemiology, nutrition, the physio-

logy of adaptation to cold environments, entomology and insect control, environmental sanitation and the social and cultural aspects of human life in such environments. He felt it was high time that WHO took an interest in those problems.

In any case, he wished it to be clearly understood that in including the project he had had no other motive than technical interest.

Dr LISITSIN (Union of Soviet Socialist Republics) said that if the project concerned the Antarctic as well as the Arctic regions its scientific interest could not be denied. However, he would like to know which was the government which had intimated its interest. For while it might be true, as the Director-General had said, that he did not need to wait for a request before including a project under "Inter-regional and Other Activities", WHO had many important problems to deal with that were of concern to far more than one government.

He wished to know exactly in what respect the Executive Board had modified the original project and what its objectives now were.

The DIRECTOR-GENERAL said that the Executive Board had not modified the project, which remained exactly as he had originally presented it. The question which government was interested in the project was beside the point: it was because he himself believed it would be useful that he had included it in his proposed programme, and it was now for the Health Assembly to accept or reject it.

Dr LISITSIN (Union of Soviet Socialist Republics) regretted that he was still not entirely satisfied. He realized that the Director-General could propose any project that seemed to him useful, but it was precisely the usefulness of the project that was in doubt. WHO's resources were already inadequate for dealing with the many urgent health problems in which governments had shown an active interest, without taking up matters that concerned only very small numbers of people and in which governments seemed to be only marginally interested, if at all. He therefore proposed that the project be deleted.

The CHAIRMAN put to the vote the proposal to delete project Inter-regional 115 from the programme and budget estimates for 1962.

*Decision:* The proposal was rejected by 19 votes to 6, with 6 abstentions.

*Malaria Eradication (Official Records No. 104, Annex 3)*

There were no comments.

*Voluntary Fund for Health Promotion (Official Records No. 104, Annex 4)*

There were no comments.

The CHAIRMAN reminded the Committee that Annexes 5 and 6 of *Official Records* No. 104 were included only for information purposes.

*The meeting rose at 6.45 p.m.*

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## TWELFTH MEETING

*Tuesday, 21 February 1961, at 9.45 a.m.*

*Chairman:* Dr W. A. KARUNARATNE (Ceylon)

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### 1. Review and Approval of the Programme and Budget Estimates for 1962 (continued)

Agenda, 2.3

The CHAIRMAN explained that, since there had not been a quorum at the eleventh meeting when the Committee voted on the proposal of the delegation of the USSR that Inter-regional project 115 "Conference on Medicine and Health Aspects related to Environmental Factors in the Arctic" should be deleted from the programme, another vote on the proposal would have to be taken.

*Decision:* The proposal was rejected by 29 votes to 10, with 22 abstentions.

### 2. Agreement with the International Office of Epizootics

Agenda, 2.12

Dr KAUL, Assistant Director-General, Secretary, introducing the exchange of letters between WHO and the International Office of Epizootics for the purpose of establishing the basis for the relations between the two organizations,<sup>1</sup> explained that the Office was an intergovernmental organization established by international agreement in 1921. Its objects were:

<sup>1</sup> Reproduced in *Off. Rec. Wld. Hlth Org.* 110, Annex 10

1. To promote and co-ordinate experimental or other research work concerning the pathology or prophylaxis of contagious diseases of livestock for which international collaboration is deemed desirable.
2. To collect and bring to the attention of the Governments or their sanitary services, all facts and documents of general interest concerning the course of epizootic diseases and the means used to control them.
3. To examine international draft agreements regarding animal sanitary measures and to provide signatory governments with the means of supervising their enforcement.<sup>1</sup>

Informal collaboration between WHO and the Office had existed for several years, and had included attendance at technical meetings of mutual interest, collaboration in the collection and discussion of statistical data on the zoonoses, the fostering of uniform procedures with special reference to zoonoses and food hygiene, and the establishment of biological standards for preparations for the control and diagnosis of the zoonoses. WHO's collaboration with the International Office of Epizootics had been in full agreement with FAO, which itself collaborated closely with the Office.

The agreement placed the relationship between the Organization and the Office on a formal basis. The exchange of letters between the Organization and the Office was submitted by the Director-General to the Assembly in accordance with Article 70 of the Constitution. The agreement would be examined by the Committee on Administration, Finance and Legal Matters if the Committee on Programme and Budget considered that, on technical grounds and for the purposes of the programme, collaboration should be established.

*Decision:* It was agreed that the Committee on Administration, Finance and Legal Matters should examine the agreement (see minutes of the thirteenth meeting of that committee, section 5).

### 3. Statement by the Representative of the Medical Women's International Association

Dr GILL (Medical Women's International Association), speaking at the invitation of the CHAIRMAN, conveyed to the Assembly the good wishes of the Association for success in its deliberations. She brought to the attention of the Committee the following resolution which had been passed by the Association:

<sup>1</sup> Article 4 of the Internal Statutes of the International Office of Epizootics

The Medical Women's International Association, Having considered the documentation available from various countries on the position of refugee doctors with regard to the exercise of their profession in host countries,

Recognizing that in many countries laws, regulations and administrative practice make it difficult or impossible for refugee doctors to exercise their profession,

Wishing to make a contribution to World Refugee Year by drawing the attention of the medical profession to this problem and thus to promote improvement in the position of refugee doctors,

1. **DRAWES THE ATTENTION** of its member associations and individual members to the difficult position of refugee doctors;

2. **INVITES** its member associations and individual members to make every effort with a view to ensuring that:

(a) refugee doctors who have already qualified in their country of origin, be given every facility to qualify for admission to practice in their new country of residence and not be barred from the exercise of their profession solely on grounds of nationality;

(b) where further training periods or professional examinations are considered indispensable, refugees be assisted during such periods to get this training and to prepare for, and be admitted to, such examinations;

(c) refugee students who have received their medical training in, and passed the qualifying examinations of, the host country should not be debarred from medical practice in that country on grounds of nationality; and

3. **RECOMMENDS** that this resolution be brought to the attention of international and national medical associations and organizations so that appropriate measures may be adopted for its implementation.

### 4. Review and Approval of the Programme and Budget Estimates for 1962 (continued from section 1)

Agenda, 2.3

*Procedure for Discussion of the Annual Report of the Director-General and the Proposed Programme and Budget Estimates*

Professor MUNTENDAM (Netherlands) expressed deep dissatisfaction with the manner in which the previous day's discussions on the programme and budget had been conducted, and fully supported

the view, frequently expressed during the present Health Assembly, that practical work in the field of world health care, and the exchange of ideas on that work, were the main concern of the Assembly. He hoped that a different method of dealing with the Annual Report and the proposed programme and budget estimates would be found for the Fifteenth World Health Assembly, so that due attention and consideration might be devoted to both items. His remarks were in no way directed against the Chairman, with whose guidance he was entirely satisfied.

Dr TURBOTT (New Zealand) strongly supported the view expressed by the delegate of the Netherlands. Hours had been spent in discussing the work of the past rather than that of the future, and in less than an hour approval had been given to a budget of some \$25 000 000. The procedure should be reconsidered by the Executive Board and the Director-General.

The DIRECTOR-GENERAL said that the discussion the previous day had been confined to the headquarters budget. The programme of the regions had been discussed for several days, together with the Director-General's Report on the work of 1960. Delegates had had the volume containing the proposed programme and budget estimates for 1962 in their possession for a long time, and there had been no sign during the previous day's meeting that delegates lacked an opportunity for discussion. On the other hand, there was ample room for improvement in the procedure for discussing the programme of work. Even if the discussion on the past was useful, the discussion on the future was always much more important, and he hoped that the remarks of the delegate of New Zealand would be carefully considered.

Professor CANAPERIA (Italy) said that the discussion on the programme and budget for 1962 had clearly not been satisfactory; it had come at the end of a long day, when several delegations were absent. As had already been stated, it was better to examine together the Director-General's Report and the proposed programme and budget estimates; while the Organization must base its work on past experience, the Committee's most important task was to examine the programme and budget for the future.

He had been struck by the fact that the Committee had approved the budget ceiling before examining the programme of work for 1962, and thought the Health Assembly had passed a resolution providing that the budget ceiling should be fixed

after discussing the main points of the programme. The question touched upon the whole work of the Organization and its method of examining its most important activities. He suggested that it be referred to the Executive Board, which should consider it in the light of the remarks made in the Committee.

Dr TURBOTT (New Zealand) preferred that the Executive Board and the Director-General should consider the matter, rather than that the Committee should pass a resolution on the subject. The procedure of fixing the budget ceiling first and discussing the details of the programme afterwards was wrong, and he was sure that Treasury departments in most countries were not aware that it was done.

The Director-General had referred to the discussion of the work in the various regions. He was almost certain, however, that nearly all the discussion had referred to the past rather than to the future programme. The emphasis was wrong.

The DIRECTOR-GENERAL said that the procedure to be followed had been set out in resolution WHA13.1, namely, to "recommend the budgetary ceiling after examination of the main features of the programme", the Committee on Administration, Finance and Legal Matters not meeting while the subject was being discussed in the Committee on Programme and Budget. In his introduction of the item in the meeting which had considered the budget level for 1962, he had insisted several times that the main features of the programme would have to be discussed before the budget ceiling could be established, and he had given much more time to the former in his introduction. But for several years it has been extremely difficult to get any discussion on the main features of the programme, as delegates seemed to have the question of the budget ceiling foremost in their minds. One year, immediately after the Director-General had introduced the subject—and before there had been any discussion at all—a delegation had proposed a draft resolution establishing a ceiling for the budget level. The procedure followed had been in accordance with resolution WHA13.1, but the practical result was unsatisfactory.

Dr BRAVO (Chile) thought that much of the lengthy discussion was due to the attitude of delegates. Courteous congratulations and thanks had been expressed at length. Moreover, much of the interesting information given during meetings could have been conveyed in writing. The Executive Board should study the question.

Dr EVANG (Norway) said that the Director-General was quite right in stating that the procedure being followed—that delegates discuss only the main features of the programme and budget before fixing the budget ceiling—was that which had been accepted by the Assembly, after a great deal of battle. No decision had ever been taken that every item of the programme should be discussed in detail before the budget ceiling was fixed. He suggested that the Executive Board, in taking up the matter, should consider the proposal, put forward by the Norwegian and other delegations some years previously, that the Committee on Programme and Budget be divided into two committees. That might be difficult, but was perhaps the only solution if Assemblies were not to become more lengthy. At present the Committee on Administration, Finance and Legal Matters completed its work in one and a half weeks or less, while the Committee on Programme and Budget needed more than two weeks.

*It was agreed* that the subject should be referred to the Executive Board for necessary action.

*Continued Assistance by WHO to Newly Independent States: Draft Resolution submitted by the Delegation of Ghana*

Dr ROBERTSON (Ghana) said that, since the Thirteenth World Health Assembly, fifteen new Members and two new Associate Members had been admitted to the Organization. Recognizing the many difficult problems faced by newly independent States, the Thirteenth World Health Assembly had decided to provide in the effective working budget for 1961 an amount of \$200 000 to finance additional assistance to such States upon their request. He greatly appreciated that fine gesture of co-operation on the part of the Thirteenth World Health Assembly, and the equally humanitarian spirit with which delegates to the present Assembly had accepted the additional financial burden involved.

With the exception of two from the Eastern Mediterranean Region, all the new Members of the Organization were from the African Region—the most under-developed of all the six regions of the Organization. The African Region was also the home of almost every communicable disease known to medicine. The effect of the diseases was all the more serious because of the lack of trained doctors, nurses and other technical personnel. Many of the new Members and Associate Members were already spending considerable sums of money to improve public health and other medical services; but even their best efforts were inadequate, owing to lack of trained personnel.

The draft resolution he was about to introduce sought to stress especially the need for training the indigenous population to become doctors, nurses, technical and allied health personnel. Experience had shown a reduction of costs and swifter progress when the personnel was recruited from amongst the indigenous population. He proposed the following draft resolution:

The Fourteenth World Health Assembly,

Recognizing that there is an increasing number of new Members from under-developed areas being admitted to full membership of WHO; and

Realizing that without adequate numbers of trained doctors, nurses, technical and allied health personnel among the indigenous population, these new States can never hope to achieve the primary objective of WHO—the enjoyment of the highest attainable standard of health,

1. NOTES with satisfaction the speedy assistance given by WHO to the Republic of the Congo (Leopoldville) along these lines; and

2. REQUESTS the Director-General

(1) to continue to give such speedy assistance to all newly independent States which become Members of WHO; and

(2) to report on these matters to the twenty-eighth session of the Executive Board and to the Fifteenth World Health Assembly.

Dr KIVITS (Belgium) supported the draft resolution.

Dr ABU SHAMMA (Sudan) said that there were many demands on the budgets of the new Member States for such activities as the development of education, agriculture, roads and communications, and for raising the standard of living. The assistance envisaged in the draft resolution was therefore urgently needed. The improvement of health would naturally lead to improvements in other spheres. His delegation strongly supported the draft resolution.

Dr DOLO (Mali) said that 1960 had been described as the African year, and the Health Assembly had confirmed that by admitting a number of new Members and by making special financial provision for assistance to them, since the programme for 1961 had been prepared and discussed before their admission. His delegation warmly supported the draft resolution.

Dr LEE (United States of America) said that at the Thirteenth World Health Assembly his delegation had strongly supported the increase in the budget for the African nations. He commended the Director-General and his staff on the speedy assistance given



to the Republic of the Congo (Leopoldville) during recent events. His delegation was pleased with the help given by Member countries in training indigenous personnel in that part of the world, and strongly supported the draft resolution.

Dr ENGEL (Sweden) said that in his country a special commission had been set up to review the requirements for health personnel of all categories, and it had recommended the Government to develop training resources to meet increasing demands not only of Sweden but of other countries, particularly the less-developed ones. Training facilities would be offered in Sweden for health personnel from all parts of the world, and in addition Swedish experts, particularly teachers, would be sent to the less developed countries.

Dr DJUKANOVIĆ (Yugoslavia) said that the needs of the newly independent countries should receive priority in the Organization's programme, and his delegation strongly supported the draft resolution.

Dr GODBER (United Kingdom of Great Britain and Northern Ireland) joined in supporting the draft resolution. His delegation considered assistance to newly independent States of equal importance with the Organization's world-wide eradication programmes, and he hoped that its future activities would continue to include such assistance.

Dr EL BITASH (United Arab Republic) supported the draft resolution, and said that his country would take its share in training personnel to assist the African countries.

Dr LE CUU TRUONG (Republic of Viet-Nam) said that his delegation considered the draft resolution to be in conformity with the principles of the Organization, and would support any increase in the budget that might be occasioned by its adoption.

Dr AUJOLAT (France) considered the draft resolution an excellent one, both in its desire to increase the help given to newly independent States and in its emphasis on training of medical staff, and his delegation supported it.

*Decision:* The draft resolution was approved.<sup>1</sup>

*Planned Parenthood as a Preventive Health Measure:  
Draft Resolution submitted by the Delegations of  
Ceylon and Norway*

The CHAIRMAN invited the Committee to consider a joint draft resolution proposed by the delegations

of Ceylon and Norway on the subject of maternal and child health: planned parenthood as a preventive health measure.

Dr GUNARATNE (Ceylon), introducing the joint draft resolution on behalf of his own delegation and that of Norway, directed the Committee's attention to Article 2 (I) of the Constitution, which stated one function of WHO to be: "to promote maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment". Planned parenthood was an essential measure in the promotion of maternal and child health, since frequent pregnancies undermined the health of the mother and produced a considerable amount of avoidable morbidity, at the same time prejudicing child health by premature births and insufficient care of children born at excessively short intervals. That was particularly so in countries with an undeveloped economy, and he believed that the encouragement of planned parenthood would receive universal acceptance. The main purpose of the joint draft resolution was to request the Director-General to collect information from Member States on the extent to which planned parenthood was being applied as a preventive health measure. He hoped the Committee would approve the draft resolution.

Dr CLAVERO (Spain) said that the subject, which had been introduced at a previous Assembly and subsequently withdrawn, was a source of concern to Catholic countries, whose religious and moral scruples in the matter had so far been respected. With its already overburdened programme, the Organization should leave such controversial questions to be dealt with by governments themselves. Family planning had in reality little to do with maternal and child health and he asked the sponsoring delegations to withdraw their draft resolution.

Dr KIVITS (Belgium) raised the question whether consideration of the joint draft resolution was in order, since it had been introduced as an additional item mentioned neither in the approved agenda nor in the supplementary agenda. If it were to be accepted for discussion under item 2.3 it would follow that any delegation would be entitled to move new questions which, broadly speaking, might be considered to come under that item. He moved as a formal proposal that the subject be dropped.

Dr EVANG (Norway) said that he understood the proposal of the delegate of Belgium to have been made on purely procedural grounds, but would like confirmation that his understanding was correct.

<sup>1</sup> Transmitted to the Health Assembly in section 2 of the Committee's fourth report and adopted as resolution WHA14.37

The CHAIRMAN confirmed that it had been made on the ground that the item had not been correctly entered on the agenda.

Dr EVANG (Norway) asked whether the matter had been referred to the Committee on Programme and Budget by the General Committee, and whether the latter committee had discussed it.

The CHAIRMAN said that the General Committee had accepted it as an item for discussion but had not itself discussed it.

Dr DA SILVA TRAVASSOS (Portugal) supported the proposal of the delegate of Belgium.

Dr AUJOUAT (France) considered the subject of the joint draft resolution went far beyond the item under which it had been included, and he supported the proposal of the delegation of Belgium.

Dr EVANG (Norway) asked whether a decision regarding the acceptability of an item for discussion could be made by one of the main committees or whether it was a matter for the General Committee.

The DIRECTOR-GENERAL said that, as part of item 2.3 of the agenda, the question should be decided by the main committee. If it were considered as a new item, it would have had to go before the General Committee, but it would have been received too late for inclusion in the Assembly agenda under the terms of Rule 12 of the Rules of Procedure.

The CHAIRMAN put to the vote the proposal of the delegate of Belgium.

*Decision:* The proposal was adopted by 31 votes to 13, with 25 abstentions.

*Malaria Eradication Programme: Draft Resolution submitted by the Delegation of Peru*

The CHAIRMAN invited the Committee to consider a draft resolution, submitted by the delegation of Peru, on the malaria eradication programme, reading as follows:

The Fourteenth World Health Assembly,

Considering that it is necessary to make the maximum and most rational use of the resources placed at the disposal of the world malaria eradication programme, so as to achieve final success as soon as possible;

Noting that the Fourteenth World Health Assembly has approved the gradual incorporation of provision for all malaria activities in the regular budget of the Organization, as from 1962;

Noting that this fact signifies that a further effort will be made by the majority of countries which will have repercussions on their economy, and that it should be counterbalanced by the guarantee that these funds will be used in the most rational manner, in accordance with a programme based on the contributions voted; and

Noting that many countries have made satisfactory progress in their programmes, having trained their technical personnel, who have thus acquired adequate experience in carrying out the programmes,

1. REQUESTS the Director-General to prepare an annual programme and budget for the activities of the Organization in respect of malaria for the coming five years, which will make it possible to visualize the future clearly; and

2. RECOMMENDS that in countries whose programmes are making satisfactory progress and which have sufficient trained personnel, the possibility of reducing technical advisory assistance be studied for the benefit of those whose programmes have not yet started or are in their initial stages, as well as in order to make available equipment and supplies, particularly drugs, for use in the consolidation stages.

Dr QUIRÓS (Peru) said that his draft resolution had been submitted with the aim of obtaining more precise information on the future of the malaria eradication programme and of furnishing governments with guarantees that their investments would be rationally and successfully used. He hoped that the draft resolution would be approved.

Dr KIVITS (Belgium) asked whether the delegation of Peru envisaged the financing of the equipment and supplies mentioned in paragraph two of its draft resolution from the regular budget or by means of voluntary contributions.

Dr QUIRÓS (Peru) replied that financing should be through voluntary contributions.

Col. AFRIDI (Pakistan), commenting on paragraph 2 of the draft resolution, asked by whom the suggested study would be made. He considered that the appropriate body would be the regional committee concerned, and suggested the insertion of the words "by the respective regional committees" after the word "studied".

The DIRECTOR-GENERAL said that the draft resolution had occasioned him some surprise, containing as it did several implied criticisms hitherto unvoiced of a programme which more than any other had been discussed and analysed, and which

had received guidance from the Health Assembly and the Executive Board, as well as from the Expert Committee on Malaria. He was confident that no delegation would doubt that the Organization was attempting to make the maximum and most rational use of available resources both in the Malaria Eradication Special Account and under the regular budget. Delegates to the Assembly had praised the way in which work on the programme was being developed.

With regard to operative paragraph 1 of the draft resolution, he did not consider it a practical possibility to prepare an annual programme and budget for the next five years. The most that could be done was to present some estimates of the trends of the programme. Two years previously he had presented an evaluation for five years on a world-wide scale, and for ten years in certain regions, and he was prepared to bring that evaluation up to date by furnishing estimates of the trends of the programme, but the provision of budget figures was almost impossible. Should the Committee approve the draft resolution he would of course do his best, but he would be unable to guarantee the accuracy of any data given.

The suggestion in operative paragraph 2 for reducing technical advisory assistance to those countries whose programmes were making satisfactory progress and which had sufficient trained personnel was a logical one, and indeed that course was already being followed. But with regard to the second part of the paragraph, if the Organization were to become an agency for supplies and equipment even the total estimate of \$6 000 000 for the malaria eradication programme would be insufficient to meet the cost. That aspect of the problem was the task of other agencies and could not be transferred to WHO. The assistance to be given would be related to the needs of the respective countries. He hoped the delegate of Peru would understand his comments as having been made in the best interests of the Organization and in order to explain his position.

Dr QUIRÓS (Peru) said that, with the transition from financing the malaria eradication programme by means of voluntary contributions to including it in the regular budget, his delegation considered it desirable that governments should have data showing that the increased contributions required of them were to be utilized for the execution of a well-drawn-up programme. It was, moreover, inadvisable for the programme to be launched in a precipitate manner, which would give no time for adequate preparation and allow vectors to build up resistance to insecticides.

The CHAIRMAN asked if the delegate of Peru agreed to the amendment proposed by the delegate of Pakistan.

Dr QUIRÓS (Peru) accepted the amendment.

Col. AFRIDI (Pakistan) agreed with the Director-General regarding operative paragraph 1 of the draft resolution, and proposed that that paragraph be amended by replacing the words "prepare an annual programme and budget for" by the words "prepare estimates of the trends in".

Dr QUIRÓS (Peru) agreed to the proposed amendment.

The CHAIRMAN read the amended operative paragraphs of the draft resolution, as follows:

1. REQUESTS the Director-General to prepare estimates of the trends in the activities of the Organization in respect of malaria for the coming five years, which will make it possible to visualize the future clearly; and
2. RECOMMENDS that in countries whose programmes are making satisfactory progress and which have sufficient trained personnel, the possibility of reducing technical advisory assistance be studied by the respective regional committees for the benefit of those whose programmes have not yet started or are in their initial stages, as well as in order to make available equipment and supplies, particularly drugs, for use in the consolidation stages.

*Decision:* The draft resolution, as amended, was approved.<sup>1</sup>

*Critical Appraisal of Budget Proposals: Draft Resolution submitted by the Delegation of New Zealand*

The CHAIRMAN invited the Committee to consider a draft resolution, submitted by the delegation of New Zealand, reading as follows:

The Fourteenth World Health Assembly,

Recognizing that the inclusion by stages of the malaria eradication programme in the regular budget will call for increased assessments on Member States to the possible embarrassment of some Members; and

Realizing that aid to under-developed countries and the success of the world-wide eradication programmes can only be achieved if excessive dispersal of effort in other fields is avoided,

<sup>1</sup> Transmitted to the Health Assembly in section 3 of the Committee's fourth report and adopted by the Health Assembly as resolution WHA14.38

REQUESTS the Director-General, in consultation with the Executive Board, to undertake a re-appraisal of other new developments with a view to concentrating upon a number of objectives compatible with funds likely to be available.

Dr TURBOTT (New Zealand) said that his Government had made two annual contributions to the Malaria Eradication Special Account in the amount of \$28 000 and had intended to continue making a similar contribution for a further three years. However, it had felt that the malaria eradication programme would have better prospects if financed through the regular budget, and had supported its inclusion by stages in that budget, although that meant a substantial increase of its contribution in 1962 and further steep increases in the following years.

While the New Zealand delegation had voted for the budget level at the present Health Assembly, he wished it to go on record that it would like to see a more detailed and critical examination made of the annual budgets of the Organization. Although the Standing Committee on Administration and Finance of the Executive Board, and a working party, had examined the budget for 1962, and although his delegation had no fault to find with the conclusions reached by the working party, he felt that those conclusions did not quite reach the heart of the matter. He would like to see a careful scrutiny of the Organization's budgets made at intergovernmental level. That could be done by a financial review body set up to help the Executive Board, something along the lines perhaps of the Finance Committee in FAO.

The question of supervision of the financial management and procedures of WHO might have to be thoroughly re-examined in the near future if Member States were to feel assured that the financial affairs were being conducted in such a way as to ensure that the assessed contributions of Members were being used to the best advantage. Such a development might be avoided if the Executive Board carried out a more critical appraisal of programmes, if the Health Assembly expected the Board to do so, and paid careful attention to any financial recommendations the Board made.

WHO had done, and continued to do, work of great value, and with additional funds could undoubtedly do much more in the interests of world health. The New Zealand Government had always strongly supported WHO and contributed to its

operations, not only through the regular budget but through voluntary programmes, such as the Expanded Programme of Technical Assistance and the general programmes carried out with UNICEF. However, it had to give very careful consideration to the overall level of its overseas expenditure—as presumably other governments also. His Government felt that it was up to WHO to establish beyond challenge the need for the money it sought.

He recalled the words of the delegate of Pakistan in the sixth plenary meeting during the general discussion on the reports of the Executive Board and the Report of the Director-General on the work of WHO in 1960 (see page 94). The delegate of Pakistan had warned against scattering the Organization's limited resources in men and money and had drawn attention to the need for having a well-thought-out order of priority. The New Zealand delegation had been encouraged by those words to suggest that the Director-General should make a more critical appraisal of the future programmes, in consultation with the Executive Board. It further suggested that such an appraisal might avert the growth of a demand for a more thorough review at intergovernmental level. With that in mind, his delegation had submitted the draft resolution now before the Committee.

Dr BUSTAMANTE (Mexico) said that, even before WHO's Constitution had been drawn up, it had been known that its work would be very varied; and for fifteen years it had been known that the available funds were insufficient to meet the demand. It was obvious that new needs would develop and that new proposals would be adopted by Health Assemblies. There was a need for care in planning programmes, but it should be remembered that neither the Director-General nor the Executive Board could increase programmes when they knew that funds could not be increased. The malaria eradication programme was essential to WHO's task of improving the standards of health throughout the world, but some of its other programmes were also important. While supporting the intent of the New Zealand draft resolution, he suggested that a second operative paragraph be added to it along the following lines:

2. REQUESTS the Director-General to submit to the Fifteenth World Health Assembly the results of the above-mentioned reappraisal concerning the objectives to be given priority in the light of available funds.

Dr TURBOTT (New Zealand) said that the amendment was acceptable to his delegation.

Dr EVANG (Norway) observed that the draft resolution raised a number of fundamental questions concerning WHO's work, which there was no time to discuss at the present Health Assembly. His delegation would not, therefore, be in a position to vote on it.

The New Zealand delegation had indicated ways in which the scrutiny by the Executive Board of the programme and budget proposals could be made, and had spoken of an intergovernmental body. Two attempts had already been made to change the Executive Board into an intergovernmental body and on both occasions the Health Assembly had refused to agree to such a change. It was a pity that a further attempt was being made by indirect means. The Committee on Programme and Budget was not the right body to discuss fundamental questions of that nature.

He asked if the delegate of New Zealand could give any examples of the "excessive dispersal of effort" referred to in the last paragraph of the preamble of the draft resolution. The policy of WHO had been to concentrate its efforts on a few items such as malaria, communicable disease control, maternal and child health, and fellowships. Health education and the strengthening of national health services had been added later. If that was excessive dispersal of effort, the Organization would have to review its whole programme.

The total budget of WHO amounted to some \$25 000 000 and it could hardly be said that national contributions were excessive. Governments spent more than that total amount on one disease in their national health budgets. WHO had won the confidence of its Member States, all of whom had received some service from it. If their support for its programmes was to be maintained, WHO must continue to provide those services. It would be wrong to curtail WHO's functions, especially by imposing financial limits, at a time when its membership was increasing and when its new Members were the under-developed countries which so badly needed its assistance.

He had no objection to discussing the functions of WHO in the plenary meeting, although he felt that such discussion was unnecessary. Those who thought otherwise could suggest that the matter be discussed at the next and following World Health Assemblies.

Dr KIVITS (Belgium) fully supported the draft resolution as amended by the delegate of Mexico.

His delegation had abstained from voting on the budget level for 1962 because, although it had favoured including the malaria eradication programme in the regular budget, it had felt that compensating reductions should be made elsewhere. There was a tendency to disperse efforts and, if funds were to be used to the best possible advantage, that tendency should be checked. He felt it would be wise to request the Director-General to make a list of priorities from which a choice could be made in the light of available funds.

Dr HOURIHANE (Ireland) recalled that at the Committee's seventh meeting, after the joint meetings of the Committee on Programme and Budget and the Committee on Administration, Finance and Legal Matters, he had spoken about the necessity of concentrating efforts. It had been one thing to continue certain activities under the regular budget when the malaria eradication programme was being financed by voluntary contributions, but it was a totally different matter when that programme was not being so financed. The Health Assembly had been right in deciding to incorporate the costs of the malaria eradication programme into the regular budget by phases rather than abandon it because of lack of voluntary funds. Having done that, however, it would seem prudent to try to spend less on other activities during the years in which the malaria eradication programme would still be a charge on the Organization's budget. When expenses for that programme ended, the activities which had been curtailed could be restored and expanded.

It was unrealistic to say that it should not be difficult for 104 Member States to contribute \$25 000 000; the fact was that it was difficult. Although all the new Member States to the Organization were welcome, some of them might be a financial liability.

Col. AFRIDI (Pakistan) wholeheartedly supported the draft resolution. The remarks he had made in the plenary meeting, to which the delegate of New Zealand had referred, concerned the danger not only of a dispersal of effort by WHO, but of a resultant dispersal of efforts in the under-developed countries. It was a question of national prestige to undertake all the programmes which WHO suggested were essential. The under-developed countries might not have the right approach to the matter, but it was difficult to dissuade them from undertaking any programme suggested. With the limited resources in men and money—particularly the first—WHO could not attain all its objectives. An order of priority should be established.

Dr ROBERTSON (Ghana) shared the concern of the delegate of New Zealand, but he could not vote for the draft resolution for the reason given by the delegate of Norway. WHO's programmes were most successful but each programme was a single part of an integrated whole.

Dr FISEK (Turkey) said he would vote against the adoption of the draft resolution. He agreed with the delegate of Norway that to adopt it would be harmful to the development of WHO. He hoped that a better world could be created through better health, and all the Member States should support WHO's efforts to reach that goal. His delegation favoured increasing the budget when necessary, especially to assist the under-developed countries and the newly independent countries.

The DIRECTOR-GENERAL said that he was rather worried at the turn the discussion had taken. He would find it very difficult to consider a stabilization of the budget or a system of priorities that would mean checking the normal development of WHO's programme. It would be impossible to entertain the idea of stopping some activities because the malaria eradication programme had been included in the regular budget. If previous decisions of WHO concerning programmes of assistance to Member States, especially in the field of education, were to be maintained, the inclusion of the malaria eradication programme in the regular budget could not be permitted to stop the normal evolution of WHO's programme.

Dr TURBOTT (New Zealand) said he did think that there was a dispersal of effort. For example, in the Western Pacific Region several countries were carrying out programmes in mental health and physiotherapy when they had no adequate water supplies and sanitation: there was little point in helping people with modern programmes if they were to die later of cholera, dysentery and similar diseases. If the project in sports medicine that was to be considered by the Committee was adopted, it would provide a further example of dispersal of effort.

The whole purpose of the draft resolution was to ask the Executive Board to play a bigger role in the

Organization; to ask it to give leadership and make suggestions to the World Health Assembly. There was no sinister intention, no idea of stabilizing the budget level. His delegation believed that WHO's programmes should be planned in the framework of a steadily increasing budget.

Dr BUSTAMANTE (Mexico) insisted that no health administration could plan beyond the resources available to it. It was up to WHO to set an example in that respect.

The malaria eradication programme would contribute to the development of the countries where malaria was prevalent, and when they were more advanced they could spend more money on other things. They could not, however, do everything at once; they had to advance step by step.

Dr EVANG (Norway) said that he was fully aware that the position taken up by the New Zealand delegation was not new. Certain countries had made a sacrifice in agreeing to incorporate the malaria eradication programme in the regular budget and, having made that sacrifice, they felt justified in requesting that more modern programmes should not be curtailed in those countries where malaria did not exist. Activities in other fields should not be cut down: medicine was marching forward, and it was impossible to separate one activity from another. WHO had been fortunate in being able to evolve a balanced programme which had kept pace with developments.

In the interests of conciliation, he suggested replacing the wording of the New Zealand draft resolution by the following wording:

The Fourteenth World Health Assembly

REQUESTS the Director-General and the Executive Board to reconsider the question of priorities in the programme, and to report thereon to the Fifteenth World Health Assembly.

Dr TURBOTT (New Zealand) said that he could not agree that only the principle of priorities should be discussed.

*The meeting rose at 12 noon.*

## THIRTEENTH MEETING

*Tuesday, 21 February 1961, at 2.30 p.m.*

*Chairman: Dr W. A. KARUNARATNE (Ceylon)*

*later*

*Dr L. STOYANOV (Bulgaria)*

## 1. Review and Approval of the Programme and Budget Estimates for 1962 (continued)

Agenda, 2.3

*Critical Appraisal of Budget Proposals: Draft Resolution submitted by the Delegation of New Zealand (continued)*

Dr TURBOTT (New Zealand) said that it had been brought to his attention that he had omitted any mention of the regional committees in the draft resolution submitted by his delegation for the Committee's consideration (see pages 275-6). There had been no intention of doing so and he proposed that the words "regional committees and the" should be inserted in the operative paragraph, after the words "in consultation with the".

In the discussion at the twelfth meeting, no valid reason had been brought forward against the reappraisal requested in the draft resolution. Taking the Organization's three main spheres of work, it was very hard to see how the education and training programme or the work of strengthening public health services could be curtailed; yet there could be no harm in undertaking a reappraisal of those activities. The major area in which reappraisal might show the need for concentrating on certain activities and reserving others for future attention was the field programme. That was where the Director-General could give guidance to the Health Assembly.

Dr EVANG (Norway) said that he would like the reference to consultation with the regional committees to be inserted in the amendment to the New Zealand draft resolution that he had proposed at the twelfth meeting.

The draft resolution, thus amended, read:

The Fourteenth World Health Assembly

REQUESTS the Director-General, in consultation with the Executive Board and the regional committees, to reconsider the question of priorities in programme, and to report thereon to the Fifteenth World Health Assembly.

He again stressed that his delegation was not opposed to reconsideration of priorities as such; what it objected to was the linking of that action with the inclusion in the regular budget of provision for financing the malaria eradication programme.

The CHAIRMAN said that the amendment proposed by the delegate of Norway was tantamount to a new proposal and would accordingly be put to the vote first; if it was adopted, the New Zealand draft resolution would fall.

*Decision:* The proposal of the delegate of Norway was adopted by 37 votes to 11, with 8 abstentions.<sup>1</sup>

The CHAIRMAN said that consideration of the item was thus concluded, with the exception of the Appropriation Resolution, the text of which was awaited from the Committee on Administration, Finance and Legal Matters (see page 300).

## 2. Sports Medicine and Physical Training

Supplementary item, 3

At the invitation of the CHAIRMAN, Professor CANAPERIA (Italy) introduced the subject.

The interest of work in sports medicine had been brought forcibly to the attention of his country during the Olympic Games which had been held in Rome in 1960. At that time there had been a good deal of international scientific activity and various meetings, including a special symposium which had discussed various aspects of sports medicine and physical training. The matter had already been raised in the Health Assembly, in particular at the Eleventh World Health Assembly, when resolution WHA11.51 had been adopted requesting the Director-General to continue, in collaboration with the Fédération internationale de Médecine sportive, his study on the nature of a programme on sports

<sup>1</sup> Transmitted to the Health Assembly in section 4 of the Committee's fourth report and adopted as resolution WHA14.39

medicine, paying special regard to physical exercise and training as a constituent of a constructive health programme.

The note submitted by his delegation endeavoured to define the subject and also the role of health administrations and the possible role of the World Health Organization in the matter. Sports medicine was not concerned solely with health problems linked with competitive sports; it also concerned recreational sports and physical exercise in the interest of health and hygiene. Sports activities were encouraged among young people in all countries of the world as a means of improving not only their physical, but also their psychological and moral state. Physical exercise, moreover, was a part of prophylactic and therapeutic measures. Those were the aspects with which health administrations were concerned.

WHO was likewise called upon to play its part at the international level, as the authority responsible for promoting and co-ordinating health activities. The suggestion was that for the time being WHO should confine its action to setting up a group of experts to collect existing data on the matter, determine the present position, and indicate main lines for a possible programme.

It should be recalled that UNESCO had recently established a council for sports and physical education and accordingly WHO ought to take some part in advising on the medical and health side.

Dr ENGEL (Sweden) recalled that the resolution adopted by the Eleventh World Health Assembly had been introduced by the Scandinavian countries. On that occasion, three countries had stressed the importance of sports medicine in its broader concept and had pointed to the value of physical exercise in the special conditions of modern life in all developed countries. However, they had not pressed for action in the matter, on account of the many other tasks facing the Organization. The situation was still the same today, and his delegation felt that the time was not opportune to branch out into that new field.

Under the resolution of the Eleventh World Health Assembly the matter was still before the Director-General; before going further into the matter, therefore, he would like to hear his views.

Dr CHADHA (India), Dr BRAVO (Chile), and Dr MOORE (Canada) agreed with the previous speaker, Dr Moore adding that the countries requiring action of the kind advocated were well able to undertake it without WHO's help.

Professor CANAPERIA (Italy) said that he had been somewhat embarrassed in introducing the matter

after the discussions that had taken place in the Committee at the twelfth meeting. He had no desire to draw WHO into a new activity entailing substantial expenditure. He had merely wanted to point out that, since UNESCO was taking up the matter from the educational side, it would be well for WHO to take some part in the work, so that its advice on the medical aspects should not be lacking. He was quite ready to leave the matter in the Director-General's hands.

Dr KAUL, Assistant Director-General, Secretary, said that the Director-General, in compliance with resolution WHA11.51, was in consultation with the Fédération internationale de Médecine sportive, with a view to determining the type of action WHO might take in the future. The Organization was also following with interest UNESCO's work on the subject. It would thus be seen that the matter was not being overlooked. The point had not yet been reached where the Director-General could submit suggestions for a programme.

### 3. Smallpox Eradication Programme

Agenda, 2.5

Dr KAUL, Assistant Director-General, Secretary, introducing the item, said that it would be seen from the Director-General's report on the smallpox eradication programme that appreciable progress had been made in 1960 in intensifying the efforts for the global eradication of smallpox. Eradication campaigns of varying intensity were now in operation in the endemic areas in Asia, Africa and South America. The number of reported cases in 1958 (when there had been an unusually high incidence of the disease) had been 242 000, and the figure in 1959 had been 75 000—a distinct improvement. Preliminary figures for part of 1960 were some 45 000.

In the African Region an eradication campaign had been launched in 1960 in Northern and Southern Rhodesia and the mass vaccination campaign started in Portuguese Guinea in 1959 was still going on. But many countries and territories where the disease was still endemic had not yet planned eradication programmes, their efforts against the disease being still confined to control measures.

In the Americas the disease in endemic form was now limited mostly to Brazil and Ecuador. Brazil had approved a national plan for smallpox eradication and had started operations in a number of states.

In the Eastern Mediterranean Region, Iraq had conducted a mass vaccination campaign and Iran had completed the first phase of its eradication programme. Pakistan now had an eradication pro-



gramme ready for execution and a pilot project was being started in the eastern part of the country. Sudan had planned a four-year eradication scheme. Ethiopia, Saudi Arabia, and Yemen were endeavouring to intensify their control measures.

The disease was highly endemic in the South-East Asia Region. India had started a pilot project as a first step towards its eradication programme, a mass vaccination campaign was in progress in Pakistan, and Nepal had decided to set up a control pilot project. Thailand was launching a three-year eradication programme in 1961. Burma's planning for an eradication programme was being delayed pending the further development of its rural health services. Indonesia was envisaging the intensification of its control measures, particularly in the highly endemic areas of the country.

Smallpox had diminished substantially in the Western Pacific Region, so that most health authorities there found no need to develop eradication programmes. Malaya, which was exposed to importation of the infection with consequent frequent outbreaks, had not yet started an eradication programme.

The spread of smallpox because of international traffic had caused outbreaks in a number of countries. During the three years 1958, 1959 and 1960, smallpox had been imported into thirty countries, eighteen of which were otherwise free from the disease. Among those eighteen, smallpox had been imported into nine countries in 1958, thirteen in 1959 and three in 1960. A stricter enforcement of the International Sanitary Regulations in regard to smallpox was called for in all countries.

Dr KAMAL (United Arab Republic) found much to commend in the Director-General's report on the smallpox eradication programme. He had some comments to make, however, regarding the studies on the correlation between vaccination reactions and antibody levels at the time of vaccination, and on the infectivity of cases at different phases of the disease (referred to in *Official Records* No. 105, page 12), particularly as the results of those investigations had not yet been published.

It had been reported in late 1960, in the *American Journal of Hygiene*, that variola virus had been isolated from secretions of the oro-pharynx of infected chimpanzees, both during the latter days of the incubation period and during the pre-eruptive phase of the disease. That finding was at variance with all accepted thinking on the phases of smallpox and, if confirmed in man, would demand a change in control measures against the disease, both at the national and the international level. It was therefore essential that the matter should be investigated

further and he suggested that one of the research institutes of India might be asked to do so, in collaboration with WHO.

The studies on antibody levels of reaction to vaccination were particularly welcome, as the practice regarding the number of insertions varied from country to country. In the United Arab Republic, a vaccination, to be recognized as positive, required three insertions, two of which had to be "takes", whereas in other countries one insertion was made, and one "take" was considered adequate. He would suggest that the studies be pursued further to investigate the effect of multiple as compared with single "takes", and the relationship between multiple or single "takes" and the degree of decline in immunity with the passage of time.

The impression was gained from the report that the mass vaccination campaign which was being carried out in the endemic areas would suffice to eradicate smallpox. Experience had already shown the fallacy of such a theory. A positive reaction to vaccination, even where it was recent, was not a sure guarantee against contracting the disease, as the outbreaks during the Second World War and subsequently had served to show. Perhaps the surest way to eradication of smallpox was by vaccination in childhood, with periodic revaccination thereafter.

Experience in his own country bore out the truth of that, since smallpox there had not begun to abate until systematic general revaccination of the population once every four years had been instituted in 1945. The work was carried out by a special service, operating under the public health department. The service was independent in that its staff had no other duties allotted to them. Every administrative section of the country had its own staff of vaccinators, etc.; each administrative section was divided into four sub-sections, and every year the population of one sub-section was revaccinated. Under that system, half the population at any given time had been revaccinated within the previous two years, which constituted a good margin of safety to prevent any imported infection from gaining a foothold.

Lastly, a word of warning regarding mass vaccinations. Where quantitative results were demanded from an operation, the qualitative results often suffered. Public health administrations should therefore take steps to have the results of their mass vaccination campaigns evaluated.

Dr CHADHA (India) said that the plans for eradication of smallpox in India had been based on the recommendations of an expert committee appointed by the Government. In essence, the programme envisaged the vaccination of the country's entire

population within a period of three years; the immunity level of the population would be maintained thereafter by primary vaccination in infancy and revaccination at the ages of six and fifteen.

The first phase of the programme had been the setting-up of pilot projects in each of the fifteen states, to work out the essentials for the eradication programme. The pilot projects would be completed by March 1961, by which time a total population of twenty million would have been covered. No untoward reactions had as yet been observed.

The importance of ensuring adequate machinery for the execution of the programme and for surveillance thereafter was recognized in India's programme. In each area a census would be taken of the population to be vaccinated and the data would be recorded in special family registers, together with the results of the vaccinations. The procedure would help to ensure the vaccination of as large a percentage of the population as possible and would provide adequate data on the potency of the lymph vaccine used. One central laboratory had been especially designated to test all the vaccine, to ensure that it was of adequate potency.

Although the liquid type of vaccine would be used, provision had been made to produce a freeze-dried vaccine at two laboratories, with equipment supplied by UNICEF. Steps were also being taken to train personnel for that work. In one of the pilot projects freeze-dried vaccine obtained through WHO had been used, with very satisfactory results.

The pilot projects had already yielded much valuable knowledge that would be of help in organizing the final eradication programme. The great importance of health education in order to secure the maximum of co-operation of the people had emerged clearly. The community development programmes were being used to that end. Many facets of the programme had been discussed at the inter-regional conference on smallpox, held in New Delhi in November 1960 under WHO auspices. The stage was now set for the final eradication programme, which would cover the entire population of over four hundred million.

With reference to the remarks of the delegate of the United Arab Republic, he confirmed that studies in respect of infectivity of smallpox cases had been carried out in Madras and the results were now awaited. Investigations carried out recently in India had brought to light the relationship of the scar areas to the ultimate immunity to variola. The data on that subject had been published in the *Journal of the Indian Public Health Association*. The practice of four insertions in primary vaccination

and two in revaccination had been adopted in the Indian programme.

Dr QUIRÓS (Peru) considered the smallpox eradication programme as one of interest to all Member countries and not merely to those where the disease was endemic. Accordingly, the programme deserved the same full support from WHO as was accorded to the malaria eradication programme.

The fact that the number of smallpox cases had declined should not give rise to over-optimism, since the disease periodically broke out with greater virulence in the endemic areas as the number of persons lacking immunity accumulated.

The importance of eradication measures was emphasized nowadays by the growth in international traffic. No case of smallpox had occurred in Peru during the past five years, as a result of the measures taken to vaccinate the population in the rural areas, even in the most inaccessible parts of the country. Dried vaccine had been used in areas difficult of access and glycerinated vaccine in the towns.

Although WHO was engaged in promoting eradication programmes in the various countries, exact information was lacking on its own work on smallpox, and the proposed programme and budget estimates (*Official Records* No. 104) failed to show any specific allocations for that work. UNICEF, on the other hand, was giving help to a number of programmes. Also, although the number of countries where the disease still persisted was small, the endemic areas in the Americas were most extensive and in some cases difficult of access. For all those reasons, his delegation had submitted a draft resolution for the Committee's consideration which, if adopted, would strengthen WHO's action for the eradication of smallpox from the world.

The draft resolution read:

The Fourteenth World Health Assembly,

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

Considering that progress has been made in the programme, particularly as concerns the production of potent and stable vaccines; and

Noting, however, that this disease still represents an important problem in international travel, according to the reports of the WHO Committee on International Quarantine, that for this reason it is urgent to speed up the activities of the programme, and that in order to do so it is necessary to provide adequate material resources and advisory services,

1. REQUESTS the Director-General to allocate in the budget of the Organization specific funds for

carrying out smallpox eradication on the basis of a programme which should be drawn up as soon as possible, and to arrange for the participation of UNICEF in implementing this programme;

2. RECOMMENDS that those countries which have not yet done so should start their eradication programmes as soon as possible; and

3. URGES those countries more economically advanced to make voluntary contributions in cash or in kind so as to increase the funds of the WHO Special Account.

Dr Ataur RAHMAN (Pakistan) said that smallpox was highly endemic in Pakistan; the average number of deaths over the past three years had been 10 000 in East Pakistan alone. Positive action to eradicate the disease was therefore considered imperative. Routine mass vaccination campaigns in the past had not brought about the desired result, owing largely to loss of potency in the vaccine used. For financial and technical reasons it was neither possible nor feasible to arrange for cold storage of the vaccine in rural areas, and accordingly Pakistan would be relying on freeze-dried vaccine for its campaign, which would be starting in 1961. A pilot project had already begun in East Pakistan, the plans for which had been prepared with WHO help; the aim was to vaccinate 6 500 000 persons in areas where the disease was most rife.

Since the dried vaccine was an essential requirement for eradication campaigns in tropical areas, it was unfortunate that concise information on sound methods of production was not available. It would be of great value if WHO would undertake to produce a pamphlet guide on the matter. Secondly, he would like to know whether any comparative study had been made on the relative value of the chick-embryo and the calf vaccine, since Pakistan found difficulty in obtaining the calves needed for vaccine production. Thirdly, was it necessary that primary vaccination should be made at four points and secondary vaccination at two points? Pakistan was following that procedure at the moment, but it was important that WHO should prescribe a standard procedure.

Dr BUTROV (Union of Soviet Socialist Republics) said that the commendable success achieved in the world smallpox eradication programme should not make the Committee forget that progress in many individual countries had actually slowed down. It seemed, moreover, that WHO and its regional offices were not giving the problem all the attention that it deserved. In Part II of the Annual Report for 1960, for example, the chapter on the Eastern Mediter-

ranean Region was the only one where the matter was dealt with at all seriously. The chapter on South-East Asia, where there were important endemic foci, and the chapters on Africa and the Americas, did not contain any reference to smallpox. In the opinion of his delegation smallpox eradication should be the subject of a separate chapter, as was malaria eradication; to group smallpox with other virus diseases for which no one had even suggested a world eradication programme did not give a proper idea of its importance and would not provide the necessary stimulus to governments and to public opinion.

It was essential to give greater attention to evaluating the control measures used with a view to increasing their effectiveness. In view of the importance of smallpox eradication for the welfare of the entire world, particularly the newly independent countries, and considering the increased danger of propagation that resulted from modern developments in transport, it was important that both WHO and national authorities, instead of relaxing their efforts, should intensify them.

To that end his country was ready to give assistance in the form of qualified personnel and particularly vaccines. Unfortunately, of the twenty-five million doses already offered, WHO had so far arranged for the utilization of only half a million (which had been sent to Afghanistan), while a further thirty thousand were to be employed in Yemen. The vaccine produced in the Soviet Union, despite certain divergences from the standards laid down by the WHO Study Group on Requirements for Smallpox Vaccine,<sup>1</sup> had proved very valuable both for routine use and, more particularly, in the emergency mass vaccination carried out during 1960, when it had provided a high degree of protection with a very low incidence of encephalitis. Similarly, since it had been used in Iraq for mass vaccination with the help of Soviet technicians there had not been a single case of smallpox. The vaccine had recently been submitted to further laboratory testing which had confirmed that it combined high immunogenic qualities with the encephalitogenic risk well within permissible limits.

As his delegation had pointed out at the Thirteenth World Health Assembly, it was essential to combine protective vaccination with other measures, such as the use of antivaccinia gamma-globulin, a study on which was provided for in WHO's programme for 1962. Trials on animals in Moscow had given excellent prophylactic and therapeutic results. It was only by combining all methods and pooling the

<sup>1</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1959, 180

efforts of all Member countries that eradication of smallpox could be achieved rapidly.

Dr PATIÑO-CAMARGO (Colombia) said that, as his country was coming to the end of its smallpox eradication programme, it might be useful to give the Committee a brief account of what had been achieved.

Up till 1954, when the programme (in which UNICEF and WHO were assisting) had begun, there had been about 7000 cases of the disease each year. The object of the programme had been to train the necessary personnel, produce vaccine of adequate quality, and vaccinate, on a house-by-house basis, 80 per cent. of the population, which then stood at 13 500 000.

So far 73 per cent. of the population had been vaccinated, at a rate of 70 vaccinations per staff member per day, and at a cost of US \$0.08 per vaccination. The quality of the vaccine produced by the national laboratory was very high, as a 10 per cent. sample of persons vaccinated showed 93 per cent. successful results. Lyophilized vaccine was used because the transport difficulties made liquid vaccine unsuitable.

There remained about a million and a half persons to be vaccinated, and it was hoped that that would be achieved during the latter part of 1961, after which the work would have to be integrated into the routine procedures of the urban and rural health centres and a system of surveillance would have to be instituted.

Very good co-operation had been established with neighbouring countries in frontier areas.

Dr MORSHED (Iran) said he had intended to make certain comments but they had all been covered by the remarks of the delegate of the United Arab Republic.

Dr DOUBEK (Czechoslovakia) said that, as pointed out in the Director-General's report, there had been in certain African countries more new cases of smallpox during the first nine months of 1960 than in the corresponding period of 1959. It was therefore essential to provide those countries with greater assistance in dealing with their indigenous cases. At the same time, as certain governments had already requested, those countries in which there were foci of smallpox should exercise greater vigilance to ensure that persons proceeding abroad had properly valid vaccination certificates.

At present, certain governments ignored the information provided by WHO and themselves gave inaccurate information to travellers. For example, the United States of America required travellers to

and from Czechoslovakia to undergo vaccination, though no case of the disease had been registered in his country since 1925.

Dr ARNAOUDOV (Bulgaria) said that, as world eradication of smallpox required all populations to be immunized against the disease, his Government was carrying out regular vaccination campaigns, although there had not been a case of smallpox in Bulgaria for over forty years. A special effort had been made in recent years to cover the entire population, particular attention being paid to the current migration from rural to urban areas consequent on industrialization.

His Government had offered WHO a million doses of dried vaccine and trained personnel to administer it, but, like the Government of the Union of Soviet Socialist Republics, it was still waiting to hear from the Director-General in which countries that assistance was to be utilized.

Dr DIKKO (Nigeria) said that in his country smallpox was endemic, with occasional epidemic outbreaks resulting in considerable mortality. The extent of the problem varied according to the region: for example, in 1960 there had been over a thousand cases, with 150 deaths, in the north, but very few cases in the south. Mass vaccination was proceeding smoothly and excellent results were being obtained, both with imported vaccine and with the local dried product. The aim was to vaccinate 80 per cent. of the population, and in some areas the figure of 90 per cent. had already been reached. The dried vaccine had proved particularly useful in the north, where the climate, as well as transport and storage difficulties, made liquid vaccine unsuitable.

His Government was happy to have been able to accommodate participants from eight African countries in October 1960 at a course in Lagos on the production of freeze-dried vaccine and would welcome similar participation at future courses.

Dr PIROSKY (Argentina) said that, if Jenner could come back to life, he would be astonished that 150 years after his discovery of vaccination smallpox was still not eradicated. Something was clearly wrong and both WHO and national governments must share the responsibility. Drastic action must be taken to solve once and for all one of the world's most serious health problems.

What had in fact been done? It was true that the number of cases had decreased, as was shown in the Director-General's report, but in the case of a pestilential disease like smallpox that was not enough. In the Americas, PAHO was trying to stimulate national eradication programmes but, in spite of all

that had been done, including the high-level technical conference held in Lima in 1956, smallpox remained endemic in many parts of the Region. His own Government had decided to launch an eradication programme, beginning with a large-scale seminar in 1957 at which each province undertook to launch its own project. Unfortunately it was soon found that the provincial programmes were not being effectively carried out under national auspices any more than national programmes were being effectively implemented under international auspices. In 1960 therefore, his Government had adopted a new approach, concluding with each of the provincial governments a bilateral agreement in which all the technical procedures were laid down in detail, especially vaccination techniques, since even the best vaccine would not give satisfactory results unless such matters as correct temperature were attended to. Furthermore, for every vaccination team a testing team was provided, which greatly increased the cost of the programme but was essential to ensure that 80 per cent. of the population was successfully vaccinated.

He would be disappointed if the decisions of the present Assembly did not result in really effective measures to eliminate smallpox as an international public health problem. One useful step might be for groups of neighbouring countries to set up working bodies to supervise the co-ordinated implementation of eradication programmes on all their territories.

Dr MURRAY (Union of South Africa) said that two incidents that had occurred in his country during 1960 had resulted in forty or fifty cases of smallpox. In the first incident, which had occurred in January and February, the cases had been mild and had therefore not been diagnosed for more than a month; it was not therefore possible to establish the source of infection, but it could well have come from abroad.

The second incident had occurred in November at one of the dispersal depots from where African mine-workers recruited in the Union and in neighbouring countries were sent to the work places they had chosen. The first case had been a recent arrival from Nyasaland, from where travel was normally by air and then by train. The interesting feature of the incident was that prospective mine employees were stated to be vaccinated at a number of different points, the first being the point at which they were recruited. During the vaccination of the contacts at the dispersal depot, out of 7000 persons 1000 had shown no sign of successful primary vaccination. It appeared that at some of the points at which they were vaccinated only one insertion was made and at others two. The reason for the lack of take—low

potency of the vaccine or faulty technique, for example—had still been under investigation when he had left to attend the Assembly.

In view of those incidents his Government had had reluctantly, and it hoped only temporarily, to reintroduce the requirement for travellers entering the country to be in possession of vaccination certificates.

Dr QUANA'A (Ethiopia) said that smallpox control activities in his country had lately been dormant, as the requirements set out in section 2 of the Director-General's report<sup>1</sup> were not fulfilled. Moreover, as the delegate of Argentina had pointed out, close technical supervision was essential to ensure that vaccination was properly carried out, and Ethiopia, like most under-developed countries, had to rely mainly on auxiliary personnel. However, since the beginning of 1961 the dormant phase was coming to an end, dried vaccine production had got under way, and trained auxiliary personnel were ready to go out into the rural areas.

Dr SOEPARMO (Indonesia) said that his Government had not undertaken a smallpox eradication programme, since the fact that the country consisted of numerous islands created transport problems, as pointed out in the Director-General's report. Nevertheless considerable efforts were being made to control the disease by widespread vaccination, particularly in the coastal areas, where infection could easily be carried from one island to another. In addition, constant control and testing activities were carried out in the various health centres and clinics. Exact figures for his country had been given at the smallpox conference held in New Delhi in 1960. His Government was considering even introducing compulsory vaccination, if necessary. It considered it urgently necessary that smallpox should be eradicated and asked WHO to give a high priority to the matter.

The SECRETARY, referring to points raised during the discussion, emphasized that the report before the Committee was not the first, but the third, on the smallpox eradication programme. The fact that many problems still remained explained to some

<sup>1</sup> These requirements were that (a) there should be an adequate organization for the campaign; (b) medical and paramedical personnel should be trained for the campaign and transport should be provided for them; (c) appropriate types of vaccine should be available in sufficient quantities to cover the entire population; (d) a nation-wide appeal, with health education, should be made to obtain the full co-operation of the people; (e) the administrative and technical structure of the health services should allow of adequate follow-up, control and surveillance measures after the completion of the campaign.

extent why the programme was progressing so slowly, and why indeed the Health Assembly itself had hesitated for some years before deciding to launch a campaign.

He recognized the value of some of the suggestions and comments made during the debate on questions of epidemiology, immunology, number of insertions, quality of vaccines, etc. Study on some of those aspects was at present being conducted at various national laboratories—the delegate of India had mentioned some of them. He also agreed with the emphasis placed by delegates on the evaluation of field programmes with a view to detecting deficiencies and making the work as rapid and effective as possible. Meanwhile, the fact that many programmes were making good progress was encouraging.

The Health Assembly had already, in resolution WHA12.54, requested the Director-General to give the necessary support to national smallpox eradication programmes and to include appropriate provision in the budget estimates, so no new authorization was needed. The form in which assistance was given depended on the stage that each country's programme had reached and its requests. At present WHO was assisting in fundamental research on outstanding problems, stimulating exchange of knowledge and experience by seminars and other meetings and, on request, providing specialized staff to assist any national programmes. It was also helping in the production of vaccines, especially the freeze-dried type, and in particular had laid down, through its expert groups, recommended production methods, details of which were available to all governments and would be provided to any delegation at the present Assembly which did not yet have them.

One of the main comments during the debate had concerned the utilization by WHO of the smallpox vaccine offered by one government. The Executive Board at its twenty-second session had requested the Director-General to ensure that vaccine accepted for use in the eradication programme was of acceptable quality and the requirements that the vaccine should meet had been laid down by a WHO study group. When samples of the vaccine offered by the Soviet Union had been tested in accordance with that directive it had been found that, while it had quite high immunogenic qualities, as the Soviet Union delegate had said, and had been widely used with good results in the USSR and elsewhere, it did not meet all the detailed requirements. A circular had therefore been sent to governments explaining the position and stating that the vaccine was available if they wished for it. In reply, two requests had been received and the vaccine had been duly forwarded. Any other requests would be met in the same way.

With regard to the draft resolution submitted by the delegation of Peru, he had already reminded the Committee that a resolution of the Twelfth World Health Assembly empowered the Director-General to provide for assistance to governments for smallpox eradication. Furthermore, UNICEF was already assisting. He therefore suggested that in paragraph 1 of the draft resolution the words "continue to" might be inserted before the word "allocate" and the word "increased" before the words "participation of UNICEF".

Dr QUIRÓS (Peru) said that the purpose of his draft resolution was to provide that WHO should not merely give assistance to governments for smallpox eradication but should give it as part of a well-defined global eradication programme like the programme that existed in the case of malaria. There should be a specific programme and budget for smallpox eradication, as there was for malaria eradication.

Regarding the participation of UNICEF in the programme, he accepted the amendment suggested by the Secretary.

The CHAIRMAN asked whether he had rightly understood that the delegate of Peru was calling for a separate budget for smallpox eradication, at a time when it had been decided that the budget for malaria eradication was to be merged over the next three years into the regular budget.

Dr QUIRÓS (Peru) said he wished only that the proposed programme and budget estimates should show clearly that a particular sum was to be appropriated for smallpox eradication in any given year. He was not asking that that sum should not form part of the regular budget, only that it should be separately shown.

The SECRETARY observed that provision for assistance in smallpox eradication at present appeared in various parts of the budget, according to the manner in which the assistance was given: assistance to individual governments under the regions, centralized advisory services under the headquarters budget, and so on. It would not be impossible to show all such provisions in one place, but it would be difficult and he did not see what purpose it would serve. It would not be possible to set aside a specific sum for smallpox eradication in a given year because, as he had said, the assistance given to individual governments depended on their requests.

Apart from the regular budget there existed, as a sub-account of the Voluntary Fund for Health Promotion, a fund for smallpox eradication in which all voluntary contributions were included. So far they had all been in the form of vaccine.

Dr BUTROV (Union of Soviet Socialist Republics) regretted that the explanation given by the Secretary did not satisfy him. It was difficult to maintain that everything was well with the smallpox eradication programme when it was admitted that in a large number of countries the disease was still a serious problem. His country had developed a vaccine which, though it did not meet certain detailed requirements, had been recognized to be of high quality and had been used with success on a large scale. It had put a large quantity of that vaccine, and staff to administer it, at the disposal of WHO for use in national vaccination campaigns, but nothing was being done to make use of it. How could it then be maintained that every available means was being employed to ensure the success of the eradication programme?

The SECRETARY said his explanation had perhaps not been clear. The utilization of any gift of vaccine depended on requests from governments. The vaccine offered by the Soviet Union Government, though of high quality, had not met all the specifications of the WHO study group, but in spite of that fact the Director-General had sent a circular to all Member States which he knew were in need of vaccine informing them of its availability and specifying its characteristics. Some requests had been received and were being met, and if any more were received they would also be met. Every effort was made to make use of all assistance offered and distribute all contributions received.

Dr PIROSKY (Argentina) said he realized that WHO's normal policy was to encourage action by governments and assist them on request, but in the case of a pestilential disease like smallpox he considered that the Organization should take a more drastic initiative, otherwise a problem that could be solved would remain unsolved as at present.

Dr KAMAL (United Arab Republic) proposed that paragraph 1 of the draft resolution proposed by the delegate of Peru be deleted, that paragraphs 2 and 3 be re-numbered 1 and 2, and that a new paragraph 3 be added reading:

3. REQUESTS the Director-General to report further to the Fifteenth World Health Assembly.

Dr QUIRÓS (Peru) accepted the proposed amendment.

*Decision:* The draft resolution, as amended, was approved.<sup>1</sup>

<sup>1</sup> Transmitted to the Health Assembly in section 5 of the Committee's fourth report and adopted as resolution WHA14.40

*Dr Stoyanov (Bulgaria), Vice-Chairman, took the Chair.*

#### 4. Consideration of the Eighth Report of the Committee on International Quarantine

Agenda, 2.7

At the invitation of the CHAIRMAN, Dr KAUL, Assistant Director-General, Secretary, introduced the eighth report of the Committee on International Quarantine.<sup>2</sup> The report was presented to the World Health Assembly in accordance with Article 7, paragraph 5, of the Regulations of the Committee on International Quarantine, and had been noted by the Executive Board at its twenty-seventh session (resolution EB27.R2).

He recalled that, under the provisions of Article 13 of the International Sanitary Regulations, each State was required to send an annual report to the Director-General; the response of States and territories for the year ending 30 June 1960 had been quite satisfactory: 115 reports had been received.

The annual report of the Director-General, prepared in accordance with Article 13 of the International Sanitary Regulations, had been considered by the Committee on International Quarantine.

With only one exception, the amendments to Article 97 and Appendix 6 of the Regulations, dealing with the health part of the Aircraft General Declaration, had been accepted by all States and territories already bound by the Regulations. Under its constitutional requirements, the Federal Republic of Germany had been unable to accept the amendments within the time-limits established, but the health administration had informed the Director-General that, notwithstanding the lack of formal action by the Parliament, airport health officers had been requested to accept as from 1 January 1961 the amended form of the health part of the Aircraft General Declaration. No formal action was required on that part of the report.

The Committee had noted new developments in aircraft disinsection and looked forward to further progress in in-the-air vapour disinsection. Toxicological studies on DDVP were being undertaken by the experts and only after the safety of that method had been demonstrated would the Expert Committee on Insecticides be in a position to consider recommending that type of disinsection.

The Committee had taken a positive approach to the provisions of the Regulations, especially in relation to two aspects of the obligations of States in

<sup>2</sup> *Off. Rec. Wld Hlth Org.* 110, Annex 1

respect of their international ports and airports: it had recommended that the Assembly request the Director-General to inquire of States whether their international ports and airports were provided with pure water, and to inform him periodically of the extent to which their international airports were kept free from *Aedes aegypti* and mosquito vectors of malaria and other diseases.

The Committee had noted that smallpox had been imported into seven countries, in one country (USSR) twice in six months, with secondary cases in five countries.

The Committee on Programme and Budget normally recommended adoption of the report of the Committee on International Quarantine.

Dr DOUBEK (Czechoslovakia) found the report most instructive. It contained comments by certain Member States of WHO that would require fundamental modification of the International Sanitary Regulations. Naturally States free from quarantinable diseases did not wish such diseases to be imported and WHO should impress upon Member States that they take measures to ensure that the requirements of other countries were respected. States should also take measures to avoid the transport by air of passengers not in possession of the requisite international certificates of vaccination. It might also be advisable to consider whether notifications of imported cases of quarantinable disease made in the *Weekly Epidemiological Record* should include certain details as to the person who issued the vaccination certificate; persons responsible for the absence of a valid certificate if such was the case; and steps taken to prevent recurrence of similar incidents in the future, etc.

Dr CHADHA (India) said that his delegation was gratified to note that the Committee on International Quarantine had recommended that the Director-General of WHO should collect information from States on the extent to which their international airports were kept free from *Aedes aegypti* and mosquito vectors of malaria and other diseases, and keep all health administrations informed of the situation. Such measures would help to prevent the spread of malaria and yellow fever and in time perhaps lead to a reduction in the quarantine measures. It could be seen from the report that a number of countries were taking the necessary steps and others would, no doubt, feel prompted also to do so as a social duty towards other nations. He also suggested that, in addition to the periodical reports referred to, the Director-General should publish information annually or at least every two

years, covering a wider field and in much greater detail.

Professor KOSTRZEWSKI (Poland) referred to the criteria, given in section 16 of the report of the Committee on International Quarantine, for including a local area in the list of infected areas on account of typhus, and to the definitions of typhus (louse-borne typhus), and of an epidemic of typhus, in the International Sanitary Regulations. He thought that the definition of typhus in the Regulations should be revised to take account of "recrudescence typhus" (Brill's disease), cases of which, according to experience in his country, were quite frequent up to fifty years after the first attack and which, from an epidemiological point of view, were as dangerous as primary louse-borne typhus if they occurred in louse-infested persons. He also considered that the diseases covered by the Regulations should include malaria and influenza.

Dr EL-BORAI (Kuwait) said that his Government had always taken great interest in the subject of quarantine, although no cases of quarantinable diseases had been reported from Kuwait in 1960 in spite of increasing international traffic, particularly air traffic, from all over the world. In compliance with Article 18 of the International Sanitary Regulations, Kuwait airport was provided with a direct transit area and the recommendations of the Expert Committee on Insecticides concerning the disinsection of aircraft were also applied. A regular collection of mosquitos was made for identification purposes and no *Aedes aegypti* had been found. He drew attention to the deplorable accommodation provided for the crew on board some of the ships calling at Kuwait port and suggested that the matter be given consideration. Drinking-water supplied in Kuwait to ships and aircraft was in conformity with the standards laid down in the WHO publication *International Standards for Drinking-Water*.

Dr ABU SHAMMA (Sudan) referred to vaccination certificates, in particular certificates of smallpox vaccination, and suggested that if they had been drawn up by private practitioners they should have an official endorsement and stamp.

Dr QUIRÓS (Peru) said that entire countries in the Americas should not be considered as infected merely because cases of quarantinable disease were reported in some areas, and that consideration should be given to whether or not that disease (jungle yellow fever, for instance) threatened international traffic. He agreed with the delegate of Poland that the definition of typhus needed to be revised.



Dr KAMAL (United Arab Republic) requested information on cholera vaccine and its dosage, and mentioned the advisability of a systematic pilot project in an endemic area where half the number of members of each family would be vaccinated and the other half serve as controls.

The SECRETARY, replying to the points raised during discussion, said that under the International Sanitary Regulations WHO in administering the Regulations utilized the services of the Committee on International Quarantine, whose report was subsequently considered by the Health Assembly. The matters to which speakers had referred would therefore be brought to the attention of the Committee on International Quarantine at its next session.

The obligations of States as regards notifications of the appearance of the quarantinable diseases were laid down in the International Sanitary Regulations, which likewise indicated the obligations of WHO for disseminating that information. Except for communications of an urgent nature, which were sent by telegram, the Organization disseminated the information received by means of the *Weekly Epidemiological Record*, and the daily epidemiological radio bulletin from Geneva. Weekly reports were also issued in Alexandria, Singapore and Washington. The Organization made a continuous effort to assist States to fulfil their obligations for prompt notification.

International certificates of vaccination, to be valid, required an approved stamp to be affixed, such approved stamp being that designated by the health administration of the country in which the vaccination had been performed.

The type of typhus at present covered by the International Sanitary Regulations was louse-borne typhus. He recalled however that one of the duties of the Committee on International Quarantine was to keep under review the latest knowledge and expert information on the quarantinable diseases. The Committee also had the duty of recommending to the Health Assembly amendments to the Regulations.

On the question of the inclusion of malaria and influenza in the list of quarantinable diseases, the Committee on International Quarantine had previously considered the views of countries in respect of malaria and of virus experts in respect of influenza; it had recommended that at the present time the Regulations should not be amended to include malaria and influenza. The Committee would keep the question under review.

With regard to cholera vaccine, its immunogenic value and appropriate dosage, the matter was under

study and a report would be prepared as soon as the studies had been completed.

Professor KOSTRZEWSKI (Poland) maintained that, in view of the progress made in recent years in malaria eradication programmes and the experience gained in connexion with influenza, the Committee on International Quarantine might care to review its position on the inclusion of malaria and influenza in the list of quarantinable diseases. He also maintained his view that the definition of typhus should be reviewed.

The SECRETARY reiterated his previous statement that the points raised in discussion would be brought to the attention of the Committee on International Quarantine at its next session, in particular the point of view expressed by the delegate of Poland regarding typhus.

As to the inclusion of malaria in the list of quarantinable diseases, in the opinion of the Committee, the eradication of malaria throughout the world was not sufficiently advanced to warrant such action. Further, the disinsection of aircraft to prevent the spread of malaria vectors was now covered by the Regulations. In the case of influenza, since no effective method of controlling the disease had been found, it had been thought preferable to defer consideration of the matter until a later stage. The matter was being kept under review and any action required in the future, in the light of new knowledge available, would be proposed to the Committee on International Quarantine.

At the request of the CHAIRMAN he read out the following draft resolution:

The Fourteenth World Health Assembly,

Having considered the eighth report of the Committee on International Quarantine,

1. THANKS the members of the Committee for their work; and
2. ADOPTS the report.

*Decision:* The draft resolution was approved.<sup>1</sup>

## 5. Developments in Activities Assisted Jointly with UNICEF

Agenda, 2.11

Dr KAUL, Assistant Director-General, Secretary, said that the Director-General's report on activities assisted jointly with UNICEF<sup>2</sup> covered the developments which had taken place since the March 1960

<sup>1</sup> Transmitted to the Health Assembly in section 6 of the Committee's fourth report and adopted as resolution WHA14.41

<sup>2</sup> Reproduced in *Off. Rec. Wld Hlth Org.* 110, Annex 7

session of the UNICEF Executive Board. Since the report submitted to the Thirteenth World Health Assembly there had been no meeting of the UNICEF Executive Board because it had decided to meet only once every year. The Programme Committee of the UNICEF Executive Board, although scheduled to meet twice a year, had actually met only once, in January 1961, and its report was not yet available, although WHO had received information of the allocation of funds to certain activities.

The Director-General's report also gave information on the work of the UNICEF/WHO Joint Committee on Health Policy, which had not met in 1960, partly because of the change in the time-table of meetings of the UNICEF Executive Board, and partly because two studies which it had to consider required some time to carry out. Two reports would be submitted to the Joint Committee on Health Policy at its next session, which would be in April or May 1961. One was the report on the survey of children's needs, undertaken by the UNICEF secretariat at the request of the UNICEF Board; WHO was participating in the survey by providing information on the health needs of children. The other was a report on the UNICEF/WHO study on jointly assisted training for permanent health services benefiting mothers and children.

The relations with UNICEF were highly satisfactory and WHO was pleased to acknowledge the financial and material support given by UNICEF to health work.

Dr GERIĆ (Yugoslavia) expressed appreciation of the fruitful collaboration between UNICEF and WHO and looked forward to its continued development.

Maternal and child welfare was one of the most important problems for many countries, especially the under-developed countries, to which the assistance given by UNICEF and WHO should be increasingly directed in future.

Interesting results were expected from the survey and the study to which the Secretary had referred. The help given by UNICEF and WHO for maternal and child welfare in Yugoslavia had proved its value; it had stimulated the contribution of the local communities, which had been five times the amount of the assistance received.

Dr BUTROV (Union of Soviet Socialist Republics) paid tribute to the work of UNICEF for children in the under-developed countries. The Government of the Soviet Union, which made yearly contributions to UNICEF, had contributed 607 500 new roubles

in 1961—an increase of one-third. In agreement with the UNICEF Executive Board, the USSR was supplying DDT for malaria eradication programmes, and could provide other forms of assistance.

The action of the Joint Committee on Health Policy in recommending the study of jointly assisted training for permanent health services benefiting mothers and children was commendable. One way of collecting material for the study would be for WHO to organize study visits to the countries where those services were best developed. The USSR was prepared to collaborate in that connexion.

Dr DUTT (India) thanked UNICEF for its assistance to India in maternal and child health, nutrition, training of auxiliary personnel, and other fields, and for the provision of emergency aid. The supply of skim milk was of great importance to the under-developed countries and it was hoped that it could continue. India was especially grateful for UNICEF aid in the expanded nutrition programme, which was helping the production and consumption of protective foods and at the same time promoting a better understanding of their value, particularly in child nutrition. India would like UNICEF assistance to be extended to the local manufacture of diet and drug supplements to enable the Government to take over from UNICEF the task of supplying health centres, thereby releasing UNICEF funds for other purposes.

Dr FISEK (Turkey) thanked UNICEF for its help to Turkey.

In *Official Records* No. 105, page 72, the following statement appeared:

WHO is responsible for providing professional staff, technical guidance and fellowships for professional training, and UNICEF for giving the equipment, supplies and transport that are needed, together with training stipends for local auxiliary personnel.

In view of the great need for trained personnel, especially in developing countries, UNICEF should extend its aid to education and training; something in that respect had been done (it could be seen from *Official Records* No. 105, page 29, that 0.5 per cent. of the total fellowships awarded from 1 December 1959 to 31 August 1960 had been financed by UNICEF). He wished to know whether the Director-General was in favour of encouraging UNICEF to increase its aid, considering the great need of the developing countries, especially in the African Region, and the shortage of WHO and Technical Assistance funds to meet all requests.

Dr PATIÑO-CAMARGO (Colombia) thanked UNICEF for its help to Colombia, especially in the malaria and smallpox eradication campaigns.

Dr ROBERTSON (Ghana) also expressed gratitude for the help Ghana had received from UNICEF and welcomed the decision to make a study of jointly assisted training for permanent health services benefiting mothers and children.

The SECRETARY, replying to the point raised by the delegate of the USSR, said that plans were being made for a group to visit the USSR to study maternal and child health services, probably in 1962. One group had already visited the USSR in 1960 and the experience gained had been valuable.

As regards the remarks of the delegate of Turkey on the roles of UNICEF and WHO in education and training, he said that UNICEF sometimes financed the participation of local trainees in training courses organized by other agencies; that was of value, since no other international agency made such provision. It had, however, been agreed with the UNICEF Executive Board that international fellowships should be requested only from technical organi-

zations. As far as was known, UNICEF did not intend to change that policy.

At the request of the CHAIRMAN, he read out the following draft resolution:

The Fourteenth World Health Assembly,

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

1. NOTES the report of the Director-General;
2. THANKS UNICEF for its support to all aspects of maternal and child health, including communicable disease control (particularly malaria eradication), nutrition and health services benefiting mothers and children, and the training of staff for such services; and
3. EXPRESSES its satisfaction with the continuing close and effective collaboration between the two organizations.

*Decision:* The draft resolution was approved.<sup>1</sup>

*The meeting rose at 6.25 p.m.*

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## FOURTEENTH MEETING

*Wednesday, 22 February 1961, at 9.35 a.m.*

*Chairman:* Dr W. A. KARUNARATNE (Ceylon)

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### 1. Fourth Report of the Committee

Dr KAMAL (United Arab Republic), Rapporteur, presented the draft fourth report of the Committee.

Dr QUIRÓS (Peru) said that when the draft resolution on the malaria eradication programme had been submitted the previous day (see twelfth meeting, page 274), some strong statements had been made about the work done by WHO. The strong wording of the resolution did not reflect the feelings of his Government. To avoid any misunderstanding about his Government's views on the subject, he proposed that the words "make the maximum and most rational" be deleted from the first paragraph of the preamble to the resolution and that the words "it should be counterbalanced by the guarantee that these funds will be used in the most rational

manner" be deleted from the third paragraph and be replaced by the words "activities should be carried out". The intention of his Government in proposing the draft resolution had been merely to draw the attention of all governments concerned to the importance of the malaria eradication programme.

The CHAIRMAN said that the draft resolution had already been approved. Under the provisions of Rule 65 of the Rules of Procedure, when a proposal had been adopted or rejected, it could only be reconsidered if a two-thirds majority of the members present and voting so decided. He asked the delegate of Peru if he insisted on the reopening of the discussion.

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<sup>1</sup> Transmitted to the Health Assembly in section 7 of the Committee's fourth report and adopted as resolution WHA14.42

Dr QUIRÓS (Peru) said his proposal had been made only to eliminate any possibility of misunderstanding; in making it, he had not intended that the debate should be reopened.

Dr AL-WAHBI (Iraq) objected to a reopening of the discussion.

The CHAIRMAN put to the vote the question of whether or not the discussion should be reopened.

*Decision:*

- (1) The Committee decided by 54 votes to 1, with 13 abstentions, not to reopen the discussion.
- (2) The draft fourth report was adopted (see page 439).

**2. Radiation Health, including Protection of Mankind from Ionizing Radiation Hazards, whatever their Source**

Agenda, 2.8

The CHAIRMAN invited the Committee to consider the report of the Director-General on radiation protection and control measures in Member States and three draft resolutions—one submitted by the delegation of the United Arab Republic, one submitted by the delegation of Monaco, and one submitted jointly by the delegations of Chile, Denmark, Italy, Mexico, the Republic of Viet-Nam, Turkey and the United States of America.

The draft resolutions read as follows:

*Draft Resolution submitted by the Delegation of the United Arab Republic*

The Fourteenth World Health Assembly,

Noting that the scientific information available indicates that the genetic effects of radiation must be considered reactions for which there is no threshold, meaning that any increase in the exposure of the human organism to radiation will lead to an increase in the incidence of hereditary diseases;

Realizing that malignant neoplasms and also leukaemia are diseases the incidence of which may increase as the level of radiation rises;

Recognizing the fact that there is very little likelihood that the human organism can adapt itself to conditions of increased environmental radiation, indicating that any increase in the radiation dose above the natural radiation level must be considered undesirable for mankind;

Taking into consideration that contamination of the environment resulting from explosions of nuclear weapons constitutes a growing increment to world-wide radiation levels, and that this

involves new and largely unknown hazards to present and future generations, and that these hazards, by their very nature, are beyond the control of the exposed persons,

1. DECIDES that efforts should be made to eliminate the uncontrolled source of radiation, viz., to end experimental nuclear and thermonuclear explosions; and
2. REQUESTS all Member States of the World Health Organization to agree on the immediate cessation of test explosions of nuclear weapons.

*Draft Resolution submitted by the Delegation of Monaco*

The Fourteenth World Health Assembly,

Having regard to the texts of resolutions WHA11.50 and WHA13.56 concerning the study of health problems connected with the peaceful uses of atomic energy and the protection of mankind from ionizing radiation hazards, whatever their source;

Recognizing that the discharge of radioactive waste, particularly into watercourses and the sea, represents, owing to the development of the use of atomic energy for industrial or mechanical purposes, a source of grave anxiety for those whose duty it is to safeguard public health;

Noting that such discharge may cause the pollution of the water of sea-shores and river banks and the contamination of foodstuffs; and

Considering that any factors likely to increase the radioactivity of the environment must be strictly prohibited,

REQUESTS urgently all the Members of the World Health Organization to prohibit all discharge of radioactive waste into watercourses or the sea, to the extent that the safety of such discharge has not been proved.

*Draft Resolution submitted jointly by the Delegations of Chile, Denmark, Italy, Mexico, the Republic of Viet-Nam, Turkey and the United States of America*

The Fourteenth World Health Assembly,

Recalling that the Thirteenth World Health Assembly gave detailed consideration to the subject of "radiation health, including protection of mankind from ionizing radiation hazards, whatever their source";

Noting that in resolution WHA13.56, the Thirteenth World Health Assembly outlined the areas of WHO responsibility and laid out a constructive programme in this field;

Noting that present scientific knowledge provides data on the harmful biologic and genetic effects to human beings of massive doses of ionizing radiation, while no reliable and acceptable data are available on the effects of low-level radiation over a long period associated with background radiation, fall-out, and radiation resulting from medical and dental uses;

Recognizing that the countries concerned are reopening discussions in Geneva on 21 March, with a view to the cessation of nuclear testing under effective international control; and

Expressing the hope that these discussions will be successful,

1. NOTES the report of the Director-General on the progress being made by Member countries in developing and staffing radiation control programmes with particular reference to the responsibilities of national health authorities and of WHO in this field;

2. REQUESTS the Director-General to continue to carry out the programme as set forth in resolution WHA13.56, in co-operation as appropriate with IAEA and other agencies concerned;

3. REQUESTS the Director-General to co-operate with other agencies concerned in collecting and disseminating scientific and technical information on the health aspects of radiation to the health authorities and, through them, to the people of the Member States;

4. REQUESTS the Director-General to continue to sponsor or stimulate studies of the genetic and biological effects of low-level radiation from all sources, in co-operation with other agencies concerned;

5. REQUESTS the Director-General to participate, in consultation with the IAEA and other competent and interested international agencies, in sponsoring and stimulating research and studies aimed at the establishment of acceptable standards and regulations to prevent pollution of the sea and other international waterways by radioactive materials in amounts which adversely affect man;

6. URGES the health authorities of Member States to take appropriate steps to train personnel in this field and to accelerate their activities in public health aspects of radiation from all sources;

7. REQUESTS the governments concerned in the discussions on nuclear testing to give due regard to the health implications of the matter as determined and set forth by the United Nations Scientific Committee on the Effects of Atomic Radiation; and

8. URGES the health authorities of Member countries to assure that representatives of their governments at the forthcoming discussions in Geneva and in the United Nations and related bodies concerned with radiation are fully informed of the health aspects of the matter.

The CHAIRMAN proposed taking the draft resolutions in the order in which they had been submitted.

The DIRECTOR-GENERAL explained that his report on radiation protection and control measures in Member States had been prepared to meet the request contained in resolution WHA13.56, paragraph 4, adopted by the Thirteenth World Health Assembly, and was presented in three parts. The first part contained a brief historical review of the evolution of thought on radiation control measures since x-rays were discovered by Röntgen in 1895 and since the fact became known soon after that ionizing radiation could be harmful. The second part dealt with radiation protection measures in Member States. A circular letter had been sent to all Member States and Associate Members in July 1960 requesting information on the progress made in developing and staffing radiation control programmes. To date, five countries had replied that they had no radiation control programmes, three that they had no programmes at present but were elaborating plans for the future, thirty-six had sent particulars of their programmes for radiation control and protection, and replies from three had been received too late to be included in the report. Summaries of the measures taken by countries which had control programmes were included. The third part dealt with WHO activities in radiation protection, and listed training courses which had been held and were being planned, fellowships which had been awarded for studies related to ionizing radiation and consultant services provided for Member States.

Almost all WHO's programmes on radiation and radioisotopes were directed to helping countries to deal with health problems associated with radiation and radioactivity. That was very clear in the case of fellowships and training courses in radiation health and it had also been the case of some meetings: the training of personnel competent to deal with health problems connected with radioactivity was essential. It was also true of WHO's research activities, where emphasis was placed on obtaining reliable information on the effects of radiation on man. An example of that was the international collaborative study of the incidence of leukaemia in radiotherapy patients. That study was being carried out by twenty-three clinics in twelve countries.

Great importance was attached to working in close collaboration with other international organizations. WHO co-operated with the International Atomic Energy Agency, since it was obvious that it would not be possible for countries to develop atomic energy for peaceful purposes without having persons competent to deal with the public health aspects of such activities. Because of the relationship between the agricultural, food and health aspects of problems of radiation, WHO co-operated closely with FAO. It also worked in close co-operation with other international bodies, such as the International Commission on Radiological Protection and the International Commission on Radiological Units and Measurements.

The information on health hazards from nuclear-powered merchant ships (contained in the addendum to his report) had been prepared at the request of a member of the Executive Board made during its twenty-sixth session.<sup>1</sup> The document dealt with a special aspect of public health problems in radiation control. The main issues were radiation hazards from radioactive waste disposal into the sea or into harbours and from accidents involving nuclear-powered ships, especially in harbours. Although the problem presented many variants, which were not completely understood at present, it was recognized by international bodies. It was not too early for public health authorities to inform themselves on the subject and to plan measures that could be taken in cases of emergency.

Col. AFRIDI (Pakistan) suggested that discussion of the item be postponed until the following day in view of the fact that the joint draft resolution had been distributed only that morning. His delegation had had no opportunity of studying it in conjunction with previous proposals made at the Thirteenth World Health Assembly.

The CHAIRMAN said that the item had been on the agenda since the beginning of the Health Assembly and did not deal with a new subject.

Col. AFRIDI (Pakistan) said he felt strongly on the matter. The draft resolution was very extensive and a postponement of discussion might save time. He maintained his proposal.

Dr EVANG (Norway), supported by Dr NORMAN-WILLIAMS (Nigeria), opposed the proposal, partly for the reasons given by the Chairman and also because many delegates had planned to leave New Delhi in the belief that the Committee's work would be finished.

The CHAIRMAN put to the vote the proposal that discussion on the item be postponed until the following day.

*Decision:* The proposal was rejected by 44 votes to 5, with 22 abstentions.

Dr SCHÄR (Switzerland), referring to the exposure of man to ionizing radiation due to diagnostic radiology (*Official Records* No. 105, Chapter 8), said there was a tendency to reduce, whenever possible, the radiation dose in all types of medical x-ray examination. The only objection to such a trend would be if physicians were prevented from carrying out radiological examinations when required. X-ray examination of the chest, when performed with proper equipment, did not increase the genetically significant dose to any alarming degree.

At the invitation of the United Nations Scientific Committee on the Effects of Atomic Radiation, mentioned in the Director-General's report, a survey had been carried out among physicians and in hospitals in Switzerland. It had been found that more than 70 per cent. of all x-ray examinations carried out involved radiography and radioscopy of the chest, accounting for only 5 per cent. of the total gonad dose due to diagnostic radiology, or less than 2 per cent. of the natural background radioactivity. On the other hand, diagnostic radiology of the abdomen, the pelvic organs and lumbar spine accounted for more than 15 milliroentgens per person per year, which amounted to about 20 per cent. of the natural radiation background.

Dr EL BITASH (United Arab Republic) remarked that the problems under discussion were of considerable importance to the whole of mankind. His delegation considered it essential for the present Health Assembly to deal with them and to elaborate concrete measures for protecting mankind from all the horrors of atomic radiation. Discussion of the problems was urgent, in view of the threat to mankind resulting from the continuous testing of nuclear weapons.

Available scientific information showed that the genetic effects of radiation were boundless; an increase in exposure of the human organism to radiation would lead to an increase in the incidence of hereditary diseases and the incidence of malignant neoplasms and leukaemia might also increase as the level of radiation rose. The fact that there was little likelihood of the human organism being able to adapt itself to an increased level of environmental radiation made it all the more undesirable that the level should be allowed to increase.

<sup>1</sup> Minutes of the twenty-sixth session of the Executive Board, sixth meeting, EB26/Min/6 Rev. 1, p. 138

Dr Per Offedala of the Norwegian Scientific Research Institute on Cancer Diseases in an article, "Biological Influence", had said that, owing to the physical essence of nuclear weapons, it was impossible to construct a "pure" atom bomb which on explosion would not result in penetrating radiation and radioactive fall-out. Explosions of nuclear weapons spread large quantities of radioactive dust throughout the world, produced fall-out and atmospheric precipitation. Radioactive particles were more dangerous to mankind than was local destruction from nuclear explosions. Irradiation doses of more than 700 roentgens led invariably to death in two to six weeks, while smaller doses led to such diseases as leukaemia and bone cancer. Sometimes diseases developed many years after irradiation.

If nuclear weapon testing continued at the same rate as during the last five years, the concentration of strontium-90 would increase gradually to eight times the existing level and would reach the maximum permissible level for human life. Although many United States, United Kingdom and French scientists were protesting against continuous tests, the question of a cessation was still not settled. Furthermore, in spite of the resolution on the subject adopted by the United Nations General Assembly at its fifteenth session, such tests were being carried out in the Sahara. Great anxiety had been expressed about those tests in France, where some people felt that a continuation would not militate in favour of peace. The explosion of nuclear weapons in the Sahara endangered the lives and the health of the population of the African continent. It was WHO's duty to protect the health of that population, and the Fourteenth World Health Assembly could not remain silent on the subject. That such testing of nuclear weapons should be stopped was particularly urgent in view of press reports that other countries had been carrying out research connected with the production of atomic bombs. WHO should invite all its Members to take action to ensure the immediate cessation of nuclear weapons tests.

His delegation had welcomed the resolution on the subject adopted by the Regional Committee for the Eastern Mediterranean. It also greatly appreciated the voluntary action of the United States of America and the USSR in stopping their nuclear weapon test explosions.

Dr DOLO (Mali) recalled that there had been three atomic explosions on African soil in less than one year, the last seeming a deliberate challenge on the part of France, coming only a few days after the voting of the United Nations resolution on the cessation of atomic tests. No doubt specialists would

point out that there were numerous sources of radiation and that radioactive fall-out from nuclear tests was not serious. But for millions of ordinary human beings the greatest source of danger was the nuclear tests carried out near inhabited areas. As was well known, the first French test had been planned for the region of Corsica, but the protests of 200 000 French Corsicans had dissuaded the French Government, which had preferred to ignore the protests of 200 000 000 Africans.

He questioned such a conception of human solidarity, particularly on the part of the government of a people renowned for generosity, humanitarianism and fraternity. Speaking on behalf of his Government and people, he reiterated that it was an inhuman act, a violation of the territorial sovereignty of the Republic of Mali and of Africa, an attack on the health and life of the people of Africa. Such an act could not be condoned, especially as it arose merely from the desire to constitute a striking force. The Republic of Mali was anxious that technical and scientific advances should be put entirely at the service of health and life, but would always oppose the use of the products of human genius against nature and humanity. Accordingly, it joined those seeking liberty, justice and health in asking the Health Assembly to accept its responsibilities according to the Constitution and ideals of WHO and demand the immediate and total cessation of all atomic tests. Only then could measures be taken against secondary causes of ionizing radiation.

Dr DOUBEK (Czechoslovakia) said that during the past few years the question of radiation protection had been a major preoccupation of WHO and all the various countries. Scientific study was needed to discover to what extent the use of nuclear energy might influence the development of man in the future. The effects of radiation, particularly the harmful genetic influence, were still unknown. The interest of people in the subject was heightened by the fear of the terrible consequences and mass destruction that would follow the use of nuclear weapons.

A resolution proposed by several delegations at the Thirteenth World Health Assembly had been rejected: an indication of the negative approach to the subject. But, whatever the reasons for that rejection, the danger still existed. WHO would have to take measures regarding the use of atomic weapons, and ways would have to be found of using atomic energy for peaceful purposes. Resolution WHA13.56 stated that health authorities were responsible for the prevention and control of health hazards associated with radiation from all sources. Even if that had been officially acknowledged, WHO had

to study the problem in detail, recognizing the terrible danger involved, and make an unambiguous statement permitting development in that sphere without danger to mankind. The delegation of Czechoslovakia was therefore fully prepared to support a positive programme for the protection of mankind against radiation and for the development of nuclear science, but stressing the dangers of nuclear weapons and opposing their use.

Dr KIVITS (Belgium), supplementing the information contained in the Director-General's report concerning the work being done in Belgium on protection against ionizing radiation, said that legislation existed on the utilization of radioactive substances for medical purposes, on the protection of water against radioactive pollution, the protection of workers particularly exposed to ionizing radiation, and reparations for damage caused to such workers. Research was in progress on the radioactive content of water and the strontium-90 content of milk.

Dr GERIĆ (Yugoslavia) thanked the Director-General for his excellent report. It showed clearly the work being done in the various countries towards the solution of the problem; it also showed the degree of development, on the one hand, in the use of radioactive isotopes for diagnosis, and, on the other, in preventive measures against the resulting radiation. It indicated how much WHO had concerned itself with the problem both by way of training personnel in the use of radiation and protection methods, and by technical assistance to certain countries through its experts. The Director-General had acted promptly on resolution WHA13.56 of the Thirteenth World Health Assembly. That work must be continued. But, today, just as at the time of the Thirteenth World Health Assembly, no solution had been found to the question of studying possible control of the ionizing radiation resulting from atomic explosions. There would be no need for further discussions if those explosions had ceased. Unfortunately, the atomic tests in the Sahara were continuing, threatening the people of a continent just gaining its independence. WHO must carry out its responsibilities regarding the dangers of radiation produced by atomic explosions. It was not a question of politics, but of the protection of the health of present and future generations. He was convinced that WHO, in its future work, would come to the conclusion that the problem of protection of mankind against radiation hazards could only be properly solved if all its aspects were considered. His delegation fully supported the resolution proposed by the United Arab Republic.

Dr EVANG (Norway) said that the Norwegian Government was keenly interested in the problem for several reasons. Because of its climate and geographical location, Norway, especially its western coast, was particularly exposed to radioactive fall-out, regardless of where exactly the explosion had taken place. Moreover, on account of the great economic importance of the fishing industry, the question of the discharge of radioactive waste in the sea was of direct interest to Norway. X-rays were used extensively for diagnosis and therapeutic purposes, and a close watch was kept on indiscriminate use. The radioactive content of the air, soil, drinking-water, milk, the bones of domestic and wild animals, and meat was carefully evaluated, and the authorities were now fully convinced that the content fluctuated with the number of test explosions. The soundest reasoning, based on biological grounds, was that threshold values did not exist and that any increase should be avoided if possible.

Regarding the draft resolution, the Norwegian delegation found itself in a difficult position. It could easily support that proposed by the delegation of Monaco, which was specific, dealing mainly with the discharge of radioactive waste in water courses and the sea. The resolution of the United Arab Republic was also specific, dealing with nuclear and thermonuclear explosions. However, although the spirit of the resolution was acceptable, he could support it only if the last sentence were deleted, since the Norwegian Government did not recognize the right of WHO to direct itself to States on such matters.

The joint draft resolution submitted by the delegations of Chile, Denmark, Italy, Mexico, the Republic of Viet-Nam, Turkey, and the United States of America was the most general. It included both the substance of the resolution of Monaco and, in a way, that of the resolution proposed by the United Arab Republic. However, he was unable to support it in its present wording and asked whether, if it were put to the vote, the sponsoring delegations would consider accepting some amendments. The second part of the third paragraph of the preamble ("while no reliable and acceptable data are available on the effects of low-level radiation over a long period associated with background radiation, fall-out, and radiation resulting from medical and dental uses") might perhaps unintentionally give the impression that there were no potential dangers involved. Obviously, as stated, a long period of observation was necessary in order to get reliable data. But, since the introduction of additional sources of radiation had started only a few years previously, there had been no possibility for such long periods of observation,



and there were therefore no final data at present. Decades might pass before any final data were available. He therefore proposed that the above-mentioned sentence of the third paragraph be deleted and replaced by the following:

Noting that the effects of low-level radiation over a long period associated with background radiation, fall-out, and radiation resulting from medical and dental uses are under world-wide study;

Secondly, he proposed the deletion from paragraph 7 of the words "as determined and set forth by the United Nations Scientific Committee on the Effects of Atomic Radiation", in order to avoid creating the impression that WHO was a subsidiary to that committee regarding health matters.

Finally, he suggested that the sponsors of the draft resolutions meet together to try to reach common ground: there seemed to be no fundamental difference of opinion in the matter amongst persons technically qualified in the field of health—it was only a question of reaching agreement on wording and on reference to other bodies.

Mr KOSSENKO (Union of Soviet Socialist Republics) had studied the various documents on the work of WHO in radiation protection, which had been considerable during the past few years. The Director-General's report to the present Committee indicated that the work of WHO could be considered as satisfactory, except that it had been largely one-sided.

Scientists today divided existing sources of radiation into three groups: (a) medical sources connected with the use of radiation in diagnosis and therapy, (b) sources connected with the use of atomic energy in industry, (c) sources of a military nature, such as the testing of atomic weapons. In considering the measures to be taken to protect mankind, some distinction had to be made between those sources. It was clear that ionizing radiation had to be used in medicine, but the rates of dosage could be determined, and ionizing radiation used for medical purposes could be strictly controlled. Likewise, it had to be used in industry, and efforts should be directed towards the establishment of strict control. Certain measures had been established for the protection of persons working with sources of ionizing radiation and the prevention of over-exposure to radiation, and reports on the subject had been made by the various countries. But the number of people exposed to those sources of radiation was very limited, and the radiation was very strictly controlled. On the other hand, radiation connected with the military use of nuclear energy was a very different matter. Quite apart from the fact that tests of

nuclear weapons were directed to mass destruction and most probably the destruction of mankind as a whole, the tests gave rise to very serious problems connected with public health. WHO could not ignore the fact that when nuclear weapons were tested uncontrolled radiation sources were released, and that radiation occurred not only immediately after the explosion but also a long time afterwards—and not just in the place where the test was made but in most areas of the world.

He was surprised that WHO, in studying possible measures of protection, did not study those to be applied in the case of testing of nuclear weapons. He was not referring merely to the question of studying the subject in seminars or through fellowships; it had not even been included amongst the resolutions and decisions of WHO. On the whole, in its resolutions and decisions on radiation protection, WHO had taken good care to mask the danger of nuclear weapons to the health of mankind, and vague formulations not mentioning those sources had been adopted. Biologists and physiologists might concern themselves with radiation regardless of its source, but those working in the sphere of public health were concerned mainly with the sources of radiation.

Moreover, the continuation of tests of atomic weapons was radically opposed to the ideals of the Organization. The third French atomic explosion in the Sahara, which had aroused a wave of indignation throughout the world, was a warning to all States to see that atomic tests were ended. The fifteenth session of the General Assembly of the United Nations, despite active opposition, had adopted a resolution stressing the urgent need to end atomic tests and the spread of atomic weapons. WHO, which was a specialized agency of the United Nations, could not but follow that example on such a vital question. He supported the draft resolution proposed by the United Arab Republic—a resolution in accordance with the spirit and letter of the WHO Constitution and whose adoption was the duty of all Member States.

Dr ARNAOUDOV (Bulgaria) said that the question was extremely important, since during the last few years radiation-producing material was being used not only in industry and medicine, but in many other fields. In 1958, the Bulgarian Government had issued legislation affording protection to people working with radiation sources. Since those workers had longer vacations and higher pay it was possible to remedy the harm being done to them. But control equipment, as well as the improvement of working conditions, was required. Regulations in line with

present-day requirements had been established for laboratories, etc. Special courses on radiation protection were being organized for all medical workers using x-ray apparatus, and regular medical check-ups were given to all those working amidst radiation sources. Such measures were being constantly improved.

However, the question of uncontrollable sources of ionizing radiation had also to be studied. He fully supported the delegates who had spoken in favour of prohibition of nuclear weapon tests. The consequences of such tests was well known to WHO: they exposed whole populations to danger—as in Africa—and the citizens of Hiroshima and Nagasaki had suffered for many years. Protection could be afforded only if such tests were prohibited. As was well known, radical cure of a disease was obtained by removing its cause, not just by treating its effects. He fully supported the resolution proposed by the delegation of the United Arab Republic, which was in complete accordance with the desires of peace-loving peoples.

Dr BURNEY (United States of America) said that the details given in the report of the Director-General were of primary interest and concern to all Member States as well as to the Secretariat of WHO. The problem had been the concern of the Organization during the last few years only largely because many, as public health men, had not recognized the implications of some of the existing sources of ionizing radiation. In many countries there were now more people in the ministries of health concerned particularly with radiation health; there was even in some cases an almost entirely different professional group working on the subject. Some four years previously there had been only about four such people in the public health services in the United States of America: there were now several hundred, representing professional categories that had never existed previously.

Referring to the report of the Director-General, he thought that the Director-General and his staff had carried out the recommendations of the Thirteenth World Health Assembly extremely well, given the limitations of personnel and funds, and the fact that there were many other international bodies competent in that field. He was pleased to note the emphasis given to training during the past year. Public health services were entering a new field, and well-trained personnel was required. In the United States it had been estimated that about 6000 additional trained individuals were needed in that field. The previous year, the United States Congress had increased the budget by \$1 000 000, earmarked for

that particular sphere of work. He was also pleased with the technical assistance given to Member States by the Organization within the limited funds available for the purpose. He hoped that WHO would expand its research activities, bearing in mind that the full facts regarding the harmful effects upon human beings of low-level radiation were not yet known. He welcomed the increasing co-operation of WHO with the International Atomic Energy Agency, and hoped for its continuance.

He was interested to read the results of the survey of the progress made by Member States and Associate Members in developing and staffing radiation control programmes, and noted that some countries had put the problem in the hands of their atomic energy commissions while others, like his own, considered that it was the responsibility of the health authorities. The United Nations General Assembly had rightly requested WHO to assume responsibility for work connected with the health aspects of ionizing radiation, whatever its source. In studying the overall problem it was essential to include the question of background radiation, since in his country at least radiation from that source equalled and in many areas exceeded that from all other sources. The four major sources of radiation were the medical and dental uses of x-rays; industrial use of radioactive materials and of atomic energy; radioactivity from fall-out; and the radioactive waste problem mentioned in the draft resolution submitted by the delegation of Monaco. He commended the delegation of Monaco for having raised the latter question, consideration of which was long overdue.

As had been stated on previous occasions, the dose rates of ionizing radiation from fall-out were extremely small compared with the variations from place to place in natural radiation. People living at high altitudes were exposed to more cosmic radiation than those at lower levels, while there were variations in the amount of radiation emitted by the rocks in different areas, and people living in brick houses received higher doses than those in wooden houses. With regard to the comments of the delegate of Norway, the United States also had experienced fall-out, from the tests made by the Soviet Union as well as from its own. The country-wide monitoring stations, which had been established to collect samples for studying the amount of radioactivity in water, in milk, in food supplies and in the air, had found that when both countries were still carrying out nuclear tests the amount of strontium-90 in milk in certain areas of the United States had exceeded that in the country as a whole; yet not even in those areas did the amount for the short period involved exceed the maximum permissible lifetime

level of 35-40 microcuries established by the International Commission on Radiological Protection. He drew attention to the following extracts from the Director-General's report:

Committees of inquiry into radiation hazards appear to have been somewhat surprised to discover that by far the highest contribution to the average population dose of radiation is through the medical use of x-rays, particularly in diagnostic radiology . . .

. . . It was also not realized at first how extensively the use of diagnostic radiation had spread in many countries with the elaboration of health services. It was only when these two facts were taken in conjunction that it was seen that there might be an appreciable genetic hazard to the population as a whole. It is not, however, possible to translate this risk into terms of human hereditary disease with any degree of accuracy until more is learnt about human genetics. It has been WHO's aim to stimulate research in this subject.

Another entirely different way of expressing the average dose of x-radiation to a population is by estimating the mean dose to the red marrow (i.e., the haemopoietic tissue). This is calculated on the assumption that x-ray doses may have significance in the production of leukaemia (even though positive statistics have only been obtained at much higher levels than that pertaining to the normal diagnostic use of radiation).

He agreed with the amendment suggested by the delegate of Norway to the third paragraph of the preamble to the joint draft resolution. While fairly good scientific knowledge already existed on the effects of massive doses of ionizing radiation, there was still a lack of sufficient data on the effects, whether biological or hereditary, on humans of low-level radiation over a long period, and the programme being carried out by the Organization was, in its emphasis on research into that type of radiation, similar to that of the United States Public Health Service, which also attached much importance to training, technical advice and establishment of monitoring stations. Legislative measures had been taken by several of the states in his country making compulsory the licensing or registration of all x-ray equipment, and a device had been developed for use in dental surgeries having x-ray equipment which would furnish to the health authorities information on the effectiveness or otherwise of that equipment.

A very important aspect of the problem was the need for education, not only of the profession but

also of the public, and he hoped that the Organization's activities in that respect would continue, and even expand, in order to meet the growing desire for information on a subject that was causing a great deal of anxiety. An attempt had been made in the United States to educate scientific writers and members of the press who would interpret the scientists' views to the public.

In many other countries besides his own differences of opinion were to be found among experts on the subject; indeed, he had heard of no study on the genetic or biological effects of radiation in which there had been complete agreement—a fact which emphasized the need for research.

The joint draft resolution was an amendment to the draft resolution of the delegation of the United Arab Republic and incorporated that of the delegation of Monaco. He would have no difficulty in supporting the latter, but an attempt had been made in paragraph 5 of the joint draft resolution to define its last phrase a little more specifically.

The joint draft resolution could be considered a more comprehensive one than that of the United Arab Republic in that it brought out the fact that the subject was within the competence of WHO and was related to a resolution adopted by the World Health Assembly after considerable discussion. Moreover, it contained no political implications. He completely endorsed the spirit of the draft resolution of the delegation of the United Arab Republic, and believed that any political implications in it were unintentional. He drew attention to the following sections of the joint draft resolution:

Recognizing that the countries concerned are reopening discussions in Geneva on 21 March, with a view to the cessation of nuclear testing under effective international control; and

Expressing the hope that these discussions will be successful,

. . . . .  
2. REQUESTS the Director-General to continue to carry out the programme as set forth in resolution WHA13.56, in co-operation as appropriate with IAEA and other agencies concerned;

. . . . .  
5. REQUESTS the Director-General to participate, in consultation with the IAEA and other competent and interested international agencies, in sponsoring and stimulating research and studies aimed at the establishment of acceptable standards and regulations to prevent pollution of the sea and other international waterways by radioactive

materials in amounts which adversely affect man;  
 . . . . .

8. URGES the health authorities of Member countries to assure that representatives of their governments at the forthcoming discussions in Geneva and in the United Nations and related bodies concerned with radiation are fully informed of the health aspects of the matter.

He also agreed to the amendment to paragraph 7 suggested by the delegate of Norway.

He would welcome the opportunity to meet the delegations of the United Arab Republic and Monaco in an attempt to work out a satisfactory solution. He considered that their positions were not far apart and was confident that a text acceptable to the Health Assembly as a whole could be drawn up.

The CHAIRMAN proposed that, as suggested by the delegate of Norway and agreed to by the delegate of the United States of America, the sponsors of the various draft resolutions should meet together and endeavour to draft a commonly acceptable text.

*It was so agreed.*

Professor KOSTRZEWSKI (Poland), supplementing the information concerning Poland in the Director-General's report, said that the Chief Sanitary Inspector, who had the rank of Deputy Minister of Health and Social Welfare, was responsible for the safety aspects of working conditions, and supervised a body charged with protection against radiation in co-operation with the Central Laboratory of Radiological Protection. All persons whose work was connected with ionizing radiation were subjected to periodical medical examinations and were given medical care. The handling of radioactive substances was permitted only by those persons who were equipped with radiological protection appliances, and they had to pass a test proving their knowledge of the principles of radiological protection. Regulations existed concerning the handling of radioactive waste and methods of decontamination and storage, and a central store of radioactive waste was under consideration. Measurements of radioactivity in the air, in water and in soil were taken systematically.

Poland took an active part in work under the Convention of the International Labour Organisation, and had recommended the prohibition of employment of persons under eighteen years of age in any work connected with ionizing radiation.

He proposed the adoption of standard methods of measurement for apparatus designed for protection, and the establishment of local records of

persons employed in connexion with ionizing radiation.

A long discussion had taken place at the Thirteenth World Health Assembly on the subject of experimental nuclear explosions, and a very general resolution had been adopted which contained similarities to the joint draft resolution now before the Committee. He was afraid that the problem would continue to be brought up until the Organization had expressed a clear opinion on the matter. The continuation of experimental nuclear explosions could have one aim only—that of developing a nuclear weapon which could be used to destroy part of the human population. Those explosions had frequently been performed on territory far removed from that of the country undertaking them, and the populations of various countries had been exposed to danger by contamination of the air, water and soil. The protection of the health of present and future generations against that danger could be very simply accomplished by the immediate cessation of those explosions. His delegation was deeply convinced that the Organization should take a decision and convey its opinion to the organization responsible for political matters. For those reasons his delegation strongly supported the draft resolution of the United Arab Republic.

(For continuation of discussion, see fifteenth meeting, section 1.)

### 3. Review and Approval of the Programme and Budget Estimates for 1962 (continued from thirteenth meeting, section 1)

Agenda, 2.3

#### *Appropriation Resolution for the Financial Year 1962*

Dr KAUL, Assistant Director-General, Secretary, introduced the draft Appropriation Resolution contained in the second report of the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget. It would be seen that the appropriations under Part II—Operating Programme, which was the section dealt with by the Committee on Programme and Budget, had been left blank. The figures to be inserted were the following: Section 4, Programme Activities, \$12 219 046; Section 5, Regional Offices, \$2 314 257; Section 6, Expert Committees, \$219 800; Section 7, Other Statutory Staff Costs, \$4 033 794; Total—Part II, \$18 786 897. The draft resolution therefore read:

The Fourteenth World Health Assembly

RESOLVES to appropriate for the financial year 1962 an amount of US \$25 290 320 as follows:

I.	Appropriation Section	Purpose of Appropriation	Amount US \$
PART I: ORGANIZATIONAL MEETINGS			
1.	World Health Assembly . . . . .		283 910
2.	Executive Board and its Committees . . . . .		180 100
3.	Regional Committees . . . . .		123 290
Total — Part I			587 300
PART II: OPERATING PROGRAMME			
4.	Programme Activities . . . . .		12 219 046
5.	Regional Offices . . . . .		2 314 257
6.	Expert Committees . . . . .		219 800
7.	Other Statutory Staff Costs . . . . .		4 033 794
Total — Part II			18 786 897
PART III: ADMINISTRATIVE SERVICES			
8.	Administrative Services . . . . .		1 480 650
9.	Other Statutory Staff Costs . . . . .		455 333
Total — Part III			1 935 983
PART IV: OTHER PURPOSES			
10.	Headquarters Building Fund . . . . .		297 000
11.	Contribution to the Malaria Eradication Special Account . . . . .		2 000 000
Total — Part IV			2 297 000
SUB-TOTAL — PARTS I, II, III AND IV			23 607 180
PART V: RESERVE			
12.	Undistributed Reserve . . . . .		1 683 140
Total — Part V			1 683 140
TOTAL — ALL PARTS			25 290 320

II. Amounts not exceeding the appropriations voted under paragraph I shall be available for the payment of obligation incurred during the period 1 January to 31 December 1962 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 1962 to the effective working budget established by the World Health Assembly, i.e., Parts I, II, III and IV.

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

- (i) the amount of \$ 642 000 available by reimbursement from the Special Account of the Expanded Programme of Technical Assistance
- (ii) the amount of \$ 51 720 representing assessments on new Members from previous years
- (iii) the amount of \$ 448 280 representing miscellaneous income available for the purpose

Total \$ 1 142 000

thus resulting in assessments against Members of \$24 148 320.

IV. The Director-General is authorized to transfer an amount not exceeding US \$214 090 from the cash balance available in the Malaria Eradication Special Account to cover the credits towards the payments of contributions of Members, in accordance with schedule A attached.

SCHEDULE A  
TO THE APPROPRIATION RESOLUTION  
FOR THE FINANCIAL YEAR 1962

Members eligible for credits in accordance with resolution WHA14.15 towards the payments of their contributions in respect of that portion of their assessments corresponding to the total amount voted for Appropriation Section 11 under Part IV (Other Purposes) of paragraph I of the Appropriation Resolution:

Afghanistan	Korea, Republic of
Albania	Laos
*Argentina	Lebanon
Bolivia	Liberia
*Brazil	Libya
Bulgaria	Malagasy Republic
Burma	Malaya, Federation of
Cambodia	Mali
Cameroun	*Mexico
Central African Republic	Morocco
Ceylon	Nepal
Chad	Nicaragua
*China	Niger
Colombia	Nigeria
Congo (Brazzaville)	Pakistan
Costa Rica	Panama
Cuba	Paraguay
Dahomey	Peru
Dominican Republic	Philippines
Ecuador	Portugal
El Salvador	Romania
Ethiopia	Saudi Arabia
Federation of Rhodesia and Nyasaland	Senegal
Gabon	Sierra Leone
Ghana	Somalia
Greece	*Spain
Guatemala	Sudan
Guinea	Thailand
Haiti	Togo
Honduras	Tunisia
*India	*Turkey
Indonesia	United Arab Republic
Iran	Upper Volta
Iraq	Venezuela
Israel	Viet-Nam, Republic of
Ivory Coast	Yemen
Jordan	Yugoslavia

\* Eligible under paragraph 2 (1) (b) of resolution WHA14.15

The CHAIRMAN asked whether the Committee agreed to approve the Appropriation Resolution.

Mr KOSSENKO (Union of Soviet Socialist Republics) asked that a vote be taken on the Appropriation Resolution since, in accordance with the statements

made by the delegation of the Soviet Union in plenary session and in the Committee on Administration, Finance and Legal Matters, he would be unable to vote for its approval.

The CHAIRMAN put the draft resolution to the vote.

*Decision:* The Appropriation Resolution was approved by 60 votes to none, with 10 abstentions.<sup>1</sup>

The SECRETARY asked whether the Committee would agree that the resolution be added to the fourth report of the Committee on Programme and Budget adopted that morning. It could then go that afternoon before the plenary session if the General Committee so agreed.

*It was so agreed.*

*The meeting rose at 11.55 a.m.*

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## FIFTEENTH MEETING

*Wednesday, 22 February 1961, at 4 p.m.*

*Chairman:* Dr W. A. KARUNARATNE (Ceylon)

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### 1. Radiation Health, including Protection of Mankind from Ionizing Radiation Hazards, whatever their Source (continued from fourteenth meeting, section 2)

Agenda, 2.8

Dr BOÉRI (Monaco) summarized the reasons which had led his delegation to place its draft resolution (see page 292) before the Committee. It felt that greater stress should be laid on a problem of whose current importance all were aware. He referred to the conference on the disposal of radioactive wastes held in Monaco under the auspices of the International Atomic Energy Agency and UNESCO, at which WHO observers had been present, and where experts had explained various techniques, the complexity and precariousness of which demonstrated their dubious efficacy in providing full protection for human, animal and plant life.

One of the methods envisaged had been the dropping of waste radioactive material into water-courses or the sea; such waste material could only increase in volume as the development of atomic industry progressed. Obviously no one wished to hinder the development of atomic energy in industry, but he felt that such a means of disposal of waste material should not be permitted until its harmlessness had been proved, which was not the case so far.

A working group had met at the beginning of the afternoon, as the Chairman had suggested that morning, and the delegates of the United States of America and Norway had agreed with his views. He therefore fully agreed to withdraw his draft resolution, provided that the substance of its operative paragraph was embodied in the revised text.

The CHAIRMAN read the revised text of the draft resolution, which was submitted by the delegations of Monaco, Norway, the United Arab Republic and the United States of America.

Dr EL BITASH and Dr KAMAL (United Arab Republic) and Mr WYATT (United States of America) proposed editorial amendments.

After some further discussion, the CHAIRMAN put to the vote a motion of the delegation of the Soviet Union that the debate on item 2.8 of the agenda should be suspended until the revised text of the draft resolution, as amended, was available in writing.

*Decision:* The motion was carried by 61 votes to none, with 4 abstentions.

(For continuation of discussion, see sixteenth meeting, section 2.)

### 2. Decisions of the United Nations, Specialized Agencies and IAEA affecting WHO's Activities

Agenda, 2.10

Dr KAUL, Assistant Director-General, Secretary, introduced the Director-General's report on decisions

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<sup>1</sup> Transmitted to the Health Assembly in section 8 of the Committee's fourth report and adopted as resolution WHA14.43

of the United Nations, IAEA and specialized agencies affecting WHO's activities. It was in three parts, and had already been submitted to the Executive Board at its twenty-seventh session. The Director-General submitted such reports regularly to keep the Health Assembly informed of decisions of the United Nations, the specialized agencies, and the International Atomic Energy Agency on matters affecting the activities of the Organization.

In the first part were reproduced sixteen resolutions adopted by the Economic and Social Council at its thirtieth session, relating to a wide range of activities and a variety of subjects, and one resolution adopted (in September 1960) by the Board of Governors of the International Atomic Energy Agency.

He drew attention to resolution 800 (XXX) of the Economic and Social Council, on consultation with specialized agencies, in which the Council recommended that the General Assembly of the United Nations adopt a resolution noting that most of the specialized agencies had rules of procedure providing for prior consultation before taking action on matters of concern to each other and deciding to conform with that practice henceforth. The General Assembly had not yet dealt with that draft resolution. The Executive Board of WHO had considered the matter at its twenty-seventh session and adopted resolution EB27.R28.

In view of the emphasis placed upon education and training during the Fourteenth World Health Assembly, he also drew attention to the Council's resolution 797 (XXX), on administrative and technical training. The Economic and Social Council noted in that resolution that the United Nations and many of the specialized agencies and IAEA were well aware of the need for more concerted efforts to assist the under-developed countries in the improvement of education and in the rapid formation of adequately trained cadres, and recommended that they should, within their sphere of competence, give high priority in their future work to those objectives. At its twenty-seventh session the Executive Board had, in that connexion, adopted resolution EB27.R21.

Resolution 791 (XXX) of the Economic and Social Council, "Programme appraisal in the economic, social and human rights fields", was very important and related to another resolution on the same subject (1554 (XV)) adopted by the United

Nations General Assembly at its fifteenth session. Those resolutions referred to the consolidated report, *Five-Year Perspective*,<sup>1</sup> prepared by a committee of the Economic and Social Council in pursuance of the Council's resolution 665 C (XXIV), with the co-operation of several specialized agencies. (The co-operation of WHO had been authorized by resolutions EB23.R74 and WHA11.43.) The consolidated report would be distributed for the information of the Committee on Programme and Budget—it would also come before the Committee on Administration, Finance and Legal Matters.

The Second and Third Committees of the General Assembly had considered the *Five-Year Perspective* in connexion with the economic and social programmes of the United Nations, and the resolution adopted by the General Assembly had been drafted by its Fifth Committee, on administrative and budgetary questions. The Secretary-General's Advisory Committee on Administrative and Budgetary Questions had been asked for comments on the report, which were to be considered by the Economic and Social Council.

The programme appraisal had originally been proposed by the Advisory Committee on Administrative and Budgetary Questions in February 1957. The consolidated report on it had pointed out the shift in international programmes from standard-setting to operations and strongly endorsed the resulting trend towards decentralization of the programmes. It called attention to the importance of research, modern techniques for planning and administration and balanced economic and social development, which required broad decisions of policy. It concluded that greater resources were necessary as well as improved co-ordination.

Resolution 791 (XXX) of the Economic and Social Council expressed appreciation for the co-operation of the participating organizations and invited the specialized agencies and IAEA to submit the consolidated report for consideration and comment to their respective governing bodies or conferences as appropriate.

The second part<sup>2</sup> of the report of the Director-General related to General Assembly resolution 1398 (XIV) concerning international encouragement of scientific research into the control of cancerous diseases. The Executive Board had considered the report and, in resolution EB27.R23, had recommended to the Health Assembly a draft resolution reading:

The Fourteenth World Health Assembly,

<sup>1</sup> United Nations (1960) *Five-year perspective 1960-1964: consolidated report on the appraisals of the scope, trend and costs of the programmes of the United Nations, ILO, FAO, UNESCO, WHO, WMO and IAEA in the economic, social and human rights fields*, Geneva

<sup>2</sup> Reproduced in *Off. Rec. Wld Hlth Org.* 110, Annex 11

Having noted the report of the Director-General on resolution 1398 (XIV) of the General Assembly of the United Nations on the international encouragement of scientific research into the control of cancerous diseases; and

Recalling resolution EB25.R68 of the Executive Board and resolution WHA13.68 of the Thirteenth World Health Assembly,

1. AUTHORIZES the Director-General to respond to any request which the General Assembly might make to nominate candidates for the award of prizes in accordance with the procedure approved by the Thirteenth World Health Assembly in its resolution WHA13.68; and
2. REQUESTS the Director-General to submit a report on any action he may take in this connexion.

The Secretary said that, since funds were now available and the procedure established for the awards was the one recommended by WHO, the Committee might wish to replace the words "might make" in paragraph 1 of the draft resolution by "makes".

In the third part of the Director-General's report were reproduced eleven resolutions adopted by the United Nations General Assembly at its fifteenth session, one adopted by the Economic and Social Council at its thirtieth session and four adopted by the General Conference of UNESCO at its eleventh session. The Board had concentrated on the three UNESCO resolutions which concerned education in Africa and had adopted in that connexion resolution EB27.R18, in which it recommended a draft resolution for adoption by the Health Assembly.

The draft resolution read:

The Fourteenth World Health Assembly,

Having noted the resolutions of the eleventh session of the General Conference of UNESCO on a special programme of assistance to the development of education in Africa;

Noting that the agreement between UNESCO and WHO, adopted by the First World Health Assembly in 1948, provides a suitable framework for inter-agency co-operation,

1. WELCOMES the decision of UNESCO to increase its efforts for the advancement of education in Africa and to seek the co-operation of other United Nations agencies in this action; and
2. AUTHORIZES the Director-General to respond to the invitation from UNESCO to co-operate in the programme of education in Africa in accordance with the terms of reference of each agency,

as specified in the agreement between UNESCO and WHO and within the operational possibilities of the Organization.

The Secretary said that on the report of the Director-General, as a whole, the Board had adopted resolution EB27.R20, noting the report and containing a draft resolution for the consideration of the Health Assembly.

The draft resolution read:

The Fourteenth World Health Assembly

NOTES the report of the Director-General on decisions of the United Nations, specialized agencies and the International Atomic Energy Agency affecting WHO's activities on programme matters.

Mr WYATT (United States of America) introduced a draft resolution submitted by his delegation.

It read:

The Fourteenth World Health Assembly,

Recognizing that the undertaking of five-year appraisals by the United Nations and related agencies represents a further step in the continuing effort to work together in balanced and effective programmes of social and economic development;

Noting that in the Consolidated Report on the programme appraisals an attempt has been made to analyse programme trends and interrelationships of the several agencies concerned, including the World Health Organization;

Noting also that the thirtieth session of the Economic and Social Council in resolution 791 (XXX), entitled "Programme appraisal in the economic, social and human rights fields", invited the specialized agencies "to submit the Consolidated Report, for consideration and comment, to their respective governing bodies or conferences", and also invited the agencies which participated in the appraisals to include in their annual reports "a section indicating the extent to which the trends and emphases of their programmes, as outlined in their individual appraisals, are developing as anticipated",

1. REQUESTS the Executive Board, when making its organizational study on co-ordination with the United Nations and specialized agencies, to give particular consideration to the Consolidated Report on the programme appraisals, and to inform the World Health Assembly of those aspects or findings of the report which it considers especially significant for the work of WHO; and



2. REQUESTS the Director-General, when dealing with programme trends and emphases in his Annual Reports, to pay particular attention to the extent to which they are developing as anticipated in the WHO programme appraisal.

He said that the chief of his delegation had referred in plenary session to the increasing complexity and scope of the United Nations and specialized agencies, including WHO, which in turn meant an increasing necessity for the co-ordination of their activities. An *ad hoc* working group of the Economic and Social Council was to meet in May 1961 to study the question of such co-ordination; consultation as appropriate with that working group might enable WHO to analyse and improve its relationship with other organizations.

The thirtieth session of the Economic and Social Council had made other decisions of significance for WHO. Resolution 795 (XXX), on co-ordination in the field, referred to the useful role which United Nations resident representatives could play in ensuring that the resources of United Nations agencies, supplied by governments, were used to best effect. Resolution 804 (XXX), on co-ordination of results of scientific research, might have relevance for WHO as well as UNESCO. Resolution 791 (XXX), on programme appraisal, cited in the draft resolution submitted by his delegation, invited the specialized agencies to give special attention to the consolidated appraisals report, and also invited them to present programme trends and developments in their successive annual reports in relationship to those forecast in their individual agency five-year appraisals.

His delegation was pleased that the Executive Board had taken as its next organizational study the subject "Co-ordination with the United Nations and specialized agencies", and believed that the Board would find a consideration of the consolidated appraisals report of value. Likewise, continuing reference in WHO annual reports to the WHO appraisal, as a point of reference for programme trends, could have some value. Both proposals would be in accord with the suggestions of the Economic and Social Council. His delegation therefore proposed the draft resolution to give expression to the interest of WHO in those matters.

There being no further comments, the CHAIRMAN put to the Committee the draft resolutions recommended by the Executive Board in its resolutions EB27.R18, EB27.R20, and EB27.R23 (with the amendment suggested by the Secretary), and the draft resolution submitted by the United States delegation.

*Decision:* The draft resolutions were approved.<sup>1</sup>

### 3. Declaration concerning the Granting of Independence to Colonial Countries and Peoples and the Tasks of the World Health Organization

Agenda, 2.9

The CHAIRMAN drew the Committee's attention to the explanatory memorandum submitted by the Government of the Union of Soviet Socialist Republics, and the draft resolution submitted by the delegations of the Union of Soviet Socialist Republics, Poland and Cuba (see page 306).

Mr LE POOLE (Netherlands), speaking on a point of order, said that the resolution submitted by the delegation of Ghana (see page 272) had deservedly received unanimous approval at the twelfth meeting and hence had also received the support of the authors of the draft resolution under discussion. In view of that fact, and in deference to the delegation of Ghana, he wondered whether the sponsors of the draft resolution should not be asked to withdraw it, since it had thus become redundant.

Furthermore, although redundant, it contained political elements which were outside the competence of the Committee. If the draft resolution were considered, a lengthy and, in the opinion of his delegation, unfruitful discussion would result, which was undesirable in view of the limited time at the disposal of the Committee.

Dr FISEK (Turkey) said that, although the Turkish delegation at the fifteenth session of the General Assembly of the United Nations had been among the co-writers of the proposal for abolition of colonialism and his delegation was opposed to colonialism in any form whatsoever, it did not consider that the present meeting was an appropriate place to discuss the matter. He therefore seconded the proposal put forward by the delegate of the Netherlands.

Dr SAGATOV (Union of Soviet Socialist Republics) said he could not accept the view that the matter was outside the competence of WHO and hence should not be discussed further. The inclusion of the item in the Health Assembly's agenda had been supported by the majority of the members attending the Executive Board's twenty-sixth session and, moreover, the Health Assembly would be failing in its duty if it did not discuss the tasks devolving upon the Organization as a result of the adoption of the

<sup>1</sup> Transmitted to the Health Assembly in sections 1 to 4 of the Committee's fifth report and adopted as resolutions WHA14.52, WHA14.53, WHA14.54 and WHA14.55

United Nations Declaration.<sup>1</sup> Thirdly, the resolution adopted at the instance of the delegation of Ghana dealt with other matters that came within the ordinary work of WHO. WHO's responsibilities under the Declaration must therefore be examined.

Dr ESCALONA (Cuba) maintained that WHO, as a technical agency of the United Nations, was in duty bound to give its views on the effects of colonialism and on the steps to be taken to rid the dependent peoples of its heavy yoke. He failed to understand the attitude which at times allowed political matters with but a suspicion of a technical basis to be taken up, whereas at others technical matters arising out of a political background were set aside. There could be no possible objection to discussing an item which had figured on the Assembly's agenda from the beginning.

Dr JUCHNIEWICZ (Poland), in refuting the arguments advanced by the delegate of the Netherlands, said that the United Nations General Assembly in adopting the Declaration had recognized that the perpetuation of the colonial system was an obstacle to the social, economic, and cultural advancement of the dependent peoples. It followed logically that WHO, for its part, should recognize that the continued existence of that system likewise constituted an obstacle to bettering the health of those peoples. Moreover, the draft resolution which his delegation was co-sponsoring with the Soviet Union delegation covered a whole series of new matters and went farther than the resolution submitted by Ghana. Accordingly, his delegation considered that a discussion of the item in accordance with the agenda would be of great value.

Mr JONGEJANS (Netherlands) wished it to be clear that he was not speaking in favour of colonialism. If, however, colonialism was a legitimate subject for discussion within WHO, many other issues, including totalitarianism, could also be regarded as fit and proper subjects to be taken up. If, as the delegate of the Soviet Union maintained, WHO could not keep apart from the first, then those other issues should be brought up too.

The CHAIRMAN noted that, since the sponsors of the draft resolution were unwilling to accede to the Netherlands suggestion, the item would have to be discussed. He invited the delegate of the Soviet Union to introduce the draft resolution.

The draft resolution read:

<sup>1</sup> Declaration on the Granting of Independence to Colonial Countries and Peoples — resolution 1514 (XV), adopted by the General Assembly of the United Nations at its fifteenth session

The Fourteenth World Health Assembly,

- I. Bearing in mind the Constitution of the World Health Organization, whose aim is the attainment by all peoples of the highest possible level of health; and

Recognizing that the liberation of the countries and peoples from the state of colonial dependence facilitates, simultaneously with the progress of the national economy and a rise in the standard of living, a radical improvement in health,

ADDRESSES an appeal to the United Nations and the governments of Member States of WHO to take all possible measures for urgently carrying out the Declaration on the Granting of Independence to Colonial Countries and Peoples; and

- II. Wishing to help in eliminating the consequences of colonialism in the field of health.

1. CONSIDERS it a primary task of the World Health Organization to take practical measures for eliminating the consequences of colonialism in countries which have attained independence, by assisting them in training national medical personnel, in combating the most widespread infectious and parasitic diseases and in improving the national health services;

2. RECOMMENDS that the Member States of WHO, within the limits of their resources, place at the disposal of the countries which have attained independence an increased number of fellowships and expert advisers, and such other facilities as would help the countries concerned in the quick training and specialization of national medical staff in every field of public health;

3. INVITES the Member States of WHO, in consultation with the Director-General, to place at the disposal of the Organization within the limits of their resources, fellowships, expert advisers, and such other facilities as would speed up the carrying-out of the WHO programme in this domain; and

4. REQUESTS the Director-General to submit to the Executive Board and the Fifteenth World Health Assembly a report on the implementation of this resolution.

Dr SAGATOV (Union of Soviet Socialist Republics) stated that the fact that WHO was a specialized agency of the United Nations laid a great responsibility on the Organization, in its activities for supporting and assisting the United Nations in putting into effect the decisions taken by that highest of international bodies, particularly decisions on

questions closely linked with medicine and health. The Declaration adopted by the General Assembly at its fifteenth session was a particularly good example of where WHO's co-operation was called for. In that declaration the General Assembly solemnly proclaimed the need to put an end immediately and unconditionally to colonialism, which gave rise to colonial wars, loss of life, famine, poverty and disease.

That action clearly showed that colonialism had become a heavy burden for all countries and peoples: that its hour had struck and it must be buried. The Declaration emphasized that the further existence of colonialism impeded the development of international economic co-operation, slowed down the social, cultural and economic development of dependent peoples, and undermined the ideal of the United Nations—universal peace.

The representatives speaking in the General Assembly, and particularly those from the newly independent countries of Asia, Africa and Latin America, had given striking examples from their own countries of how colonialism had led and was still leading to mass disease and the slow dying-out of entire peoples. Thus, in the former French Equatorial Africa the population had fallen between 1900 and 1921 from nine to three million. In the Congo and in Gabon there had been similar reductions in population during the last sixty years; from twenty to fifteen million in the Congo, and from one million to four hundred thousand in Gabon.

Unsatisfactory living conditions and the absence of medical services and institutions had resulted in exceptionally high general and child mortality rates in the colonized countries—sometimes as much as ten to fifteen times higher than in the metropolitan countries.

In many colonized countries the population had known famine. Malnutrition had been chronic almost throughout the continent of Africa. Everywhere protein deficiency had been observed, the child population from the age of one upwards suffering particularly severely. That systematic malnutrition had led to the development of deficiency diseases, avitaminoses, endocrine disturbances, etc.

In the colonized countries and in countries that had recently obtained their independence, an exceptionally high morbidity rate was recorded, due mainly to the infectious and parasitic diseases. As the Committee was aware, 141 million out of the 154 million people living in the WHO African Region inhabited malarious areas. According to WHO and UNICEF data, about 30 million African people suffered from bilharziasis. In 1957 about 500 000 cases of trachoma had been reported in the Region.

That sorry tale could be continued endlessly. Suffice it to say that a similar situation as regards public health was also found in many countries of Asia and Latin America.

Mention should also be made of the fact that the number of medical establishments and medical staff in the colonized countries was extremely inadequate. In the former colonies in Africa and the still dependent territories there, there was on the average one doctor to every 10 000 of the population. In the former French Equatorial Africa, there was one doctor to every 27 000 inhabitants and in the former French West Africa, one to every 56 000.

History showed that it was the political liberation of the colonies and the establishment of new independent States that threw the door wide open for a real betterment in the material well-being of the peoples and, at the same time, for a substantial improvement in the population's health, since immediately after liberation an economic upsurge began and the public health system improved along with material conditions. For example, according to the data given by the Minister of Health of India in a book specially published in commemoration of the present Health Assembly, during the years of independent development general mortality in India had been reduced from 19.7 to 11.3 per thousand inhabitants, and child mortality from 146 to less than 100 per thousand live births. The average expectation of life had increased from 32.5 to 42 years. Under the five-year plans the number of medical colleges had risen from 27 to 58 and over 2700 primary health centres had been established.

In the opinion of the Soviet Union delegation, the World Health Organization, whose activities were directed towards the achievement of the highest attainable standard of health by all peoples, ought no longer to accept the colonial system. Accordingly, the achievement of WHO's main objective required that the present Health Assembly should appeal to the United Nations and to the Member States of WHO to promote by all possible means the immediate implementation of the United Nations Declaration.

In addition, the tasks of WHO in giving assistance to under-developed countries and territories must be defined. Practical experience had shown that the individual measures carried out by WHO in those countries, though undoubtedly useful, nevertheless could not make up for the absence of national health services and the acute shortage of medical staff.

The problem of training national staff was one of primary importance. The experience in the formerly backward regions of Russia such as Uzbekistan, Kazakhstan, Tadzhikistan, Kirghizia, Turkmenistan

and other areas which were now socialist republics with full rights showed that it was only by solving the problem of training national staff that all the vitally important problems of public health could be successfully solved. Accordingly, in Uzbekistan, which had a population of 8 150 000, five medical teaching institutes had been opened and fifteen schools for the training of auxiliary medical workers, and from those over 11 500 physicians and about 40 000 auxiliary workers had already graduated. With the help of those people a modern health system had been created and the level of health of the people improved.

It was essential, therefore, that WHO should assist more actively in planning and establishing institutes for the training both of auxiliary and of fully qualified medical staff in the under-developed countries, and provide such institutes with qualified staff, equipment, etc. In addition, WHO should appeal to all Member States able to train medical personnel in their own teaching establishments to help in carrying out that important task.

Another important task of WHO was that of determining the urgency of problems of disease control in particular countries. The most acute problem, as all were aware, was the control of infectious and parasitic diseases, particularly malaria, smallpox, tuberculosis, bilharziasis, yaws, leprosy and some others. The task of WHO was to determine the level of morbidity, particularly of diseases, epidemic or

otherwise, that were of regional importance, through the greater use than hitherto of scientific research groups and by drawing into the work medical staff from the countries themselves.

It was also essential to review the staffing of the regional offices in regions containing colonies and trust territories so as to secure fuller representation of indigenous populations in the executive bodies of WHO, and thus gain first-hand knowledge of the countries' needs.

The Soviet Union Government, which was striving to promote international co-operation with all peoples in the field of medicine and health, was doing its utmost to assist the newly independent countries of Asia and Africa. In particular, it had recently set up in Moscow a Friendship University at which new cadres were trained for many countries of the world, including medical staff for the countries of Asia, Africa and Latin America.

With the principles and basic aims of WHO and the interests of the overwhelming majority of mankind in mind, the delegations of the Union of Soviet Socialist Republics, the Polish People's Republic and the Republic of Cuba proposed that the Health Assembly consider and adopt the joint draft resolution they had submitted on the question.

(For continuation of discussion, see sixteenth meeting, section 3.)

*The meeting rose at 5.30 p.m.*

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## SIXTEENTH MEETING

*Thursday, 23 February 1961, at 9.40 a.m.*

*Chairman: Dr W. A. KARUNARATNE (Ceylon)*

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### 1. Fifth Report of the Committee

Dr KAMAL (United Arab Republic), Rapporteur, read the draft fifth report of the Committee.

*Decision:* The report was adopted without comment (see page 440).

### 2. Radiation Health, including Protection of Mankind from Ionizing Radiation Hazards, whatever their Source (continued from fifteenth meeting, section 1)

Agenda, 2.8

The CHAIRMAN drew the attention of the Committee to the draft resolution proposed by the

working party composed of the delegations of Monaco, Norway, the United Arab Republic and the United States of America.

The draft resolution read:

The Fourteenth World Health Assembly,

Recalling that the Thirteenth World Health Assembly gave detailed consideration to the subject of "radiation health, including protection of mankind from ionizing radiation hazards, whatever their source";

Noting that in resolution WHA13.56, the Thirteenth World Health Assembly outlined the

areas of WHO responsibility and laid out a constructive programme in this field;

Noting that present scientific knowledge provides data on the harmful biologic and genetic effects to human beings of massive doses of ionizing radiation;

Noting that the effects of low-level radiation over a long period associated with background radiation, fall-out, and radiation resulting from medical and dental uses are under world-wide study;

Recognizing that the countries concerned are reopening discussions in Geneva on 21 March 1961, with a view to the cessation of nuclear testing under effective international control; and

Expressing the hope that these discussions will be successful,

1. NOTES the report of the Director-General on the progress being made by Member countries in developing and staffing radiation control programmes with particular reference to the responsibilities of national health authorities and of WHO in this field;

2. REQUESTS the Director-General to continue to carry out the programme as set forth in resolution WHA13.56, in co-operation, as appropriate, with IAEA and other agencies concerned;

3. REQUESTS the Director-General to co-operate with other agencies concerned in collecting and disseminating scientific and technical information on the health aspects of radiation to the health authorities and, through them, to the people of the Member States;

4. REQUESTS the Director-General to continue to sponsor or stimulate studies of the genetic and biological effects of low-level radiation from all sources, in co-operation with other agencies concerned;

5. REQUESTS the Director-General to participate, in consultation with IAEA and other competent and interested international agencies, in sponsoring and stimulating research and studies aimed at the establishment of acceptable standards and regulations to prevent pollution of the sea and other international waterways by radioactive materials in amounts which adversely affect man;

6. REQUESTS urgently all the Members of the World Health Organization to prohibit all discharge of radioactive waste into watercourses or the sea, to the extent that the safety of such discharge has not been proved, and to promote research as referred to in paragraph 5 above;

7. URGES the health authorities of Member States to take appropriate steps to train personnel in this field and to accelerate their activities in public health aspects of radiation from all sources;

8. RECOGNIZES the anxiety of Member States of the World Health Organization concerning increased exposure to controlled and uncontrolled sources of ionizing radiation, noting with approval the action of the fifteenth session of the United Nations General Assembly relating to the suspension of nuclear testing;

9. REQUESTS the governments concerned in the discussions on nuclear testing to give due regard to the health implications of the matter; and

10. URGES the health authorities of Member countries to assure that representatives of their governments at the forthcoming discussions in Geneva and in the United Nations and related bodies concerned with radiation are at all times kept fully up to date in regard to deleterious health effects.

Dr BURNEY (United States of America) recalled that the Committee had had before it a draft resolution submitted jointly by the delegations of Chile, Denmark, Italy, Mexico, the Republic of Viet-Nam, Turkey and the United States of America (see page 292). He expressed his regret at having been prevented from attending the meeting to discuss the new draft resolution with the co-sponsors of the original proposal. The Chairman had interpreted the new text as being a new resolution, and not as an amendment to the original text. He requested that a vote be taken on each operative paragraph separately.

He had received last-minute instructions to propose amendments to paragraphs 6 and 8; neither of the amendments was very substantive. First, he proposed that paragraph 6 be amended to read:

6. REQUESTS urgently all the Members of the World Health Organization to comply with Article 25 of the Convention on the High Seas in respect to the discharge of radioactive waste into watercourses or the sea, and to promote research as referred to in paragraph 5 above;

Article 25 of that convention stated:

1. Every State shall take measures to prevent pollution of the seas from the dumping of radioactive waste, taking into account any standards and regulations which may be formulated by the competent international organizations.

2. All States shall co-operate with the competent international organizations in taking measures for the prevention of pollution of the seas or air space above, resulting from any activities with radioactive materials or other harmful agents.

He thought that the proposed amendment was just as strong as, if not stronger than, paragraph 6 of the draft resolution, and was very specific.

Secondly, he proposed that paragraph 8 be amended to read as follows:

8. NOTES the desire of Member States of the World Health Organization to minimize exposure of human populations to controlled and uncontrolled sources of ionizing radiation, noting the action of the fifteenth session of the United Nations General Assembly relating to the suspension of nuclear testing;

The CHAIRMAN asked whether the joint sponsors of the draft resolution accepted the proposed amendments.

Dr EL BITASH (United Arab Republic) was unable to accept the amendment proposed to paragraph 8.

Dr BOÉRI (Monaco) regretted that the delegation of the United States of America was unable to accept the present terms of paragraph 6, on the pretext that Article 25 of the Convention on the High Seas adequately dealt with the subject. It was far from certain that the provisions of the Convention were being implemented. He therefore insisted on the original terms of the draft resolution, and appealed to delegates not to be influenced by possible reactions of public opinion.

Dr AL-WAHBI (Iraq) said that the views of the Iraqi delegation had been made perfectly clear during the fifth plenary meeting of the Assembly. Previous speakers had adequately dealt with the substance of the question. He associated himself with the statements made by the delegates of the United Arab Republic, Mali, the Union of Soviet Socialist Republics, Poland and Czechoslovakia.

The delegate of the United Arab Republic, in introducing his delegation's draft resolution, had shown clearly that, although it was general in character, his delegation had in mind primarily the explosions in the Sahara and the concern of the African population. As regards the draft resolution now before the Committee, paragraphs 1 to 5 adequately expressed the points contained in the report of the Director-General. Paragraphs 6 and 7 seemed to cover the situation adequately, and he could not support the amendment proposed by the

delegate of the United States of America. Paragraph 8 was the most controversial. He would have liked the original draft resolution of the United Arab Republic (see page 292) to be taken as an entity. The text of paragraph 8 did not seem to cover adequately the idea expressed in the original resolution proposed by the delegation of the United Arab Republic. He could not support the amendment proposed by the delegate of the United States of America, but proposed instead that the words in paragraph 8 "noting with approval the action of the fifteenth session of the United Nations General Assembly relating to the suspension of nuclear testing" be deleted, and that a new paragraph 9 be inserted, to read as follows:

9. NOTES with approval the action of the fourteenth and fifteenth sessions of the United Nations General Assembly relating to the immediate cessation of nuclear testing;

Such an amendment, he felt, expressed the sentiment of the original draft resolution proposed by the delegate of the United Arab Republic. He could see no reason for excluding reference to the decision of the fourteenth session of the General Assembly. That decision was definitely related to the testing of nuclear weapons in the Sahara, and it should be mentioned.

It was high time for WHO to take definite, clear action on the subject. During past Assemblies, resolutions similar to the one now before the Committee had been passed without any avail. Was the item going to remain on the agenda year after year, with nothing being done about it?

Dr GODBER (United Kingdom of Great Britain and Northern Ireland), referring to paragraph 6 of the draft resolution, supported the original text, on the understanding that discharges of very low activity waste within limits having regard to the recommendations of the International Commission on Radiological Protection would be regarded as of approved safety. If paragraph 6 were interpreted as meaning literally what was stated, one would have to stop discharging waste of any kind into watercourses or the sea, since practically all waste had some level of radioactivity, and there had been no precise proof of the harmlessness of radioactivity of any kind. Regarding paragraph 8, if he had understood correctly the remarks of the delegate of the United States of America at the previous meeting, the word "suspension" had been used because that had been the word in the resolutions of the United Nations General Assembly. As the reference was merely to those resolutions, the same terminology would, presumably, have to be used.

Dr EL BITASH (United Arab Republic) said that when his delegation had proposed the first draft resolution (see page 292) it had deliberately avoided any political references. Always ready to seek mutual understanding, it had been prepared to discuss the matter with the delegates of the United States of America and Monaco. He supported the amendment to paragraph 8 proposed by the delegate of Iraq.

Dr TIN KYEE (Burma) said he would not comment on the draft resolution now before the Committee, but wished to state that the Government of Burma had always been deeply concerned about the dangers involved in atomic tests—in particular, those carried out by France in the Sahara, and, in general, those made by other powers elsewhere. Accordingly, the Burmese Government had joined the other nations in the United Nations General Assembly, urging France and the other powers to refrain from further tests. Since the Health Assembly was not the appropriate occasion to discuss the subject, he would be obliged to abstain from voting on the resolution.

Dr PIROSKY (Argentina) said it was clear that nuclear energy should be used for medical purposes and the welfare of humanity and that consideration had to be given to the harmful effects which ionizing radiation might have on the human race. His delegation was particularly concerned that there should be strict control over industrial wastes, and wastes emanating from sea traffic and from other sources, especially when the contamination could be propagated by air or ocean currents.

Dr BUTROV (Union of Soviet Socialist Republics) said he had already explained the position of the delegation of the Soviet Union and its grave concern at seeing WHO, a specialized agency charged with the protection of the health of mankind, do its best, on the initiative of a certain well-known group of countries, to avoid taking a clear stand on the question of nuclear explosions. It was even unwilling to support the decisions taken at the fourteenth and fifteenth sessions of the General Assembly of the United Nations—decisions which the Organization should wholeheartedly approve, since they indicated the path to be followed to protect mankind against the dangers of ionizing radiation. The remarks of some of the delegates the previous day gave the impression that WHO sought to convince everyone that the sun, a life-giving force, was in fact more dangerous than the continuation of nuclear explosions, and the Assembly was asked to devote close attention to the practices of dentists. The recommendations made in that connexion were very

important—though they might lead to an avoidance of dentists and a consequent increase in the incidence of dental caries. But public opinion, which placed confidence in the Assembly as a gathering of specialists in medicine, was being misguided. Pseudo-scientific research work was distracting attention from the true dangers of ionizing radiation. He would support the draft resolution if amended as suggested by the delegate of Iraq, though even then it would not be entirely satisfactory.

Dr LE CUU TRUONG (Republic of Viet-Nam) said that, aware of the importance of ionizing radiation to the health of mankind, his delegation had, as a matter of principle, joined with other delegations in submitting the original joint draft resolution (see page 292). Even though no research of any importance was as yet being carried out in his country, it was interested in the scientific work being carried out on ionizing radiation by various international bodies and welcomed the Director-General's report on the subject. It had participated in the Bangkok seminar on the use of radioisotopes in the study of tropical diseases, it had installed radiological equipment in a cancer institute, it was building a research centre and, at the end of the year, would have its own nuclear reactor. Those centres would enable it to follow more closely the research being carried out elsewhere, especially research connected with the peaceful uses of atomic energy. In view of the importance of ionizing radiation in all its uses and the danger to health inherent in its use, even a small country like his own could not remain indifferent. As several other draft resolutions on the subject had been submitted, his delegation was prepared to accept a compromise resolution which would give the desired result.

Dr ALAN (Turkey), after thanking the Director-General for the excellent report he had prepared, recalled that, at the Thirteenth World Health Assembly, several delegates had suggested that the excellent document which the Director-General had submitted on the subject at that time should be published by WHO. He asked whether any action had been taken on that suggestion.

At the Thirteenth World Health Assembly his delegation had expressed the view that WHO should confine itself to the health aspects of ionizing radiation, and it had been in the same spirit that it had co-sponsored the original joint draft resolution. Although his Government favoured the cessation of nuclear weapon tests and had supported the resolutions adopted by the United Nations General Assembly on the subject, it did not believe that WHO

should take up a position on the matter, which should be settled within the framework of the United Nations.

He welcomed the draft resolution submitted by the working party and supported the amendments to it proposed by the delegate of the United States of America.

Dr THOR PENG THONG (Cambodia) strongly supported the Iraqi amendment. While agreeing that resolutions adopted by WHO should be technical in character, his delegation did not believe that an expression of interest in the cessation of nuclear weapons tests would represent a deviation from WHO's policy. It would be illogical to claim that an organization like WHO should not concern itself with the problem of increased radioactivity caused by nuclear weapon tests when the dangers of such radioactivity to the health of mankind had been repeatedly confirmed. WHO, whose task it was to promote better health throughout the world, could be severely criticized, and rightly so, if it remained indifferent. If it did ignore the dangers to health caused by nuclear weapon tests, the whole of mankind would be bitterly disappointed in it. If the Health Assembly had not the courage to condemn those tests, it should at least endorse the United Nations resolutions on the subject.

Dr BRAVO (Chile) said that it was quite natural that doctors should concern themselves with problems of ionizing radiation, which could transform future life but, at the same time, involved great risks to health. They had been concerned earlier when coal and electricity had first been used and the consequences to health of their use had still been unknown. The responsibility of doctors was limited to the medical and public health aspects of the problem, including the preventive aspect. They were responsible for finding, through research, what the biological risks of ionizing radiation were and then for discussing how mankind could be protected against those risks. It was up to public health authorities to educate the public and to explain the problems without causing fear and anxiety. An expression of anxiety by the World Health Assembly would have far-reaching results throughout the world; the Assembly should rather give the world an enlightened, intelligent picture of the problems and define how serious effects of radiation could be avoided. Unless the reference to anxiety was deleted, he would oppose the draft resolution. He supported the United States amendment to paragraph 8.

Dr BÎRZU (Romania) welcomed the initiative being taken in connexion with a problem which was probably the most important one connected with

world security. Generally speaking, he agreed with that initiative, but felt that the title of the draft resolution was not sufficiently clear and precise. A better title would be "Protection of mankind from atomic radiation hazards resulting from the testing of nuclear and thermonuclear weapons", to which could be added, if so wished, the phrase "and from ionizing radiation hazards, whatever their source". Such a change was essential, since the greatest radiation hazard came from the testing of nuclear weapons.

WHO should take a firm, unequivocal stand about the use of atomic energy for peaceful purposes. The advantages to be gained from the peaceful uses of atomic energy were immense in industry and particularly in medicine, but the dangers were also very great. WHO had a great responsibility as far as danger to health and protection of mankind were concerned, and had, indeed, taken many measures connected with them. Its actions, however, had been one-sided in so far as the dangers to health from atomic radiation caused by testing nuclear weapons were concerned. Even the United Nations resolution on the suspension of nuclear and thermonuclear weapons tests had not been categorically supported by WHO. As a result of the work of specialists throughout the world, it was now quite clear that atomic radiation was a great threat to the existence of present-day man and even to the future of man. For those reasons, WHO should, as a statutory duty, take a stand against the abuses of atomic energy and, in particular, against the testing of nuclear weapons. It should also define the measures to be taken to protect mankind from ionizing radiation and especially from atomic radiation.

He did not agree with many things the delegate of the United States of America had said in his opening remarks. His statement that radioactive fall-out was slight showed a clear tendency to justify atomic tests and to confuse the various types of ionizing radiation produced by diagnostic x-ray machines and x-ray therapy machines with those produced as a result of testing nuclear weapons. The delegate of the United States of America had also spoken of the minimum ionizing radiation dose injurious to man. In that connexion, it was interesting to note from the records of the Ninth International Congress on Radiology, which had taken place in 1959, that no such minimum dose existed. All authoritative specialists were in general agreement that even extremely small doses could produce mutations. The action of ionizing radiation on the human organism was cumulative and irreversible, no matter what the dose was. The conclusions of the competent United Nations committee on the subject should also be referred to.



In view of the fact that the conference on the cessation of nuclear tests was due to resume its meetings on 21 March 1961 in Geneva, WHO should consider it a matter of honour to express its opinion and its wishes in a very definite manner. It should recommend the cessation of nuclear tests. His delegation would support all protective measures against the danger of ionizing radiation, especially atomic radiation resulting from nuclear and thermonuclear weapons tests.

Dr BALAGUER (Cuba) said his Government warmly supported the undertaking of studies on protective measures against radiation, as it considered that WHO should take effective action to protect mankind from radiation hazards. The use of atomic weapons was an act of aggression against all mankind and not only against a single country; WHO should take a firm stand against it.

He was opposed to the amendment suggested by the delegate of the United States of America but supported the one proposed by the delegate of Iraq. He was also opposed to the deletion of the word "anxiety"; it was not a question of causing anxiety; anxiety already existed. It was up to WHO not only to protect health and cure the sick, but to destroy the causes of disease if they were known. He was confident that the majority of delegates present would see that WHO fulfilled that duty.

Dr DJUKANOVIĆ (Yugoslavia) said that, in view of the knowledge available about the radiation produced by explosions of nuclear weapons and about the effects of atomic radiation on health, he fully supported the amendment proposed by the delegate of Iraq.

Dr AL HAJIRI (Saudi Arabia) believed that, as everyone recognized the dangers arising from the testing of nuclear weapons in different parts of the world, including the Sahara, the draft resolution should openly condemn such testing. He supported the Iraqi amendment.

Col. AFRIDI (Pakistan) said that his delegation had hoped the question of WHO's competence in the matter of condemning the testing of nuclear weapons had been settled at the Thirteenth World Health Assembly. The reason why the question cropped up again and again was that WHO's role was not clear. WHO was supposed to confine itself to professional matters and to keep away from politics. That was not always easy. The question might arise, for example, whether a statement that massive doses of ionizing radiation were a menace to mankind was a political statement or a professional one.

Again, it was impossible to speak of removing anxiety as though anxiety could be removed by suggestion, when it was known that it could be removed only if its cause was removed.

His delegation was not happy about the draft resolution presented by the working party, nor about the amendments proposed to it by the delegates of the United States and Iraq. There was no knowing what further amendments other delegates would like to make but hesitated to propose because of the shortage of time. In the interests of peace, his delegation was prepared to accept the draft resolution presented by the working party as amended by the delegation of Iraq. He recognized the weaknesses of the draft resolution and anticipated that the whole question would crop up again at the next World Health Assembly.

Dr DOLO (Mali) said that he had followed attentively the detailed statement of the delegate of the United States of America at the fourteenth meeting; he had not been convinced by one statement, namely, that the radioactive fall-out from thermonuclear tests was not an immediate threat (in spite of what had happened at Hiroshima) and that ionizing radiation from fall-out was no greater than that from other sources. He agreed that the natural sources of radiations should not be neglected, that the industrial application of atomic energy should be developed for the benefit of man and that the health and lives of those who worked with atomic energy should be protected. He also thought, however, that it should be explicitly recognized that the direct pollution of the air, of water, of food, etc. as a result of nuclear tests was a threat, and an immediate threat, to mankind. The World Health Assembly should follow the example of the General Assembly of the United Nations at its fifteenth session and state its position clearly. He had gained the impression that the present Health Assembly was afraid to face the problem squarely and that politics had crept into its debates at a time when the peoples of the world, who wanted to continue to live, were turned expectantly towards it.

The delegate of Norway had said during a previous meeting that one of the fundamental roles of the Health Assembly was to by-pass politics and attempt to create a better understanding between nations and peoples no matter what their politics were. Was it now to be confessed that the political body, the United Nations, had gone far beyond WHO and that its policy in the protection of health and life showed more foresight than that of the technicians? The General Assembly of the United Nations at its fourteenth and fifteenth sessions had taken up a

clear position regarding thermonuclear tests precisely because they were harmful to the health and life of mankind. It was difficult to understand why WHO, which was responsible for safeguarding and protecting health and life, hesitated to take up a stand.

His delegation could not be satisfied with a timid and ambiguous resolution on the subject, and therefore supported the amendment to paragraph 8 proposed by the delegate of Iraq.

The DIRECTOR-GENERAL informed the delegate of Turkey that the report<sup>1</sup> he had prepared for the Thirteenth World Health Assembly was being printed and would be published as No. 6 in the WHO series *Public Health Papers* during 1961.

The CHAIRMAN said that, in the absence of any objection, he would assume that discussion of the draft resolution was complete. In accordance with the proposal of the delegate of the United States of America, he would ask the Committee to vote on the operative part of the draft resolution paragraph by paragraph. In cases where amendments had been proposed to those paragraphs, he would put to the vote first the amendments furthest removed from the original.

#### *Paragraphs 1 to 5*

*Decision:* Paragraphs 1 to 5 were approved.

#### *Paragraph 6*

The CHAIRMAN recalled that there was one amendment to the paragraph, proposed by the delegate of the United States of America. As amended, the paragraph would read:

6. REQUESTS urgently all the Members of the World Health Organization to comply with Article 25 of the Convention on the High Seas in respect to the discharge of radioactive waste into watercourses or the sea, and to promote research as referred to in paragraph 5 above.

He put the United States amendment to the vote.

*Decision:* The amendment was adopted by 27 votes to 22, with 25 abstentions.

#### *Paragraph 7*

*Decision:* Paragraph 7 was approved.

#### *Paragraph 8*

The CHAIRMAN said that two amendments had been proposed to paragraph 8, one by the delegate of the

<sup>1</sup> Lindell, B. & Dobson, R.L. (1961) *Ionizing radiation and health*, Geneva (World Health Organization: *Public Health Papers* No. 6)

United States of America and one by the delegate of Iraq. The Iraqi amendment, being furthest removed from the original, would be put to the vote first. That proposal consisted of replacing the present paragraph 8 by the following paragraph:

8. RECOGNIZES the anxiety of Member States of the World Health Organization concerning increased exposure to controlled and uncontrolled sources of ionizing radiation;

and adding a new paragraph 9 as follows:

9. NOTES with approval the action of the fourteenth and fifteenth sessions of the United Nations General Assembly relating to the immediate cessation of nuclear testing;

He put the amendment to the vote.

*Decision:* The amendment was adopted by 39 votes to 6, with 27 abstentions.

#### *Paragraphs 10 and 11*

The CHAIRMAN reminded the Committee that, as a result of the adoption of the Iraqi amendment, the present paragraphs 9 and 10 would have to be re-numbered 10 and 11.

*Decision:* Paragraphs 10 and 11 were approved.

The CHAIRMAN put to the vote the draft resolution as a whole.

*Decision:* The draft resolution, as amended, was approved by 59 votes to none, with 19 abstentions (for text, see p. 440).<sup>2</sup>

Dr SAMONTE (Philippines), explaining his vote, said that his delegation considered that neither the Committee nor the world at large was at present sufficiently informed on the subject dealt with in the draft resolution to be capable of formulating a definitive policy. His delegation had therefore been compelled to abstain from voting.

### **3. Declaration concerning the Granting of Independence to Colonial Countries and Peoples and the Tasks of the World Health Organization (continued from fifteenth meeting, section 3)**

Agenda, 2.9

The CHAIRMAN asked the sponsoring delegations whether they agreed to withdraw the draft resolutions previously circulated on the subject, leaving for consideration only the new joint draft resolution

<sup>2</sup> Transmitted to the Health Assembly in the Committee's sixth report and adopted, with an amendment to paragraph 6, as resolution WHA14.56 (see thirteenth plenary meeting, p. 161).

submitted by the delegations of Cuba, Ghana, Iraq, Mexico, New Zealand, Poland, Saudi Arabia, the Union of Soviet Socialist Republics and the United Arab Republic.

*It was so agreed.*

The new joint draft resolution read:

The Fourteenth World Health Assembly,

Considering that the Constitution of the World Health Organization subscribed to by all Member States established that the enjoyment of the highest attainable standard of health is a fundamental right of every human being without distinction of race, religion, political belief, economic or social condition, and that the health of all peoples is fundamental to the attainment of peace and security;

Considering also that the nations have pledged themselves, through the Charter of the United Nations, to promote social progress and better standards of life in larger freedom;

Recognizing that all dependent peoples aspire fervently to achieve their independence and desire and need to proceed rapidly with their social, economic and cultural development;

Welcoming the granting of independence to new States and their entry into the World Health Organization;

Believing that the World Health Organization has an important part to play in promoting the fundamental and inalienable right of colonial countries and peoples to freedom and independence through assistance in raising levels of physical and mental health, and that one of WHO's urgent tasks is to help newly independent countries, and those preparing for independence, to overcome deficiencies in health programmes and serious shortages in trained medical and health personnel,

1. REQUESTS the Director-General to make all possible efforts to provide such assistance and to co-operate with all Member States in the training of local medical personnel technically qualified to undertake the responsibility of combating infectious and parasitic diseases and of improving national sanitary services;
2. URGES Member States to provide assistance to raise health levels in newly independent countries, and those which are soon to achieve independence, both through the World Health Organization and on a bilateral basis; and
3. APPEALS to Member States to introduce or develop in their health education programmes the

teaching of the principles of racial equality and non-discrimination, with a view to promoting good mental health and in recognition of the fundamental right of every human being to health and health services.

The CHAIRMAN read out the names of the Member States whose delegations wished to take part in the debate and declared the list closed.

Dr GODBER (United Kingdom of Great Britain and Northern Ireland), speaking on a point of order, asked whether the explanatory memorandum of the Government of the Union of Soviet Socialist Republics had been withdrawn, or only the draft resolution which had been submitted by the delegations of the Union of Soviet Socialist Republics, Poland and Cuba (see page 306).

The CHAIRMAN replied that only the draft resolution had been withdrawn.

Mr KHANACHET (Saudi Arabia), introducing the new joint draft resolution on behalf of the sponsoring delegations, said that it had been drafted in a spirit of conciliation and understanding and was worthy of the Committee's approval. Its terms were based on the Constitution of the Organization, which stated that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition". The approval of the draft resolution would be an act of faith towards the newly independent countries and those about to accede to independence.

Dr TURBOTT (New Zealand) said that his Government's support for the principle that non-self-governing territories should be brought to complete self-government and independence in accordance with the United Nations Charter had been evidenced by its action in granting such independence to Western Samoa as from 1 January 1962. He considered that the joint draft resolution under discussion achieved the desired purpose without raising political overtones. Neither the Committee nor the Assembly would be justified in discussing the virtues or vices of colonialism, which had received attention in the appropriate forums. It was the Committee's desire to give priority to practical measures of assistance to countries which had recently achieved their independence, and he hoped that delegates would support the joint draft resolution.

Dr GODBER (United Kingdom of Great Britain and Northern Ireland) said that his delegation completely rejected the memorandum of the Govern-

ment of the Union of Soviet Socialist Republics. Health problems did, of course, exist in the dependent territories, and those problems were very much the concern of WHO. That was no reason, however, for making false assumptions as to the factors responsible for their existence, or for importing purely political considerations and distorting the medical and historical facts. His Government's policy towards its country's dependent territories was well known, and had been stated in the appropriate bodies. The promotion of economic, social and health advancement went hand in hand, and his delegation would welcome any action by WHO to assist in accelerating public health progress in dependent territories. The draft resolution before the Committee developed the fundamental thesis inherent in the resolution proposed by the delegation of Ghana under item 2.3 of the agenda and included its application to territories not yet independent. He suggested that in the last paragraph of the preamble of the joint draft resolution the words "in furtherance of Article 73 of the Charter of the United Nations" should be inserted after the word "Organization".

At the request of Dr AL HAJIRI (Saudi Arabia), Dr KAUL, Assistant Director-General, Secretary, read out Article 73 of the Charter of the United Nations.

Dr BIYOGHE (Gabon) said that, while colonialism might have certain nefarious aspects, the health of the people was not one of them. He wished to correct what the delegate of the Soviet Union had said on the subject of former French Equatorial Africa. In the four countries comprising it, health activities had proceeded regularly from the time of the French occupation. Hospitals and dispensaries had been built and staff had been trained for them, and the fight against endemo-epidemic diseases had been started as far back as 1916. Sleeping sickness, which had endangered the lives of Africans, had been eradicated in less than twenty years. In the Nola district of the Central African Republic, 18 000 trypanosomiasis cases had been reported between 1918 and 1946. In that district of 14 000 inhabitants, of which more than 90 per cent. had been affected, not a single case had been reported in 1960 by the health inspection teams which had visited the entire population, and only 22 cases had been traced in 1959 in the Republic out of a population of 1 200 000. Smallpox and yellow fever had disappeared entirely from former French Equatorial Africa following regular vaccination campaigns, and the fight against leprosy, begun in 1946, had started to produce a decline. Eradication of treponematoses was pro-

ceeding, and the vigilance of the medical centres prevented its becoming a major problem. Infant mortality appeared to be no higher than in other countries and there were few cases of malnutrition. Following that sustained action, the population was growing and had risen by 20 per cent. in the past ten years. Maternal and child welfare activities included the free distribution of milk for children, and ante-natal and post-natal services throughout the country. Certain problems, of course, remained, owing largely to the country's economic and social under-development—factors which existed in other countries that had never been under colonial rule.

The advantages he had described had been attained before WHO had begun its assistance to that area in 1954 by its campaigns against leprosy and yaws, and it was only during the past year that it had given help in the form of fellowships and technical assistance. It was true that there were not enough doctors and that local recruitment raised difficult problems, but an attempt was being made to solve them. He would point out that Gabon had 61 doctors for fewer than 500 000 inhabitants, or one doctor for 8000 inhabitants—not for 27 000 as had been claimed, while Congo (Brazzaville) had 56 doctors. Gabon had a general hospital of 500 beds, three secondary hospitals and 27 medical centres with maternity wards and x-ray and surgical departments, comprising a total of 3500 beds, or one bed per 130 inhabitants. Congo had an 800-bed hospital at Brazzaville and one of 500 beds at Pointe-Noire, while the Central African Republic had one of 400 beds and a number of secondary hospitals and dispensaries. Medical care was, moreover, entirely free. Considering that all those services had been instituted before independence, that quarantinable diseases which still existed in neighbouring countries had been eradicated, that endemo-epidemic diseases were declining and that malnutrition was a minor problem, it could hardly be asserted that colonialism had had the effects described by the delegate of the Soviet Union.

He emphasized that there could be no worse demonstration of colonialism than to continue to regard Africans as children. They had become sufficiently mature to be capable of handling some of their own problems. School attendance in Gabon amounted to 95 per cent., and a law had been promulgated making attendance compulsory, all of which enabled the future to be viewed with optimism.

Dr JUCHNIEWICZ (Poland) said that the draft resolution, which embodied definite proposals for the forms of medical assistance to be given to under-developed countries, covered a long-range plan.

Poland was at present studying the possibility of setting up an international centre of paediatrics and obstetrics, possibly with the help of certain international organizations, with a view to the specialized training of doctors from countries with inadequate services of that nature. He considered those services to be an extremely important part of public health.

Dr BÎRZU (Romania) warmly supported the initiative which had been taken to bring up for discussion the question of granting independence to colonial peoples. In 1960, the Organization had intensified its activities for raising the standard of health in the world, but much still remained to be done. A particularly poor state of health existed in colonial countries or countries recently liberated from colonialism. Data published by WHO showed that, during the period from 1947 to 1957, in most of those countries smallpox, cholera, leprosy, yellow fever and other such diseases were still main causes of morbidity. The statistical data for a number of African countries even during recent years referred to the white population alone, which showed a complete lack of interest by the colonial powers not only in the improvement of social and economic conditions of the indigenous population but even in the elementary details of their state of health. He referred to a statement made by the Director-General when he had visited the Congo (Leopoldville) in August 1960 in which he had said that the country had no Congolese doctor at the time of the attainment of its independence, and that a long-term programme for the training of doctors represented perhaps the most important contribution which could be made to its development. Taking into consideration the serious state of health brought about by colonialism in that country, the solution of the more important problems could not depend only upon the intervention of foreign medical teams but also needed a locally-staffed national health service built up parallel with the economic, social and political development of the country. The Congo would need continued assistance, but without political or economic conditions attached, and Romania was willing to help unconditionally with medical teams and the supply of drugs.

The United Nations General Assembly had at its fifteenth session debated the problem and adopted the declaration concerning the abolition of the colonial system. It was the duty of WHO, in addition to recommending health measures of a technical nature, to state that the grave public health problems of those countries could only be solved by their attainment of economic and political independence. He therefore supported the joint draft resolution.

Dr TIN KYEE (Burma) said that Burma had always been a strong supporter of countries under the yoke of colonialism, having once itself been a colonial country, and had strongly supported the resolution adopted during the fifteenth session of the United Nations General Assembly. He did not consider, however, that the measures proposed in the joint draft resolution for rendering assistance to the countries concerned could be classed as measures contributing to the liquidation of the consequences of colonialism, and he would therefore be compelled to abstain from voting.

Dr SOEPARMO (Indonesia) said that his country had naturally always been in the forefront of the fight against colonialism and could support the request for the Organization to give the maximum possible assistance to the newly-independent countries and those still under colonial rule in an effort to improve their health conditions. He considered, however, that the title of the joint draft resolution should be changed to read: "Declaration concerning the elimination of colonialism and the tasks of the World Health Organization". The words "granting of independence to colonial countries and peoples" were misleading, since independence was rarely granted but had to be fought for. For the same reason, he suggested that the fourth paragraph of the preamble should be amended to read:

Welcoming the attainment of independence by new States and their entry into the World Health Organization;

He also wished those categories of countries indicated in the last paragraph of the preamble and in operative paragraph 2 to be better defined. The words "preparing for independence" and "soon to achieve their independence", appearing respectively in those two paragraphs, did not indicate whether territories continuing to be under colonial domination were included in that category.

Dr ŠTICH (Czechoslovakia) said that he was glad to know that the Organization was associating itself with the condemnation of colonialism by the United Nations General Assembly. A comparison need only be made between development in the metropolitan countries and that in the colonies to give proof of the evils of colonialism. The Republic of the Congo (Leopoldville), which on achieving its independence had not had a single Congolese doctor, was not the only example of that state of affairs, and demonstrated the so-called humanitarian role and

concern of the colonial powers. With regard to the financing of the Organization's work in that respect, as his delegation had pointed out on several occasions, enormous sums could be made available by complete disarmament, but even in present conditions it was essential to exploit to the full for that purpose the existing financial resources, limiting the administrative expenses to the minimum. An appeal should be made for international solidarity in wiping away the aftermaths of colonialism, and his country was willing to give a great deal of assistance to the under-developed countries, based on principles of equality and without any conditions. Indeed, it had already been granting such assistance to a number of countries for several years. It was for that reason that the Czechoslovak delegation to the thirteenth session of the United Nations General Assembly had submitted a proposal calling for the maximum possible assistance to the new States to strengthen their independence. He considered that it would be only just for the former colonial powers to be the first to make their contribution, thus in some measure making retribution for the manner in which they had exploited those countries. He supported the joint draft resolution.

Dr BALAGUER (Cuba) expressed his delegation's pleasure at being associated with a number of other delegations in the presentation of a document reflecting the highest aspirations of all peoples of the world. As had already been stated, one of the main aims of the joint draft resolution was to help the solution of all questions pertaining to health problems in the spirit of human solidarity which had always existed in the life of the Organization. There could be no doubt concerning the contrast which existed between the state of certain colonies and that of the country colonizing them, and everything that could be done to improve their conditions would be a step towards the improvement of the health of their peoples.

Dr DJUKANOVIĆ (Yugoslavia) said that his country had been gratified to learn that the item had been included in the Committee's agenda. The adoption of the resolution on the subject in the fifteenth session of the General Assembly of the United Nations had shown that the problem should be considered as a whole in the light of the new situation

created by the disintegration of the colonial system. WHO was the first of all the specialized agencies of the United Nations to be considering the question of fulfilling its tasks in accordance with that resolution. The Organization had much to its credit on the African continent, though it was true that its projects there had almost always been undertaken either to meet some pressing need or as individual projects. The present situation demanded much further action. The time was not far distant when the entire continent of Africa and other territories too would be the home of independent nations, and WHO was consequently faced with the task of elaborating a long-range programme, which would not be an easy one. His delegation had confidence in the experience of WHO in that respect. He was aware of the financial implications, but believed the programme envisaged to be the only way to assist countries and territories to overcome their present backwardness, which was due to the foreign domination to which they had been subjected for centuries. The example of the Congo (Leopoldville) illustrated the need for such a programme. The figures quoted by the delegate of the Soviet Union showed that people under the colonial system had no equal opportunities in development and enjoyment of health, and that that system was reflected in the health of the people. For those reasons he failed to understand the remarks of the delegate of Gabon.

It was quite clear that the problem was not purely political but that the Organization had a responsible role to play in helping those territories to attain their full independence and overcome all their difficulties. He considered that the joint draft resolution contained some indications of what could be done in the immediate future, and he would therefore support it.

The CHAIRMAN suggested that the delegations of the United Kingdom and of Indonesia, which had proposed amendments, should meet the sponsors of the joint draft resolution and endeavour to come to an agreed text. Regarding the change of title proposed by the delegate of Indonesia, he pointed out that the present title was that included in the agenda adopted by the Health Assembly and could therefore not be altered.

*The meeting rose at 12.20 p.m.*

## SEVENTEENTH MEETING

Thursday, 23 February 1961, at 4.30 p.m.

Chairman: Dr W. A. KARUNARATNE (Ceylon)

### 1. Sixth Report of the Committee

Dr KAMAL (United Arab Republic), Rapporteur, read the draft sixth report of the Committee, which contained the draft resolution on radiation health, including protection of mankind from ionizing radiation hazards, whatever their source, as approved by the Committee at its sixteenth meeting under item 2.8 of the agenda (for text, see page 440).

Dr BOÉRI (Monaco), referring to the draft resolution, said that he had some remarks to make about item 2.8 of the agenda.

The CHAIRMAN said that with the approval by the Committee of the draft resolution in question the discussion of item 2.8 had been closed. Delegates could discuss the draft report as such, but not the substance of the draft resolution contained in it.

Dr BOÉRI (Monaco) said that he had wished to avoid the necessity for raising the question in plenary session, but in view of the Chairman's ruling he would be obliged to do so.

The CHAIRMAN asked whether there were any objections to the adoption of the report.

Dr BOÉRI (Monaco) said that he naturally objected to the adoption of the report.

*Decision:* In the absence of other objections, the report was adopted (see page 440).

### 2. Declaration concerning the Granting of Independence to Colonial Countries and Peoples and the Tasks of the World Health Organization (continued from sixteenth meeting, section 3)

Agenda, 2.9

Dr PISTOLI (Albania) said he was glad the Committee had decided to discuss the item, and not to shelve it as proposed by the delegate of the Netherlands. That delegate had very understandable reasons for not wishing the matter to be discussed, but other delegations had their reasons for feeling differently. If he had rightly understood him, the delegate of the Netherlands had said that he also

was opposed to colonialism, in which case he could perfectly well have spoken against it. But in any case, what the colonial peoples wanted was not fine speeches but living standards as high as those enjoyed by others, and to attain that they first had to be independent. Very fine and lengthy speeches had been made at the fifteenth session of the United Nations General Assembly on granting independence to colonial peoples, but when it had come to a vote on the draft resolution of the Soviet Union the imperialist countries, including the United Kingdom, Belgium and the Netherlands, had come out against it.

The imperialist colonizers were in the habit of removing all the wealth from the territories they occupied without ever considering that the populations of those territories ought to have a share in it. When colonial territories became independent it was always through their own efforts and those of other peace-loving countries, never with the free consent of the imperialist powers, as some speakers had claimed. That had been shown, for example, by recent events in the Congo (Leopoldville), where the United States of America had helped the former colonial power in its efforts to maintain its domination.

He supported the draft resolution submitted by the delegations of Cuba, Ghana, Iraq, Mexico, New Zealand, Poland, Saudi Arabia, the Union of Soviet Socialist Republics and the United Arab Republic (see page 315) but proposed the insertion, after the fourth paragraph of the preamble, of an additional paragraph reading:

Desirous of assisting in the liquidation of the results of colonialism in the field of health;

Dr BURNEY (United States of America), on a point of order, asked whether, if the proposed amendment was accepted, the list of speakers, which had been closed by the Chairman, could be reopened.

The CHAIRMAN said that the rule under which he had closed the list of speakers was Rule 56, which read:

During the course of a debate the President may announce the list of speakers and, with the consent of the Health Assembly, declare the list closed.

He may, however, accord the right of reply to any member if in his opinion a speech delivered after he has declared the list closed makes this desirable.

Dr BURNEY (United States of America) said it seemed to him that, if the amendment was accepted, the resolution would be changed and the list drawn up on the basis of those wishing to speak on the original text should be reopened. However, he would not question the Chairman's judgement.

Mr JONGEJANS (Netherlands) suggested that the Chairman ask the sponsors of the draft resolution whether they accepted the amendment. If so, there would be no problem.

The CHAIRMAN thought that procedure would be too cumbersome in view of the number of sponsors. However, when the Committee came to vote he would put all the amendments to it in the proper order and allow delegates to speak if it seemed desirable.

Dr DA SILVA TRAVASSOS (Portugal) said that his delegation fully agreed with the principle of WHO assistance to newly independent nations, but could not accept the highly political tone, inconsistent with WHO's Constitution, of the explanatory memorandum submitted by the Government of the Union of Soviet Socialist Republics. For the same reason he would not be able to vote for the joint draft resolution.

Dr HOURIHANE (Ireland) said he regretted that the present discussion had ever been started, as he considered it quite inappropriate to an Assembly of the World Health Organization. The tone of the Soviet Union explanatory memorandum showed in what frame of mind it had been introduced. Whatever it was sought to achieve by the joint draft resolution was already contained in the resolution put forward by the delegation of Ghana at the twelfth meeting (see page 272).

However, as he had said, the present discussion was quite inappropriate to WHO. There existed other more suitable forums in which his Government had already made clear its anticolonialist views. He quoted some passages from the statement of the Irish Minister of Foreign Affairs at the fifteenth session of the United Nations General Assembly which clearly showed his Government's opposition to all forms of imperialism and foreign domination.

In view of the inappropriate political character of the debate he would abstain from voting on the proposals before the Committee.

Dr ARNAOUDOV (Bulgaria) said that, in view of the overwhelming majority by which the United Nations General Assembly had adopted the Declaration on the Granting of Independence to Colonial Countries and Peoples, it was clearly the duty of WHO to take prompt action to give effect to the General Assembly's views. Experience had shown that imperialist powers ignored the health needs of the colonial peoples and that when the latter became independent prompt action was required to assist them in training staff, controlling communicable diseases and establishing effective medical services. It was reasonable that at its present session WHO should try to assess requirements in that regard. As he had already said, his own Government was ready to assist either through WHO or through bilateral arrangements.

He had been surprised to hear that the delegate of the Netherlands did not wish to discuss the problem of colonialism, but no doubt that delegate considered himself as representing a colonial power. He had been even more surprised to hear the delegate of Gabon defend colonialism, and was sure that the common people in that country did not feel the same way.

In general he supported the joint draft resolution but he felt that the text was not entirely in harmony with the title. He therefore proposed that after the second paragraph of the preamble an additional paragraph should be inserted reading:

Taking into consideration the Declaration on the Granting of Independence to Colonial Countries and Peoples adopted by the General Assembly of the United Nations at its fifteenth session;

Mr JONGEJANS (Netherlands) restated his position. As he had emphatically stated the previous day, he was not speaking for colonialism, in fact he conceded that there was a great deal of ugliness in colonialism. He was not afraid either to refer to the uneasiness in the conscience of the West over colonialism, which must be apparent to all who followed the press in Europe.

He recalled his previous statement that there were elements in the original Russian resolution that most delegates could agree to. Those were the facts. The question arose, however, as to whether the Russian document was of any help at all. If, in the process of clearing consciences, delegates were singled out, baited, and had their noses rubbed in such dirt as might, admittedly, be there, and if they were made to "lose face", that was not conducive to the process of the Western conscience righting past and present wrongs. Nor was that, he feared, the objective of the Russian document. The objective



of the Russian document was quite simply to exploit a given situation on the assumption that the West with its conscience would remain silent, an intimidated bunch on the defensive—which would give them a monopoly of innuendo.

The second point which might cause some surprise was that whether the Russian document was or was not adopted was immaterial to him. He would vote against it, on the following grounds.

There was a fixed pattern under which certain delegations, marshalled by one delegation, injected political propaganda into every forum, and into every Assembly—regardless of whether those gatherings were or were not at all convened for political purposes. That was for obvious reasons often done towards the end of an Assembly.

There were two possible courses of action. The first was to resign oneself to that fact of life, which would have the immediate, or at least the ostensible, effect of not aggravating the situation. But it did constitute a grave danger to WHO in the long run. The other course was to make it unprofitable for the delegations in question to continue the practice of injecting political elements into those situations which to them seemed lop-sidedly in their favour. Now, according to Marxism-Leninism, one abandoned a tactic if it became unprofitable, and the tactic did become unprofitable if the intended victims talked back, and started trading argument for argument: Imre Nagy for Patrice Lumumba, satellization for colonialism, Esthonia-Latvia-Lithuania and Central Asia for Africa, mock freedom of religion and speech for so-called imperialist exploitation.

He would certainly do that. The pattern must be broken. The present year it was he, next year it would be someone else who would carry the battle right through iron and bamboo curtains into the home territory. For it was not at all as if colonialism was the only political factor affecting world health adversely. There were many issues, directly involving conditions in the Soviet bloc, that he could—and he would, if necessary—take up, one by one. He did not relish the task, but he was deeply convinced that future World Health Assemblies would be the cleaner for it, and the more effective.

He had a lot more to say that he would leave unsaid if his distinguished opponents did not elaborate. If they did, he would prove that it was not an empty threat when he had said that he would take them on, issue by issue, point by point. He would assure the Chairman in advance that anything further that he might have to say would bear just as close a relationship to world health as the full text of the Russian document.

He also reserved the right to speak again later if necessary.

Dr AUJOLAT (France), commenting on the proposals before the Committee, observed that the joint draft resolution and the USSR explanatory memorandum accompanying it were very different in character. As regards the joint draft resolution, there could be no possible objection to its substance and the French delegation earnestly hoped it would receive the Health Assembly's unanimous endorsement.

It was a pity that the USSR memorandum had not been withdrawn, since its continued maintenance called for a considered statement of the French delegation's position.

The French delegation was unable to accept either the terms or the substance of that memorandum. In substance, it constituted a propaganda exercise that was an offence to WHO's dignity, and the language used was drawn from a political jargon that it might legitimately have been hoped would never penetrate into the Health Assembly.

The problem the United Nations Declaration dealt with raised no difficulty of any kind. Who amongst those present would not rejoice to see so many countries obtain their independence and the control of their own destinies? In a few months' time, the consequences of colonialism would no longer exist either in Africa or in southern Asia; they would undoubtedly have to be sought for in other parts of the world, where, despite clever camouflage, they were still extant.

The French delegation would have preferred to leave certain political aspects out of the discussion but was compelled by its desire for truth and justice to answer some of the allegations made by the memorandum and by certain delegations in the meeting the previous day.

So far as it was concerned, France was not arraigned by the assertions made in the memorandum. France had made self-determination the basis of its policy towards its overseas territories and within the space of a few years had brought seventeen African countries to independence; it would go on to the finish in its traditional attitude of strict respect for the right of self-determination of peoples.

It was true that the colonial regimes had been neither faultless nor without mistakes, but a nation's dignity lay precisely in its capacity for self-judgement and for correcting its own errors. France might perhaps have been less severely judged abroad had it not allowed its people full freedom to exercise self-criticism, as true democracy demanded. It had gone further still, by seating the elected representatives of

the overseas territories in its sovereign assemblies in 1945, where they had enjoyed the right and privilege to denounce colonialism if they desired, as had been acknowledged by the President of the Republic of Senegal in a statement recently made in Accra.

The sphere in which France's achievements could be presented without reservation was precisely the sphere of health—the aspect coming within the Organization's purview. The health balance-sheet was notable both for the scope of the efforts undertaken and the extent of the results obtained. The charges scattered throughout the USSR memorandum made a mockery of the work carried out by thousands of devoted doctors over a period of more than a hundred years. Indeed, the so-called colonial doctors had written one of the finest chapters in the records of medicine. During the first half of the century, they had helped in discovering the pathogenic agents of most of the tropical diseases, had produced vaccines and had brought to perfection methods of treatment to counter the major epidemic diseases.

To present the health work carried out in the colonized countries as non-existent or as a form of imperialism was unjust, in consigning to limbo those thousands of colonial doctors, many hundreds of whom had given their lives in devoted service while others had remained on guard, side by side with the growing number of indigenous physicians. The allegation made the previous day by the delegation of the USSR that African peoples had been deliberately decimated was very wide of the truth—and to be free with facts in a body like the Health Assembly where strict regard should be paid to the accuracy of data was a most serious matter. He could only assume that the Soviet Union delegation had not been properly informed, for he could cite highly scientific work of outstanding value that had been carried out since 1903 on the problems of the colonial territories, in sure refutation of its charges.

With regard to the amendment proposed by the Albanian delegation, surely one had the right to ask for a precise statement of the so-called consequences of colonialism in the field of health. Could the virtual disappearance of yellow fever from the continent of Africa for many years now be considered to fall within that term, or the fact that the sleeping-sickness rate had gone down to 0.005 per cent. ? Likewise, must the major African educational institutions such as the Universities of Dakar and Tananarive, Leopoldville and Elisabethville, the medical schools of Accra, Ibadan and Kampala, the higher education centres of Abidjan and Brazzaville, and the research institutes on various diseases, be regarded as consequences of colonialism ? Would it

not be nearer the truth to regard them as a positive and fruitful legacy of colonialism—a legacy that was certainly inadequate given the boundless needs but which nevertheless represented the sum of prolonged preliminary action and the starting-point for vaster operations in the future ?

The French delegation would be unable to endorse the joint draft resolution, the terms of which were acceptable to it, unless its adoption did not entail acceptance of the explanatory memorandum accompanying it.

Professor SIGURJÓNSSON (Iceland) inquired whether it was too late, in view of the fact that discussion had already taken place on the subject, to move that no action be taken by the Committee on item 2.9 of the agenda.

Dr BRAVO (Chile) proposed that operative paragraph 1 of the joint draft resolution be amended by the replacement of "sanitary" by "health".

The CHAIRMAN referred Professor Sigurjónsson to Rule 58 of the Rules of Procedure of the Health Assembly, under which, during the discussion of any matter, a delegate might move the adjournment of the debate on the item under discussion.

Professor SIGURJÓNSSON (Iceland) said that his intention was not to propose adjournment of the debate but rather to move that the Committee take no action at the Fourteenth World Health Assembly on item 2.9 of the agenda.

Dr TURBOTT (New Zealand) said that he understood that the explanatory memorandum by the Union of Soviet Socialist Republics had now been withdrawn by its authors, since the draft resolution (replacing the one originally submitted) was now co-sponsored by eight other delegations. In those circumstances, his delegation also supported the joint draft resolution now before the Committee.

Mr KOSSENKO (Union of Soviet Socialist Republics) stated that the explanatory memorandum was an account of the position of his Government and as such was maintained. What was submitted to the Assembly for decision, however, was the new joint draft resolution.

Dr TURBOTT (New Zealand) thanked the delegate of the Soviet Union for what he considered to be a withdrawal of the explanatory memorandum.

Mr KOSSENKO (Union of Soviet Socialist Republics) said that the explanatory memorandum had not been withdrawn, since it explained the opinion of his Government. The new draft resolution now before

the meeting replaced, however, the original draft resolution submitted by the Soviet Union delegation.

Dr AL HAJIRI (Saudi Arabia) defined the position of his delegation. As a co-sponsor of the draft resolution now before the Committee he wished to make it clear that he considered that draft resolution to be quite independent and separate from the original draft resolution proposed by the delegations of the Soviet Union, Poland and Cuba, and the explanatory memorandum, for which the delegation of the Union of Soviet Socialist Republics was solely responsible. He thanked the delegate of the Soviet Union for having made the position quite clear.

Dr LACAN (Senegal) agreed that obviously the original draft resolution had been superseded, since it had been amended and resubmitted as a new joint draft resolution; and therefore the comments in the explanatory memorandum were also superseded and could not be considered to commit the Committee in any way. He therefore appealed to the meeting to take a decision on the joint draft resolution.

A lot had been said about helping colonial peoples; if delegates really wanted to help them, they could best do so by excluding all political considerations from their discussions and confining themselves to health matters.

In reply to a question from the CHAIRMAN, Professor SIGURJÓNSSON (Iceland), supported by Dr ALAN (Turkey) and Dr QUIRÓS (Peru), maintained his motion that the Fourteenth World Health Assembly take no action on item 2.9 of the agenda.

Dr ABU SHAMMA (Sudan) moved that discussion be continued on item 2.9 of the agenda and that a vote be taken, in view of the amount of time already spent on its consideration.

Mr KOSSENKO (Union of Soviet Socialist Republics) insisted that the question be discussed. It had been proposed by the Government of the Soviet Union and included in the agenda approved by the Executive Board, in accordance with the Constitution.

The CHAIRMAN announced that, in accordance with the Rules of Procedure, a vote would be taken on the motion put forward by the delegate of Iceland on a point of order.

*Decision:* The motion was carried by 33 votes to 29, with 10 abstentions.

Dr ESCALONA (Cuba) expressed his surprise at the manner in which such an important matter had been dealt with by the Committee and protested energetically.

Mr KOSSENKO (Union of Soviet Socialist Republics) also protested categorically against the decision which had just been taken. The attitude adopted by many delegations was quite untenable, particularly since other delegations, such as that of the Soviet Union, had spoken in favour of countries hoping to acquire their independence. It was regrettable that the vote had been taken in such a way, and by WHO, whose duty it was to protect the countries which had recently become independent. The position of WHO was particularly strange when considered in the light of the decisions taken by the United Nations. UNESCO had also considered at its last session the role it should play in assisting countries which had recently acquired independence and had adopted a resolution concerning cultural evolution and education in those countries. It was a pity that, on the initiative of certain delegations, WHO should, on the pretext that it was a specialized agency, adopt an attitude which was not in accordance with the decisions of the United Nations and should not desire to take action on a very important problem before it.

Dr ALAN (Turkey) felt obliged to clarify his position in view of the statements made since the vote had been taken. His delegation was aware that WHO desired to give its full support and assistance to those countries which had recently acquired independence. He recalled that the Health Assembly had already adopted resolution WHA14.37, which had been proposed by the delegation of Ghana. He had been of the view that no action should be taken by the Committee on item 2.9 of the agenda because he felt that its subject was not within the purview of WHO. He added that his delegation had supported the decision of the United Nations in that connexion at its General Assembly.

Dr ABU SHAMMA (Sudan) expressed surprise at the sudden termination of the discussion and the taking of a vote; he believed that health was part of freedom. He hoped that action would be taken on the matter at the next Health Assembly.

Dr PISTOLI (Albania) said that it was not the first time that such tactics had been used at the Assembly; the first time had been on the question of the representation of the People's Republic of China. The Committee had, in dealing with the matter under discussion, made no contribution to the suppression of colonialism but had instead refrained from dealing with an important matter.

Professor SIGURJÓNSSON (Iceland) fully subscribed to the views expressed by the delegate of Turkey.

He had put his motion forward because after lengthy discussion the Committee had been no nearer reaching a solution than at the beginning.

Dr MARTÍNEZ MARCHETTI (Argentina) said that he had voted in favour of the motion because it was clear from the fact that seventeen new Member countries had joined the United Nations in 1959-1960 that colonialism was doomed to extinction. He recalled that the delegation of Argentina at the fifteenth session of the General Assembly of the United Nations had voted in favour of the Afro-Asian resolution on the subject. He was of the opinion, however, that WHO should exclude all political considerations from its discussions, since political matters were not within its competence. Its objective in co-operating with and assisting new countries was quite clear from the Constitution of WHO.

Dr AL HAJIRI (Saudi Arabia) expressed his deep regret at the decision taken by the meeting. In submitting the joint draft resolution as a co-sponsor he had hoped to avoid lengthy, useless and dangerous discussion and very much regretted that the contrary had been the case. Secondly, the Committee had had an opportunity of approving a positive and useful resolution. That opportunity had been wasted and also the opportunity of proving the efficacy of the Organization's assistance to peoples and countries urgently in need of it. Thirdly, the decision taken was unfortunately political and not in the interests of the Organization.

Dr SAMONTE (Philippines) also explained why he had voted in favour of the motion. He was of the view that the draft resolution in question was superfluous, since in any case WHO was fully prepared to render all the assistance mentioned in the resolution to the countries concerned.

Professor LUPASCU (Romania) expressed his surprise at the course taken by the debate, and protested categorically against the superficial decision reached on such an important subject. He noted with regret that WHO was not following decisions taken by the United Nations.

Dr KAUL, Assistant Director-General, Secretary, suggested that the decision to take no action on item 2.9 of the agenda be included in the sixth report of the Committee, which had been approved earlier in the present meeting.

Mr KOSSENKO (Union of Soviet Socialist Republics) reiterated his objections to the decision taken and said that he would vote against it when the matter came up in a plenary meeting.

*Decision:* It was decided to include a reference in the sixth report of the Committee to the decision taken in connexion with item 2.9 of the agenda.

### 3. Closure of the Session

The CHAIRMAN, before closing the meeting, expressed his sincere gratitude to the delegates on the Committee for their co-operation, which had greatly facilitated his task, and the democratic and parliamentary manner in which they had participated in the discussions and reached their conclusions. He thanked the observers for non-Member States, and the representatives of the Executive Board, international intergovernmental and non-governmental organizations for their participation in the deliberations of the Committee; the Vice-Chairman, Dr Stoyanov, for his assistance in taking the Chair at some of the meetings; Dr Kamal, Rapporteur, for the able manner in which he had presented the Committee's reports; and the Director-General and his staff, particularly Dr Kaul, Assistant Director-General and Secretary of the Committee, who had given him their whole-hearted support in all aspects of the work. Without their assistance it would not have been possible to conclude the deliberations of the Committee so expeditiously. Finally, on behalf of all present, he expressed his gratitude to the Government of India for the excellent arrangements made.

Dr GODBER (United Kingdom of Great Britain and Northern Ireland) thanked the Chairman, the Vice-Chairman and the Rapporteur for their excellent work.

*The meeting rose at 5.10 p.m.*

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# COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

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## FIRST MEETING

*Thursday, 9 February 1961, at 2.30 p.m.*

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

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The CHAIRMAN expressed his appreciation of the honour conferred on him by his election.

Many of his distinguished predecessors in the Chair of the Committee were present; he hoped that they and the other members would be tolerant of any shortcomings.

### 1. Election of Vice-Chairman and Rapporteur

Agenda, 3.1

The CHAIRMAN noted that the Committee on Nominations, in its third report (see page 438), had proposed Dr R. Vannugli (Italy) as Vice-Chairman of the Committee on Administration, Finance and Legal Matters, and Mr A. B. Sar (Senegal) as Rapporteur.

*Decision:* Dr Vannugli and Mr Sar were elected by acclamation.

### 2. Establishment of Legal Sub-Committee

Agenda, 3.2

The CHAIRMAN recalled that at previous World Health Assemblies the Committee on Administration, Finance and Legal Matters had established a legal sub-committee to give preliminary consideration to certain items on its agenda. If it were decided again to establish such a sub-committee — though there was no obligation to do so — it had been suggested to him that the following matters on the Committee's agenda might be referred to it: item 3.7 — Amendments to the Rules of Procedure of the World Health Assembly; item 3.22 — Relations with the League of Arab States; and supplementary item 4 — Rights and obligations of Associate Members having attained independence.

*Decision:* It was agreed to establish a legal sub-committee and refer to it the three items mentioned by the Chairman.

The CHAIRMAN said that all delegations could be represented on the Sub-Committee. They were, however, requested to indicate to the Secretariat the name of the person who would be representing them.

### 3. Review of Work during 1960: Annual Report of the Director-General

Agenda, 3.3

The CHAIRMAN recalled that item 3.3 of the Committee's agenda could not be finally disposed of until the conclusion of the general debate on the work of WHO in 1960 which was still proceeding in plenary session. In the meantime he invited the Secretary to the Committee to introduce the item.

Mr SIEGEL, Assistant Director-General, Secretary, read the statement which is appended to these minutes (see page 326).

The CHAIRMAN invited comments on the statement just read and said that individual matters referred to in it would come up under various items of the Committee's agenda.

Noting that there were no general remarks, he suggested that the Committee might request the Secretariat to reproduce and circulate the statement, in accordance with previous practice.

*It was so agreed* (for continuation of discussion, see eighth meeting, section 1).

### 4. Status of Collection of Annual Contributions and of Advances to the Working Capital Fund

Agenda, 3.15.1

The SECRETARY said that at the Thirteenth World Health Assembly the wish had been expressed that the status of collection of annual contributions and of advances to the Working Capital Fund should be dealt with as early as possible in the session, so that

the Health Assembly could consider it with particular reference to the possibility of applying the provisions of Article 7 of the Constitution (in accordance with resolution WHA8.13) to Member States two or more years in arrears with their contributions.

The report by the Director-General analysed the status of collection of contributions as at 31 December 1960,<sup>1</sup> and the addendum gave an account of contributions to the present date. It would be noted from the latter that a number of additional contributions in respect of 1960 and previous years had been received since 31 December 1960, so the actual position was now better than indicated in the earlier report: the number of Members in arrears for amounts equalling or exceeding their contributions for the preceding two full years had now been reduced from five to three — Bolivia, Uruguay and Yemen.

Mr BRADY, representative of the Executive Board, said that at its twenty-sixth session the Board had considered the status of collection of contributions in relation to the financial position of WHO and the budgetary proposals for 1962. It had found the position generally satisfactory, notwithstanding a slight decrease in the percentage of contributions collected as at 31 October, and had adopted its resolution EB26.R35.

*Decision:* The Committee noted the report of the Director-General, containing a draft resolution<sup>2</sup> on the lines of those adopted in previous years.

##### 5. Report on Casual Income; Status of Assembly Suspense Account

Agenda, 3.15.2 and 3.15.3

The SECRETARY recalled that in the past the Committee had found it convenient to review together the status of casual income and of the Assembly Suspense Account and to include both items in its report to the Committee on Programme and Budget for consideration by that committee in its discussion

of the budget level for the following year. In accordance with that practice the Director-General had dealt with the two items 3.15.2 and 3.15.3 in the paper now before the Committee.

The amount of casual income provisionally estimated at 31 December 1960 was \$1 347 959. The Director-General's recommendation, endorsed by the Executive Board, was that \$500 000 of that amount should be used for financing the 1962 budget. It would be recalled that his recommendations in respect of the 1960 and 1961 budgets had been the same, though in the case of the 1961 budget the Health Assembly had increased the amount to cover the cost of extending the use of the Russian language in certain publications of WHO.

It would be noted that, even after setting aside the proposed \$500 000 to be used for 1962, the sum of about \$800 000 expected to be needed for supplementary appropriations for 1961 would still be available from the total casual income available at the end of 1960.

The CHAIRMAN, noting that there were no comments, suggested that a recommendation on the following lines be transmitted to the Committee on Programme and Budget:

The Committee on Administration, Finance and Legal Matters, having studied the provisional amount of casual income available as at 31 December 1960 from assessments on new Members from previous years, miscellaneous income, and the cash portion of the Assembly Suspense Account, recommends to the Committee on Programme and Budget that casual income in the amount of US \$500 000 be used to finance the 1962 budget.

*Decision:* The recommendation was approved for inclusion in the Committee's first report to the Committee on Programme and Budget (see page 443).

*The meeting rose at 3.40 p.m.*

### Appendix

#### STATEMENT BY MR SIEGEL, ASSISTANT DIRECTOR-GENERAL

Mr Chairman, over the years it has been my duty and my privilege to report on behalf of the Director-General to this committee on the stewardship of your secretariat in administrative, financial, managerial and legal matters during the period between Health Assemblies.

<sup>1</sup> For statement of outstanding contributions at 31 December 1960, see *Off. Rec. Wld Hlth Org.* 109, Schedule B.

<sup>2</sup> Transmitted to the Health Assembly in section 1 of the Committee's first report and adopted as resolution WHA14.3.

I am sure everyone will agree that the most notable development for the Organization during the last year has been the large increase in membership. At the beginning of 1960, there were eighty-seven Members and three Associate Members. The Thirteenth World Health Assembly admitted three new Members and eight Associate Members. The Associate Members then admitted have since become independent and have also become full Members of the Organization; in addition, there are four other

new Members in Africa which had not been Associate Members. At the opening of the Fourteenth World Health Assembly, there were 104 Members and two Associate Members. These new Members will bring to the Organization a valuable contribution in the light of their experience with health matters and will, in turn, receive the assistance which the Organization can provide in strengthening their health services. With the increase in Members and Associate Members, the Organization moves closer to its goal of universality of membership. It is, therefore, to be regretted that the three Members which have not actively participated in the work of the Organization for more than ten years have not yet taken advantage of the arrangements approved by the Ninth World Health Assembly, which had expressed the hope that its decision would facilitate the resumption by the Members concerned of active participation in the work of the Organization.

The increase in the membership of the Organization coincides in time with the increase in the number of members of the Executive Board, the need for which was so wisely foreseen by the Twelfth World Health Assembly. As you know, the amendments to the Constitution to increase the membership of the Executive Board came into force on 25 October 1960, the date on which the amendments had been accepted by two-thirds of the States then Members of the Organization. The Executive Board therefore will, subsequent to this Health Assembly, consist of twenty-four persons designated by as many Members.

To turn now to the financial position of the Organization, I am pleased that I can again assure you that in terms of the regular budget it is sound. The collection of contributions from active Members as at 31 December 1960 was 96.08 per cent. of the total assessments on those Members. Comparable figures for 1958 and 1959 were 96.24 per cent. and 95.59 per cent. respectively. However, at 31 December 1960, twenty-eight Members still owed all or part of their 1960 contributions, but seven of these Members joined the Organization in 1960 and therefore had not had time to arrange for payment of their contributions through their normal parliamentary procedures. Also, seven Members were in arrears for all or part of their contributions for 1959 and some earlier years. Since 31 December, further contributions have been received, considerably improving the situation just reported, and details will be reported to the Committee when it deals with agenda item 3.15.1 — Status of collection of annual contributions and of advances to the Working Capital Fund.

Because the Assembly is meeting so early in 1961, it will not have before it the financial accounts and the External Auditor's report for 1960; it is therefore not possible to provide the Committee with the audited figures on budget performance. However, according to our present best estimates \$16 650 000 or 98.4 per cent. of the effective working budget of \$16 918 700 was utilized, leaving an unused budget balance of \$268 700. As only 96.08 per cent. of the contributions for 1960 was collected, it is estimated that there was a cash deficit at the end of the year of \$301 000 for which the Working Capital Fund was available, pending receipt of outstanding 1960 contributions.

The Organization was allocated \$5 818 815 from the Expanded Programme of Technical Assistance, including \$280 421 approved by the Executive Chairman from the Contingency Fund of the Expanded Programme. Of the amount allocated, about \$5 728 000 was obligated. Some \$4 220 000 from the Malaria Eradication Special Account was obligated in 1960.

The Committee has before it, under the relevant agenda items, reports of the Director-General on the status as at 31 December 1960 of the various special funds and accounts of the Organization, i.e. the Malaria Eradication Special Account, the Voluntary Fund for Health Promotion with its sub-accounts, and the Headquarters Building Fund. The Committee will be interested to know that, from the sub-accounts of the Voluntary Fund for Health Promotion, some \$504 000 was obligated in 1960. In addition some \$1 003 000 was obligated on the basis of reimbursement from the United Nations for the emergency health programme in the Congo (Leopoldville).

In total, therefore, the World Health Organization in 1960 carried out activities for which it obligated about \$28 105 000 from the various sources of funds, not including the Building Fund.

The Director-General is, as usual, reporting on the casual income for 1960, including the status of the Assembly Suspense Account. While the amount of miscellaneous income is still provisional pending the certification by the External Auditor of the 1960 accounts, the Committee will note that there is a sufficient amount available to finance the supplementary estimates proposed for 1961 by the Director-General and recommended by the Executive Board for approval by this Assembly, after taking account of the amount of \$500 000 proposed to be used to help finance the 1962 budget estimates. I am sure that the delegates will be pleased to know that this will avoid the necessity of making additional assess-

ments on Members for the financing of the supplementary estimates for 1961.

In contrast to the satisfactory financial situation which I have been able to report regarding the regular budget, the financing of the malaria eradication programme became one of the most serious problems which the Organization had to face in the last year. In spite of all efforts by the Director-General, only a limited number of the economically more privileged Members contributed or promised to contribute substantially to the Malaria Eradication Special Account; on the other hand, a number of the economically less-developed countries have contributed. The gratitude of the Organization goes to those governments whose generosity has so far financed the programme. Nevertheless, our experience during 1960 has confirmed our observations reported to the last Health Assembly that it will no longer be possible to depend on financing the Organization's eradication operations on the existing basis, and suggestions for different methods of financing the programme have been presented for consideration by this Health Assembly.

As the Director-General has indicated in the introduction to his Annual Report,<sup>1</sup> one of the problems with which the Organization had to deal in 1960 was the assistance required to enable the Republic of the Congo (Leopoldville) to meet its emergency health situation. WHO was able to respond immediately and effectively to this unprecedented task, thanks largely to the generous response of many national Red Cross, Red Crescent and Red Lion and Sun Societies and of certain governments to the request for assistance. The Organization has worked closely with the League of Red Cross Societies and the International Committee of the Red Cross to obtain the necessary health personnel.

While the emergency arrangements placed a very heavy burden on many staff in various parts of the Organization, including the regional offices, the staff responded with admirable devotion and loyalty to the challenge thus confronting them. As part of its regular programme, the Organization has provided the type of advisory assistance to the Government of the Congo which is normally provided to governments on their request. That part of the assistance which is of an emergency nature, and which is provided at the request of the Security Council in accordance with the agreement between the United Nations and the World Health Organization, is being financed on the basis of reimbursement from the United Nations. The Executive Board, at the

suggestion of the Director-General, also established a special account for assistance to the Congo as a sub-account of the Voluntary Fund for Health Promotion, in order to be able to accept contributions which might be offered.

I have dealt in previous reports with the need for facilitating the secondment of staff from national services for assignment to WHO: this need has become even greater with the increased requirement for assistance to newly independent or emerging countries which will be looking to WHO for help in developing their health services.

To improve further the administration of the World Health Organization, we have continued to carry out management surveys not only at headquarters but also, as I have mentioned to you in previous years, in regional offices. The results of these surveys are encouraging, both in assisting regional offices continuously to improve their administration and in giving headquarters a better understanding of their practical problems.

Much time has been, and continues to be, devoted in this way to the administrative development of our African Regional Office because of the dynamic phase of our activities in that region. Despite increasing difficulties and delays in recruiting qualified staff for this work, a survey of another regional office is about to be started; this survey may allow us to make a modest start on the analysis, planned for some time, of the role and administration of area offices and field operations.

As we have continued to try to manage the affairs of the Organization in accordance with the principles of sound administration, so, too, have we in the past year continued our efforts to achieve even better co-ordination and co-operation with the United Nations family of organizations. These efforts range from active participation in programme planning and implementation to other, undramatic examples of our day-to-day co-operation and co-ordination, whether in programmes of various types or in administrative and financial matters. We shall continue to do our best to improve even further that co-ordination and co-operation.

Following a request of the Second World Health Assembly that the Executive Board study the organizational structure and administrative efficiency of the Organization, the Director-General reported in January 1950 to the Executive Board on the basic principles which he, in carrying out his responsibility as chief technical and administrative officer of the World Health Organization, was following in the organization and administration of the Secretariat. The Executive Board, and later the World Health Assembly, endorsed those principles.

<sup>1</sup> *Off. Rec. Wld Hlth Org.* 105



It may be of interest to make a report to this committee on how the administrative thinking has evolved in the light of practical experience and in relation to the principles of administration which were then defined. We are encouraged to venture such a report by indications from many sources that there is a deepening awareness on the part of national health services of the need for more effective administrative policies and practices in assisting them to strengthen and improve their health services. If, as we believe, basic administrative principles are universally applicable, this report, and the contribution to the discussion by delegates from various parts of the world on the methods of work of your organization, may be of interest to you not only as Members but also in relation to your own national experiences.

We have always been convinced that administration is only a means to an end — the end being the carrying out of the functions and responsibilities of the Organization. Our administrative practices have been developed in the light of the requirement for programme planning: only by careful, adequate and realistic planning are the bases of successful operations laid, and only by such planning is it possible to forecast the results of decisions. All of our administrative practices are designed to promote and facilitate good programme planning. As an example, the form of presentation of the annual proposed programme and budget estimates which the Health Assembly established very early in the life of the Organization was specifically designed as an aid to the various phases of an effective programme, i.e. planning, approval, and execution.

As long ago as 1951, the Fourth World Health Assembly, in resolution WHA4.27, requested that “special attention should be given by the Executive Board and the Director-General to the importance of assisting Member States, particularly underdeveloped States, to draw up short- and long-term health programmes for their respective territories, in order to promote the orderly development of public health measures and to utilize to the best advantage, along with the national resources, the help that may become available from time to time from WHO and other sources”. With growing experience, I believe that in the intervening years we have become even more acutely aware of the need for, and the difficulties encountered in, planning in the light of the actual situation which exists in each country and of the realistic possibilities of carrying out those plans to meet the established goals.

A famous poet has mourned that “the best-laid plans of mice and men gang aft agley”; and we all recognize that this applies to organizations as well

as to mice and men. Even careful, adequate and realistic planning is only the beginning. It is necessary as well to establish a carefully built-up mechanism for follow-up and control, so that adjustments which become necessary in the course of operations will be made, and to assure speedy action which needs to be taken because of unforeseen circumstances as well as to provide for the assessment of results in relation to planned objectives. Follow-up and control of programmes must be initiated at the planning stage, by providing not only for adequate reporting systems, but also for an efficient administrative mechanism as a whole. Members of the Committee will recall that one of the techniques devised by this organization to assure appropriate follow-up and control of programmes is the system of programme analysis and evaluation which was studied by the Executive Board and the World Health Assembly from 1953 to 1955. That study culminated in a conclusion of the Board “that the results obtained by the experimental application of the basic principles set out have proved that these principles are adequate for the progress assessment of projects of assistance to governments, and that they should be applied to the work of the Organization, with the necessary adjustments of the methods, on the basis of the experience gained”.<sup>1</sup> The Eighth World Health Assembly requested “the Director-General to continue the application of programme analysis and evaluation to the work of the Organization”.<sup>2</sup> It continues to be of great importance to WHO, as indeed it is to any organization, to ascertain by every means at its disposal whether programmes are proceeding according to plan, and, if they are not, to take appropriate corrective action, whether that be to change the plan in the light of the current situation, or to find appropriate ways of carrying out the original plan.

One of the most important principles which has been followed in the administration of WHO is the delegation of authority and responsibility to the utmost extent consistent with efficiency and co-ordination. An outstanding example in international organizations of the application of this principle is the responsibility and authority which the Director-General has delegated to the regional directors: this makes it possible for decisions to be taken in the light of local knowledge and the practical problems to be solved. Although this is an example taken from the higher echelons of the Organization, it is of utmost importance that the principle of delegation be applied throughout the Organization at all levels.

<sup>1</sup> Resolution EB15.R47

<sup>2</sup> Resolution WHA8.41

It is our strong conviction that it is fallacious to believe that decisions are necessarily better the higher up they are made: failure to delegate responsibility and commensurate authority hampers efficient execution of any undertaking and routine work consumes too much of the time and energy of senior staff; lack of delegation also results in unduly prolonging communications and delaying action. We have also found that this principle must be applied in a dynamic way in the sense that the flow of delegation downwards should keep pace with the growth of the activities and the development of the staff.

Another aspect, related to the delegation of responsibility and authority, is the importance of avoiding an organizational structure which gives any supervisor, whatever his level, too many individual subordinates or units to supervise directly. Several of the recent changes in headquarters structure stem from the application of this principle.

Effective communications are of primary importance to achieve cohesion and unity, in order that the various activities can be co-ordinated towards the common goal. In an organization such as WHO, it is of particular importance that communications flow to and from all parts of the Organization, and that they be rapid, correct and adequate. It is necessary that instructions, knowledge and information be known to all for practical application and that they be so clearly presented as to minimize misunderstanding or misinterpretation. It was for this purpose that we established the Organization's manual of procedures which I described to you some years ago, and which continues to be an indispensable tool of communications at all levels of our operations, making known to all staff on an up-to-date basis established policy, interpretations of financial and staff rules and standard procedures. It is, of course, necessary to bear in mind at all times the fact that, while rules and procedures of administration must be clearly set down in writing for the guidance of staff, they require to be adjusted or revised as necessary to meet changing conditions.

Good personal relations and contacts are an invaluable aid to effective communications: the operating units of the Organization must be placed in a position which enables them to carry out their functions with the minimum of difficulty, misunderstanding, or frictions. Relationships throughout any organization and the confidence officials have in one another determine the efficiency of communications. Rotation of staff among the various parts of the Organization is one of the techniques endorsed by the Executive Board and World Health Assembly

which, among other advantages, helps to assure effective communications.

Flexibility, or adaptability to change, is also of primary importance, because this must continue to be a dynamic organization rather than a static entity. Any organization, and especially one designed for such purposes as is WHO, must, in order to meet different problems, requirements and developments, foresee the need for change, accept such changes and put them effectively into operation. Members of this committee will recall that a number of organizational changes have been made in order to meet changes in the work the Organization has been required to do as a result of various developments and in order better to serve the objective the founding governments established for it—namely, the attainment by all peoples of the highest possible level of health. WHO's participation in the Expanded Programme of Technical Assistance, the acceptance of the goal of eradication of malaria as a public health problem, the decision to intensify the medical research programme, developments in scientific knowledge in various fields of health—all these and other factors, including the necessary growth and expansion of the programme, have in the past made it essential to adapt and change the organizational structure of WHO. And we would be less than realistic if we were not prepared for additional changes to occur in future. This, too, is an important aspect of our administrative philosophy.

I would like to add a word about the quality of staff—the base on which all organizations must, in the final analysis, be built, for no organization can be better than its staff, whatever resources in other forms may be at its disposal. For that reason, it is not only necessary to obtain staff of the highest possible level of efficiency and integrity, but also to assure adequate remuneration and other satisfactory conditions of employment in general. In this connexion, we are convinced that a well-planned programme for further training of staff is a good and sound investment.

It is hardly possible to overemphasize the importance of recruiting and retaining the services of an efficient, competent staff, whose integrity, loyalty and devotion to the Organization are such as to withstand any test to which they may be subjected. These same qualities are, of course, also of equally great importance in the staff of national administrations, but service in an international organization presents many problems and requires many decisions which rarely arise when one is working in one's own country in a familiar environment.

Administration has been defined as the art of inducing individual persons or groups of persons

to exert themselves skilfully and purposefully toward the attainment of an accepted goal. If this definition is accepted—and I am convinced that it is valid in the light of our present knowledge—we are sure that it will be agreed that no organization, however skilfully designed and well equipped with competent staff, can work effectively if it neglects the essential quality of leadership from the top officials down to the direct supervisors of the individual workers. We believe that the distinction between being a chief—which is a mere matter of appointment—and being a leader must be recognized. This distinction has its practical implications for the selection of supervisory staff; the man with the longest and most successful technical experience, or with the most university degrees, may not always be the one best suited to lead other people, for leadership is a personal quality which cannot be measured solely in those terms.

Nor can an organization such as the World Health Organization perform its assigned tasks and carry out its constitutional responsibilities except in so far as it has the guidance, support and confidence of its legislative organ (the World Health Assembly) and executive organ (the Executive Board). The status of WHO as a world institution is dependent on the Health Assembly and the Executive Board; on the Assembly and the Board devolve the responsibility for assuring that the Organization is conscientiously approved, vigorously protected in its work and adequately supported by world society through the governments that make up its membership. Whatever measure of success the Organization may have achieved in working towards its objective, whatever progress it may make in the future, depends inevitably on the collective wisdom and foresight of the Members of the Organization, whose delegations constitute the World Health Assembly, for it must always be borne in mind that WHO is an international, and not a supra-national organization.

In this statement I have dwelt at some length

on the principles and philosophy of administration; it has been intended not only to make a current report to you regarding the administration of WHO, but also to help focus attention on the importance of sound management. In concluding this report of developments since the Thirteenth World Health Assembly, it is appropriate to mention briefly the developments which may be foreseen for the decade of the 1960's. In recent years it has become more and more apparent that the international organizations that make up the United Nations family are being assigned increasing responsibilities for providing assistance in their various technical fields to the developing countries. There is every reason to expect that this recognition of the role of the organizations will continue to increase during the next decade. Indeed, this is the time to consider whether the basic structure of the World Health Organization and its methods of work are sufficiently soundly developed to carry out these increased tasks which we can foresee.

We believe that the orderly growth of the Organization since it came into being has provided an extensive experience on which we can build for the future. The necessary variations within the Organization, while maintaining its basic oneness, are characteristic of the regionalization and decentralization of WHO and provide an invaluable source of strength in carrying out whatever work we may be required to do: the detailed knowledge in the regional offices and regional committees of local practical problems is in itself a step towards the solution of those problems.

Improvements in health must continue to lead the way towards economic and social development. All development rests squarely on the capacity of the people concerned, and that capacity is dependent in large measure on their physical and mental health. Only a healthy people possess the key to the gateway of peace and prosperity and a better, longer and happier life for all of mankind.

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## SECOND MEETING

*Monday, 13 February 1961, at 9.30 a.m.*

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

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### 1. First Report of the Committee to the Committee on Programme and Budget

The CHAIRMAN introduced the Committee's draft first report to the Committee on Programme and Budget.

*Decision:* The report was adopted (for text, see page 443).

### 2. Report on Amendments to the Staff Rules, as confirmed by the Executive Board

Agenda, 3.19

Mr SIEGEL, Assistant Director-General, Secretary, explained that, under the provisions of the Staff Regulations, the Director-General was authorized to issue Staff Rules which were subject to confirma-

tion by the Executive Board. The document before the Committee contained the amendments made to the Staff Rules since the last session of the Health Assembly and confirmed by the Executive Board in resolution EB27.R15.<sup>1</sup>

Mr BRADY, representative of the Executive Board, said that the Board had been given information about the amendments to the Staff Rules and had noted that some were due to alterations in the Joint Staff Pension Fund which would come into force on 1 April 1961. The other amendments were intended to clarify the text and to bring it into line with changed circumstances.

In reply to a question asked by Mr KITTANI (Iraq), the SECRETARY confirmed that the first amendment listed was related to the new Joint Staff Pension Fund which had been adopted for the United Nations and the specialized agencies. The revised text would be effective from 1 April 1961, when the new scheme would come into force.

The CHAIRMAN read the following draft resolution:

The Fourteenth 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 was adopted.<sup>2</sup>

### 3. Travel Expenses and Allowances for Members of the Executive Board

Supplementary item, 2

The SECRETARY said that the report by the Director-General contained a recommendation that the per diem allowance of members of the Executive Board, which had never been changed since 1948, should be increased to \$25 for Geneva and \$30 for any meetings in New York. The question of per diem rates had been considered at the fifteenth session of the United Nations General Assembly and new rates had been approved,<sup>3</sup> taking into account the increases in the cost of living. The financial implications of the proposed increase were indicated in the report.

The CHAIRMAN explained that, in view of the nature of the item, it had not been considered by the Executive Board. The matter had been raised by the Director-General on the basis of the action taken in the United Nations.

<sup>1</sup> For text, see *Off. Rec. Wld Hlth Org.* 108, Annex 5.

<sup>2</sup> Transmitted to the Health Assembly in section 2 of the Committee's first report and adopted as resolution WHA14.4

<sup>3</sup> Resolution 1588 (XV) of the United Nations General Assembly

Mr KITTANI (Iraq) agreed that there was justification for an increase in the per diem rates since they had been fixed a long time ago and there had been a steady increase in the cost of living. Prior to the fifteenth session of the General Assembly, the rates for members of United Nations committees and commissions had been \$25 for New York and \$20 for Geneva and elsewhere. The Secretary-General had provided information for the General Assembly to show that the rates were inadequate, and had recommended that they should be raised to \$35 for New York and \$25 for Geneva and elsewhere. However, on the recommendation of the Advisory Committee on Administrative and Budgetary Questions, the General Assembly had decided that an increase to \$30 for New York and \$23 for Geneva would suffice. In addition, the General Assembly had noted that the cost of living in other parts of the world was often considerably less than in Geneva and had therefore decided that the Secretary-General should be allowed discretion to fix the rates for other localities at an amount not exceeding \$23 a day. The matter had been considered very carefully in the United Nations and, in the interests of uniformity, WHO should adopt the same rates. He therefore proposed that the Committee should adopt the draft resolution in the Director-General's report, the first operative paragraph being amended by the insertion of "\$23" and "\$30" and by the addition of: "and while attending meetings elsewhere at a rate to be fixed by the Director-General and not to exceed the equivalent of \$23". The resolution would read:

The Fourteenth World Health Assembly,

Considering that the per diem paid to members of the Executive Board was established in July 1948 and that costs have increased since that date,

DECIDES that

(1) members of the Executive Board shall be paid a per diem allowance at the rate of \$23 while attending meetings in Geneva, \$30 while attending meetings in New York, and while attending meetings elsewhere at a rate to be fixed by the Director-General and not to exceed the equivalent of \$ 23;

(2) the applicable per diem allowance shall be paid to members of the Executive Board during periods of necessary travel to and from the place of meeting and attendance at the place of the meeting except that such allowance shall be reduced to \$10 for each full day (midnight to midnight) when travelling by sea.

Mr LE POOLE (Netherlands) fully agreed with what had been said by the delegate of Iraq, and supported the proposed draft resolution. He asked the Secretariat for information about the per diem rates for members of expert committees.

The SECRETARY replied that the rates for members of expert committees were left to the discretion of the Director-General. In the past they had in practice been the same as for members of the Executive Board, because that was the rate which the Director-General had considered appropriate. The per diem rate for members of expert committees was not however necessarily the same as that for members of the Executive Board.

Mr WYATT (United States of America) fully agreed with the proposal put forward by the delegate of Iraq. It was important that there should be uniformity between the United Nations and the specialized agencies unless there were any strong reasons for the agencies to act differently. In the present instance there were no such strong reasons.

With regard to the members of expert committees he assumed that, as in the past, the rates would be approximately the same as those for members of the Executive Board.

He took it that there would be a slight reduction in the supplementary budget estimates put forward by the Director-General for 1961<sup>1</sup> if the Committee decided on \$23 rather than \$25 as the rate of per diem for Geneva.

The SECRETARY confirmed that the United States delegate was correct in his final assumption.

Dr THOR PENG THONG (Cambodia) asked what had caused the Director-General to propose a different rate of per diem from that adopted by the United Nations.

The SECRETARY said that, as explained in his report, the Director-General's recommendation had been based on the functions assigned to the Board as the executive organ of the Health Assembly.

Dr SCHANDORF (Ghana) emphasized that there had been increases in the cost of living not only in New York and Geneva but in many other places as well. Account should also be taken of the great distances which some delegations had to travel to attend meetings. When representatives of his country went to meetings in New York or Geneva they had to cross several frontiers and to meet the high cost of living on the journey. Fortunately his Govern-

ment had appreciated the difficulties and had subsidized its delegates. He was however convinced that \$25 was a reasonable per diem for Geneva and he strongly urged the Committee to accept the Director-General's recommendation.

Dr CAYLA (France) said that he had been impressed by the arguments put forward by the delegate of Iraq, particularly the argument in favour of co-ordination between the United Nations and the specialized agencies. He therefore supported the proposal of the delegate of Iraq.

Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland) said that he too was inclined to support the proposal submitted by the delegate of Iraq. He would be glad to have some further explanation as to why the Director-General had recommended the rate of \$25 rather than \$23 as approved by the United Nations.

The SECRETARY replied that the United Nations decision had been taken in respect of various committees and commissions which bore little, if any, resemblance to the Executive Board of WHO. There had been no co-ordination or consultation on the part of the United Nations, and the views of WHO had not been sought on the subject. He suggested therefore that the question of co-ordination did not really arise in the case at issue. The present rates had remained unchanged for more than twelve years, while the per diem allowances paid by governments and other organizations had been increased more than once. The Director-General had considered that \$25 was a reasonable figure for Geneva and he had therefore recommended it for the members of the Executive Board.

Dr EVANG (Norway) did not think that the fact that the Executive Board bore little resemblance to the United Nations committees really affected the issue. Where subsistence rates were concerned, the relative importance of the committee was irrelevant. Moreover, the fact that the United Nations had made no attempt to co-ordinate with WHO was no justification for WHO to fail to co-ordinate. He would, therefore, support the proposal made by the delegate of Iraq. He considered, however, that the per diem rates for members of expert committees should continue to be left to the discretion of the Director-General.

Professor TRAN VY (Republic of Viet-Nam) also supported the proposal made by the delegate of Iraq, in the interests of securing uniformity of practice with the United Nations and other agencies. He assumed

<sup>1</sup> See *Off. Rec. Wld Hlth Org.* 110, Annex 3, para. 2.3.

that, in practice, the rates for members of expert committees would be the same as for the Executive Board and he wondered what the financial implications would be. Was the suggested increase for members of the expert committees included in the additional estimated costs quoted in the report—namely, \$1200 for 1961 and \$4000 for 1962?

The SECRETARY explained that those figures related only to the proposed changes in the per diem allowances for members of the Executive Board. Any other changes which the Director-General might make in accordance with his administrative discretion would be covered by adjustments in the budget within the ceiling established by the Health Assembly.

Mr LE POOLE (Netherlands) agreed with the delegate of Norway. Since the decision in the United Nations had been adopted unanimously, he could not understand why any government should take a different attitude in the Health Assembly from that which it had adopted in the United Nations.

Mr KITTANI (Iraq) agreed with the delegate of Norway that the distinction between the Executive Board and such bodies as the International Law Commission was totally irrelevant. The point at issue was not the function of the committee, but the cost of living. It was true that members of certain of the United Nations organs received an honorarium in addition to the per diem, but that question had not been raised in connexion with the Executive Board.

The delegate of Ghana had referred to the expenses incurred by members of the Board in travelling to meetings, but those should be fully covered by the fact that a per diem allowance was paid during the travelling period. He noted that paragraph (2) of the operative part of the draft resolution in the Director-General's report (see page 332) referred to the rate of \$10 per day for subsistence during travel by sea. He understood that the United Nations rate was \$8 a day, and wondered whether the figure of \$10 represented an increase in the WHO allowance.

The DIRECTOR-GENERAL said that the per diem allowance for members of the staff of international organizations varied according to the grade of the individual. It would, therefore, seem quite logical that the per diem allowance for members of various bodies should vary according to the status of those bodies. The principal organs of the United Nations were not involved since their members were government representatives and received per diem allowances from their governments. The Executive Board was, however, one of the principal organs of WHO, and was in a unique position by virtue of

its constitutional functions and its composition. Consequently, the question of co-ordination with the United Nations did not really arise. On the basis of the status of the Board and the increase in the cost of living, he had recommended \$25 a day as a reasonable subsistence allowance.

In reply to the delegate of Iraq, he explained that there had been no change in the per diem allowance for time spent on travel by sea. That had been fixed at \$10 a day at the First World Health Assembly.

Dr GOOSSENS (Belgium) regretted that the Committee should have spent so long a time discussing a relatively minor point. At the outset, he had been impressed by the arguments put forward by the delegate of Iraq and there had seemed to be no reason why the United Nations and WHO should adopt different rates. The Director-General had just given some valid arguments for so doing; however, although there might be no similarity between the functions of the Executive Board and those of the United Nations committees, the original per diem allowance had been the same for all (that is, \$20). It would, therefore, seem reasonable that any increase should now also be the same.

Dr VARGAS-MÉNDEZ (Costa Rica) pointed out that the sum in question was negligible, and he hoped that the Committee would not attempt to make such niggling economies in other items of the budget. There were fundamental differences between the Executive Board and the committees of the United Nations and there was no reason why WHO should automatically adopt the same rate as the United Nations. He would, therefore, gladly support the Director-General's recommendations.

Dr EVANG (Norway) agreed that per diem rates varied for members of the staff of international organizations, but he thought it would be invidious to make a similar differentiation between the members of different committees.

With regard to the recommendation made by the delegate of Ghana, he emphasized that savings on the item could be allocated for important field projects which were awaiting attention.

Mr SAITO (Japan) emphasized that economies should be made wherever possible. The sum involved might not be large, but it was still worth while saving it to put it to better use.

Dr SCHANDORF (Ghana) said that he too would favour any possible saving by WHO, but he would also like his Government to be able to save the money spent on subsidizing its delegates.

The CHAIRMAN asked the delegate of Ghana whether he wished to propose an amendment to the text of the draft resolution submitted by the delegation of Iraq (see page 332).

Dr SCHANDORF (Ghana) replied that he could not support the draft resolution proposed by the delegation of Iraq as he was in favour of the Director-General's recommendations.

The CHAIRMAN said he assumed the delegate of Ghana would wish to substitute the figure \$25 for the figure \$23 in the draft resolution.

Dr SCHANDORF (Ghana) confirmed that the Chairman's assumption was correct.

Mr LE POOLE (Netherlands) asked whether the delegate of Iraq would be prepared to insert an additional paragraph in the preamble reading:

Taking into account resolution 1588 (XV) adopted by the General Assembly of the United Nations at its fifteenth session.

Mr KITTANI (Iraq) said that he would have no objection to such a reference.

Mr KHANACHET (Saudi Arabia), observing that there was only one formal proposal before the Committee—namely, the draft resolution of the delegate of Iraq—moved the closure of the discussion, as he considered that the text could now be put to the vote.

The CHAIRMAN pointed out that the delegate of Ghana had confirmed that he was proposing an amendment to the draft resolution.

In the absence of any objection, he ruled the motion for closure of the discussion carried.

The SECRETARY explained that the Director-General had not put forward any suggestion about the per diem allowance for meetings held at places other than Geneva or New York because he did not consider that fixing such a rate was a responsibility which should be left to him. Members of the Committee would be aware that one of the Executive Board's important functions was to submit to the Health Assembly nominations for the post of Director-General. In the United Nations the position was different, since that function was carried out by the Security Council.

The DIRECTOR-GENERAL emphasized that the constitutional relationship between the Executive Board, the Health Assembly and the Director-General was clearly laid down, and he considered that the decision about the Executive Board's per

diem allowance should lie with that body within a maximum limit specified by the Health Assembly.

Mr KITTANI (Iraq) regretted that that important point had been raised at the present late stage. He sympathized with the Director-General's attitude, but considered that there were some objections to the Executive Board itself fixing its own per diem rates. He was concerned with the principle at stake. Perhaps the Health Assembly could fix the rates for meetings held away from Geneva or New York.

The CHAIRMAN said he was aware that the discussion had been closed, but it had obviously been essential subsequently for the Director-General to clarify an important point.

In accordance with Rule 65 of the Rules of Procedure he would put to the Committee a motion to reopen the discussion, which would require a two-thirds majority.

*Decision:* The motion was carried by 64 votes to 1, with 12 abstentions.

Dr EVANG (Norway) considered that the Committee was putting itself into a ridiculous situation; surely the solution would be for the delegate of Iraq to revert to the original wording of the first operative paragraph of the draft resolution, with the figures he had proposed.

Mr KITTANI (Iraq) said that a number of delegates had expressed support for his draft resolution and he could not comment on the suggestion made by the delegate of Norway before hearing their views.

Professor AUJALEU (France) supported the suggestion made by the delegate of Norway.

Mr LE POOLE (Netherlands) thought that the strictures made by the delegate of Norway were too severe. The Committee had not had an opportunity of discussing the Director-General's suggestions apart from the sums he had put forward. The original operative paragraph (1) of the draft resolution was not particularly relevant, since the Executive Board never met in New York. On the other hand, the amended operative paragraph (1) proposed by the delegate of Iraq did fill the bill. For instance, during the present year the Executive Board had met in New Delhi, and it might meet in other continents in the future.

He appreciated the Director-General's objection to the additional provision in the operative paragraph (1) proposed by the delegate of Iraq, and suggested that, since meetings outside Geneva were rare, the per diem rates for them could be determined by the Health Assembly and a proviso might perhaps

be added stipulating that the rates would be in conformity with existing practices in the United Nations.

Mr WYATT (United States of America) wondered whether the delegate of Iraq would be prepared to agree to the Executive Board itself fixing the rates for meetings elsewhere, though he fully understood the objections to such a procedure.

Dr GOOSSENS (Belgium), speaking as one of the delegates who had supported the standpoint of the delegate of Iraq, agreed with the suggestion made by the delegate of Norway.

Mr SAITO (Japan) asked whether it might not be possible for the Health Assembly to authorize the Director-General to fix a rate between an upper and lower limit of, for example, \$23 and \$20.

Mr KHANACHET (Saudi Arabia) wondered whether the suggestion of the delegate of Japan might be acceptable to the Director-General; clearly some provision must be made for fixing the per diem rate when meetings were not held either in Geneva or New York.

The CHAIRMAN observed that the Executive Board itself fixed the date and place of its sessions and it should be empowered also to determine the per diem rate when meetings were held away from Geneva or New York.

Mr KITTANI (Iraq) said that, in the interests of reaching a compromise, for meetings not held in Geneva or New York he was willing to agree to the Executive Board being empowered to fix the rate between, say, \$15 and \$23.

In reply to the CHAIRMAN, Dr SCHANDORF (Ghana) confirmed that he maintained his amendment to that new formulation of the draft resolution.

The CHAIRMAN put to the vote the amendment proposed by the delegate of Ghana to operative paragraph (1), namely, that the per diem allowance for Geneva be \$25, and for New York \$30.

*Decision:* The amendment was rejected by 43 votes to 4, with 18 abstentions.

The CHAIRMAN put to the vote the resolution proposed by the delegate of Iraq (see page 332), with the inclusion of the paragraph suggested by the delegate of the Netherlands and the first operative paragraph amended to read:

members of the Executive Board shall be paid a per diem allowance at the rate of \$23 while

attending meetings in Geneva, \$30 while attending meetings in New York, and while attending meetings elsewhere at a rate to be fixed by the Executive Board and not to exceed the equivalent of \$23;

*Decision:* The resolution as amended was approved by 54 votes to 3, with 10 abstentions.<sup>1</sup>

#### 4. Supplementary Budget Estimates for 1961

Agenda, 3.4

The SECRETARY, introducing the item, explained that certain developments had occurred since the Executive Board's twenty-sixth session which would alter the figures in the supplementary budget estimates recommended by the Board at that session and summarized in the first paragraph of the Director-General's report now before the Committee.<sup>2</sup> It would be noted from paragraph 2.1 of the Director-General's report that, because the proposed changes in the Pension Fund arrangements would take effect on 1 April 1961 instead of 1 January, the estimated additional cost to WHO resulting from its participation in the United Nations Joint Staff Pension Fund would amount to \$67 500 instead of \$90 000 as previously estimated.

At its twenty-seventh session the Executive Board had, in its resolution EB27.R24, requested the Director-General to make an adjustment as from 1 April 1961 in the pensions for retired OIHP staff members similar to that to be granted to pensioners of the United Nations Joint Staff Pension Fund. The estimated cost in 1961 would be \$1500.

The figures just approved by the Committee for changes in per diem allowances for members of the Executive Board would mean that in 1961 the additional amount required would be \$720, and not \$1200 as originally calculated.

As a result of those adjustments, the figures proposed in the draft resolution on the supplementary budget estimates for 1961 would have to be revised as follows: Part I (Organizational Meetings), \$7090 instead of \$7570; total of Parts I, II (Operating Programme) and III (Administrative Services), \$805 094 instead of \$805 574; in paragraph 3 of the draft resolution, the final figure should be \$759 385 instead of \$759 865.<sup>3</sup>

Mr BRADY, representative of the Executive Board, reported that the Director-General had informed the Executive Board at its twenty-sixth session that he had found it necessary to submit supplementary

<sup>1</sup> Transmitted to the Health Assembly in section 3 of the Committee's first report and adopted as resolution WHA14.5

<sup>2</sup> *Off. Rec. Wld Hlth Org.* 110, Annex 3

<sup>3</sup> For full text of the proposed resolution, see p. 350.



estimates for 1961 to meet additional requirements not foreseen when the programme and budget estimates for 1961 had been reviewed by the Thirteenth World Health Assembly. The items were listed in the report just introduced.<sup>1</sup>

The supplementary estimates had been examined in the first instance by the Board's Standing Committee on Administration and Finance, whose report was contained in *Official Records* No. 106 (Annex 6, part 1). In the light of that report and its own review, and having considered the Director-General's report on the casual income estimated to be available to finance the proposed supplementary budget estimates, the Board had adopted resolution EB26.R11 recommending the Fourteenth World Health Assembly to approve those estimates. It had further recommended the adoption of a resolution amending the Appropriation Resolution for 1961 by increasing the amounts voted under paragraph I by \$825 374, to be financed from additional casual income.

The most important item in the supplementary estimates considered by the Board concerned the future financing of the malaria eradication programme. The Board had endorsed the Standing Committee's recommendation (included in its first report, reproduced in *Official Records* No. 106, Annex 5) that, in principle, some part of the malaria eradication programme should be financed from the regular budget. It was agreed that, as a first step towards alleviating the situation, provision should be made under the regular budget as from 1961 to meet the administrative and operational services costs at headquarters and regional offices. The Board had, therefore, decided to approve the inclusion in the supplementary estimates for 1961 of provision for those costs to the total amount of \$621 754.

The Board had reviewed in some detail the Organization's assistance to the Republic of the Congo (Leopoldville) up to the time of its twenty-sixth session<sup>2</sup> and had noted with a great deal of satisfaction the promptness and adequacy of the assistance which the Director-General had rendered. The Board had noted that the major portion of the cost of such assistance was to be reimbursed by the United Nations, but that certain of the expenditures which would normally have been incurred under the WHO regular budget in any case were to be financed from that source. The Board had endorsed the Standing Committee's view that provision should be made in the supplementary estimates for 1961 for an amount

of \$107 250 to meet the costs of the assistance planned to be given to the Congo from WHO's regular budget.

The Director-General had informed the Executive Board that he expected casual income to be available to finance those items and that no additional assessments on Members would be needed.

The CHAIRMAN suggested that the supplementary budget estimates be considered item by item.

Mr TANDAN (India), referring to the problem of financing the malaria control and eradication programmes, expressed his delegation's view that the programmes should continue to be financed by special contributions; more advanced countries had made generous contributions in the past, and he hoped they would be continued. He was anxious that an urgent appeal again be made for such contributions to the Malaria Eradication Special Account and that steps be taken to ensure that the programme could proceed if those contributions fell short of requirements. Perhaps another appeal for pledges should be made at the present Health Assembly so that countries might have an opportunity of giving public expression of their desire to assist others.

His Government was already assigning considerable sums to the malaria programme, and it found it difficult to accept the proposal that administrative and operational services costs be included in the regular budget as from 1961. Income per head in India was low, and at the present stage in its development—probably like other countries in the same position—his Government would be reluctant to accept further liabilities for the programme throughout the world.

Mr KITTANI (Iraq) said that it would be impossible for the Committee to approve the amount proposed in the Director-General's supplementary budget estimates before the Health Assembly itself had taken a decision on the principle of the administrative and operational costs of the malaria eradication programme being included in the regular budget, which would be a new departure. It would appear from the report of the Director-General that he had assumed that the Health Assembly would approve his proposal.

The CHAIRMAN said that that issue would be discussed at the joint meetings (see pages 405-430) with the Committee on Programme and Budget to start that afternoon, when the situation would presumably be clarified.

<sup>1</sup> *Off. Rec. Wld Hlth Org.* 110, Annex 3

<sup>2</sup> See *Off. Rec. Wld Hlth Org.* 106, Annex 7.

### THIRD MEETING

*Tuesday, 14 February 1961, at 4 p.m.*

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

#### 1. Supplementary Budget Estimates for 1961 (continued)

Agenda, 3.4

The CHAIRMAN proposed that further consideration of that item be again deferred until such time as a decision on the means of financing the malaria eradication programme had been taken by the joint meeting of the Committee on Programme and Budget and the Committee on Administration, Finance and Legal Matters.

*It was so agreed* (for continuation of discussion, see fifth meeting, section 1).

#### 2. Assessments for 1960 and 1961 of New Members

Agenda, 3.13

Mr SIEGEL, Assistant Director-General, Secretary, said that Part I of the Director-General's report on the scale of assessment for 1962 referred to the various resolutions of previous Health Assemblies which provided the basis on which the scale of assessment for 1960 and 1961 had been established. Part II of the report listed the States that had become full Members of the Organization during 1960—the majority having been admitted to associate membership of the Organization during the Thirteenth World Health Assembly—and ended with a draft resolution concerning the assessments to be made on those Members for the years 1960 and 1961. The proposed assessments were based on the United Nations scale of assessment as modified to suit the requirements of the Organization. In January 1961 four States—Chad, Cyprus, the Malagasy Republic and Somalia—had become full Members of the Organization; assessments on those Members for 1961, also calculated on the basis of the United Nations scale, were proposed in an addendum to the Director-General's report.

Mr KITTANI (Iraq) asked whether States which had become full Members of the Organization during the course of 1960 would be assessed at the full rate even

though their membership dated from late in the year; he understood that that was not the practice as regards United Nations assessments. He also asked for information on the budgetary treatment of income accruing from assessments against new Members for 1960 and 1961.

The SECRETARY said that, in accordance with paragraph 5.8 of the Financial Regulations, new Members were assessed for a full year, irrespective of the time of year at which they became Members. Income accruing from assessments against new Members was treated as casual income in accordance with the provisions of paragraph 5.2 (c) of the Financial Regulations.

Mr KITTANI (Iraq) said that, although he still considered it to be illogical that a State becoming a Member towards the end of the year should be assessed at the rate for the full year, he would not press the matter at the present juncture.

Dr ONWU (Nigeria) agreed with the remarks of the previous speaker and hoped that the Health Assembly would decide to reduce the assessments in respect of 1960 for countries like his own which had become Members late in the year. He also asked for an explanation of the rate at which Nigeria had been assessed, since it was higher than that of other new Members.

The SECRETARY, replying to the second point, said that assessment of new Members was based on the scale of assessment established for Members of the United Nations or on information furnished by the United Nations Committee on Contributions. In the scale of assessment established by the United Nations (reproduced in Annex 1 to the Director-General's report) the rate for Nigeria was 0.21%, which was higher than the rate proposed on the WHO scale.

With regard to the first point, the text of paragraph 5.8 of the Financial Regulations was clearly intended by the Fourth World Health Assembly

to mean that assessments on new Members were to be made on the basis of a whole year, and that interpretation had always been followed. However, it should be noted that new Members which had been admitted to associate membership of the Organization by the Thirteenth World Health Assembly and had subsequently become full Members would have been assessed for contributions as Associate Members. Such assessments would have been invalidated and would be replaced by the assessments as new Members.

The CHAIRMAN put to the Committee the following two resolutions:

*Assessment for 1960 and 1961 of New Members*

The Fourteenth World Health Assembly,

Noting that several States, including some former Associate Members, became Members of the Organization during 1960 by depositing with the Secretary-General of the United Nations a formal instrument of acceptance of the World Health Organization Constitution,

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

Member	Per cent.
Central African Republic . . . . .	0.04
Federation of Nigeria . . . . .	0.19
Gabon Republic . . . . .	0.04
Republic of Dahomey . . . . .	0.04
Republic of Mali . . . . .	0.04
Republic of Senegal . . . . .	0.06
Republic of the Congo (Brazzaville) . . .	0.04
Republic of the Ivory Coast . . . . .	0.06
Republic of the Niger . . . . .	0.04
Republic of the Upper Volta . . . . .	0.04

*Assessment for 1961 of New Members*

The Fourteenth World Health Assembly,

Noting that several States became Members of the Organization in 1961 by depositing with the Secretary-General of the United Nations a formal instrument of acceptance of the World Health Organization Constitution,

DECIDES that these Members shall be assessed for 1961 as follows:

Member	Per cent.
Malagasy Republic . . . . .	0.06
Republic of Chad . . . . .	0.04
Republic of Cyprus . . . . .	0.04
Republic of Somalia . . . . .	0.04

*Decision:* The two resolutions were approved.<sup>1</sup>

<sup>1</sup> Transmitted to the Health Assembly in sections 4 and 5 of the Committee's first report and adopted as resolutions WHA14.6 and WHA14.7

### 3. Scale of Assessment for 1962

Agenda, 3.14

The SECRETARY referred the Committee to the proposed scale of assessment for 1962 set out in Annex 2 to the report, which had already been discussed in part in connexion with the previous item. Since the issue of that report four new States had become Members of the Organization and a revised scale for 1962 had therefore been circulated, including assessments on the four new Members at the rates just approved by the Committee for 1961.

Dr BANG (Republic of Korea) said that his Government had deeply appreciated the action of the Health Assembly five years ago in agreeing to fix the assessment for his country at the lowest possible rate, in view of the economic conditions resulting from the war. The economic recovery of Korea had proceeded at a remarkable rate, and his Government was now quite prepared to accept the new rate of assessment for 1962, although it would involve an increase in the contribution from \$7570 to about \$40 300—a considerable sum in the present state of his country's economy. His Government was proud to co-operate in that great organization, and hoped sincerely to continue to enjoy the benefits of such co-operation and of the assistance of other organizations and nations.

The CHAIRMAN put to the Committee a draft resolution beginning:

The Fourteenth World Health Assembly

DECIDES that the scale of assessment for 1962 shall be as follows:

and continuing with the revised scale for 1962 to which the Secretary had already referred.

*Decision:* The draft resolution was approved.<sup>2</sup>

### 4. Headquarters Accommodation

Agenda, 3.18.1, 3.18.2 and 3.18.3

On the proposal of the CHAIRMAN, the Committee agreed to discuss together the three items of the agenda relating to headquarters accommodation: Progress report; Status of the Building Fund; Reimbursement by the United Nations.

*Progress Report*

The SECRETARY said that the Committee had before it the progress report concerning headquarters accommodation made by the Director-General to the

<sup>2</sup> Transmitted to the Health Assembly in section 6 of the Committee's first report and adopted as resolution WHA14.8

Executive Board at its twenty-seventh session.<sup>1</sup> That report showed that matters were already well advanced: agreements regarding the building site and construction loans (reproduced in the appendix to the report) had been signed with the authorities of the Canton of Geneva and with the Swiss Federal authorities; the architect was completing definitive drawings, and it was hoped that construction would be started at the earliest possible date.

Mr BRADY, representative of the Executive Board, said that the Thirteenth World Health Assembly, in resolution WHA13.46, had authorized the construction of a building for the WHO headquarters at a cost not to exceed Sw. fr. 40 000 000, had authorized the Executive Board to exercise certain functions in respect of the construction and to delegate that authority to a standing committee to be composed of three members of the Board and the Chairman of the Board. At the session of the Executive Board following the Thirteenth World Health Assembly, the Board had received a report from the Ad Hoc Building Committee<sup>2</sup> (which had then been dissolved) and had appointed a standing committee in accordance with the wishes of the Health Assembly. The Standing Committee had met during the session to examine the text of the agreements with the cantonal and Swiss Federal authorities, to approve procedures for inviting tenders for the contracts and criteria for the award of such contracts and to review the progress of the work. The Standing Committee had subsequently submitted a report to the Board<sup>3</sup> which had adopted resolution EB26.R36.

The CHAIRMAN read the following draft resolution:

The Fourteenth World Health Assembly

1. NOTES with satisfaction the report of the Director-General with regard to headquarters accommodation;<sup>1</sup>
2. EXPRESSES its appreciation to the Swiss Confederation and the Republic and Canton of Geneva for their assistance in the provision of adequate headquarters accommodation; and
3. REQUESTS the Director-General to report further to the Fifteenth World Health Assembly.

*Decision:* The resolution was adopted.<sup>4</sup>

<sup>1</sup> *Off. Rec. Wld Hlth Org.* 108, Annex 4

<sup>2</sup> *Off. Rec. Wld Hlth Org.* 106, Annex 8, part 1

<sup>3</sup> *Off. Rec. Wld Hlth Org.* 106, Annex 8, part 2

<sup>4</sup> Transmitted to the Health Assembly in section 7 of the Committee's first report and adopted as resolution WHA14.9

### *Headquarters Building Fund*

The SECRETARY said that the report by the Director-General on the Headquarters Building Fund<sup>5</sup> showed the status of the Fund at 31 December 1960 and indicated that a further sum of \$500 000 would be credited to the Fund in 1961.

The CHAIRMAN read the following draft resolution:

The Fourteenth World Health Assembly,

Having considered the report of the Director-General on the status of the Headquarters Building Fund as at 31 December 1960,<sup>5</sup>

NOTES the report.

*Decision:* The resolution was approved.<sup>6</sup>

### *Reimbursement by the United Nations*

The SECRETARY referred to General Assembly resolution 1589 (XV)<sup>7</sup> concerning the reimbursement by the United Nations for WHO's investment in the Palais des Nations. The Director-General had communicated that resolution to the Board at its twenty-seventh session in a report which was now before the Committee. He recalled that, in accordance with resolution WHA13.42, the Director-General had negotiated with the United Nations regarding such reimbursement. As a result of the negotiations, a joint submission had been made by the Director-General and the Secretary-General of the United Nations to the United Nations Advisory Committee on Administrative and Budgetary Questions which had recommended to the United Nations General Assembly that the joint proposal be approved. A favourable result had been obtained; the United Nations had agreed to reimburse WHO for the book value of its investment in the Palais des Nations, and, consequently, the budgetary provision of \$500 000, as proposed by the Director-General for the year 1962, could be reduced. Information with regard to that reduction would be submitted to the Committee on Programme and Budget when it dealt with the question of the budget ceiling for 1962 (see page 220). The indicative figure which had been given to the Executive Board at its twenty-sixth session<sup>8</sup> of the amount that would have to be included in the 1962 budget estimates if the United Nations agreed to the reimbursement now required adjustment because of differences in the exchange

<sup>5</sup> Reproduced in Schedule D to the Financial Report for 1961 (*Off. Rec. Wld Hlth Org.* 109, 22)

<sup>6</sup> Transmitted to the Health Assembly in section 8 of the Committee's first report and adopted as resolution WHA14.10

<sup>7</sup> Reproduced in footnote to resolution EB27.R14 (*Off. Rec. Wld Hlth Org.* 108, 6)

<sup>8</sup> See *Off. Rec. Wld Hlth Org.* 107, 43.

rates used in the calculations: on recalculation, the estimate of the amount required was \$296 335 instead of the earlier figure of \$285 000. That still permitted a reduction in the amount to be included in the 1962 budget estimates of approximately \$204 000.

Mr BRADY, representative of the Executive Board, said that the matter had been considered by the Board at both its twenty-sixth and twenty-seventh sessions. At the twenty-sixth session, when the question of reimbursement was still pending in the General Assembly, the Board had adopted resolution EB26.R17, expressing the hope that the General Assembly would accept the recommendation of the Advisory Committee on Administrative and Budgetary Questions. At its twenty-seventh session the Board had been very happy to note the satisfactory decision that had been reached and had, in resolution EB27.R14, recommended that the Health Assembly express its appreciation to the General Assembly of the United Nations.

The CHAIRMAN proposed the adoption of the following resolution, recommended by the Executive Board in its resolution EB27.R14:

The Fourteenth World Health Assembly

1. NOTES with satisfaction the decision of the General Assembly of the United Nations to reimburse WHO for the book value of its investment in the Palais des Nations;<sup>1</sup> and
2. EXPRESSES to the General Assembly of the United Nations its appreciation for this decision.

*Decision:* The resolution was approved.<sup>2</sup>

**5. Use of Russian as a Working Language in the Regional Organization for Europe**

Supplementary item, 5

The SECRETARY explained that, as a result of a recommendation made by the Regional Committee for Europe concerning the use of Russian as a working language in the Regional Organization for Europe, the Director-General had included in the programme and budget estimates for 1962 budgetary provisions to cover the cost of using Russian as a working language in the meetings of the Regional Committee. The use of Russian as a working language in the Regional Organization for Europe, however,

<sup>1</sup> Resolution 1589 (XV) adopted by the United Nations General Assembly at its fifteenth session

<sup>2</sup> Transmitted to the Health Assembly in section 9 of the Committee's first report and adopted as resolution WHA14.11

raised a question of principle, and the Director-General had not felt himself competent to include provision for it in the 1962 budget without the prior consent of the Board and the Health Assembly. He had brought the matter to the attention of the Board which had, at its twenty-sixth session, adopted resolution EB26.R34 recommending the Fourteenth World Health Assembly to take measures for a phased introduction of Russian as a working language in the Regional Organization for Europe and indicating the amount of money which would be involved.

Mr BRADY, representative of the Executive Board, informed the Committee that the question had been considered both by the Board's Standing Committee on Administration and Finance and by the Board itself. The Director-General had submitted a detailed report to the Board, which was contained in *Official Records* No. 106, Annex 12. After full consideration of the matter, the Board had adopted the resolution already referred to by the Secretary.

Dr JUCHNIEWICZ (Poland) said that he had been present at the meeting of the Regional Committee at which the matter had been discussed, and had been struck by the constructive attitude of members and by the friendly atmosphere which had prevailed. He was sure the same spirit would prevail in the World Health Assembly's discussions.

The recommendation of the Regional Committee had been welcomed in Poland, where Russian was widely used. If Russian did become a working language of the Regional Organization, medical workers would be able to read WHO's publications and become better acquainted with the work of WHO, whose authority in Poland was increasing. The use of Russian would also enable WHO to make use of the knowledge of Soviet scientists. The amount of money involved was small in comparison with the advantages which would be gained. He hoped the Committee would approve the recommendation.

Dr BÎRZU (Romania) believed that the adoption of Russian as a working language in the Regional Organization for Europe would be to WHO's advantage. Financial considerations should not be an obstacle to accepting the recommendation.

Dr PISTOLI (Albania) also thought that financial considerations should not preclude the adoption of Russian as a working language in the Regional Organization for Europe. The step was essential, as it would enable many to follow and take a greater part in the work of the Organization.

Mr KOLYOVSKY (Bulgaria) said that the question of adopting Russian as a working language in the

Regional Organization for Europe had been discussed several times and the cogent arguments in favour which had been advanced were still applicable. In a number of countries Russian was used more widely than the other working languages, and many medical workers could not follow the Organization's work because its publications were not available in a language they could understand. That was, for instance, the case in Bulgaria. Moreover, the adoption of Russian as a working language would facilitate the collaboration between medical writers in such countries and the Organization.

The CHAIRMAN, noting that there were no further comments, suggested the Committee might adopt a draft resolution as follows:

The Fourteenth World Health Assembly,

Having considered the recommendation of the Executive Board in resolution EB26.R34, which was based on the recommendation of the Regional Committee for Europe for the phased introduction of Russian as a working language in the Regional

Organization for Europe, with a view to full implementation by 1963,

1. ACCEPTS in principle the recommendation of the Executive Board; and
2. DECIDES, in order to begin implementation in 1962, to add the amount of \$21 400 to the budget estimates for 1962, to finance the extended use of the Russian language proposed for that year.

*Decision:* The draft resolution was approved.<sup>1</sup>

#### 6. Reference of an Item to the Legal Sub-Committee

The SECRETARY suggested that the Committee might wish to refer the proposal by the delegation of the United Arab Republic to amend the Rules of Procedure of the World Health Assembly to the Legal Sub-Committee for consideration with item 3.7 of the agenda which dealt with other amendments to the Rules of Procedure.

*It was so agreed.* (For discussion, see page 433.)

*The meeting rose at 5.30 p.m.*

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## FOURTH MEETING

*Wednesday, 15 February 1961, at 9.30 a.m.*

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

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### 1. First Report of the Committee

Mr SAR (Senegal), Rapporteur, introduced the Committee's draft first report.

*Decision:* The draft first report was adopted (see page 441).

### 2. Admission of New Members and Associate Members

Agenda, 1.11

The CHAIRMAN proposed that the Committee should take the applications in the order in which they had been received.

*Application by the Belgian Government for the Admission of Ruanda-Urundi to Associate Membership*

Mr ZARB, Director, Legal Office, informed the Committee that in a letter dated 19 September 1960 the Belgian Government had submitted an application

for the admission of the Trust Territory of Ruanda-Urundi to associate membership. The request had been made within the time-limit required in Rule 109 of the Rules of Procedure.

Mr KOSSENKO (Union of Soviet Socialist Republics) stated that Belgium had set up a puppet government in Ruanda-Urundi and that the representatives of the political parties which favoured independence had had to flee the country. The Territory was still occupied by Belgian troops and the Belgian Government was not complying with the relevant United Nations resolutions. His delegation could not therefore support the admission of Ruanda-Urundi, and would abstain in the vote on the subject.

Dr GOOSSENS (Belgium) said that any political discussion on the subject would be outside the competence of the Committee. The facts were that

<sup>1</sup> Transmitted to the Health Assembly in section 10 of the Committee's first report and adopted as resolution WHA14.12

Ruanda-Urundi existed, as a trust territory under Belgian administration, and that the Belgian Government was requesting the admission of that territory as an Associate Member. The position was quite clear, and no other considerations were relevant.

The CHAIRMAN submitted the following draft resolution:

The Fourteenth World Health Assembly

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

*Decision:* The draft resolution was approved by 59 votes to none, with 9 abstentions.<sup>1</sup>

*Application by the United Kingdom of Great Britain and Northern Ireland for the Admission of Tanganyika to Associate Membership*

Mr ZARB, Director, Legal Office, introduced the application, which had been made within the time-limit required in Rule 109 of the Rules of Procedure.

The CHAIRMAN submitted the following draft resolution:

The Fourteenth World Health Assembly

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

*Decision:* The draft resolution was approved.<sup>2</sup>

*Application by the Islamic Republic of Mauritania for Admission to Membership*

Mr ZARB, Director, Legal Office, drew attention to documents A14/4 and A14/11 which related to the application by the Islamic Republic of Mauritania for admission to membership in the Organization. The application had been made within the time-limit required in Rule 109 of the Rules of Procedure.

Mr KITTANI (Iraq) submitted to following draft resolution on behalf of his delegation and those of Guinea, Mali and Saudi Arabia:

The Fourteenth World Health Assembly,

Having received the request for membership in the World Health Organization contained in documents A14/4 and A14/11,

DECIDES not to consider the said request for the duration of the Fourteenth World Health Assembly.

The purpose of the draft resolution was to avoid a repetition in WHO of the highly acrimonious discussion which had taken place during the fifteenth session of the United Nations General Assembly. The question of the sovereignty over the territory of the so-called Islamic Republic of Mauritania was by no means settled, and the application for membership in the United Nations had consequently been rejected by the Security Council. The co-sponsors of the draft resolution believed that it would be best for the Health Assembly to postpone consideration of the subject until the highly controversial question of sovereignty had been settled by the appropriate body, namely the United Nations.

The CHAIRMAN said that there were now two proposals before the Committee. For the purposes of the vote, the draft resolution just put forward by the delegate of Iraq would be regarded as an alternative to the following draft resolution based on the application submitted by the Islamic Republic of Mauritania:

The Fourteenth World Health Assembly

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

Dr BEN ABBÈS (Morocco) drew attention to the text of the letter expressing his Government's formal objection to the application before the Committee. As the representative of a former colonial territory which had recently achieved independence he would not normally oppose any application from a newly independent State. In the case at issue, however, the application did not come from a sovereign State but from a territory which was an integral part of Morocco. He did not wish to discuss in detail the political aspects of the subject, which had led to long and bitter debates in the United Nations. He only wished to emphasize that, if WHO, which was a technical and scientific organization, were to agree to the application, it would be infringing the territorial sovereignty of one of its Member States with disastrous consequences. The

<sup>1</sup> Transmitted to the Health Assembly in section 1 of the Committee's third report and adopted as resolution WHA14.18

<sup>2</sup> Transmitted to the Health Assembly in section 2 of the Committee's third report and adopted as resolution WHA14.19

tragic events in the Congo (Leopoldville) should be sufficient to deter the Health Assembly from any such action.

Dr EVANG (Norway) reminded the Committee that countries which were not Members of the United Nations could quite well become Members of WHO, which prided itself on being the specialized agency which had come nearest to achieving universality of membership. The statesmen who had set up the United Nations had wisely decided to separate the political organization from the scientific and technical ones, so that the experts could pave the way for the atmosphere of peace and harmony which the politicians were trying to achieve. His delegation had always insisted on the technical and non-political character of WHO and, on that basis, he considered that membership in the Organization should be open to all countries which wished to join. He would, therefore, support the application submitted by the Islamic Republic of Mauritania.

Mr EL WAKIL (United Arab Republic) said that he would not discuss the political issue. He simply wished to urge on the Committee the wisdom of the postponement suggested in the joint draft resolution, which had his delegation's strong support.

Dr LAMBIN (Upper Volta) emphasized that 1960 had been a year during which many African countries had achieved their independence. Of the various possibilities open to it, the Islamic Republic of Mauritania had chosen freely to proclaim its independence and it had been recognized by sixty-one States. The Moroccan Government's opposition was, therefore, entirely without justification. The fact that Mauritania's application for admission to membership in the United Nations had been set aside for the time being did not mean that WHO should necessarily follow the same course. His delegation would, therefore, support the application.

Mr SAR (Senegal) was sorry to have to take up an attitude opposed to that of Morocco on the important and delicate subject under discussion. However, in the interests of justice, he could not but speak in favour of the Islamic Republic of Mauritania. That country's claims to independence were amply justified on historical, geographical and religious grounds. Before colonization Mauritania had been an independent and sovereign country which had signed treaties with the United Kingdom of Great Britain and Northern Ireland, and with France. Subsequently it had become part of French West Africa and had recently regained its independence in the normal way and had been recognized

by a number of sovereign States. The rejection of Mauritania's application for membership in the United Nations had been due not to a majority decision in the General Assembly, but to the exercise of the veto in the Security Council. In the name of justice he therefore urged the Committee to recommend the admission of the sovereign State of Mauritania to membership in WHO.

Dr TCHELLE (Niger) fully supported the application. Like his own country, Mauritania had freely decided its future and had proclaimed its independence. The country had urgent health problems awaiting solution and that was the consideration which should carry most importance in WHO. Mauritania was recognized as an independent sovereign State by more than half the Members of WHO and was fully eligible for membership in the Organization.

Dr TERRASSON COUROUMA (Ivory Coast) was sorry to see that obstacles were being placed in the way of Mauritania's admission to an organization which was devoted to promoting the welfare of mankind without any discrimination. As the delegate of Norway had pointed out, there was no need to await a decision in the United Nations, since many Members of WHO were not Members of the United Nations. He sincerely hoped that the Committee would vote overwhelmingly in favour of the application.

Dr ANDRIAMASY (Madagascar) urged the Committee to consider only the simple facts of the case. Mauritania had achieved independence in the same way as other African countries and had been recognized by more than half the Member States of WHO. The fact that it was not a Member of the United Nations did not preclude its admission to WHO. The Government of Mauritania was responsible for the health of its people, and he could see no reason why the application should not be accepted without further ado.

Dr MAHOATA (Congo, Brazzaville) joined with those who had supported Mauritania's application for admission to membership of WHO. The application made by that country would certainly have been accepted by the United Nations General Assembly had it not been for the veto in the Security Council.

Dr DOLO (Mali) said that the point at issue was essentially a political one and was therefore not within the competence of WHO. There had been cases concerning States which were not Members of WHO—cases which created awkward precedents. The problem was delicate and should be handled



carefully. He therefore thought that WHO should postpone consideration of admission of Mauritania until the United Nations had made a final decision.

Mr MARADAS-NADO (Central African Republic) said that his Government had recognized the Islamic Republic of Mauritania as a sovereign State and his delegation would therefore support the application for membership in WHO.

Mr TAYLOR (Liberia) said that his delegation also would support the application for the same reasons.

Dr D'ALMEIDA (Togo) thought it unfortunate that a small family quarrel should take the attention of international organizations. It was a pity that the whole question had not been settled earlier, at the time when Morocco achieved independence. Mauritania had however remained a separate entity until proclaiming its own independence and it had now been recognized by the Government of Togo. The proposal for postponement raised a further problem. It had been argued that WHO as a non-political body should not deal with an eminently political problem. He doubted, however, whether postponement would really help to provide a solution. That might only lead the Health Assembly to a situation similar to that regarding the People's Republic of China, namely, following the lead given by the politicians in the United Nations. It would surely be wiser to admit Mauritania immediately, in the interests of universality of membership.

Mr KOSSENKO (Union of Soviet Socialist Republics) said that WHO's membership had been considerably widened by the admission of a number of newly independent States, for the most part in Africa. It was common knowledge that the Soviet Union persistently pressed for the abolition of the colonial system and always welcomed the emergence of new States and supported their applications for membership of WHO, even in those instances when independence of a partial character was granted, because such a step unshackled national forces and was a move towards the achievement of full and real freedom. That was largely true of Mauritania, whose people had played an important part in the general struggle against colonialism, and which, with the support of others, had secured considerable concessions by the removal of the French colonial administration from Mauritanian territory.

However, the problem under discussion was somewhat complicated because it involved not only the granting of national independence to one of the numerous territories of the former French empire, but also a serious restriction on the sovereign

rights of another African State (namely, Morocco) which had achieved independence only in 1956.

Many African States familiar with the position in that region considered Mauritania to be an integral part of Morocco and regarded the granting of independence to the former as a political manoeuvre by France, and one which they could not recognize. The situation was also complicated by the fact that there were still French troops on Mauritanian territory whose presence aroused further doubts about the nature of the French Government's action.

Thus the Health Assembly was faced with the problem of admitting to membership a country the status of which raised several controversial issues. His delegation would support the joint draft resolution and for the time being would abstain from voting on the admission of Mauritania to membership.

Dr BIYOGHE (Gabon) said that his Government, which had followed the same path as the Government of Mauritania, had recognized the latter. In view of WHO's specialized character, it was inconceivable that Mauritania should be deprived of the advantages enjoyed by other States as Members of the Organization. Mauritania's health problems were not being dealt with by the Government of Morocco. Accordingly, he fully supported Mauritania's application for admission to membership of WHO.

Mr ALI (Somalia) supported Mauritania's application for the same reasons as those given by the delegate of Norway. He was strongly of the opinion that the Health Assembly was not the proper forum for considering the political aspect of the question, but, as the delegate of Norway had argued, it was essential for humanitarian reasons to extend WHO's work to all countries, irrespective of political considerations.

Mr KHANACHET (Saudi Arabia) deplored the fact that the Committee had embarked upon a purely political discussion. Hitherto, WHO had carefully refrained from engaging on such a dangerous course. The purpose of the joint draft resolution had been precisely to avoid such a discussion, but, in view of some of the statements made, he was compelled to elucidate a number of points.

Some of the arguments expounded had been quite misleading. It had never been the intention of the authors of the joint draft resolution to make admission to WHO conditional upon admission to the United Nations, and the sole object in proposing that the matter be deferred was to save WHO from

pronouncing itself upon an exclusively political issue. The existence itself of the applicant was still the subject of a dispute that had been submitted to the sole international body competent to settle that matter—namely, the United Nations. It was not for the Committee to discuss the circumstances in which a dispute had arisen between two Member States, Morocco and France, about the independence and sovereignty of a certain territory; WHO clearly had no competence to decide on such a matter.

No delegation was better placed than his own to deprecate colonialism or to rejoice at the acquisition of independence by countries previously under subjection. It had always welcomed the admission to membership of such countries, and would continue to do so, since WHO's claim to universality would then be justified. However, the case now under discussion was entirely different.

He recognized the existence of urgent health problems in Africa—but surely WHO could always help any country, whether independent and sovereign or possessing some other legal status. On the present occasion, however, the Committee was being asked to perpetuate a division—an obviously hazardous thing to do. There were other analogous and tragic situations in Africa, the repercussions of which went far beyond that continent and represented a terrible threat to world peace. He therefore appealed to Members to refrain from creating a perilous precedent. His delegation would be the first to plead for the independence and sovereignty of the whole continent, in accordance with the rights recognized in the United Nations Charter, but not at the expense of other rights and justice. He would reiterate the appeal for realism and for WHO to pursue its technical and humanitarian role without touching upon political issues. He hoped that the joint draft resolution would be adopted.

Dr BANGOURA-ALÉCAUT (Guinea) believed that consideration of the application of Mauritania should be deferred until the United Nations had pronounced upon what was essentially a political issue.

Dr SCHANDORF (Ghana) said that the President of his country had always maintained that the independence of Ghana was meaningless unless viewed in the context of the liberation of the whole African continent. African countries might fly different flags, but they all remained African. As a participant in the Casablanca Conference, his Government found itself in a particularly difficult situation with regard to the item under discussion.

At the outset of the present Assembly his delegation had been in favour of admitting the Chinese

People's Republic to membership of WHO, but the proposal of the delegation of the Union of Soviet Socialist Republics to that effect had been rejected on the grounds that a political issue was involved. How, then, in all conscience, could the Health Assembly admit the present application? Many of the speakers during the present debate had remained silent on the question of China. Were two standards of morality being applied—one for great and one for small countries? He regretted that a technical organization had allowed itself to be drawn into a political discussion.

In conclusion, he reaffirmed his belief in the solidarity of African countries.

Dr AUJOLAT (France) would confine his remarks to the procedural problem raised by the joint draft resolution, which he considered inadmissible. The Islamic Republic of Mauritania was invoking Article 6 of the Constitution, which allowed any State to become a Member of WHO. Thus the only question was whether Mauritania was in fact a State. A number of speakers had already pointed out that the process of decolonization had taken place in Mauritania as in so many other African territories and that Mauritania therefore also possessed those attributes of sovereignty which others had obtained or were obtaining. The delegate of Saudi Arabia had thus been mistaken in speaking of a dispute between France and Morocco: Mauritania had gained its independence by valid and constitutional means. There remained a problem which an African delegate had described as a family problem between Morocco and Mauritania and which could be settled as such.

Once it was admitted that independent States could become Members of WHO even before becoming Members of the United Nations, the only question at stake was whether Mauritania was capable of taking an effective part in WHO's work. The answer was clearly in the affirmative, since peace reigned throughout the territory of the Islamic Republic of Mauritania and health work was developing with the active assistance of WHO. Thus there was serious objection to postponing indefinitely the admission of Mauritania to WHO, and his delegation was therefore opposed to the joint draft resolution.

The CHAIRMAN said that, since admission to membership of WHO was not automatic and required definite action on the part of the Health Assembly, it could not be maintained that the joint draft resolution was inadmissible. Clearly it was within the Health Assembly's prerogative to defer action on an application for membership if it so decided.

Mr KITTANI (Iraq) hoped to confine his remarks to the procedural aspect of the problem, but reserved the right to comment on the substance if that became necessary in the light of subsequent developments.

He had the greatest esteem for the humanitarian ideals of the delegate of Norway, but there were certain hard facts to be faced. Article 3 of the Constitution stipulated: "Membership in the Organization shall be open to all States". His delegation had consistently applauded the efforts of the delegate of Norway to preserve WHO's technical character, but deprecated his attempt to reduce the case put forward by the authors of the joint draft resolution to the contention that no country could be admitted to WHO unless it were a Member of the United Nations. There was no getting away from the fact that WHO consisted of sovereign Member States and was not an association of technicians. The Committee had before it an application for full membership and not for associate membership. The question of whether or not the Islamic Republic of Mauritania was a sovereign State was highly controversial, and delegates from the African continent were themselves divided on the subject. He therefore urged the Committee to eschew discussing an issue which was outside WHO's competence and to adopt the joint draft resolution.

Dr GANGBO (Dahomey) wholeheartedly supported the application by the Islamic Republic of Mauritania, for it was unthinkable that Dahomey, one of the countries which had recently thrown off the yoke of colonialism, should deny another country in the same position the benefits of membership of WHO.

Dr BEN ABBÈS (Morocco) said that he did not intend to make detailed comments on the substance of the problem, but felt bound to reply to some of the points raised. In answer to the contention that not all Member States of WHO were necessarily Members of the United Nations, he pointed out that, for his Government, Mauritania was not a State but an entity created on Moroccan territory. Hence for his delegation there was no force in the argument that Mauritania, being a sovereign State, could be admitted to WHO without being a Member of the United Nations.

The delegate of Senegal had claimed to have consulted history, but he had failed to ascertain the true facts—namely, that Mauritania had never been a nation and that it formed the southern part of Morocco with 600 000 inhabitants of the same race, religion, language, culture and tradition. Morocco had always exercised sovereignty over that part of its territory, as proved by incontestable legal evidence

and the effective exercise of sovereignty in its various aspects. It was only the French occupation which had separated Mauritania from Morocco, and that was no reason for perpetuating that situation. Events in other parts of the continent illustrated the possible grave consequences. Mauritania was and had always been Moroccan, and his Government was irrevocably resolved to recover sooner or later the territory which rightly belonged to it.

Mr RAFAEL (Israel) said that his Government was in a position to adopt a detached view inspired by the fundamental principles laid down in Article 1, paragraphs 2 and 3 of the United Nations Charter. The former paragraph spoke of the principle of equal rights and self-determination of peoples, but did not grant to any State or group of States the right to confer sovereignty upon or deny it to an established State. But whatever the political position of any government in regard to Mauritania, it would no doubt be generally recognized that its admission to WHO would be consistent with the aims of the Organization. Surely the decisive consideration must be that admittance to membership could not fail to help improve health conditions.

The CHAIRMAN put to the vote the joint draft resolution submitted by the delegations of Guinea, Iraq, Mali and Saudi Arabia which was "furthest removed in substance" from the original proposal before the Committee.

*Decision:* The joint draft resolution was rejected by 40 votes to 25, with 10 abstentions.

Mr KITTANI (Iraq) said that, in view of the rejection of the joint draft resolution, he would have to comment briefly on the substance of the issue. His Government maintained its view that Mauritania was an integral part of Morocco and that the French Government had accorded it sovereignty artificially. The solemn right of self-determination must not be abused in order to dismember a national territory. The French Government's action was a manifestation of the new colonial policy in Africa. His Government would accordingly oppose the application of Mauritania for admission to membership.

The CHAIRMAN put to the vote the draft resolution proposing that the Islamic Republic of Mauritania be admitted to membership of WHO.

*Decision:* The draft resolution was approved by 43 votes to 13, with 19 abstentions.<sup>1</sup>

<sup>1</sup> Transmitted to the Health Assembly in section 3 of the Committee's third report and adopted as resolution WHA14.20

Mr EL WAKIL (United Arab Republic), explaining his vote, said that he had opposed the draft resolution on the grounds that Mauritania formed an integral part of Morocco.

### 3. Report on Amendments to the Financial Rules, as confirmed by the Executive Board

Agenda, 3.20

Mr SIEGEL, Assistant Director-General, Secretary, introducing the item, explained that, under the provisions of the Financial Regulations, the Director-General was authorized to issue Financial Rules which were subject to confirmation by the Executive Board and, in conformity with Financial Regulation 16.1, had to be reported annually to the Health Assembly. The Director-General's amendments had been considered at the twenty-sixth session of the Executive Board, as would be seen from Annex 10 in *Official Records* No. 106.

Mr BRADY, representative of the Executive Board, said that the Committee might wish to note that, as a consequence of the amendments to the Financial Regulations adopted by the Thirteenth World Health Assembly, the Director-General had reported to the Executive Board at its twenty-sixth session that it had been necessary for him to make corresponding amendments to some of the Financial Rules. The Board had also confirmed the amendments which had been made to another rule in order to reflect actual practice. Its decision would be found in resolution EB26.R25.

The CHAIRMAN submitted the following draft resolution for the Committee's consideration:

The Fourteenth World Health Assembly

NOTES the amendments to Financial Rules 103.2, 103.3, 105.8 and 115.3, made by the Director-General and confirmed by the Executive Board in accordance with the requirements of Financial Regulation 16.1.

*Decision:* The draft resolution was approved.<sup>1</sup>

### 4. Provision of Emergency Supplies to Member States

Supplementary item, 1

The SECRETARY recalled that by virtue of resolution WHA13.41 the Director-General was authorized to advance sums from the Working Capital Fund to provide emergency supplies to Member States on a reimbursable basis and to report such advances

<sup>1</sup> Transmitted to the Health Assembly in section 4 of the Committee's third report and adopted as resolution WHA14.21

each year to the Health Assembly. Since the last Health Assembly one such advance had been made: \$6212 to provide an emergency supply of cholera vaccine to Afghanistan; and that government had notified the Director-General that payment was being arranged.

The CHAIRMAN submitted the following draft resolution for the Committee's consideration:

The Fourteenth World Health Assembly,

Having considered the report by the Director-General on the provision of emergency supplies to Member States presented in accordance with the requirements of resolution WHA13.41,

NOTES the report.

*Decision:* The draft resolution was approved.<sup>2</sup>

### 5. Voluntary Fund for Health Promotion: Report on Contributions Received

Agenda, 3.17

The SECRETARY stated that, in accordance with the requirements laid down in the Financial Regulations, the Director-General had submitted to the Executive Board at its twenty-seventh session a statement on the Voluntary Fund for Health Promotion as at 31 December 1960.<sup>3</sup> He also drew the Committee's attention to resolution EB27.R12, adopted by the Board after examination of that statement.

Mr BRADY, representative of the Executive Board, informed the Committee that the status of the Voluntary Fund for Health Promotion had been examined by the Executive Board both at its twenty-sixth and twenty-seventh sessions. The Board had also confirmed a decision reached by correspondence to open a sub-account in the Fund for assistance to the Congo (Leopoldville) and had made certain internal arrangements for the acceptance of contributions to the Fund. In its resolution EB26.R22 it had taken note of the contributions offered, and thanked the donors.

The CHAIRMAN submitted the following draft resolution for the Committee's consideration, as recommended by the Executive Board in its resolution EB27.R12:

The Fourteenth World Health Assembly,

Having considered the reports submitted to the twenty-sixth<sup>4</sup> and twenty-seventh<sup>3</sup> sessions of

<sup>2</sup> Transmitted to the Health Assembly in section 5 of the Committee's third report and adopted as resolution WHA14.22

<sup>3</sup> *Off. Rec. Wld Hlth Org.* 108, Annex 3

<sup>4</sup> *Off. Rec. Wld Hlth Org.* 106, Annex 9

the Executive Board by the Director-General on contributions to the Voluntary Fund for Health Promotion,

NOTES the reports.

*Decision:* The draft resolution was approved.<sup>1</sup>

## 6. Adoption of a WHO Flag

Agenda, 3.10

The SECRETARY stated that the adoption of a WHO flag had been discussed by the Executive Board at its twenty-fifth session, when the Director-General had been requested to initiate consultations with the Secretary-General of the United Nations and to report to the Thirteenth World Health Assembly. The consultations had still been in progress at the time of the Thirteenth Health Assembly, and the Director-General's report<sup>2</sup> was accordingly being presented now, on conclusion of the consultations. The pertinent correspondence was appended to the report, and it would be seen that agreement had been reached on the design shown in the report. The blue background would correspond to that used in the United Nations flag. The Committee might wish to consider a draft resolution on the lines of that contained in paragraph 5 of the report.

It read:

The Fourteenth World Health Assembly,

Recognizing that it is desirable to adopt an official flag of the World Health Organization to be flown on the premises of the Organization and to be displayed elsewhere on ceremonial and other appropriate occasions,

1. DECIDES that the flag of the World Health Organization shall be the official emblem of the World Health Organization adopted by the First World Health Assembly, centred on a United Nations blue background, provided that the emblem shall appear in white with the Aesculapian staff and serpent in gold;
2. REQUESTS the Director-General to draw up regulations concerning the dimensions and proportions of the flag; and
3. AUTHORIZES the Director-General to adopt a flag code, bearing in mind the desirability of a

regulated use of the flag and the protection of its dignity.

*Decision:* The draft resolution was approved.<sup>3</sup>

## 7. Accommodation for the Regional Office for South-East Asia

Agenda, 3.12

The SECRETARY stated that the question of accommodation for the Regional Office for South-East Asia had been discussed at previous sessions and that the Director-General was pleased to be able to report that real progress had been achieved during the past few months and that the construction of the new building in Delhi was well under way. It was hoped that the Regional Office could move into it before the end of the year.

Mr BRADY, representative of the Executive Board, drew the Committee's attention to resolution EB27.R17 adopted by the Executive Board at its twenty-seventh session, when it had decided that progress was so satisfactory that it would be appropriate for the Health Assembly to express its appreciation to the Government of India for the generous assistance being offered.

The text of the recommended draft resolution read as follows:

The Fourteenth World Health Assembly

1. NOTES with satisfaction the steady progress being made in the construction of the new building for the Regional Office for South-East Asia; and
2. EXPRESSES to the Government of India its deep appreciation of the generous assistance being offered by that government to the Organization in this matter.

*Decision:* The draft resolution was approved.<sup>4</sup>

## 8. Order of Business

Mr LE POOLE (Netherlands) asked for information about the progress made by the working party on the financing of the malaria eradication programme, which had been set up at the joint meeting of the two main committees.

The CHAIRMAN said he was unable to give any information at the moment, but he knew that the working party had held lengthy discussions, and no doubt its report could be expected early that afternoon.

<sup>1</sup> Transmitted to the Health Assembly in section 6 of the Committee's third report and adopted as resolution WHA14.23

<sup>2</sup> *Off. Rec. Wld Hlth Org.* 110, Annex 4

<sup>3</sup> Transmitted to the Health Assembly in section 7 of the Committee's third report and adopted as resolution WHA14.24

<sup>4</sup> Transmitted to the Health Assembly in section 8 of the Committee's third report and adopted as resolution WHA14.25

Mr LE POOLE (Netherlands) expressed his dissatisfaction with the arrangements. It was regrettable that such an important item should be considered at the forthcoming joint meeting before delegations had had adequate opportunity for considering any report that the working party might have prepared.

The CHAIRMAN observed that it might prove necessary to suspend the joint meeting for a time so as to enable delegations to peruse the working party's report.

*The meeting rose at 12 noon.*

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## FIFTH MEETING

*Wednesday, 15 February 1961, at 4.30 p.m.*

*Chairman: Dr R. VANNUGLI (Italy)*

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The CHAIRMAN said that he appreciated the honour which had been done to his country, his delegation and himself personally in his election as Vice-Chairman of the Committee.

He called on the Secretary of the Committee to indicate the programme of work for the meeting.

Mr SIEGEL, Assistant Director-General, Secretary, said that it was desirable that the Committee should complete its discussions and take a decision regarding item 3.4 of the agenda (Supplementary budget estimates for 1961) and should implement in an appropriate fashion the decisions just reached at the joint meeting of the two main committees (see page 425) regarding item 3.16 of the agenda (Financing of the malaria eradication programme). The Committee's second report could then be prepared for consideration early the following morning, so that it might be approved by the Committee for submission to the plenary session.

*It was so agreed.*

### 1. Supplementary Budget Estimates for 1961 (continued from second meeting, section 4)

Agenda, 3.4

The SECRETARY said that, in view of the decision just taken in the joint meeting of the two main committees—approving the principle that the administrative and operational services costs of the malaria eradication programme should be financed from the supplementary budget estimates for 1961—the Committee need only decide whether or not to approve the sum of \$621 754 recommended for

those costs by the Executive Board at its twenty-sixth session.<sup>1</sup>

There being no comments, the CHAIRMAN noted that the Committee approved that sum.

He suggested that the Committee decide whether or not to approve the sum of \$107 250 for assistance to the Republic of the Congo (Leopoldville).<sup>1</sup>

The SECRETARY said that the estimates for the latter item had been submitted by the Director-General to the twenty-sixth session of the Executive Board,<sup>2</sup> which, in its report to the Assembly, had recommended approval of the item in the supplementary budget estimates.<sup>3</sup>

There being no comments, the CHAIRMAN noted that the Committee approved the sum of \$107 250 for assistance to the Republic of the Congo (Leopoldville).

He proposed the adoption of the following draft resolution:

The Fourteenth World Health Assembly,

Having considered the proposals of the Director-General and the recommendations of the Executive Board on supplementary budget estimates for 1961,

1. APPROVES the supplementary estimates for 1961; and
2. DECIDES to amend the Appropriation Resolution for 1961 (resolution WHA13.38) by increasing the amounts voted under paragraph I as follows:

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<sup>1</sup> *Off. Rec. Wld Hlth Org.* 110, Annex 3

<sup>2</sup> See *Off. Rec. Wld Hlth Org.* 106, 37, 42.

<sup>3</sup> Resolution EB26.R11

Appropriation Section	Purpose of Appropriation	Amount US \$
<b>PART I — ORGANIZATIONAL MEETINGS</b>		
2.	Executive Board and its Committees . . . . .	7 090
	Total — Part I	7 090
<b>PART II — OPERATING PROGRAMME</b>		
4.	Programme Activities . . . . .	307 492
5.	Regional Offices . . . . .	187 251
7.	Other Statutory Staff Costs . . . . .	183 643
	Total — Part II	678 386
<b>PART III — ADMINISTRATIVE SERVICES</b>		
8.	Administrative Services . . . . .	78 933
9.	Other Statutory Staff Costs . . . . .	40 685
	Total — Part III	119 618
	<b>TOTAL — PARTS I, II AND III</b>	<b>805 094</b>

3. DECIDES further to amend paragraph III of the same resolution by increasing the amounts appropriated under sub-paragraphs (iii) and (iv) by \$45 709 and \$759 385 respectively.

*Decision:* The resolution was approved without comment.<sup>1</sup>

## 2. Malaria Eradication Special Account

Agenda, 3.16.1

The SECRETARY stated that additional information regarding the status of the Malaria Eradication Special Account at 31 December 1960 had been provided to the joint meetings of the two main committees, together with a list of pledges and contributions made since that date (see page 411). The report of the Director-General<sup>2</sup> indicated the efforts which had been made to raise funds for the Special Account and the steps which had been taken to implement plans for the issue of malaria eradication postage stamps. That project was developing satisfactorily. It was the intention to invite Members to issue such stamps on or about 7 April 1962; during the past week, the Director-General had sent a circular letter to all Member States, transmitting the suggested design and emblem, and replies had already been received from a number of governments indicating their interest in the project. As the information had been circulated early enough to allow governments to include provision in their philatelic programmes for such an issue, it was hoped that as many governments as possible would co-operate in the project.

<sup>1</sup> Transmitted to the Health Assembly in section 1 of the Committee's second report and adopted as resolution WHA14.13

<sup>2</sup> *Off. Rec. Wld Hlth Org.* 110, Annex 6

Dr CAYLA (France) said that the issue of malaria eradication postage stamps would serve two useful purposes: it would draw the attention of the world to the importance of the problem of malaria and to the action being taken to rid the world of that scourge; it would also help to raise money for the programme. Countries in which it was the practice to issue special stamps on which there was a surcharge could be asked to contribute the receipts from the surcharge on the malaria eradication postage stamps to the Special Account; countries where that practice was not followed could be asked to contribute a percentage of the receipts from the sale of the stamps to the Special Account. To be really effective the campaign should be organized annually until the completion of the programme, instead of once only. That would provide a new and substantial source of income. It would also provide an equitable means of obtaining contributions for the Special Account, since most of the buyers of the stamps would be in the more developed and wealthy countries.

Dr GOOSSENS (Belgium) said his Government was in full agreement with the plan for issuing malaria eradication postage stamps and would make a surcharge on such stamps. He asked whether the issue had been planned in conjunction with the Universal Postal Union.

The SECRETARY said that, in presenting to the Executive Board the proposal for the issue of malaria eradication stamps,<sup>3</sup> the Director-General had suggested that the primary objective should be to create a wider understanding of the problem of malaria and to promote the educational aspects of the malaria eradication programme. It was evident that there would also be secondary advantages; one of those was the possibility that some governments issuing the stamps might be willing to contribute to WHO a portion of the sales receipts, or some stamps for sale; moreover, some governments might wish to make a surcharge on the stamps, contributing the proceeds to the Malaria Eradication Special Account. It might also be possible for some governments engaged in malaria eradication programmes in their own countries to find an additional source of revenue for their programmes by making such a surcharge. The plan was being implemented in full co-operation with the Universal Postal Union, which was helping as far as possible within its terms of reference by communicating it to all postal administrations.

<sup>3</sup> *Off. Rec. Wld Hlth Org.* 106, 30 (para. 6.5), 31

The CHAIRMAN read the following draft resolution:

The Fourteenth World Health Assembly,

Having reviewed the report of the Director-General on the status of the Malaria Eradication Special Account,

1. THANKS those donors whose contributions to the Malaria Eradication Special Account have made it possible to finance the programme to date;
2. COMMENDS the Director-General for the action pursued in order to obtain contributions to the Special Account;
3. CONSIDERS that, whatever the method of financing adopted for future years, it will be necessary to obtain voluntary contributions to ensure the current financing of the programme and to secure the funds necessary for the period of transition to a new method;
4. REQUESTS the Director-General to pursue his efforts to obtain voluntary contributions from all possible sources, including governments, foundations, industries, labour organizations, institutions and individuals; and
5. REQUESTS the Director-General to report regularly to the Health Assembly on the status of the Malaria Eradication Special Account and any relevant developments.

Mr LE POOLE (Netherlands) said that he was not in agreement with paragraphs 3, 4 and 5 of the proposed draft resolution, and asked for a separate vote on those paragraphs.

Col. AFRIDI (Pakistan) proposed that discussion on the draft resolution be postponed until the text had been circulated, and Mr WYATT (United States of America) supported that proposal.

*It was so agreed* (for continuation of discussion, see seventh meeting, section 2).

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

Agenda, 3.21

Mr BRADY, representative of the Executive Board, said the Board at its twenty-sixth session had noted<sup>1</sup> the report by the Director-General on the item now before the Committee. That report had outlined important changes in the provisions of the Joint Staff Pension Fund. Those changes had been recommended by the expert review group and endorsed by the Administrative Committee on

Co-ordination and the Joint Staff Pension Board, and at the time of the Executive Board's twenty-sixth session had been before the United Nations General Assembly. The General Assembly had since taken a decision and the Committee had already dealt with the subject under the agenda item "Supplementary budget estimates for 1961" (see page 336). The Director-General's report had also mentioned the status of a secretariat study of the adequacy of the international salary scales. He had indicated that the results would be known by the end of 1960 and would be presented to the International Civil Service Advisory Board in the spring of 1961.

At its twenty-seventh session the Executive Board had considered further reports by the Director-General.<sup>2</sup> Those reports, which were now before the Committee, included extracts from the report of the Advisory Committee on Administrative and Budgetary Questions on the administrative budgets of specialized agencies for 1961 (relating to such matters as the participation of the various United Nations agencies in the emergency operation in the Congo, and the extent of their assistance to the newly independent countries—especially in Africa). Matters of special concern to WHO related to the budget: for example, the amalgamation of three accounts into the Voluntary Fund for Health Promotion, the malaria eradication and medical research programmes, the use of the Russian language and the question of headquarters accommodation.

The Executive Board had given much thought to the problem of co-ordination with the United Nations and other international bodies, and had instructed the Director-General to develop further an outline study he had already presented to the Board. During the discussions reference had been made to a particular instance in which co-operation between two agencies might have been more effective if there had been prior consultation with WHO. The Board had noted resolution 800 (XXX) adopted by the Economic and Social Council on consultation with specialized agencies, but had been informed that that resolution had not been submitted for the consideration of the General Assembly. In resolution EB27.R28, the Board had reiterated its belief in the value of prior consultation among international organizations if co-operation was to be fully effective, and recommended that the matter be considered further at the Fourteenth World Health Assembly.

The SECRETARY said the documents<sup>2</sup> before the Committee contained a great deal of useful information and raised some very interesting questions regarding

<sup>1</sup> Resolution EB26.R26

<sup>2</sup> *Off. Rec. Wld Hlth Org.* 108, Annex 7



the administration, budget, finance and management of WHO and co-ordination between it and other members of the United Nations family.

With regard to the post adjustments system a decision had been reached which co-ordinated the practice in all organizations and settled in a satisfactory manner the question, which had arisen earlier, about the application of the system in New York and Geneva.

Regarding the Joint Staff Pension Fund, the Committee had already taken account, under a previous item on the agenda, of the decision taken by the United Nations General Assembly and its financial implications (see pages 336 and 350).

Substantial progress had been made in regard to the study of international salary scales through the machinery of the Administrative Committee on Co-ordination, and it was hoped that further progress would be made during the current year.

The report of the Advisory Committee on Administrative and Budgetary Questions on the administrative budgets of the agencies for 1961<sup>1</sup> dealt with a variety of questions in the administrative, budgetary, financial and management fields: a special section was devoted to WHO.<sup>2</sup>

The Advisory Committee had referred to the managerial aspects of the programme appraisal made by all the organizations in connexion with the report "Five-Year Perspective" and noted certain aspects that were important from the administrative and financial point of view. For example, it was stated in paragraph 7 of the report that "appraisal might go beyond the mere listing of needs and hopes, and might include information and judgements on methods of financing as well as on the practical organizational and administrative machinery and techniques for the most effective execution of the programme". In paragraph 9, attention was called

to major changes in emphasis including the growing shift of emphasis to development and operational activities, greater decentralization of operations, training within the less developed countries, and the growing demands and scarcity of resources which created a problem of priorities. It had been suggested that an effort be made to "streamline" the organizational and administrative arrangements in all the organizations.

Regarding budgetary trends, the Advisory Committee had stated that any arbitrary stabilization of budgets at existing levels was not desirable and that additional funds were undoubtedly needed for programmes, without greatly increasing administrative overheads. Later, at the fifteenth session of the General Assembly, the Fifth Committee had drawn attention to the same point in its report, which was also in the documentation before the meeting.<sup>3</sup>

The Advisory Committee had presented a table of the budgets of all the international organizations and had referred to the participation of each of them in the United Nations operation in the Congo (Leopoldville), and in assistance to newly independent countries, and to field offices and activities.

In relation to the United Nations Special Fund, reference was made to the fact that WHO had not yet availed itself of any administrative allocations from the Fund to which it was entitled in respect of the two projects for which it was the executing agency, and that that decision was without prejudice to any further projects.

*It was agreed* to defer to the next meeting consideration of the section of the report dealing specifically with WHO.

(For continuation of discussion, see seventh meeting, section 3.)

*The meeting rose at 5.30 p.m.*

## SIXTH MEETING

*Thursday, 16 February 1961, at 9 a.m.*

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

### 1. Second Report of the Committee

Mr SAR (Senegal), Rapporteur, introduced the Committee's draft second report.

The CHAIRMAN pointed out that the third draft resolution (Financing of the Malaria Eradication

Programme: Measures to ensure the financing of the programme) had not yet been considered by the Committee. He asked if delegations were satisfied that the text accurately reflected the decision taken at the joint meeting of the two main committees (see pages 426 - 430). The text read as follows:

<sup>1</sup> *Off. Rec. Wld Hlth Org.* 108, 29

<sup>2</sup> *Off. Rec. Wld Hlth Org.* 108, 37

<sup>3</sup> *Off. Rec. Wld Hlth Org.* 108, 39, para. 3

The Fourteenth World Health Assembly,

Having reappraised the financial situation of the Malaria Eradication Special Account in the light of a report by the Director-General pursuant to resolution WHA13.45 of the Thirteenth World Health Assembly;

Having considered a report by the Director-General on possible methods of ensuring the financing of the planned malaria eradication programme in 1962 and future years;

Considering that voluntary contributions to the Malaria Eradication Special Account have not been forthcoming in sufficient amounts;

Believing that it is desirable that the financing of the costs of the field programmes should be provided for in the regular budget over a transitional period; and

Taking into account the fact that the Members of the Organization which are engaged in malaria programmes are already expending large sums for this purpose,

1. DECIDES that the costs of the malaria eradication field programme shall be incorporated in the regular budget by stages over a three-year period in the following manner:

- (1) an amount of \$2 000 000 shall be added to the effective working budget for 1962 to help finance the malaria eradication field programme;
- (2) the Director-General is requested to include in his proposed programme and budget estimates for 1963 an amount of \$4 000 000 to help finance the malaria eradication field programme;
- (3) the Director-General is requested to include in his proposed programme and budget estimates for 1964 and future years the full costs of the malaria eradication field programme;

2. DECIDES further, as a transitional measure to preclude placing too heavy a burden on countries carrying out malaria eradication programmes, that

(1) all active Members carrying out malaria programmes,

(a) whose assessments are 0.50 per cent. or less, or

(b) whose per capita income is low,

shall be eligible in 1962 for credits of 75 per cent. towards the payments for their share of the \$2 000 000 provided in paragraph 1 (1) above;

(2) the Members eligible for credits shall be determined by the Health Assembly in a schedule to be attached to the Appropriation Resolution;

(3) the credits referred to herein shall be covered by the cash balance available in the Malaria Eradication Special Account;

3. RECOMMENDS to the Fifteenth and Sixteenth World Health Assemblies that credits as defined in paragraph 2 above should be provided as follows:

1963 — 50 per cent.

1964 — 25 per cent.

4. RECOGNIZES that, in order to incorporate the costs of the malaria eradication field programme in the regular budget by stages over three years, voluntary contributions will continue to be required.

In reply to a question by Dr BUTROV (Union of Soviet Socialist Republics), the CHAIRMAN confirmed that the decision of substance had already been taken and that all the Committee was now required to do was to agree on a text embodying that decision.

Dr CAYLA (France) proposed two drafting changes to the French text of the resolution. With those two minor amendments he considered that the text constituted an accurate reflection of the decision taken at the joint meeting.

Dr ALAN (Turkey) expressed some doubts about paragraph 4 of the draft resolution, which seemed to imply that voluntary contributions would definitely no longer be required at the end of three years.

The CHAIRMAN agreed that no such decision had been taken at the joint meeting, and added that the question of the Malaria Eradication Special Account was to be dealt with in a separate resolution (see page 356). The delegate of Turkey had raised an important point.

Dr EVANG (Norway) and Dr CAYLA (France) proposed the deletion of paragraph 4.

*It was so agreed.*

Col. AFRIDI (Pakistan) said that the wording of the fourth paragraph of the preamble was somewhat ambiguous, and the SECRETARY proposed that it should be amended to read:

Believing that it is desirable that the financing of the costs of the field programmes should be incorporated into the regular budget by stages;

*It was so agreed.*

Dr CHADHA (India) noted from the text of the draft resolution that Member States carrying out malaria programmes would be eligible for credits of 75 per cent. in 1962, 50 per cent. in 1963, and 25 per cent. in 1964. He had not understood that those credits were to be related to specific years, but had thought they would apply to the first, second, and third years of an individual country's programme.

The CHAIRMAN quoted from the report of the working party which had been set up to consider the financing of the malaria eradication programme (see page 428): it was clear that the method approved at the joint meeting of the main committees had related the credits to the specific years 1962, 1963 and 1964.

Mr SAR (Senegal) interpreted the decision in the same way as the delegate of India.

Mr WYATT (United States of America) and Dr CAYLA (France) considered that the text of the draft resolution accurately reflected the decision taken at the joint meeting.

Col. AFRIDI (Pakistan) wondered whether the Health Assembly could in fact take a decision regarding the budget for 1963 and 1964.

The CHAIRMAN replied that there were many previous cases in which one Health Assembly had made recommendations to the next. Such recommendations did not constitute decisions and were not binding on the next Health Assembly.

Dr WARMANN (Ghana) agreed that the decision taken at the joint meeting was faithfully reproduced in the draft resolution, but the position of countries which might embark in future on malaria eradication programmes had not in fact been considered. He wondered what procedure could now be followed in order to take that factor into account.

The CHAIRMAN said that there would be an opportunity to discuss the substance of the draft resolution in plenary session (see pages 108-113).

He drew attention to a discrepancy in operative paragraph 2, which referred in the introduction to "malaria eradication programmes" and in subparagraph (1) to "malaria programmes".

Dr EVANG (Norway) expressed the view that the word "eradication" should be deleted, since the discussion had related to malaria programmes in general and not only to eradication programmes.

The SECRETARY said that the opinion of the delegate of Norway was confirmed by the fourth paragraph of the Director-General's report on measures to ensure the financing of the malaria eradication programme. That paragraph, setting forth the criteria for selecting Members to be eligible for reductions, referred simply to malaria programmes.

*Decision:* The word "eradication" was deleted from the introduction to operative paragraph 2, and the draft resolution, as amended, was adopted.<sup>1</sup>

Mr WIDDOWSON (Union of South Africa) said that, in accordance with the resolution just adopted, only those Members whose assessments were 0.50 per cent. or less would be eligible for reductions. His own country's assessment was 0.51 per cent., but he hoped that it might be considered eligible for reductions in view of its heavy expenditure on malaria eradication.

The CHAIRMAN said that the point raised by the delegate of the Union of South Africa would be considered when the Committee dealt with the Appropriation Resolution (see pages 378-389).

*Decision:* The draft second report, as amended, was adopted (see page 442).

*The meeting rose at 9.55 a.m.*

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<sup>1</sup> Transmitted to the Health Assembly in section 3 of the Committee's second report and adopted as resolution WHA14.15

## SEVENTH MEETING

Saturday, 18 February 1961, at 9 a.m.

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

### 1. Third Report of the Committee

Mr SAR (Senegal), Rapporteur, introduced the Committee's draft third report.

*Decision:* The draft third report was adopted (see page 442).

### 2. Malaria Eradication Special Account (continued from fifth meeting, section 2)

Agenda, 3.16.1

The CHAIRMAN said that the resolution drafted by the Secretariat had not been sponsored by any delegation and had now been supplanted by two draft resolutions, one submitted by the delegation of the United States of America, and another, presented later by the delegations of Pakistan and Norway, reading:

The Fourteenth World Health Assembly,

Having reviewed the report of the Director-General on the status of the Malaria Eradication Special Account,<sup>1</sup>

1. THANKS those donors whose voluntary contributions have made the WHO malaria eradication programme possible;

2. EXPRESSES its appreciation to the Director-General for the vigorous actions taken to obtain contributions to the Special Account;

3. EXPRESSES the conviction that voluntary contributions will remain essential to the success of the programme in order:

(a) to maintain the programme and to provide additional resources to enable more rapid and broader prosecution of the programme; and

(b) to provide funds for the payment of credits;

4. URGES Member States, and especially the more economically developed countries, to consider making substantial voluntary contributions to the Malaria Eradication Special Account in kind as well as in cash, in the light of the consideration in paragraph 3 above;

5. REQUESTS the Director-General to continue his efforts to obtain voluntary contributions from all possible sources, including governments, voluntary health organizations, foundations, industries, labour organizations, institutions and individuals;

6. REQUESTS the Director-General to report to the Fifteenth World Health Assembly on the status of the Malaria Eradication Special Account, and the disposition of the moneys in the Account to the various purposes, including those listed in paragraph 3 above; and

7. EXPRESSES the hope that Member States will consider issuing malaria eradication stamps, as recommended by the twenty-sixth session of the Executive Board.<sup>2</sup>

That resolution was in essence an amendment to the draft resolution submitted by the delegation of the United States of America, and he wondered whether it would be acceptable to that delegation.

Mr FOBES (United States of America) withdrew his delegation's draft resolution in favour of that presented jointly by the delegations of Pakistan and Norway, since the latter text was more complete and reflected more accurately the trend of the discussion.

*Decision:* The draft resolution presented jointly by the delegations of Pakistan and Norway was approved.<sup>3</sup>

### 3. Decisions of the United Nations, Specialized Agencies and the International Atomic Energy Agency affecting WHO's Activities on Administrative and Financial Questions (continued from fifth meeting, section 3)

Agenda, 3.21

*Report on Decisions of the United Nations, Specialized Agencies and IAEA*

Mr SIEGEL, Assistant Director-General, Secretary, continuing the statement he had begun at the fifth

<sup>2</sup> Resolution EB26.R10

<sup>3</sup> Transmitted to the Health Assembly in section 1 of the Committee's fourth report and adopted as resolution WHA14.27

<sup>1</sup> *Off. Rec. Wld Hlth Org.* 110, Annex 6

meeting (see page 352), said that the United Nations Advisory Committee on Administrative and Budgetary Questions, in paragraph 81 of its twenty-eighth report,<sup>1</sup> had noted the Health Assembly's decision to amalgamate three special accounts for the receipt of voluntary contributions into a Voluntary Fund for Health Promotion. As stated in paragraph 82,<sup>1</sup> the Advisory Committee had taken note of the fact that the malaria eradication programme had hitherto been supported by voluntary contributions. A number of questions about the situation had been raised, and the Committee's report stated that, although it might be possible to avoid an unmanageable financial problem in 1960, the financing of malaria eradication operations on a voluntary basis might no longer be possible without the full support of the economically more privileged countries; in the absence of a significant improvement in voluntary contributions, the only alternative would be to finance the programme on a statutory basis of assessment—if, as was indeed essential, the heavy investment many Member States had already made in malaria eradication operations in their countries was not to be entirely wasted. The Advisory Committee would undoubtedly have some observations to make about the decision just adopted by the Health Assembly concerning the financing of the programme.<sup>2</sup>

In the succeeding paragraphs of its report the Advisory Committee had commented on the medical research programme, the use of the Russian language in certain WHO publications, the encouragement of scientific research into the control of cancerous diseases, the WHO headquarters building, reimbursement by the United Nations for the space in the Palais des Nations in which WHO had invested and which it would be relinquishing, and, finally, the costs involved in holding the Fourteenth World Health Assembly in New Delhi.

Mr WYATT (United States of America) expressed appreciation for the careful attention given by the Director-General to problems connected with the interrelationships between the United Nations and its specialized agencies. He was certain that any views and conclusions reached by WHO or other specialized agencies on the subject of co-ordination would be helpful to the ad hoc working group which had been set up by the Economic and Social Council and was to meet in May.

The CHAIRMAN drew the Committee's attention to the draft resolution recommended by the Executive

Board in resolution EB27.R19 for adoption by the Fourteenth World Health Assembly.

That draft resolution read:

The Fourteenth World Health Assembly

NOTES the report of the Director-General on decisions of the United Nations, specialized agencies and the International Atomic Energy Agency affecting WHO's activities on administrative and financial questions.

Dr GOOSSENS (Belgium) wished to make a brief statement concerning the relationships between the different specialized agencies in administrative and financial matters. The authorities in his country had noted that WHO was following its own particular policy in regard to the recruitment not only of experts but also of permanent officials, almost invariably contacting them direct without consulting governments. He wished to draw the attention of the Assembly, and more particularly of the Secretariat, to that point.

*Decision:* The resolution was approved.<sup>3</sup>

*Consideration of Recommendation of the Executive Board concerning Prior Consultation*

The CHAIRMAN drew the Committee's attention to the Executive Board's resolution EB27.R28 concerning prior consultation between WHO, the United Nations, other specialized agencies and the International Atomic Energy Agency.

Dr LAYTON (Canada) observed that, in view of the recommendation contained in the Executive Board's resolution, it would be appropriate for the Committee to examine the problem of prior consultation and make some proposals to the Assembly in order to strengthen the Director-General's hand in seeking to improve the position. He understood that the Administrative Committee on Co-ordination was studying the matter, and, since it was always his Government's policy to encourage wider co-operation between international organizations, he wished to submit the following draft resolution for the Committee's consideration:

The Fourteenth World Health Assembly,

Having considered the question of co-ordination between WHO and the United Nations, other specialized agencies and the International Atomic Energy Agency, including resolution EB27.R28 of the Executive Board; and

<sup>1</sup> *Off. Rec. Wld Hlth Org.* 108, 37

<sup>2</sup> Resolution WHA14.15

<sup>3</sup> Transmitted to the Health Assembly in section 2 of the Committee's fourth report and adopted as resolution WHA14.28

Considering that the Administrative Committee on Co-ordination is, at the request of the Economic and Social Council, undertaking a study of co-ordination,

1. CONCURS in the conclusion of the Executive Board that prior consultation is basic to effective co-operation among the organizations; and
2. REQUESTS the Director-General to consult with the other members of the Administrative Committee on Co-ordination on the need for prior consultation at the appropriate level on matters of concern to other agencies.

Mr BRADY, representative of the Executive Board, said that, when he had made his introductory statement concerning the present item at the fifth meeting (see page 352), he had indicated that resolution 800 (XXX) adopted by the Economic and Social Council had not been submitted to the General Assembly. He should have made it clear, perhaps, that that resolution had been discussed in the Sixth Committee, which had decided not to submit any recommendation on the matter to the General Assembly itself.

Dr CASTILLO (Venezuela) favoured the adoption of a draft resolution on the lines of that proposed by the delegate of Canada. It was important to focus attention on the need for co-ordination in matters of common interest, and the merits of prior consultation had already been emphasized in previous recommendations.

Mr WYATT (United States of America) supported the draft resolution submitted by the delegation of Canada. He believed that prior consultation and co-ordination must be reciprocal to be effective. He also expressed his Government's whole-hearted agreement with the terms of resolution 800 (XXX) of the Economic and Social Council.

Dr EVANG (Norway) considered that the words "prior consultation" in operative paragraph 1 of the draft resolution submitted by the delegation of Canada must be qualified, since such a requirement could not be imposed in all instances.

The CHAIRMAN proposed that further discussion on the draft resolution submitted by the delegation of Canada be deferred until the text had been circulated in writing.

*It was so agreed* (for continuation of discussion, see section 7).

#### 4. United Nations Joint Staff Pension Board

Agenda, 3.23

*Annual Report of the United Nations Joint Staff Pension Board for 1959*

Agenda, 3.23.1

The SECRETARY, introducing the item, stated that the main points of the report of the Joint Staff Pension Board (United Nations document A/4469) which had been submitted to the fourteenth session of the United Nations General Assembly were briefly summarized in the document before the Committee. A few copies of the full report were available for examination by members of the Committee.

Dr CAYLA (France) sponsored the draft resolution suggested in the document before the Committee. It read as follows:

The Fourteenth 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 1959 and as reported by the Director-General.

*Decision:* The draft resolution was approved.<sup>1</sup>

*WHO Staff Pension Committee: Appointment of Representatives to replace Members whose Period of Membership expires*

Agenda, 3.23.2

The SECRETARY, introducing the item, stated that it had been the Health Assembly's practice, following the elections of countries entitled to designate members of the Executive Board, to adopt a draft resolution providing for the replacement of the members of the WHO Staff Pension Committee. The usual practice was to take into account the need for keeping travel costs as low as possible; in that connexion, it was relevant to note that the WHO Staff Pension Committee meetings were held at the time of the Executive Board sessions and that the United Nations Joint Staff Pension Board normally met either in New York or in Geneva.

The Committee might wish to consider the text of the draft resolution set out in the Director-General's report and select the names of the countries to be inserted in the two blank spaces.

Dr CAYLA (France), in the light of the Secretary's observations, proposed the adoption of the suggested draft resolution appointing the member of the Executive Board designated by the United States

<sup>1</sup> Transmitted to the Health Assembly in section 4 of the Committee's fourth report and adopted as resolution WHA14.30

Government as member of the WHO Staff Pension Committee and appointing as alternative member the member of the Board designated by the Government of Poland. Those appointments would be convenient inasmuch as one member would be from the North American continent and the other from Europe: that would facilitate the proper functioning of the Staff Pension Committee.

The draft resolution therefore read as follows:

The Fourteenth World Health Assembly

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

*Decision:* The draft resolution was approved.<sup>1</sup>

**5. Currency of Payment of Contributions in respect of the Malaria Eradication Programme**

The CHAIRMAN invited the Committee to consider the question of currency of payment of contributions in respect of the malaria eradication programme. That item had been referred to it by the Committee on Programme and Budget. He drew attention to the proposal submitted by the delegation of Bulgaria—namely, that a decision be taken in principle that Members who so wished might pay in their own national currency that portion of their assessments relating to the \$2 000 000 to help the financing of the malaria eradication field programme included in the 1962 regular budget. If the proposal were accepted, the appropriate way of implementing the decision could then be considered.

Dr STOYANOV (Bulgaria) said that his delegation's position on the matter had already been explained on previous occasions. It considered that the new financial commitments envisaged in the plan to incorporate the financing of malaria eradication in the regular budget would impose additional burdens on certain countries, particularly those which had recently thrown off the yoke of colonialism. The Director-General, in his report on the financing of the malaria eradication programme, had indicated that some sixty countries might find it difficult to make additional contributions, and had suggested measures to alleviate their financial position. The

Committee would be aware that a number of countries had offered funds in their national currencies towards the programme.

The SECRETARY said that the proposal of the delegation of Bulgaria raised a number of important considerations which would have to be given the most careful attention. The Director-General viewed the proposal with grave concern because, if adopted, it would hinder the implementation of the objectives laid down in the Assembly's resolution WHA14.15 concerning the financing of the malaria eradication programme. He wished the Health Assembly to realize clearly that he would be unable to carry out the malaria eradication programme in the way approved by the Assembly if the proposal of the delegation of Bulgaria were adopted.

It was vitally important for members of the Committee to bear clearly in mind the provisions of Financial Regulation 5.5, which governed the regular budget and was, therefore, pertinent to the present discussion. The Regulations had been developed over a period of years and had in some instances been modified in order to enable WHO to carry out its planned programme; that programme was financed by Member States by means of a fixed scale of assessments providing the Director-General with the necessary resources to implement the decisions of the Health Assembly itself.

Considerable experience had been gained of programmes—including the Expanded Programme of Technical Assistance—which were financed on a voluntary basis and to which contributions were received in national currencies. He could, therefore, speak with some authority about the difficulties caused by contributions being received in many different currencies. Experience had demonstrated that, with such a system, administrative expenses inevitably increased. Frequently a higher price had to be given for certain items of equipment and supplies when they were paid for in the currencies that happened to be available. Another consequence of being forced to use different currencies was that WHO had sometimes had to proceed with projects not of the highest priority, in order to utilize funds at its disposal.

If the Director-General were to continue executing the malaria eradication programme in the most efficient manner possible, Financial Regulation 5.5 must be observed. Otherwise, a big increase could be expected in the cost of the programme, and the full application of the provisions of resolution WHA14.15 would be jeopardized.

Dr VARGAS-MÉNDEZ (Costa Rica) stated that his delegation had supported both the proposal to

<sup>1</sup> Transmitted to the Health Assembly in section 5 of the Committee's fourth report and adopted as resolution WHA14.31

incorporate the financing of the malaria eradication programme in the regular budget and the draft resolution on the budget level for 1962 on the understanding that the provisions of Financial Regulation 5.5 would be applied as in the past. Any departure from that usual procedure would call for modifications in decisions already adopted by the Health Assembly.

He emphasized the difficulties of using many different currencies. It involved, for instance, fixing exchange rates, and problems arose when a currency had only limited convertibility.

He was therefore opposed to the proposal of the delegation of Bulgaria, and considered that Financial Regulation 5.5 should be adhered to, both in respect of the malaria eradication programme, as well as of the regular budget.

Dr CASTILLO (Venezuela) pointed out that, as society might exact sacrifices from individuals, so the interests of the world community might call for sacrifices by countries. Naturally, it was easier for any country to pay its contribution—or at least part of it—in its national currency, but that would cause obvious difficulties for the Organization. His own country did not find it easy to pay in United States dollars or Swiss francs, but was prepared to make the effort of doing so for the sake of WHO. His delegation, therefore, considered that Financial Regulation 5.5 should be observed.

Professor KOSTRZEWSKI (Poland) said that he had listened with the most careful attention to the Secretary's statement, but maintained the view that the proposal of the delegation of Bulgaria should be supported so as to avoid placing an excessive burden on the national economy of certain countries.

Mr FOBES (United States of America) said that he had nothing to add to the practical objections raised by the delegations of Costa Rica and Venezuela to the proposal of the delegation of Bulgaria. His delegation was not opposed to preliminary decisions in principle, but would stress that WHO had constantly followed the practice of treating the budget as an integral whole and of requiring that, in accordance with the Financial Regulations, contributions should be made in a convertible currency or in the currency of the country in which the headquarters was located. Financial Regulation 5.5 was qualified by the proviso laid down in the second part of the Regulation. In view of that practice, as well as the practice of other United Nations bodies, his delegation could not support a proposal which would result in treating one part of the budget on a different footing and would bypass the Director-General's authority under

Financial Regulation 5.5. Moreover, he had been greatly impressed by the Secretary's remarks about the additional administrative expenses which the proposal of the delegation of Bulgaria would certainly entail.

He was confident that the Director-General would take into account the views expressed during the present and previous discussions on the subject when applying the provisions of Financial Regulation 5.5.

Dr KURASHOV (Union of Soviet Socialist Republics) said that the Secretary's observations amounted to the objection that the proposal of the Bulgarian delegation would cause serious inconvenience to the Director-General's staff. That was certainly a consideration which could not be overlooked, but it was also necessary to avoid imposing internal financial difficulties on Member States. The Secretariat was no doubt aware that certain States conducted their trade and mutual assistance in national currencies; they could do the same in respect of the malaria eradication programme. He saw no reason why WHO should not go half way to meet them, even though that required some additional effort which was surely well within the Secretariat's capacity.

Much had been said about the Financial Regulations and past practice, but on two or three occasions those regulations had been amended, and there was no reason why that should not be done again. Clearly the greatest possible measure of flexibility was required in order to implement energetically the malaria eradication programme and to provide the best possible conditions for Member States to participate in it. The formal objections raised to the proposal of the Bulgarian delegation were by no means insurmountable.

Lt-Col. SRINIVASAN (India) supported the proposal of the Bulgarian delegation, which was consistent with the proviso in Financial Regulation 5.5 empowering the Director-General, in consultation with the Executive Board, to accept contributions in currencies other than US dollars or Swiss francs. Most countries engaged in malaria eradication programmes were already shouldering heavy expenditure and were often short of foreign exchange, particularly hard currencies. Since much of the expenditure on WHO's programme had to be incurred in those countries, the Organization ought to be able to accept at least part of the contributions in national currencies.

The CHAIRMAN could not accept the previous speaker's interpretation of the proposal of the



Bulgarian delegation which in fact left the decision to each individual country as to what currency the contribution was to be paid in.

Dr CAYLA (France) understood the reasons for which the delegates of Poland and the Union of Soviet Socialist Republics had supported the proposal of the Bulgarian delegation, but nevertheless considered it imprudent to take a decision in principle which might easily entail practical difficulties of application. Financial Regulation 5.5 wisely empowered the Director-General, in consultation with the Board, to take into account difficulties as they arose.

Dr HANDL (Czechoslovakia) supported the proposal of the Bulgarian delegation: it would help a number of countries, particularly those conducting malaria eradication programmes, to fulfil their commitments towards WHO, and would lessen their financial burden. Such a procedure would not be exceptional, since a number of countries, including his own, were already paying part of their annual contributions to the United Nations in national currencies.

Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland) said that it was clear from the Secretary's statement that the proposal of the Bulgarian delegation would impede the efficient execution of the malaria eradication programme. His delegation would deprecate any deviation from Financial Regulation 5.5, in the light of the difficulties already encountered in the past with a multiplicity of currencies.

Mr OBEYESEKERE (Ceylon) asked what proportion of contributions had been paid in other currencies during the past year.

The CHAIRMAN said that in the previous year all contributions to the Malaria Eradication Special Account had been entirely voluntary; the present discussion referred only to the \$2 000 000 included in the budget as a result of the decision taken during the present Assembly. However, he would ask the Secretary to comment on the matter in relation to the regular budget.

The SECRETARY said that the history of the Health Assembly's numerous discussions on the question of currency of contributions could be traced from the resolutions reproduced in the *Handbook of Resolutions and Decisions*, fifth edition, pages 273-274. He would particularly draw the Committee's attention to the decision adopted in resolution WHA2.58 that "contributions to the operating

budget in currencies other than US dollars and Swiss francs be accepted, on the basis that all Member governments shall have equal rights in paying a proportionate share of their contribution in such currencies as may be acceptable, these currencies to be determined under the provisions of Financial Regulation 19". That regulation had now become Regulation 5.5. In pursuance of that principle, the Director-General had proposed some years previously to the Executive Board that the Organization could accept sterling in amounts that varied annually depending upon the programme. Since then the Director-General, when communicating with Member States concerning the scale of assessments, had asked whether they wished to pay part of their contributions in sterling. That information was required so that the Secretariat could effect the necessary calculations and inform governments what proportion could in fact be paid in sterling.

Mr JONGEJANS (Netherlands) wondered whether it would be possible to estimate the proportion of contributions which would be paid in non-convertible currency if the proposal of the Bulgarian delegation were accepted. He also asked whether the Secretariat could give any indication of what the effect would be on the implementation of the malaria eradication programme.

The SECRETARY replied that it would be impossible to make any advance estimate, since the proposal of the Bulgarian delegation left it to Member States to decide whether or not they would pay a proportion of their contribution in their own national currency. A further difficulty which might arise was that it was only during the course of the year that Member States paid their contributions and the convertible currency from the Working Capital Fund was used to finance programmes in the interval. If the contributions were subsequently received in a national currency which could not be used for many years to come, the Health Assembly would soon find itself obliged to provide for a substantial increase in the Working Capital Fund.

Mr JONGEJANS (Netherlands) concluded from the Secretary's statement that the adoption of the proposal of the Bulgarian delegation would have an effect on the implementation of the programme, which could not at present be foreseen.

Lt-Col. SRINIVASAN (India) suggested, in view of the difficulties that had been raised, that the proposal of the delegation of Bulgaria might be replaced by the following draft resolution:

The Fourteenth World Health Assembly,  
Bearing in mind the provisions of the Financial Regulations, especially Regulation 5.5; and

Taking into account resolution EB10.R13 of the Executive Board, tenth session, as well as earlier resolutions of the Health Assembly and the Executive Board,

REQUESTS the Director-General and the Executive Board to give the problem of payment of contributions in currencies other than US dollars, Swiss francs or pounds sterling further consideration.

Dr EVANG (Norway) asked what progress had been made in pursuance of the provisions of resolution EB10.R13. He was not in favour of altering the Financial Regulations, but he considered that everything possible should be done to meet the difficulties of Member States in view of the unexpected increase in the regular budget for 1962. He would, therefore, strongly support the draft resolution proposed by the delegate of India.

The SECRETARY said that the only result of resolution EB10.R13 had been that the United Kingdom had agreed to make its currency convertible for the purposes of WHO. The increase in the regular budget for 1962 should not have come as a complete surprise to delegations, since the question of incorporating the cost of the malaria eradication programme in the regular budget had been considered at the Twelfth and Thirteenth Health Assemblies and again at the twenty-sixth session of the Executive Board. The relevant documentation had been circulated well in advance of the present Health Assembly.

Dr EVANG (Norway) explained that he had not intended any criticism of the Secretariat. It was true that delegations had been informed of the possibility of a decision to increase the regular budget, but the decision itself might well have come as an unexpected and unpleasant shock to some Member States.

Mr KITTANI (Iraq) said that, although his country was fortunately not faced with currency difficulties, he fully appreciated the position of those that were. On the other hand, it was the Committee's duty to make sure that the various programmes were carried out efficiently. He would, therefore, support the proposal of the Indian delegation which was designed to take account of currency difficulties as far as possible without impairing the Organization's efficiency.

Dr KURASHOV (Union of Soviet Socialist Republics) thought that there had been a tendency to exaggerate the problems involved in the proposal of the Bulgarian delegation. It was only suggested that Members that so wished could pay part of their contribution in their national currency. That did not mean that all countries would choose to do so, and those that did would certainly inform the Secretariat well in advance so that they could decide how each particular currency was to be spent. Some of the funds would in any case be needed for the purchase of equipment, and contributions in different currencies might even simplify such purchases. A constructive solution had been proposed by the delegate of India, whose draft resolution he would support. He considered, however, that the proposal should be limited to the part of the budget relating to the malaria eradication programme. Accordingly he proposed the addition of the following words at the end of the draft resolution proposed by the delegation of India: "with regard to the financing of the malaria eradication field programme for 1962 up to \$2 000 000".

Dr GOOSSENS (Belgium) asked whether it was permissible to single out one item of the regular budget for special treatment as suggested by the delegate of the Union of Soviet Socialist Republics.

The SECRETARY replied that the Secretariat could make any arrangement that the Assembly wished. It would, however, cause complications if the proposal of the delegate of India were limited to one part of the regular budget. It would be useful for the whole problem to be considered by the Director-General and the Executive Board, as many years had passed since the last resolution on the subject.

Mr FOBES (United States of America) thought it would be preferable not to single out one section of the budget. In his opinion, the amendment proposed by the Union of Soviet Socialist Republics would weaken the draft resolution, which he was prepared to support in its original form.

Mr SAITO (Japan) said that he too would support the draft resolution proposed by the delegation of India and would prefer not to limit its application to one particular section of the budget.

Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland) suggested that the point raised by the delegate of the Union of Soviet Socialist Republics might be met by the insertion of the following paragraph in the preamble: "Con-

sidering the increase in the regular budget resulting from the incorporation therein of a part of the costs of the malaria eradication field programme”.

Dr KURASHOV (Union of Soviet Socialist Republics) said that the United Kingdom amendment would not really meet his point, and Mr ROFFEY (United Kingdom) accordingly withdrew the amendment.

Dr CAYLA (France) re-submitted the United Kingdom amendment in his own name, and Lt-Col. SRINIVASAN (India) accepted it.

The CHAIRMAN put to the vote the amendment proposed by the delegate of the Union of Soviet Socialist Republics which involved the addition of the following words at the end of the draft resolution proposed by the delegate of India: “with regard to the financing of the malaria eradication field programme for 1962 up to \$2 000 000”.

*Decision:* The USSR amendment was rejected by 31 votes to 13, with 19 abstentions.

The CHAIRMAN then called for a vote on the draft resolution proposed by the delegate of India, including the additional paragraph in the preamble which had been accepted by the sponsor.

*Decision:* The draft resolution proposed by the delegate of India was approved by 56 votes to 2, with 4 abstentions.<sup>1</sup>

#### **6. Selection of the Country or Region in which the Fifteenth World Health Assembly will be held**

Agenda, 3.8

The SECRETARY informed the Committee that no government had invited the Organization to hold the Fifteenth World Assembly away from the headquarters.

The CHAIRMAN submitted the following draft resolution for the Committee's consideration:

The Fourteenth 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 Fifteenth World Health Assembly shall be held in Switzerland.

*Decision:* The draft resolution was approved.<sup>2</sup>

<sup>1</sup> Transmitted to the Health Assembly in section 6 of the Committee's fourth report and adopted as resolution WHA14.32

<sup>2</sup> Transmitted to the Health Assembly in section 7 of the Committee's fourth report and adopted as resolution WHA14.33

#### **7. Decisions of the United Nations, Specialized Agencies and IAEA affecting WHO's Activities on Administrative and Financial Questions (continued from section 3)**

Agenda, 3.21

*Consideration of Recommendation of the Executive Board concerning Prior Consultation (continued from section 3)*

The CHAIRMAN asked if there were any comments on the draft resolution proposed by the delegation of Canada, which had now been circulated (see page 357).

Dr EVANG (Norway) proposed the insertion of the words “on matters of concern to more than one agency” after the word “consultation” in the first operative paragraph. That would involve a consequential change in paragraph 2, which would end with the words “at the appropriate level on such matters”.

Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland) proposed the addition of a further clause to paragraph 2, which would then read:

REQUESTS the Director-General

(a) to consult with the other members of the Administrative Committee on Co-ordination on the need for prior consultation at the appropriate level on such matters;

(b) to take steps to ensure that programmes of WHO which require or would benefit from the co-operation of other United Nations bodies are the subject of such prior consultation.

Dr LAYTON (Canada) accepted the amendments proposed by the delegations of Norway and the United Kingdom.

The SECRETARY said that the new clause (b) proposed by the delegate of the United Kingdom was in fact already covered by Rule 8 of the Rules of Procedure.

Mr WYATT (United States of America) supported both the amendments to the draft resolution. It was true that that proposed by the delegation of the United Kingdom was already covered by Rule 8 of the Rules of Procedure, but he considered that its inclusion would result in a better balanced text.

Dr EVANG (Norway) thought it would be a mistake to include in a resolution something which was already incorporated in the Rules of Procedure. Moreover, in the case in point, WHO as an operative agency in the field might sometimes have to act

quickly, and the text proposed by the delegate of the United Kingdom might in some circumstances hamper the Director-General's freedom of movement.

Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland) said that he was not sure that he had fully understood the objection of the delegate of Norway, but in order to avoid a prolonged discussion he would withdraw his amendment.

Dr LAYTON (Canada) said that he would have preferred to have retained the amendment proposed by the delegation of the United Kingdom because he agreed with the delegate of the United States of America that it strengthened the resolution. However, as it had now been withdrawn, he would not pursue the point.

Mr KITTANI (Iraq) said that, as a member of the Advisory Committee on Administrative and Budgetary Questions, he could claim to know something about the problems of co-ordination. He was convinced that many of the difficulties encountered by the United Nations and its agencies in achieving co-ordination were due to a failure of co-ordination at the national level. As an example, he mentioned the vexed question of post adjustments where the difficulties had arisen mainly because representatives of some governments had voted differently in New York and in Geneva.

He asked for further information about the discussions in the Sixth Committee of the General Assembly on the subject.

The SECRETARY agreed to circulate to delegates the relevant extract from the report of the Sixth Committee. The need for co-ordination at the national level was indeed important. From the point of view of WHO, it was also of considerable importance that governments should ensure that the views of the public health authorities were taken into account when questions of concern to WHO were discussed in other international organizations.

Mr KITTANI (Iraq) requested a separate vote on the first operative paragraph of the draft resolution proposed by the delegation of Canada.

*Decision:* The first operative paragraph was approved by 49 votes to none, with 2 abstentions.

The draft resolution as a whole proposed by the delegation of Canada was then approved without a vote.<sup>1</sup>

Mr KITTANI (Iraq) explained that he had requested a separate vote on part of the draft resolution in order to be able to take exactly the same stand as had been taken by the Iraqi delegation in the Sixth Committee of the United Nations General Assembly.

Dr LAYTON (Canada) said that he hoped to have an opportunity at a later stage to make some comments on other parts of the Director-General's report on the present agenda item.

*The meeting rose at 12.5 p.m.*

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## EIGHTH MEETING

*Monday, 20 February 1961, at 9.30 a.m.*

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

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### 1. Review of Work during 1960: Annual Report of the Director-General (continued from first meeting, section 3)

Agenda, 3.3

#### *General Discussion*

Dr CAYLA (France) said that the Assistant Director-General had given a very clear picture of the evolution of the Organization (see page 326). He had not only surveyed the administrative, financial and legal aspects of the work of WHO, but had outlined a theory on organization and methods of work which had reflected his desire to perfect the services concerned. The general appreciation manifested by

the Committee with regard to the report of the Assistant Director-General had induced his delegation to prepare the following draft resolution:

The Fourteenth World Health Assembly,

Having reviewed that part of the Annual Report of the Director-General on the work of WHO in 1960<sup>2</sup> relating to administrative and financial matters;

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<sup>1</sup> Transmitted to the Health Assembly in section 3 of the Committee's fourth report and adopted as resolution WHA14.29

<sup>2</sup> *Off. Rec. Wld Hlth Org.* 105

Considering that, because the Health Assembly was convened so soon after the close of the financial year, the financial report of the Director-General for the period 1 January to 31 December 1960 and the report of the External Auditor for that period were not available to the Health Assembly; and

Noting that the Executive Board will review this financial report at its twenty-eighth session and will report thereon to the Fifteenth World Health Assembly,

1. COMMENDS the Director-General and the Secretariat for the excellent administration shown by a study of the Report, which is also revealed by the admirable statement made on behalf of the Director-General to the Committee on Administration, Finance and Legal Matters; and
2. NOTES that the administrative affairs of the Organization are in sound condition and that, based on the provisional report, the financial affairs can also be considered as satisfactory.

Mr LE POOLE (Netherlands) said that the Assistant Director-General had spoken, during the first meeting of the Committee, on the need for flexibility and adaptability to change in the stewardship of the Secretariat in managerial matters. The manner in which the administration of WHO had organized the present session of the Health Assembly away from headquarters, in response to the gracious invitation of the Government of India, was a real proof of flexibility and adaptability, more particularly since the tragic developments in the Congo (Leopoldville) had coincided with the preparations for the Fourteenth World Health Assembly. It was the firm opinion of his Government and delegation that the financial and administrative management of WHO was, in general, very sound indeed, and that any unspecific criticism of inefficiency would be unfair to the Director-General and the Secretariat.

It was a curious phenomenon that occasions frequently arose when delegations to the Health Assembly expressed views which were divergent from those adopted by delegations from the same countries in sessions of the various organs of the United Nations. For example, the decision taken by the Tenth World Health Assembly concerning salaries, allowances and benefits was contrary to the one adopted by a previous General Assembly of the United Nations; that discrepancy had only recently been rectified. The Assistant Director-General had presented a clear survey of the recruitment policy of the Organization and, in that context, had spoken of the necessity for a well-planned programme for the further training of staff. His delegation hoped

that the suggestion made two years previously by the delegation of the Netherlands regarding the establishment of training schemes for young graduates, in order to safeguard recruitment requirements in future years, might soon be given due consideration by the Executive Board. In the budget of the Netherlands Government a contingency provision was made to enable the Government to give assistance to countries which had suffered from a severe catastrophe. Under that contingency provision his Government had been able, during the past year, to assist Morocco, Chile, and the Congo (Leopoldville). He believed that it would be worthwhile for the Organization to study the general principles on which aid should be given in such circumstances, in order that plans, established in broad outline in advance, might be put into operation with the minimum of delay. Such a study should be made in consultation with the United Nations and other appropriate specialized agencies.

The CHAIRMAN said that, in the absence of further comments, he would put the draft resolution proposed by the delegation of France to the Committee.

*Decision:* The draft resolution was approved.<sup>1</sup>

*Draft Resolution proposed by the Delegation of Czechoslovakia concerning the Universality of Membership.*

The CHAIRMAN read the following draft resolution proposed by the delegation of Czechoslovakia:

The Fourteenth World Health Assembly,

Recalling the provisions of the Preamble of the Constitution of the World Health Organization, that the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States, and the provisions of Article 3, that membership in the World Health Organization is open to all States;

Considering that the full development of the activity of the Organization is hampered by the fact that some regions of the world are for different reasons not yet participating in the work of the World Health Organization;

Considering at the same time that lately, as a consequence of the disintegration of the colonial system, a number of new States are being created, above all in Africa,

REQUESTS the Director-General:

<sup>1</sup> Transmitted to the Health Assembly in section 8 of the Committee's fourth report and adopted as resolution WHA14.34

- (1) to invite all States that have not yet become Members, to reconsider their membership in the World Health Organization; and
- (2) to report on the steps taken to the Fifteenth World Health Assembly.

Dr ŠTICH (Czechoslovakia) said that, in introducing its draft resolution, his delegation had wished to draw attention to the fact that the membership of WHO was incomplete, since there were a number of governments in different regions which did not participate in the work of the Organization.

The lack of universal membership of the Organization was a serious obstacle to the implementation of the important tasks enumerated in the Constitution. Public health problems on a world-wide basis could not be solved without the active participation of all governments. It was particularly necessary that the point be stressed at the present time, when many countries, especially in Africa, were achieving independence. Only if the membership of the Organization became truly universal could the humanitarian tasks facing it be tackled satisfactorily, particularly in respect of the under-developed countries. The draft resolution, therefore, was not only an appeal for universality of membership in accordance with the Preamble and Article 3 of the Constitution, but also an appeal for the improvement of world health.

Dr EVANG (Norway) asked whether the delegate of Czechoslovakia would agree to the amendment of the draft resolution by the deletion of the phrase "as a consequence of the disintegration of the colonial system" from the third paragraph of the preamble.

He believed that if that amendment were made the draft resolution would be more generally acceptable.

Dr ŠTICH (Czechoslovakia) accepted the amendment proposed by the delegate of Norway.

Dr BÎRZU (Romania) supported the draft resolution. Universality of membership was essential if the Organization were to fulfil its humanitarian ends, since, as stated in the Preamble to the Constitution, "the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States". Consequently the Organization should spare no effort to ensure that all countries, regardless of race, colour or politics, be admitted to membership.

Dr PACHO (Poland) said that universality of membership should not remain a theoretical aim of the Organization, but become a reality; concrete

steps should be taken towards the attainment of that goal. The protection of the health of mankind required the co-operation of all countries carrying out programmes of public health in conformity with the objectives of WHO. Consequently, his delegation supported the draft resolution proposed by the delegation of Czechoslovakia, as amended by the delegation of Norway.

Mr ALI (Somalia) said that his delegation had repeatedly stressed that membership of WHO should be open to all the peoples of the world. In conformity with that principle, his delegation had supported the admission of the People's Republic of China and by Mauritania. The draft resolution before the Committee would receive the support of his delegation in accordance with that principle.

Dr CHEN (China) said that the draft resolution was couched in general terms; it had allegedly been tabled on purely humanitarian grounds, but he believed that it had been inspired by political motivation. His delegation reiterated its belief that the Health Assembly should not engage in political discussions and, in principle, should not take a decision on a political matter which would be contrary to the attitude adopted in that matter by the United Nations and other specialized agencies. The Constitution of WHO provided that any Member of the United Nations might become a Member of the Organization and that other States might become Members if their applications were approved by the Health Assembly. The number of new admissions to membership during the past year showed the validity of the system; there appeared, therefore, to be no need for a new approach. The function of the Director-General, as defined by the Constitution, was that of chief administrative officer of the Organization; he should not be expected to act as the director of a membership drive, particularly as such a role might give rise to an embarrassing situation, in the event of the Health Assembly not approving an application for membership which had been submitted in response to an invitation from the Director-General. On those grounds, his delegation could not support the draft resolution.

Mr ALLEN (Australia) agreed with the previous speaker that the arrangement envisaged in the draft resolution would be liable to give rise to a number of complications which would render the proposal unworkable. The terms of the draft resolution were unspecific in that the countries which should be invited to apply for membership of WHO were not

mentioned by name. It was improper to expect the Director-General to take a decision on the matter. Furthermore, difficulties would undoubtedly arise if the Health Assembly refused admission to a candidate invited by the Director-General. With those considerations in mind, his delegation believed that the existing procedure for admission to membership should remain unchanged, leaving the decision to apply for admission with the individual governments and the decision regarding admission with the Health Assembly. His delegation would therefore vote against the draft resolution.

Dr SAMONTE (Philippines) said that the draft resolution had socio-medical and political implications. The adoption of the draft resolution would be a tacit recognition of the eligibility for admission to membership of all countries. WHO was not competent to take a decision in the political field, which was the function of the United Nations. Furthermore, such a recognition would mean a reversal of previous decisions of the Health Assembly, particularly with reference to the eligibility for admission of the People's Republic of China. If the present draft resolution were rejected and a similar one introduced for the consideration of the Health Assembly at a later date, the names of the States to be invited to apply for admission should be clearly stated. In the belief that a political decision by the Health Assembly in the matter might create difficulties in the relationship of the Organization with the United Nations, thus jeopardizing the work of WHO, his delegation would not support the draft resolution.

Dr LE CUU TRUONG (Republic of Viet-Nam) said that the draft resolution was unacceptable to his delegation because of its political implications; it appeared to be inopportune and contrary to the principles of the Constitution. The procedure to be followed by a country wishing to become a Member of the Organization was already defined in the Constitution and had recently been followed by many countries, particularly in Africa, which were now full Members of WHO. It was most undesirable that the Organization should extend a universal invitation to membership or make an implicit promise to admit as Members all States accepting such an invitation. The Health Assembly had the right and the duty to examine each application for membership and to decide on each according to its merits, but it was not empowered to judge on the sovereignty of a country: that was a political question. Furthermore, acceptance of the draft resolution would place the Director-General in an extremely

difficult position as regards determining the criteria on which to base a judgement concerning sovereignty. For that reason, his delegation could not support the draft resolution.

Dr ALAN (Turkey) said that he approved the principle of universality of membership, but appreciated the points raised by the delegates of China and Australia and by other speakers. Under Article 6 of the Constitution any State could apply for admission to membership of WHO. It was not a function of the Director-General to invite applications, but for the governments concerned to take the initiative. His delegation would therefore not support the draft resolution.

Mr KOLYOVSKY (Bulgaria) said that the only phrase in the draft resolution which might possibly have been construed as political had been removed by the acceptance of the amendment proposed by the delegate of Norway. The purpose of the draft resolution was solely to increase the efficiency of the Organization and to extend its sphere of influence to the largest possible number of countries. It had been suggested that adoption of the resolution might place the Director-General in a difficult position, but the draft resolution was based on the Constitution, and his delegation did not believe that such a difficult situation could arise if there were strict adherence to the provisions of the Constitution.

Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland) expressed appreciation to the delegate of Norway for the amendment he had proposed and to the delegate of Czechoslovakia for accepting it. The substance of the draft resolution, however, was not acceptable to his delegation. Application for membership of the Organization must be a voluntary act on the part of a State, and not the result of coercion. It was a misunderstanding of their functions to suggest that either the Director-General or the Executive Board should canvass for new Members; not only would considerable difficulties arise if the Health Assembly later rejected applications so obtained, but it would place on the Director-General the burden of deciding whether a particular group of people constituted a State within the meaning of the Constitution. He therefore believed that the draft resolution was contrary to the Constitution, and would not support it.

Dr SAGATOV (Union of Soviet Socialist Republics) said that, although many new Members had joined the Organization during recent years, there were still large parts of the world which had not come into the sphere of activity of WHO. It was obvious

that the Organization could not achieve the solution of serious problems such as the eradication of malaria, smallpox and other infectious diseases unless its influence extended to all parts of the world. The draft resolution, as amended by the delegate of Norway, was without political implications and was entirely in accordance with the Constitution of WHO. The remarks of some previous speakers seemed on the contrary to be in contradiction with the Constitution, Article 3 of which provided that membership of the Organization should be open to all. It seemed appropriate now that the initiative to obtain such universality should come from the Organization itself.

Dr BANG (Republic of Korea) said that the implications of the draft resolution had already been mentioned by other speakers. He only wished to stress that the Constitution of WHO already provided a satisfactory procedure for admission to membership. Consequently, he would not support the draft resolution.

Dr MARTÍNEZ MARCHETTI (Argentina) said that his delegation was in agreement with the principles on which the draft resolution was based and would not claim that it had been prompted by any motive other than that stated. However, it appeared that the draft resolution would in effect be an amendment to the Constitution, since the procedure for the admission of Members was laid down in Articles 4, 5 and 6. His delegation therefore considered that the resolution was not legally acceptable.

Dr BRAVO (Chile) said that his delegation was in agreement with the preamble of the draft resolution since the principle of universality of membership was included in the Constitution and was one of the pillars of the Organization. However, the operative part of the draft resolution appeared to be contrary to the constitutional procedure for the admission of new Members, the admission to membership being a matter solely within the competence of the country applying for membership and the Health Assembly. In the opinion of his delegation there was no reason to change the established procedure, and he could not vote for a resolution which introduced a new procedure which he believed to be unconstitutional.

Professor AUJALEU (France) said that he had expected to hear some clarification of the purpose of the draft resolution, since it appeared to be useless. Such clarification had not been given. In view of the fact that membership of the Organization was open to all States applying for it, subject to approval by the Health Assembly, and that the Director-

General was not legally empowered by the Constitution to invite countries to become Members of the Organization, the delegation of France found the draft resolution unacceptable.

Dr BALAGUER (Cuba) said that his delegation was satisfied that the draft resolution was in conformity with the aims of WHO, since it was designed to ensure that all countries of the world, irrespective of political considerations, should become part of the Organization, which should be world-wide. The question of the admission to membership of the People's Republic of China had given rise to political arguments, but the draft resolution before the Committee did not raise political questions: it simply called for a universality of membership and brotherhood and co-operation between all human beings. For that reason, his delegation would support the resolution.

Mr FOBES (United States of America) said that the improvement of the health of all peoples was a humanitarian objective and the desirability of admission to membership of the Organization of all States eligible to become Members was a matter about which there would be no disagreement. Provision was made in the Constitution for the admission of Members, and it was to be hoped that eligible States would apply for membership. The responsibility for deciding on admission must remain with the Health Assembly in each individual case. The draft resolution before the Committee tended to defeat the constitutional processes which protected the rights of Members and it might place the Director-General in a very difficult situation. It was not proper for the Health Assembly to delegate to the Director-General the responsibility for deciding on the eligibility of a prospective applicant. Consequently, his delegation would oppose the draft resolution.

Mr RAFAEL (Israel) asked which African States were not yet Members of WHO and whose application for membership might cause difficulties.

The DIRECTOR-GENERAL replied that, so far as he knew, the only one which had not deposited an instrument of acceptance of the Constitution with the Secretary-General of the United Nations was the Congo (Leopoldville).

Dr EVANG (Norway) was surprised at the long debate. He did not see why the draft resolution should lead to so great a difference of opinion. The Assistant Director-General had expressed regret that three Members had for more than ten years not returned to active participation in the work of



WHO; that alone seemed enough cause for action by the Assembly. At the Second World Health Assembly in 1949, resolution WHA2.90 had been passed approving action taken by the Director-General and the Executive Board in relation to certain States which were not participating in the work of the Organization and inviting the Members concerned to reconsider their decision. However, since many delegates, including those of the United Kingdom of Great Britain and Northern Ireland and the United States of America, seemed to doubt whether it would be in conformity with the Constitution to ask the Director-General to take similar action, and felt that he might find himself in a difficult position if he did, the wisest course would probably be to amend the operative part of the resolution to read somewhat as follows: "Invites all States that are at present not Members to join the World Health Organization".

Dr LISITSIN (Union of Soviet Socialist Republics) said that the reactions of some delegations to the draft resolution presented by the delegation of Czechoslovakia had been totally unexpected. An unnecessary political discussion had taken place which was quite at variance with the technical character of WHO. No objection to the preamble of the draft resolution had been formulated; there had been objections to the operative part, even though the first amendment proposed by the delegate of Norway had removed all vestige of political considerations. Even as originally presented, the draft resolution did not run counter to the procedure laid down in the Constitution regarding membership, since it did not provide for the Director-General to take the initiative, but for the Health Assembly to request him to invite States to become Members. The aim of the draft resolution was purely to stimulate action with regard to membership — and no speaker had contested the fact that, the more nearly the Organization approached universality of membership and the greater the number of States taking part in its work, the more effective that work would be. Anxiety had been expressed over the position in which the Director-General might be placed; but the draft resolution contained nothing that was in conflict with the principles underlying the Organization's work and nothing that prejudiced the rights of Member States. The further amendment which the delegate of Norway had just proposed appeared to merit attentive consideration.

Dr ŠTICH (Czechoslovakia), replying to the question of the delegate of France, said that his delegation's draft resolution meant that the fact

that such a large part of the world was outside the Organization was not a matter for indifference, and that WHO should do everything in its power to give effect to Article 3 of the Constitution, which laid down that membership in the Organization was open to all States. Procedural considerations did not seem to be of such great importance. The delegate of Norway appeared clearly to have understood the object of the draft resolution; his amendment to the operative part of the resolution (to which the delegation of Czechoslovakia agreed) appeared to have eliminated the point to which some delegations had objected, and the text should now be acceptable. His delegation had no wish to place the Director-General in a difficult position.

The CHAIRMAN said that there was therefore only one proposal before the Committee — the original draft resolution as twice amended by the delegate of Norway.

Dr STRALAU (Federal Republic of Germany) supported the remarks of the delegate of France.

The CHAIRMAN said the phrase "to join the World Health Organization" in the second amendment proposed by the delegate of Norway might give rise to some difficulties. He asked the delegate of Norway, who had not given his proposed amendment a definitive wording, to agree with the delegate of Czechoslovakia on a final text.

Mr KITTANI (Iraq) said that it was in fact incorrect to invite States to join the World Health Organization, since the Health Assembly had to retain its basic right to consider each case on its merits. He would support the amendment if the phrase in question were changed to read "to apply for membership of the World Health Organization".

Dr ALAN (Turkey) asked whether the new wording covered the case of inactive Members being invited to return to active participation in the Organization as well as new States being asked to join it. There was also an apparent discrepancy between the preamble, which referred to States in Africa, and the operative part of the resolution, which referred to all States. Would all new States be covered by the resolution, or only those in Africa?

The CHAIRMAN said that the reference to Africa in the third paragraph of the preamble was not limiting in effect. The draft resolution, however, was concerned with States that were not Members and did not apply to the present inactive Members.

Professor AUJALEU (France) was grateful for the explanation given by the delegate of Czechoslovakia.

He understood that the proposed resolution applied not to inactive Members, which had already joined the Organization, but to States that had not become Members. If an invitation were to be given, to whom was it to be addressed? The Director-General had said that the Congo (Leopoldville) was the only African State not yet a Member of WHO. He asked the Director-General whether in other regions of the world there were States that were not Members of WHO.

The DIRECTOR-GENERAL said that was a question which should be answered not by him but by the delegations present. There were blanks on the world map, but it was not for him to define which country was a State and which was not.

The CHAIRMAN read the amended text of the operative paragraph of the draft resolution, as agreed upon by the delegates of Czechoslovakia and Norway:

INVITES all States that at present are not Members to apply for membership in the World Health Organization in accordance with the provisions of Chapter III of the Constitution.

Mr EL WAKIL (United Arab Republic) said his delegation intended to abstain for the moment from taking a position on the substance of the resolution, but asked for an explanation of the wording of the operative part. Was the omission of the second clause ("to report on the steps taken to the Fifteenth World Health Assembly") intended? He had understood that the delegate of Norway had proposed to delete the words "Requests the Director-General" before the words "to invite all States", but they should perhaps be retained before the second clause.

The CHAIRMAN understood that the second clause was to be deleted, as the Assembly would be fully informed on the situation by means of any applications forthcoming.

Dr THOR PENG THONG (Cambodia) said that his delegation was particularly interested in achieving universality of membership in the Organization and had been prepared to vote for the resolution with the first amendment proposed by the delegate of Norway. Since hearing that the Director-General would be placed in a difficult position by the resolution as then worded, his delegation had decided to support the resolution with the second amendment proposed by the delegate of Norway.

Mr FOBES (United States of America) said that the question asked by the delegate of France was still relevant. In view of the introductory speech

of the sponsor of the draft resolution in the Committee (see page 366) and the speech of the chief delegate of Czechoslovakia in the fifth plenary meeting (see page 74), it was necessary to know to which States the invitation was to be addressed, i.e. the meaning of the words "all States that at present are not Members".

Dr ŠTICH (Czechoslovakia) said that the names of some of those States had been mentioned by the chief delegate of Czechoslovakia in the plenary meeting. There were also other States that had become independent — the Director-General had named one of them — and it was hoped that in the near future other territories would achieve independence. The question of what constituted a State would have to be decided by the rules existing for determining what was a State, and what was not.

Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland) said that the wording of the draft resolution begged the question of what was a State within the meaning of the Constitution; it implied that the Health Assembly would have to tell the Director-General to whom the invitation should be sent.

Dr SAMONTE (Philippines) said that his delegation objected to the draft resolution because it sought the admission of States, which was a political function, and therefore not a function of WHO. The amendments introduced had not removed that objection, and his delegation would therefore vote against the draft resolution.

Col. AFRIDI (Pakistan) thought that it would be wise to leave the resolution in general terms. The initiative would then be left to the Health Assembly, which would retain the right to accept or reject an application for membership. The point raised by the delegate of Turkey was an important one. To meet it, a further operative paragraph along the following lines could be added:

URGES Member States which are not participating to renew full participation in the work of the Organization.

That would cover both the cases referred to in the preamble.

The CHAIRMAN did not think that the subject of the resumption of active participation in WHO by States that were already Members could rightly be introduced in a resolution dealing with States that were not yet Members. He asked the delegate of Pakistan if he wished to maintain his proposed amendment.

Col. AFRIDI (Pakistan) agreed to withdraw his proposed amendment.

Mr KITTANI (Iraq) agreed with the delegate of Pakistan that it would be wise to leave the resolution in general terms.

The view taken by the delegates of France and the United States of America that the States to be invited to apply for membership should now be named appeared to be in contradiction with their earlier contention that it was for the Health Assembly to decide on each application on its merits. The draft resolution represented only a modest step in the right direction, but his delegation was in favour of it, because it considered that membership of WHO should be truly universal. Some objections might have been motivated by the fact that the proposed resolution came from a certain quarter, but his delegation took it at its face value and considered that it would be useful to inform new States, in Africa and elsewhere, that sympathetic consideration would be given to their applications for membership. Any country that considered itself a sovereign State could apply, and then the Health Assembly could take a decision.

He proposed that the debate on the subject should be closed.

The CHAIRMAN said that, although there was nothing in the Rules of Procedure as drafted at present to prevent a delegate who had spoken on the substance of a subject from moving the closure of the debate at the end of his speech, he felt that such a proposal might come more appropriately from another quarter.

Mr KITTANI (Iraq) agreed to withdraw his motion for the closure of the debate.

Dr SAGATOV (Union of Soviet Socialist Republics) thought that the request of the delegates of France and the United States of America that the States which should be invited to apply for membership should be named was incompatible with Article 3 of the Constitution, which laid down that membership in the Organization should be open to all States.

Professor AUJALEU (France) said that he was of course in favour of Article 3 of the Constitution, but there was a difference between the statement that "Membership in the Organization shall be open to all States" and inviting all States to become Members. He was not in favour of issuing invitations unless it was certain that those invited would be admitted. Admission to membership in WHO was subject to a decision of the Health Assembly.

Mr FOBES (United States of America) said that his answer was exactly the same as that given by the delegate of France. An invitation to apply without specification contained the implication that the applicant would be received. The procedure for admission to membership under the Constitution, however, was application followed by a decision of the Health Assembly. In the view of his delegation, China, Korea and Viet-Nam were States represented in the Organization; but Outer Mongolia, for instance, was a territory not possessing the characteristics of a State. He had felt it necessary to make that statement in the absence of the specific information that seemed necessary for an understanding of the draft resolution before the Committee.

The CHAIRMAN noted that China had been mentioned as being one of the countries referred to in the resolution. China was a Member of the Organization: the question of representation remained to be settled, but it had been decided in the plenary session to defer consideration of that matter for the duration of the current session of the Health Assembly. Therefore the question of China did not arise in connexion with the present discussion and he thus considered that it would be invidious to discuss the other specific countries mentioned.

Dr EVANG (Norway) thought the only remaining difficulty was the desire of the delegates of France and the United States to have specific information as to the States to which the resolution was addressed. But the present time was a unique period of history when a large number of new States was emerging: for that reason alone it was impossible to specify the States to which the resolution was addressed. He shared the view that had been expressed by the Director-General that it was not for him (nor indeed for the Committee) to decide which were sovereign States and whether or not they should apply for membership. Removal of the reference to action by the Director-General had removed the need for any specific address. They had now reached a point where the Assembly could address an invitation to all the States in the world. Thus there was no need for specific address. It was for the emerging States and others not yet participating in the work of WHO to apply for membership. He thought the Committee could agree on the resolution as a friendly gesture in a world that was rapidly moving forward.

Dr DA SILVA TRAVASSOS (Portugal) would take no definite line on the resolution because no clear reply had been given to the question raised by the delegate of

France. He had attended all the World Health Assemblies, but he had never heard of States being invited to join the Organization. In his view that was something new and very surprising.

Mr FERAA (Morocco) was prepared to vote for the resolution as amended. There was no need to specify which States were involved. The Committee should adopt the resolution as an expression of its belief in the need for the universality of membership. He explained that his Government had opposed the admission of Mauritania because it considered Mauritania to be not a State but part of Morocco.

Mr ALLEN (Australia) said that at the beginning of the discussion his delegation had faced two difficulties. The first was the danger of putting the Director-General in an unpleasant position; that had now been obviated. The second was that eligibility for membership had to be decided by the Assembly, and it would be wrong to invite a State and then reject it. He therefore proposed the following amendment to the operative part of the resolution:

INVITES all States which are or become eligible in accordance with Chapter III of the Constitution, but which are not at present represented in the World Health Organization, to consider applying for membership in the Organization.

In his view that would overcome the difficulty of specifying individual countries, and yet keep the whole matter within the framework of the Constitution.

The CHAIRMAN said both amendments would be circulated in time for the next meeting of the Committee.

Mr KHANACHET (Saudi Arabia) proposed omitting the words "or become eligible", since it was for the Assembly to decide the question of eligibility, and it might look otherwise as if they were prejudging the issue. He doubted whether the amendment proposed by the delegate of Australia was in order as it stood.

The CHAIRMAN did not think the amendment could be interpreted in the way suggested by the previous speaker, and ruled that it was in order.

Dr GOOSSENS (Belgium) said that his delegation was as convinced as any other of the need for universality of membership of WHO, but feared the draft resolution might lead to great complications and interminable debates. Although the delegate of Norway had tried to make it acceptable, so many doubts remained that there was bound to be difficulty every time a State acted on an invitation issued to it under the resolution. The resolution seemed both unacceptable and unnecessary. If States outside the Organization required encouragement to apply, that encouragement would come more suitably from one of the Member States than from the Organization. In that way the Organization would not be put in the unpleasant position of issuing an invitation, and then perhaps having to refuse the application. For those reasons he thought it would be better to have no resolution at all. However, he reserved his position until he had time to consider fully the amendment proposed by the delegation of Australia.

Mr KITTANI (Iraq) did not think the example of inviting guests to a house, as adduced by the delegate of France, was valid, unless WHO was to be regarded as an exclusive club. His delegation and others regarded WHO as a world organization in which all were welcome, the only condition being compliance with the requirements of the Constitution. The intention of the resolution was to suggest that all States that considered themselves entitled to be Members should apply. Then it would be for the Assembly to approve or reject the application.

In reply to the delegate of the United States of America, he said there was no question of inviting unspecified countries to join WHO, but merely of inviting them to apply for membership — in other words, to ask for a privilege which might or might not be granted. The delegate of France was afraid the invitation implied that the privilege would be granted, but in his own delegation's view that was not necessarily so. He felt it was useless to go on discussing which countries were eligible for membership. The resolution was merely a modest step towards universality which he hoped the Committee would take. The legal aspect remained unaltered.

*The meeting rose at 12 noon.*

## NINTH MEETING

Monday, 20 February 1961, at 5 p.m.

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

**1. Review of Work during 1960: Annual Report of the Director-General (continued)**

Agenda, 3.3

*Draft Resolution proposed by the Delegation of Czechoslovakia concerning the Universality of Membership (continued)*

The CHAIRMAN drew attention to the following revised text of the draft resolution proposed by the delegation of Czechoslovakia incorporating the amendments submitted by the delegate of Norway at the previous meeting:

The Fourteenth World Health Assembly,

Recalling the provisions of the Preamble of the Constitution of the World Health Organization, that the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States, and the provisions of Article 3, that membership in the World Health Organization is open to all States;

Considering that the full development of the activity of the Organization is hampered by the fact that some regions of the world are for different reasons not yet participating in the work of the World Health Organization;

Considering at the same time that lately a number of new States are being created, above all in Africa,

INVITES all States that at present are not Members to apply for membership in the World Health Organization in accordance with the provisions of Chapter III of the Constitution.

The delegation of Australia had proposed the following amended text:

The Fourteenth World Health Assembly,

Recalling the provisions of the Preamble of the Constitution of the World Health Organization, that the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States;

Recalling the provisions of Chapter III of the Constitution, concerning membership, and in

particular Article 3, which states that membership in the World Health Organization is open to all States;

Considering that fuller development of the activities of the Organization would be promoted by participation in the work of the Organization by additional States which are eligible but not represented in it; and

Considering that a number of new States are being created, above all in Africa, and will become eligible for membership,

INVITES all States which are or become eligible in accordance with Chapter III of the Constitution, but which are not represented in the World Health Organization, to consider applying for membership in the Organization.

Mr ALLEN (Australia) explained that his amended wording represented an attempt to meet as many as possible of the points raised during the discussion. With regard to the preamble, he believed that the third paragraph in his text was preferable to the second paragraph in the Czechoslovak text because it expressed the same idea positively rather than negatively. He considered that the operative paragraph was an improvement on the Czechoslovak text for three reasons: it would encourage all States eligible in accordance with Chapter III of the Constitution to apply for admission; it avoided the awkward question of specifying countries by name; and it left the existing constitutional procedures undisturbed. The delegations of Argentina, France and the United Kingdom of Great Britain and Northern Ireland had joined with him in sponsoring the amendment.

Dr EVANG (Norway) appreciated the efforts made by the sponsors of the amendment to achieve unanimity, and was glad to accept their text.

Dr ŠTICH (Czechoslovakia) preferred his own draft resolution as amended by the delegate of Norway. He asked for clarification of the reference to "States which are or become eligible" in the amended text proposed by the delegation of Australia.

Mr ALLEN (Australia) explained that one of the difficulties about the resolution proposed by the delegation of Czechoslovakia was that it was not in accordance with existing constitutional procedures. Under the present procedure, any country wishing to join the Organization could submit an application which would, in due course, be considered by the Health Assembly at a plenary meeting. The important point was that the initiative remained with the applicant country and the final decision rested with the World Health Assembly. The wording of his amendment was intended to keep as closely as possible to existing constitutional procedures.

Dr ŠTICH (Czechoslovakia) considered that, in accepting the amendment proposed by the delegation of Norway, he had already taken account of the point just made by the delegate of Australia.

Mr FOBES (United States of America) said that the text proposed by the delegation of Australia was an improvement on the original text. The preamble had been made positive rather than negative, and the statement that some regions of the world were not participating in the work of WHO—a statement which had been challenged during the discussion—had been omitted. Secondly, the text proposed by the delegation of Australia invited States to consider applying for membership, which was slightly preferable to inviting them simply to apply. Finally, it made it quite clear that the invitation was extended not only to existing States which were not now represented in the Organization but also to those which might be created or gain their independence in the future. He was sure that such had been the intention of the original proposal, but it was as well to make it absolutely clear. Although his delegation was still convinced that no resolution was really necessary on the subject, he would be prepared to accept the amended text submitted by the Australian delegation.

Dr BRAVO (Chile) was convinced that all Member States of WHO were firm supporters of the principle of universality of membership. However, if a resolution was to be adopted inviting States to apply for membership, it must be adopted unanimously or with a very large majority in order to carry any weight. It was highly unfortunate that the sponsors of the rival texts could not agree on a joint resolution.

Dr BALAGUER (Cuba) said that various legal, political and constitutional difficulties had been raised regarding the original draft resolution proposed by the delegation of Czechoslovakia. Those had all

been solved with the acceptance, by the sponsor, of the amendments proposed by the delegation of Norway, and he was sorry to see that a further complication had now arisen in the shape of the amendment proposed by the delegation of Australia. The draft resolution proposed by the delegation of Czechoslovakia was aimed at achieving universality of membership, and any attempt to undermine that principle was based on political motives. He supported the draft resolution proposed by the delegation of Czechoslovakia and urged all those who wished to achieve better standards of health throughout the world to do likewise.

Dr PISTOLI (Albania) emphasized that the aim of the draft resolution proposed by the delegation of Czechoslovakia was to enable all States to participate in the work of WHO. Its adoption would certainly not alter the existing constitutional procedures, which would naturally be applied when the Health Assembly came to consider the admission of new Members. On the other hand, the Preamble to the Constitution of WHO made it quite clear that political conditions should on no account be an obstacle to admission. He would accordingly support the draft resolution proposed by the delegation of Czechoslovakia.

Dr LISITSIN (Union of Soviet Socialist Republics) said that he was still not quite clear about the purpose of the operative paragraph of the amended text proposed by the delegation of Australia.

Mr ALLEN (Australia) replied that the adoption of the text proposed by the delegation of Czechoslovakia might have placed the Assembly in the embarrassing position of having to reject a candidate which had applied for membership in response to the invitation. His amendment would avoid that difficulty.

Dr LISITSIN (Union of Soviet Socialist Republics) did not think there was anything controversial about the draft resolution proposed by the delegation of Czechoslovakia. Clearly, under the Constitution and the Rules of Procedure, the Health Assembly alone would be empowered to decide on the admission of new Members. The text of the draft resolution proposed by the delegation of Czechoslovakia was clear and it did not involve any legal or constitutional difficulties.

Dr FRANSEN (Denmark) stated that the Constitution contained a standing invitation to all States which were not Members of the Organization to consider applying for membership. Both the resolutions before the Committee simply repeated that

invitation and were, therefore, entirely superfluous. He would vote against both texts, as he considered it wrong to ask the Health Assembly to adopt unnecessary resolutions.

Dr ALAN (Turkey) proposed the closure of the debate.

Having ascertained that there was no objection to the proposal, the CHAIRMAN declared the debate closed. He called for a vote on the draft resolution which had been submitted by the delegations of Argentina, Australia, France and the United Kingdom of Great Britain and Northern Ireland as an amendment to the original proposal of the delegation of Czechoslovakia.

*Decision:* The draft resolution was approved by 31 votes to 13, with 22 abstentions.<sup>1</sup>

Dr BRAVO (Chile) said that the result had been just as he feared. The resolution would carry very little weight, since its adoption had been far from unanimous.

Mr WIDDOWSON (Union of South Africa), Dr BANG (Republic of Korea), Mr CAMPICHE (Switzerland), Dr SAMONTE (Philippines), Dr HAVLASEK (Austria) and Dr ENGEL (Sweden) stated that they had voted against the draft resolution for the reasons given by the delegate of Denmark.

Mr LE POOLE (Netherlands) said that he had abstained from voting for the same reasons.

Dr LE CUU TRUONG (Republic of Viet-Nam) said that he had voted in favour of the text proposed by the delegation of Australia because it was at least in accordance with the Constitution, which was more than could be said for the draft resolution proposed by the delegation of Czechoslovakia. Now that the discussion was over and the decision had been taken he wished to protest against certain remarks that had been made about his country. His Government had been represented in WHO since 1950 and in most of the other specialized agencies for many years. It was also recognized by more than sixty-five Member States of the Organization, and no one had the right to question its sovereignty.

Dr LISITSIN (Union of Soviet Socialist Republics) said that he was compelled to reply to some of the political remarks which had been introduced into the discussion at the previous meeting. The United States delegate had referred to the Mongolian People's Republic as a territory, but for forty years it had been an independent and sovereign State which, immediately after the Second World War, had chosen its present form of government by plebiscite. The other countries mentioned by the United States delegate—the Korean People's Republic, the Democratic Republic of Viet-Nam and the Democratic Republic of Germany—were all full and progressive sovereign States.

*The meeting rose at 5.45 p.m.*

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## TENTH MEETING

*Tuesday, 21 February 1961, at 9.10 a.m.*

*Chairman:* Dr R. VANNUGLI (Italy)

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### 1. Review of Programme and Budget Estimates for 1962

Agenda, 3.5

At the suggestion of the CHAIRMAN, it was agreed to consider consecutively the budget estimates for Part I (Organizational Meetings), Part III (Administrative Services), and Part IV (Other Purposes).

#### *Part I — Organizational Meetings*

Mr SIEGEL, Assistant Director-General, Secretary, recalled that after the Health Assembly had fixed the budget ceiling for 1962 it was necessary to examine the estimates for each of the Appropriation Sections.

Attached to the document before the Committee (a report by the Director-General on the programme and budget estimates for 1962) was an annex showing the proposed estimates for each Appropriation Section—the estimates as set out by the Director-General in *Official Records* No. 104, together with

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<sup>1</sup> Transmitted to the Health Assembly in section 9 of the Committee's fourth report and adopted as resolution WHA14.35

the adjustments resulting from the supplementary estimates as agreed by the twenty-sixth session of the Executive Board (and referred to in *Official Records* No. 107) and also from various resolutions adopted by the Health Assembly.

The estimates for Organizational Meetings, as set out in *Official Records* No. 104, pages 19-21, required adjustment as a result of Assembly resolutions on the use of Russian in the Regional Organization for Europe and on the increased per diem allowance for members of the Executive Board. The revised estimates for Organizational Meetings now amounted to \$587 300.

Mr BRADY, representative of the Executive Board, said the estimates for Part I (Organizational Meetings) had been examined in detail by the Standing Committee on Administration and Finance at the Board's twenty-sixth session. The Board's recommendation was set forth in Chapter IV of the Board's Report (*Official Records* No. 107, pages 30-32). The Director-General's estimates for the Fifteenth World Health Assembly had been endorsed by the Board. It would be noted that there was a reduction in the estimates for 1962 as compared with 1961 in spite of the fact that provision had been made for the extended use of Russian in WHO publications.

In Appropriation Section 2, concerning the Executive Board, the Board had noted that provision had been made for the increase in its membership to twenty-four. The Board had considered the estimates satisfactory and had noted that the required number of Member States had deposited their acceptances of the amendments to the Constitution with the Secretary-General of the United Nations.

Regarding Appropriation Section 3, Regional Committees, the Board had noted that, except in the case of the European Region, where a provision of \$11 600 had been included for the use of Russian as a working language in the Regional Committee, the variation in the estimates was due mainly to the change in venues decided upon by each Regional Committee at its 1960 meeting. The Executive Board had noted that past Health Assemblies had adopted resolutions recommending Regional Committees to meet at the site of the Regional Office from time to time in the interest of economy; but those resolutions were not mandatory on the Regional Committees. The Board had also considered the use of Russian as a working language in the Regional Organization for Europe. That matter had now been before the Assembly and the budgetary effect of the Assembly's decision had been taken into account by the Director-General in the estimates now before the Committee.

Dr CAYLA (France), referring to Appropriation Section 2, asked whether the figure of \$2400 for increased per diem rates for members of the Executive Board was based on a per diem allowance of \$25, as originally proposed by the Director-General, or of \$23, as finally decided by the Health Assembly.

The SECRETARY said that the figure of \$2400 covered the increased per diem allowance for the full membership of the Executive Board and was based on the figure adopted by the Health Assembly.

*Decision:* The estimates for Part I (Organizational Meetings) were approved.

### *Part III — Administrative Services*

The SECRETARY referred the Committee to *Official Records* No. 104, pages 75-88, and *Official Records* No. 107, pages 39-41, as well as to the annex to the document before the Committee, which included adjustments in the original estimates in *Official Records* No. 104. The adjustments resulted from supplementary estimates which had been approved by the Board and from the decisions of the Health Assembly. The figure for Appropriation Section 8, Administrative Services, now stood at \$1 480 650, and that for Appropriation Section 9, Other Statutory Staff Costs, at \$455 333.

Mr BRADY, representative of the Executive Board, said that the Board's Standing Committee on Administration and Finance had had before it much additional information on resources administered by WHO and on certain work-load statistics. The estimates had been examined in detail and the Board had concluded that they were satisfactory. The Board had noted that an adjustment might be necessary in Section 9, Other Statutory Staff Costs, relating to Pension Fund contributions, should a decision of the General Assembly result in changes in the Pension Fund arrangements. The Committee was aware that that decision had since been taken and had already been before the current session of the Health Assembly (see page 336).

The Standing Committee and the Board had noted that the estimates for "Common Services at Headquarters" included the cost of staff providing direct supporting services common to the entire headquarters operations but not to the regions. That change in presentation had been designed to make possible an appropriate distribution of such costs between the organizational units at headquarters provided for under Appropriation Sections 4 (Programme Activities) and 8 (Administrative Services) respectively. The Board had endorsed the view of the Standing Committee that the estimates were satisfactory.



Dr CAYLA (France) wanted some clarification on Part III (Administrative Services). He understood that the administrative and operational services costs of the malaria eradication programme (except in the Americas) came partly under Part III and partly under Part II (Operating Programme). It was clear that the administrative and operational services costs of the malaria eradication programme in the Americas, which featured in Column (H), came under Part II only, since they constituted a regional expense. It appeared to him that there was no logical sequence in the arrangement of the columns in the annex to the document before the Committee, but only a chronological sequence. For clarity, he suggested a logical sequence would be better: in particular, the column indicating "Administrative and operational services costs of the malaria eradication programme (Region of the Americas)" should follow that showing "Administrative and operational services costs of the malaria eradication programme (except the Americas)".

The SECRETARY promised to take those comments into account when drawing up future tables.

Dr LISITSIN (Union of Soviet Socialist Republics) thought that, if the administrative expenses were looked at as a whole, they showed that, whereas the twenty-sixth session of the Executive Board had provided for administrative expenses in 1961 equal to 8.7 per cent. of the total, the figure in the table seemed to have increased to slightly more than 9 per cent. The expenditure for 1962 as compared with 1960 had increased by some \$322 000 above the 1960 figure of \$1 619 000. That represented an increase of more than the cost of the Fifteenth World Health Assembly and caused his delegation considerable anxiety, for it showed a rising trend in expenditure on administrative services, which, though necessary, were unproductive. He therefore asked for the exercise of great caution in the matter of expenditure on administrative services—particularly as the administrative and operational costs of the malaria eradication programme had now been included in the regular budget.

The SECRETARY said it was true that there was an increase in the amount provided in the 1962 budget for Administrative Services, although his calculation of the percentage of the expenditure on Administrative Services did not tally exactly with that mentioned by the delegate of the Union of Soviet Socialist Republics. According to his calculation, 8.21 per cent. of the regular budget would be devoted to that item. The increase in the provision for Administrative Services resulted largely from the

decision to include in the regular budget the administrative and operational costs of the malaria eradication programme. On the other hand, only part of the estimates for the cost of field programmes (\$2 000 000) for the malaria eradication programme had so far been included in the regular budget. If the whole of the field services had been incorporated the percentage of expenditure on Administrative Services would of course have been smaller.

*Decision:* The estimates for Part III (Administrative Services) were approved.

#### *Part IV — Other Purposes*

The SECRETARY said that the estimates of \$500 000 originally provided for in Appropriation Section 10, Headquarters Building Fund, had been reduced to \$297 000 as a result of the favourable action taken by the United Nations General Assembly in agreeing to reimburse WHO for its investment in the extension of the Palais des Nations.

Appropriation Section 11 covered the contribution of \$2 000 000 from the regular budget to the Malaria Eradication Special Account as had been decided by the Health Assembly (WHA14.15). The total of Part IV thus amounted to \$2 297 000.

Mr BRADY, representative of the Executive Board, stated that the Board had noted that the Director-General had included provision for \$500 000 for the Building Fund,<sup>1</sup> but—as just explained—that amount had now been reduced to \$297 000. The Board had not taken into account any specific provision for a contribution from the regular budget to the Malaria Eradication Special Account because it had considered that that was a question on which it was appropriate for the Assembly itself to reach a decision. That decision had now been made, and provision for a contribution of \$2 000 000 had therefore been included in the most recent estimates.

Before concluding its examination of the detailed estimates, the Standing Committee of the Board had appointed a working party to make a detailed study of the costing of the estimates. The working party had examined the computation of the estimates for the organizational units of Personnel and the Office of the Director of the Division of Budget and Finance (Appropriation Section 8) and also the costing of some programme items. As reported in paragraph 27 of Chapter II of its report (*Official Records* No. 107, page 15), the Board had endorsed the view of the Standing Committee that the costing procedures and budgetary methods and techniques

<sup>1</sup> *Off. Rec. Wld Hlth Org.* 107, 43

used in the computation of the estimates were satisfactory.

*Decision:* The estimates for Part IV (Other Purposes) were approved.

*The meeting was suspended from 9.40 a.m. to 9.45 a.m.*

## 2. Fourth Report of the Committee

The draft fourth report of the Committee was read section by section and approved without comment.

*Decision:* The report as a whole was adopted (see page 442).

## 3. Text of the Appropriation Resolution for the Financial Year 1962

### Agenda, 3.5.4

The SECRETARY said that the text of the Appropriation Resolution proposed for 1962 was the same as that for 1961, except for the addition of paragraph IV and schedule A. Paragraph IV related to the contribution from the regular budget to the Malaria Eradication Special Account and specifically to the amount to be transferred from the Malaria Eradication Special Account to cover the credits towards payments of contributions to Members in accordance with schedule A attached to the Appropriation Resolution.

He proposed to read out the text of the Appropriation Resolution with the figures to be inserted as a result of earlier decisions of the Committee, and explained that the amount of US \$25 290 320 was the result of adding to the effective working budget the amount of the undistributed reserve of US \$1 683 140, shown in Appropriation Section 12. Part II (Operating Programme) was for the consideration of the Committee on Programme and Budget, but the total of Part II could be inserted, as it was consequential on the decisions reached on the other Parts.

The text of the Appropriation Resolution with the appropriate figures was therefore as follows:

The Fourteenth World Health Assembly

RESOLVES to appropriate for the financial year 1962 an amount of US \$25 290 320 as follows:

### I.

Appropriation Section	Purpose of Appropriation	Amount US \$
<b>PART I: ORGANIZATIONAL MEETINGS</b>		
1.	World Health Assembly . . . . .	283 910
2.	Executive Board and its Committees . .	180 100
3.	Regional Committees . . . . .	123 290
Total — Part I		587 300

Appropriation Section	Purpose of Appropriation	Amount US \$
<b>PART II: OPERATING PROGRAMME</b>		
4.	Programme Activities . . . . .	
5.	Regional Offices . . . . .	
6.	Expert Committees . . . . .	
7.	Other Statutory Staff Costs . . . . .	
Total — Part II		18 786 897
<b>PART III: ADMINISTRATIVE SERVICES</b>		
8.	Administrative Services . . . . .	1 480 650
9.	Other Statutory Staff Costs . . . . .	455 333
Total — Part III		1 935 983
<b>PART IV: OTHER PURPOSES</b>		
10.	Headquarters Building Fund . . . . .	297 000
11.	Contribution to the Malaria Eradication Special Account . . . . .	2 000 000
Total — Part IV		2 297 000
SUB-TOTAL — PARTS I, II, III AND IV		23 607 180
<b>PART V: RESERVE</b>		
12.	Undistributed Reserve . . . . .	1 683 140
Total — Part V		1 683 140
TOTAL — ALL PARTS		25 290 320

II. Amounts not exceeding the appropriations voted under paragraph I shall be available for the payment of obligations incurred during the period 1 January to 31 December 1962 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 1962 to the effective working budget established by the World Health Assembly, i.e., Parts I, II, III and IV.

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

- (i) the amount of \$ 642 000 available by reimbursement from the Special Account of the Expanded Programme of Technical Assistance
  - (ii) the amount of \$ 51 720 representing assessments on new Members from previous years
  - (iii) the amount of \$ 448 280 representing miscellaneous income available for the purpose
- Total \$1 142 000

thus resulting in assessments against Members of \$24 148 320.

IV. The Director-General is authorized to transfer an amount not exceeding US \$ . . . . . from the cash balance available in the Malaria Eradication Special Account to cover the credits towards the payments of contributions of Members, in accordance with schedule A attached.

SCHEDULE A  
TO THE APPROPRIATION RESOLUTION  
FOR THE FINANCIAL YEAR 1962

Members eligible for credits in accordance with resolution WHA14.15 towards the payments of their contributions in respect of that portion of their assessments corresponding to the total amount voted for Appropriation Section 11 under Part IV (Other Purposes) of paragraph I of the Appropriation Resolution:

Afghanistan	Korea, Republic of
Albania	Laos
Argentina	Lebanon
Bolivia	Liberia
Brazil	Libya
Bulgaria	Malagasy Republic
Burma	Malaya, Federation of
Cambodia	Mali
Cameroun	Mexico
Central African Republic	Morocco
Ceylon	Nepal
Chad	Nicaragua
China	Niger
Colombia	Nigeria
Congo (Brazzaville)	Pakistan
Costa Rica	Panama
Cuba	Paraguay
Dahomey	Peru
Dominican Republic	Philippines
Ecuador	Portugal
El Salvador	Romania
Ethiopia	Saudi Arabia
Federation of Rhodesia and Nyasaland	Senegal
Gabon	Sierra Leone
Ghana	Somalia
Greece	Spain
Guatemala	Sudan
Guinea	Thailand
Haiti	Togo
Honduras	Tunisia
India	Turkey
Indonesia	United Arab Republic
Iran	Upper Volta
Iraq	Venezuela
Israel	Viet-Nam, Republic of
Ivory Coast	Yemen
Jordan	Yugoslavia

The SECRETARY added that the Director-General would distribute before the end of the Assembly a statement of the amount of the contribution to be paid by each Member State in accordance with the figures just given.

As regards paragraph IV, he suggested that the Committee might deal with schedule A, as the decision on that would determine the amount to be inserted in that paragraph.

*Decision:* Paragraphs I, II and III of the Appropriation Resolution were approved.

*Credits towards the Financing of the Malaria Eradication Programme*

The SECRETARY asked the Committee to note that schedule A (above) contained the list put forward by the Director-General in compliance with his understanding of resolution WHA14.15 regarding Members eligible for credits towards the payment of their contributions in respect of that portion of their assessments corresponding to the total amount voted for Appropriation Section 11 under Part IV (Other Purposes) of paragraph I of the Appropriation Resolution. The countries listed were those which the Director-General presumed were entitled to credits in accordance with the criteria which had been accepted. In addition, some other countries had been included at their own request for consideration under the second category of the criteria that had been adopted.

Dr CAYLA (France) pointed out that the countries listed as being eligible for credits under the resolution — about which France still maintained a reservation concerning its constitutionality — fell into two groups. He felt it would be better if those two groups appeared in two separate columns in schedule A. Ruanda-Urundi, Tanganyika and Mauritania, which had been admitted by the Assembly to membership and associate membership the previous day, should be included in the first group in the list.

Dr GOOSSENS (Belgium) agreed with the comments of the delegate of France, but also wished to know what were the exact criteria used in selecting the second group of States.

Mr WIDDOWSON (Union of South Africa) said that at the sixth meeting his delegation had asked for the Union of South Africa to be included in the second category. The Union was spending a considerable sum, about \$600 000 a year, on the malaria eradication programme. Its assessment was 0.51 per cent., but he hoped its inclusion in the list would be approved.

The SECRETARY thought the suggestion made by the delegate of France might be met by indicating by an asterisk the countries in the list which fell into the second group. At the moment seven Member States had specifically requested the Director-General to include them: Argentina, Brazil, China, India, Mexico, Spain, Turkey. He apologized to the delegate from the Union of South Africa for not interpreting his statement on a previous occasion

as a formal request for inclusion. The Committee would now wish to add the Union of South Africa to the list, as a formal request had been received.

In reply to the delegates of France and Belgium, he said that the new Member and the two new Associate Members had not been included in the list because they were not included in the scale of assessment for 1962 to finance the budget as approved in the Appropriation Resolution. The Assembly had already established a scale of assessment for 1962. The assessments for 1961 and 1962 for the new Members and Associate Members would be considered later (see page 399) and the Director-General's report on that item included suggested draft resolutions which, if adopted, would enable those countries to be treated as though they had appeared in schedule A.

Dr GOOSSENS (Belgium) said no clear answer had been given to his question as to the exact criteria used in selecting the countries to be included in the second category. Were they included at their own request?

The SECRETARY replied that the criteria that had been applied in schedule A were based on the Director-General's report to the Health Assembly on the financing of the malaria eradication programme. In that report, two criteria for inclusion were suggested: (a) all active Members of the Organization carrying out malaria programmes whose assessments for the regular budget were 0.50 per cent. or less, and (b) any other Members of the Organization carrying out malaria programmes and having a low per capita income might be approved by the Assembly to receive a reduction. The same criteria had been retained in resolution WHA14.15. Paragraph 2 of the operative part of that resolution provided that

- (1) all active Members carrying out malaria programmes,
  - (a) whose assessments are 0.50 per cent. or less, or
  - (b) whose per capita income is low,

shall be eligible in 1962 for credits of 75 per cent. towards the payments for their share of the \$ 2 000 000 provided in paragraph 1 (1).

Dr GOOSSENS (Belgium) said that, although he still did not have the precise information he would have wished, he could not ask for more precision than the Secretary was able to give.

Dr CAYLA (France) added that to speak of "low per capita income" was to give a qualitative

definition, whereas he thought a quantitative one would be preferable, as it would help in assessing the validity of the requests put forward. So long as no definite figure was fixed, a large number of countries might claim that they had a low per capita income, but if there was a fixed figure the decision must obviously be more clear-cut.

The SECRETARY assured the Committee that he would provide as much information as possible. For the eight countries now listed in group (b) (the seven he had already mentioned and the Union of South Africa), he could give the Committee such information as he had been able to acquire in New Delhi regarding the per capita income. The figures were based on population and income as shown in the United Nations *Monthly Bulletin of Statistics*. It must be noted that the years for which the figures were given were not the same for all the countries.

Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland) asked whether the Secretary could provide general criteria against which the figures could be compared, and whether the Committee, in considering such cases, might have a document setting out the pros and cons for each country concerned.

The SECRETARY said he would give whatever information the Committee requested, provided it was obtainable. The Director-General had tried to follow the criteria approved by the Assembly to which he had just referred. The documents which had been prepared had seemed to provide a complete indication of what the Secretariat should be putting before the Committee. Admittedly, "low per capita income" was a relative term, depending on the point of departure; information was now requested regarding the eight countries in group (b) that had been included at their own request.

The preparation of the list of countries in group (a) had been easier; it was merely a question of naming those countries which had a malaria programme and whose assessment for the regular budget was 0.50 per cent. or less. With regard to the eight countries in group (b), the per capita income, based on national income and population information available in the United Nations *Monthly Bulletin of Statistics* and converted into US dollars at the latest rate of official exchange, was as follows: Argentina \$285; Brazil \$114; China \$93; India \$65; Mexico \$263; Spain \$263; Turkey \$166; Union of South Africa \$350. He invited the countries concerned to correct any possible errors in those figures.

Dr CAYLA (France) said that it would be easier to reach a decision if it were known how many States had a per capita income of less than \$300, less than \$250 and less than \$200. Then, in view of the request of the Union of South Africa for inclusion in group (b), a list might be made of States having a per capita income of \$350 or less. In that way it would be possible to make sure that States with a per capita income below that level were not excluded from group (b), and to fix a maximum per capita income above which States would not be included in group (b).

Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland) asked whether it was possible to give the average per capita income for the countries in group (a).

The SECRETARY said that unfortunately the material from which that information could be obtained was not available in New Delhi, and consequently it was most unlikely that it could be provided before the end of the Health Assembly. Attempts to obtain the most satisfactory source of information — the statistics published by the United Nations — had been unsuccessful. The criteria for the determination of countries in group (a) were straightforward. The criteria for inclusion of the countries in group (b) were low per capita income and the receipt of a request from the Member concerned. He understood that the Committee wished to establish some kind of yardstick which would make it possible to relate the incomes of countries in groups (a) and (b). As far as the countries in group (a) were concerned, it was likely that the per capita income was quite low, since their assessment at 0.50 per cent. or less took into account their per capita income.

Dr MARTÍNEZ MARCHETTI (Argentina) said that, rather than setting a maximum level for per capita income of countries in group (b), it was surely necessary first to determine whether there were sufficient funds from voluntary contributions to cover the credits for the countries in group (a). Then, if sufficient funds remained, credits could be given to the countries in group (b).

Dr CAYLA (France) asked whether information was available as to which States had a per capita income of less than \$350.

The SECRETARY said that to provide the information requested by the delegate of France it would be necessary to have the per capita incomes of all countries in the world. Those statistics, although

available in Geneva, were not available in New Delhi. To obtain them would take two or three days and delay the closing of the Health Assembly. He regretted that the Secretariat had not anticipated that that information would be requested.

Replying to the delegate of Argentina, he said that there was a sufficient cash balance in convertible currencies in the Malaria Eradication Special Account to cover all the credits listed in schedule A as amended.

Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland) said that it was extremely difficult for the Committee to reach a decision without having further information. He wondered if the Secretary would be prepared to give a rough estimate of the average per capita income of the countries in group (a).

The SECRETARY said that most of the countries eligible for assistance under the Expanded Programme of Technical Assistance had a per capita income of less than \$300. He believed that all the countries in group (a) were eligible for assistance under the Technical Assistance Programme. It could therefore safely be estimated that all the countries in that group would have a per capita income of less than \$300 and in many cases of less than \$200.

Mr KHANACHET (Saudi Arabia), while sympathizing with the wish of delegates to have more information on the per capita income of countries eligible to receive credits, feared that the establishment of rigid criteria — such as a definite maximum level of per capita income — for countries seeking inclusion in group (b) might impede the work of the Organization. It was possible that a country with a higher per capita income than those mentioned as possible maxima might be included in group (b) because it was undertaking extensive economic and social development programmes. He thought, therefore, that the Committee should consider each case individually.

The CHAIRMAN suggested that it might be possible to adopt the list of countries in schedule A as amended with the eight countries in group (b). For the future the Secretariat would, he was sure, be in a position to provide the information needed at the appropriate time.

Dr GOOSSENS (Belgium) said that he was in agreement with the proposal of the Chairman and the remarks of the delegate of Saudi Arabia. Too rigid criteria would not facilitate the selection of countries. But all the necessary information should

be made available to governments in sufficient time before the next Health Assembly.

The SECRETARY said that there would be no difficulty, provided the Secretariat were allowed some latitude in deciding what was meant by "all necessary information" to be supplied by the time of the next Health Assembly. Should delegates require particular statistical information, it would be helpful if their requirements could be made known as long as possible before the next Health Assembly, especially if it was information that would entail some research. The information which had already been requested could easily be made available for the next Health Assembly.

Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland) agreed with the proposal of the Chairman, but wondered how it could be made clear that the requests for inclusion in group (b) had been accepted for the time being without any future commitment, and without establishing a precedent.

Dr GOOSSENS (Belgium) assured the Secretary that the only information required would be the answers to the questions which had already been raised in the discussion, namely, a list of the relevant per capita incomes.

Mr LE POOLE (Netherlands) proposed that the Executive Board be requested to establish, at its next session, the criteria on which the eligibility of countries for credits could be based. He was willing, if the Committee so desired, to prepare a draft resolution to that effect.

Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland) supported the proposal of the delegate of the Netherlands.

The CHAIRMAN suggested that, while the draft resolution was being prepared, the Committee might approve the amended list in schedule A, since the minutes of the meeting would show clearly the conditions under which the approval had been given.

Dr SAGATOV (Union of Soviet Socialist Republics) said that the matter was very complicated, because the basic criteria were not precise. He had noticed in the scale of assessment for 1962 that China was assessed at 4.55 per cent. He wondered how that could be reconciled with the request of the Government of Taiwan to be included in schedule A.

The SECRETARY said he understood the question to refer to China. The assessment of China was in

a different category from that of any other active Member. By a decision of the Health Assembly, China paid a lump sum of \$10 000 per year to the effective working budget in order to maintain its status in the Organization, while China's assessments remained in the undistributed reserve with those of the three inactive Members. China had been included in schedule A as a country with a low per capita income which had requested its inclusion: it was included in group (b) rather than group (a).

Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland) said that it was difficult for the Committee to proceed with the discussion without having the text of the resolution proposed by the delegate of the Netherlands. He also asked whether it would be possible to place an asterisk against the countries in group (b) which were listed in schedule A, adding a note saying that their inclusion was accepted provisionally by the Fourteenth World Health Assembly, in the absence of information.

Mr SAITO (Japan) asked whether it would be possible to obtain an estimate of the per capita income of countries from the figures used for calculation of the United Nations scale of assessment. Even though the membership of the United Nations and WHO were not identical, such information might be helpful to the Committee.

The SECRETARY said that that material was not available in New Delhi. The only available source of material was the United Nations *Monthly Bulletin of Statistics*, and considerable time had been needed to make calculations on the basis of statistics in that bulletin in order to supply the information already given to the Committee regarding per capita income of the eight countries in group (b).

Regarding the suggestion of the delegate of the United Kingdom, it would be quite simple to place asterisks against those eight countries in schedule A to indicate that they came into group (b). With regard to the action of future Health Assemblies, resolution WHA14.15 provided that the list of Members eligible for credits would be determined each year by the Health Assembly and included in schedule A to the Appropriation Resolution. He understood that the draft resolution to be tabled by the delegate of the Netherlands concerned a request to the Executive Board to consider criteria for establishing eligibility for credits and to report to the next Assembly. Such a proposal, in a separate resolution, would have no effect on the adoption of the Appropriation Resolution for 1962 now before the Committee.

Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland) agreed that it might be possible to proceed with the adoption of the Appropriation Resolution for 1962 provided it was made clear that the inclusion of the eight countries in schedule A had been accepted on the request of the countries concerned, without an examination of the facts.

Mr LE POOLE (Netherlands) read the text of his draft resolution.

*It was agreed*, on the proposal of the CHAIRMAN, that the meeting should be suspended for a short time for drafting revisions to the text of the resolution.

*The meeting was suspended at 11.20 a.m. and resumed at 11.30 a.m.*

The SECRETARY read the following draft resolution, proposed by the delegate of the Netherlands:

The Fourteenth World Health Assembly,

Considering that, as a result of the provisions of resolution WHA14.15 in operative paragraphs 2(1)(b) and 3, definite criteria have to be established as to which Members, carrying out malaria programmes, whose per capita income is low, shall be eligible for credits,

1. NOTES that the decision taken for 1962 does not prejudice the decisions of the Health Assemblies in future years;
2. REQUESTS the Director-General and the Executive Board to study the question and to submit appropriate recommendations to the Fifteenth World Health Assembly;
3. ACCEPTS the requests made under sub-paragraph (1) (b).

Dr CAYLA (France) agreed with the substance of the draft resolution, but asked whether the delegate of the Netherlands would accept the deletion of the words "does not prejudice the decisions of" and their replacement by "must not constitute a precedent which could be invoked in".

Mr LE POOLE (Netherlands) agreed to accept the amendment proposed by the delegate of France.

Mr CHAPMAN (New Zealand) asked whether, instead of agreeing now to grant credits to the countries of group (b) without having access to all the relevant information, it might be possible to take a firm decision on the countries in group (a) and a provisional decision on the countries in group (b), which would be finally determined at the Fifteenth World Health Assembly. That would give the Director-General and the Executive Board

adequate time to determine firm criteria to govern the inclusion of countries in schedule A, group (b). There would then be no risk of injustice, because the final decision would be based on precise information.

Mr KHANACHET (Saudi Arabia) thought that the original wording of the draft resolution was preferable to that proposed by the delegate of France in his amendment, which seemed likely to tend to limit the powers of the Executive Board in the matter of establishing criteria.

The SECRETARY, referring to the suggestion of the delegate of New Zealand, said that if a provisional decision were reached at the present Assembly and a definitive decision at the Fifteenth World Health Assembly it would be difficult for the Director-General to follow the usual procedure of informing Members in June or July of the amount they would be expected to contribute to the effective working budget of WHO for the following year: final notification could not be sent to governments until after the Fifteenth World Health Assembly, and that in turn would lead to difficulties regarding the early payment of contributions in 1962.

Dr CAYLA (France) said that the purpose of his amendment had been to ensure that, when the criteria were established, those countries which had benefited from their inclusion in schedule A should not be able to invoke their inclusion as a precedent. Since his amendment had been accepted by the proposer of the draft resolution, he believed that it was now an integral part of the text of that resolution and could not therefore be altered without a formal proposal for an amendment to the resolution.

The CHAIRMAN ruled that, in accordance with Rule 62 of the Rules of Procedure, the amendment proposed by the delegate of France was now an integral part of the draft resolution.

Mr KHANACHET (Saudi Arabia) wished to place on record that he considered that the wording of the draft resolution with the amendment proposed by the delegate of France requested the Executive Board to establish criteria, while at the same time anticipating the decision of the Board by making a definite ruling.

Dr LE CUU TRUONG (Republic of Viet-Nam) agreed with the suggestion of the delegate of New Zealand that the countries in group (b) should be placed in a different category from those in group (a), on which the Health Assembly could now take a definite ruling. With regard to group (b), it was

being suggested that the credits granted in 1962 would not prejudice decisions for subsequent years. For practical purposes, the question was of limited importance since smaller credits had been approved for the two succeeding years. To defer a definitive decision until 1962 would clearly lead to undesirable delays. He therefore thought that the present Health Assembly should establish criteria for group (b) which the Director-General could apply automatically to the Members that had requested inclusion in that group. Those criteria might either be based on a fixed maximum level of per capita income (say \$200 or \$300) or on a comparison with the average per capita income throughout the world.

Dr ONWU (Nigeria) agreed with the suggestion of the delegate of New Zealand. It would be unjust to grant credits to the countries in group (b) without making sure that no other countries were eligible to benefit under the same heading. He therefore proposed that no action be taken regarding the countries in group (b) until it was certain that there would be no further applications for inclusion in that group.

The CHAIRMAN said that he understood that there were two proposals now before the Committee: first, that the list of countries in schedule A should be divided into those countries in group (a) and those in group (b); secondly, that a decision should be taken immediately regarding the criteria to be established as to which countries in group (b) should be granted credits.

The SECRETARY said there was an important difference between the suggestion made by the delegate of New Zealand and the proposal of the delegate of Nigeria. In the first case, it was suggested that the eight countries be placed in group (b) provisionally, subject to the confirmation of the next Health Assembly; the proposal of the delegate of Nigeria, on the other hand, envisaged leaving open group (b) in case of further applications. Adoption of that proposal would give rise to a very difficult situation, since it would be impossible to implement the decision in any way because no calculation could be made of the total figure to be inserted in paragraph IV of the Appropriation Resolution. It would be feasible to implement the suggestion made by the delegate of New Zealand if the Director-General, when informing governments of the amount of their contributions for 1962, notified the countries included in group (b) that the amount of their contribution was based on a

provisional decision of the Health Assembly, and that it would be revised should the Fifteenth World Health Assembly reverse the decision taken now. A revision of paragraph IV of the Appropriation Resolution might lead to complications, but the next Health Assembly might be able to make the necessary adjustment. Both proposals might give rise to complexities which could be avoided if a clear decision were taken immediately, without prejudging the action of the next Health Assembly, and if the establishment of criteria were referred to the Board, as proposed by the delegate of the Netherlands.

The CHAIRMAN said that the terms of the draft resolution proposed by the delegate of the Netherlands did not affect the Appropriation Resolution for 1962. He therefore proposed to put the latter to the vote.

Dr SAGATOV (Union of Soviet Socialist Republics) raised a point of order. His delegation was not opposed to the draft resolution proposed by the delegate of the Netherlands, but it did oppose the inclusion of Taiwan in the list of countries eligible for credits. His delegation was otherwise in agreement with the procedure proposed.

Dr ALAN (Turkey) asked whether the proposal made by the delegate of New Zealand was to be put to the Committee. The Secretary had mentioned the difficulties which its implementation would incur for WHO; there would also be difficulties for the governments of the eight countries concerned in respect of their own budgets.

Mr CHAPMAN (New Zealand) thanked the speakers who had supported his suggestion, and the Secretary for his extremely clear reply; he had not intended his remarks to be taken as a formal proposal, but simply as a suggestion which might assist the Committee in its discussions.

Dr ONWU (Nigeria) said that he was still anxious that other countries should be able to apply for inclusion in group (b), and he believed that the criterion for such inclusion should be a maximum per capita income of \$300.

The CHAIRMAN asked whether the delegate of Nigeria was submitting a formal proposal.

Dr ONWU (Nigeria) said that he was simply concerned that other countries should be allowed to apply for inclusion in group (b).

*The meeting rose at 12.20 p.m.*



## ELEVENTH MEETING

*Tuesday, 21 February 1961, at 2.30 p.m.*

*Chairman: Dr R. VANNUGLI (Italy)*

**1. Text of the Appropriation Resolution for the Financial Year 1962 (continued)**

Agenda, 3.5.4

*Credits towards the Financing of the Malaria Eradication Programme (continued)*

The CHAIRMAN said that a draft resolution had been circulated by the delegations of the Netherlands and the United Kingdom of Great Britain and Northern Ireland on the establishment of criteria of eligibility for credits towards the financing of the malaria field programme. The text of the draft resolution was as follows:

The Fourteenth World Health Assembly,

Considering that, as a result of the provisions of resolution WHA14.15 in operative paragraphs 2(1)(b) and 3, definite criteria have to be established as to which Members, carrying out malaria programmes, whose per capita income is low, shall be eligible for credits; and

Considering that the decision for 1962 has, of necessity, had to be made on the basis of specific requests without all relevant facts being available,

1. NOTES that the decision taken for 1962 must not constitute a precedent that could be invoked in connexion with decisions of Health Assemblies in future years; and

2. REQUESTS the Director-General and the Executive Board to study the question and to submit appropriate recommendations to the Fifteenth World Health Assembly.

Dr HANDL (Czechoslovakia) stated that his delegation was firmly opposed to the inclusion of the so-called State of Taiwan in schedule A of the Appropriation Resolution.

Dr ARNAODOV (Bulgaria) fully agreed with the delegate of Czechoslovakia and with the statement made by the delegate of the Union of Soviet Socialist Republics at the previous meeting.

Dr LE CUU TRUONG (Republic of Viet-Nam) submitted a formal amendment to schedule A of the Appropriation Resolution on behalf of his delegation and those of Ghana and Nigeria. The amended text would read as follows:

Members eligible for credits in accordance with resolution WHA14.15 towards the payments of their contributions in respect of that portion of their assessments corresponding to the total amount voted for Appropriation Section 11 under Part IV (Other Purposes) of paragraph I of the resolution.

*Group I*

in accordance with operative paragraph 2(1) (a) of the resolution WHA14.15

(State here the names of the beneficiary countries)

*Group II*

in accordance with operative paragraph 2(1)(b) of resolution WHA14.15

The Director-General shall compare the average per capita income of the eight countries which have requested it with the average per capita income of the population of all Member States of WHO on the basis of the latest figures supplied by the United Nations.

Only countries whose average per capita income is lower than that of the population of all the Member States of WHO shall be eligible for such credits.

Dr SCHANDORF (Ghana) said that, according to that amendment, the eight countries which had requested credits would be included in the list and the Health Assembly would authorize the Director-General to exclude any which did not meet the criterion regarding low per capita income: in that way, the whole question could be settled without awaiting a decision at the Fifteenth World Health Assembly.

Dr ALAN (Turkey) recalled that reference had been made at the previous meeting to the need for governments to know as soon as possible the exact amount of their contribution to the Organization's budget. The new amendment would delay the circulation of that information and he would, therefore, be unable to support it.

Dr SCHANDORF (Ghana) considered that the Secretariat should still be able to inform governments

of the exact amount of their contribution by the usual time.

The SECRETARY agreed that the Secretariat would still be able to inform governments of their exact contribution by June, even if the new amendment were adopted. However, at the beginning of the discussion he had undertaken to circulate before the end of the present session of the Health Assembly a statement to all delegations regarding their contribution to the 1962 budget. That would of course be impossible if the new amendment were adopted. As the delegate of Turkey had pointed out, it was important that governments should know the amount of their contribution as soon as possible, particularly as the Health Assembly had often called on Member States to pay their contributions speedily.

He added that resolution WHA14.15 stipulated "the Members eligible for credits shall be determined by the Health Assembly in a schedule to be attached to the Appropriation Resolution". It seemed, therefore, that the Health Assembly was bound by its own previous decision to draw up a list of countries to be included in schedule A. Unless an irrefutable formula could be found, the adoption of the amendment submitted by the delegations of Ghana, Nigeria and the Republic of Viet-Nam might place the Director-General in an embarrassing position.

Dr LE CUU TRUONG (Republic of Viet-Nam) emphasized that none of the amendments proposed succeeded in listing the countries to be eligible for credits, and resolution WHA14.15 did not stipulate that the countries must be listed by name. He felt that the terms of the resolution would be fulfilled if a formula were found which would enable the Director-General to draw up the list automatically. He emphasized that the credits for 1962 were by far the most important, since the percentage allowed in that year was 75 per cent., as opposed to 50 per cent. in 1963 and 25 per cent. in 1964. It was, therefore, essential to find a satisfactory solution for 1962.

Dr GOOSSENS (Belgium) said that he had at first been attracted by the proposal of the delegations of Ghana, Nigeria and the Republic of Viet-Nam, since it appeared to eliminate all subjective factors from the decision. He wondered, however, whether there might not be difficulties in arriving at a figure for the average per capita income of all Member States of WHO. Moreover, it was essential for his country to know the exact amount of its contribution by May, and he doubted whether that would be possible under the proposed procedure. Consequently, he would support the draft resolution

proposed by the delegations of the Netherlands and the United Kingdom of Great Britain and Northern Ireland, believing that to be the best solution.

Mr ALI (Somalia) thought that each Member State could quite well assume that it would have to pay its contribution on the basis of the figures contained in the regular budget, without expecting any reductions. The delay in deciding on the list would not then be of much importance. If the amendment submitted by the delegations of Ghana, Nigeria and the Republic of Viet-Nam was inconsistent with resolution WHA14.15, the later resolution would surely override the decision taken in the earlier one.

The SECRETARY said that, according to Rule 65 of the Rules of Procedure, the Health Assembly could not go back on any decision already adopted at the same session unless there was a two-thirds majority vote in favour of reconsideration.

Dr SCHANDORF (Ghana) agreed that it was desirable that countries should know as soon as possible the exact amount of their contribution. However, he did not think that the amendment he had submitted with the delegations of Nigeria and the Republic of Viet-Nam should cause a very lengthy delay. The Secretariat might still be able to circulate by the end of March the information it had intended to give to delegations by the end of the session.

With regard to the question raised by the delegate of Belgium about the method of calculating the average per capita income, he thought that could best be left to the statisticians.

The SECRETARY said that the delegate of Belgium had raised a very valid point in referring to the difficulties of calculating the average per capita income. The United Nations statisticians had been trying to make such a calculation for years, and they had still not succeeded in providing figures which would meet with the general approval of the Member States. He very much doubted whether WHO would be any more successful.

Dr CAYLA (France) requested that the meeting be suspended until the text of the proposed amendment to the Appropriation Resolution had been circulated.

*The meeting was suspended at 3.30 p.m. and resumed at 3.45 p.m.*

Dr ALAN (Turkey) wondered what the position would be if any of the countries whose assessments were 0.50 per cent. or less turned out to have a per capita income higher than the average.

The SECRETARY explained that, under resolution WHA14.15, all countries whose assessments were 0.50 per cent. or less would be eligible for credits if they were carrying out malaria programmes. The question of per capita income would not arise in that case.

Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland) was grateful to the sponsors of the proposed amendment for their attempt to find a solution to the problem. It seemed from the discussion, however, that it would be unwise to try to settle the question of principle immediately. It would, therefore, seem better to make an *ad hoc* decision for 1962 and leave it to the Executive Board to work out the principles for future years.

Mr KITTANI (Iraq) said that it was unfortunate that the Committee should have spent so much time in attempting to draw up a list of countries whose per capita income was low. It was, however, essential to compile such a list in order to comply with the terms of resolution WHA14.15. He suggested, therefore, that WHO should decide simply that the countries which were eligible for aid under the United Nations Expanded Programme of Technical Assistance should be regarded as having a low per capita income.

The SECRETARY said that, from the point of view of the Secretariat, there would be no difficulty in adopting the criterion suggested by the delegate of Iraq. He suggested, however, that credits should be reserved for Member States which had actually requested them. He pointed out that the scale of assessment was already based on the capacity of each country to pay, and the United Nations Committee on Contributions took a number of factors, including per capita income, into account in deciding on the scale of assessment. All the eight Member States which had requested credits under paragraph 2(1)(b) of resolution WHA14.15, except the Union of South Africa, were receiving assistance under the Expanded Programme of Technical Assistance.

Mr SAITO (Japan) suggested that the criterion proposed by the delegate of Iraq might be lacking in precision, for there were instances when advanced countries received technical assistance—for example, in the form of fellowships.

The SECRETARY wondered whether the delegate of Japan was referring to assistance under the regular budget of the United Nations, rather than the Expanded Programme of Technical Assistance.

Mr LE POOLE (Netherlands) asked whether the

delegate of Iraq had intentionally made no reference to the condition that credits would only be granted on request.

Mr KITTANI (Iraq) explained that his intention was that those countries which, according to the established criteria, were eligible for assistance under the Expanded Programme of Technical Assistance, should qualify for credits.

It might be unjust to introduce the criterion mentioned by the delegate of the Netherlands, and during the initial stages some measure of discrimination might prove necessary. It was undesirable to establish an arbitrary list which later might be unsatisfactory because the criteria were altered.

The SECRETARY asked whether the proposal of the delegate of Iraq related solely to the list of countries to be drawn up for 1962 or to the criteria that the Executive Board was being asked to establish for submission to the next Health Assembly. It would be noted that the draft resolution proposed by the delegations of the Netherlands and the United Kingdom of Great Britain and Northern Ireland did not relate to 1962, but only to subsequent years.

Col. AFRIDI (Pakistan) considered that the proposal of the delegation of Iraq belonged more properly to the amendment submitted by Ghana, Nigeria and the Republic of Viet-Nam. The draft resolution proposed by the delegations of the Netherlands and the United Kingdom of Great Britain and Northern Ireland could then remain unchanged.

Mr KITTANI (Iraq), replying to the question raised by the Secretary, said that he had in mind the establishment of definite criteria for 1962, leaving the Director-General and the Executive Board some leeway for the establishment of criteria for 1963, 1964 and subsequent years, if necessary, since they would have more time at their disposal to consider the matter.

Professor TRAN VY (Republic of Viet-Nam) considered that the Committee should confine itself to discussing criteria for 1962.

Mr KHANACHET (Saudi Arabia) believed that a compromise was possible between the various proposals that had been put forward.

The CHAIRMAN proposed that the meeting be suspended so as to enable the authors of the various proposals before the Committee to formulate an agreed text.

*It was so agreed.*

*The meeting was suspended at 4.35 p.m. and resumed at 5.20 p.m.*

The CHAIRMAN announced that agreement had been reached between the delegations of Ghana, Iraq, the Netherlands, Nigeria and the United Kingdom of Great Britain and Northern Ireland on the text of the following draft resolution, which they now proposed for the Committee's consideration:

The Fourteenth World Health Assembly,

Considering that, as a result of the provisions of resolution WHA14.15 in operative paragraphs 2(1)(b) and 3, definite criteria have to be established as to which Members, carrying out malaria programmes, whose per capita income is low, shall be eligible for credits; and

Considering that the decision for 1962 as to what constitutes low per capita income, referred to in resolution WHA14.15, paragraph 2(1)(b), should be interpreted as including those Members of WHO which have requested credits and which are eligible for assistance under the United Nations Expanded Programme of Technical Assistance,

1. DECIDES that, for 1962, the following Members are considered as meeting the criteria established in resolution WHA14.15, paragraph 2(1)(b): Argentina, Brazil, China, India, Mexico, Spain, Turkey;
2. REQUESTS the Director-General and the Executive Board to study the question and to submit appropriate recommendations concerning the criteria to be used in regard to subsequent years to the Fifteenth World Health Assembly.

Mr KITTANI (Iraq), speaking on behalf of the sponsors of the draft resolution, expressed regret that the delegate of the Republic of Viet-Nam had not been present when final agreement had been reached on the text, and it had not therefore been possible to obtain his concurrence. The draft resolution incorporated all the proposals previously submitted to the Committee. The authors had been assured by the Secretariat that the list contained in operative paragraph 1 was complete. In regard to the years following 1962, the proposal of the delegations of the Netherlands and the United Kingdom of Great Britain and Northern Ireland had been maintained, with a slight textual modification.

He hoped the draft resolution provided an acceptable solution. It would be noted that the list of countries in operative paragraph 1 was almost exactly the same as that originally proposed, but now a definition of the criterion had been introduced which was both equitable and clear.

Professor TRAN VY (Republic of Viet-Nam) said that he would vote in favour of the draft resolution.

His delegation nevertheless considered that eligibility for assistance under the Expanded Programme of Technical Assistance could not constitute a proper criterion reflecting that explicitly laid down in resolution WHA14.15, paragraph 2(1)(b).

The CHAIRMAN said he was certain that the Director-General and the Executive Board would take into account that observation when drawing up the criteria to be applied in subsequent years.

Dr CAYLA (France) supported the draft resolution, which did no more than provide a definition of States with a low per capita income and would eliminate the difficulties which had arisen. However, when his delegation had originally opposed the system of credits it had foreseen all the difficulties that would arise in establishing the list of States and fixing the criteria. His delegation was satisfied with the solution offered for application, though it disagreed with the principle on which it was based.

Mr SAITO (Japan) asked why the Union of South Africa had been excluded from the list.

Mr KITTANI (Iraq) said that the delegate of the Union of South Africa had not based his claim on the argument that the per capita income in his country was low, but on the fact that the assessment of that country was 0.51 per cent.

Mr WIDDOWSON (Union of South Africa) said that his Government regarded the country's per capita income of \$350 a year as decidedly low, and hoped to effect improvements. He had not based his argument on that consideration, however, but on the fact that the malaria eradication programme, which some impartial observers from WHO judged effective, was already costing \$600 000 a year and that the assessment of the Union of South Africa was 0.51; he had therefore hoped that his country would qualify for credits. He had adduced those facts in order to enable the Committee to decide whether his country could be assigned to the category of the deserving poor.

Mr KITTANI (Iraq) said that the draft resolution did not touch upon the first category of countries defined in resolution WHA14.15, paragraph 2(1)(a).

Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland) recalled that his delegation had expressed grave reservations about the credit system, but since that system had been adopted by the Health Assembly it was necessary to do everything possible to make it work.

Mr LE POOLE (Netherlands) wholeheartedly associated himself with the remarks of the delegate of the United Kingdom.

The CHAIRMAN put to the vote the draft resolution proposed by the delegations of Ghana, Iraq, the Netherlands, Nigeria and the United Kingdom.

*Decision:* The draft resolution was approved.<sup>1</sup>

The SECRETARY explained that, by virtue of the approval of the above draft resolution, the figure 214 090 should be inserted in paragraph IV of the Appropriation Resolution (see page 379). The names of Argentina, Brazil, China, India, Mexico, Spain and Turkey in schedule A would be marked with an asterisk and the footnote would read "Eligible under paragraph 2(1)(b) of resolution WHA14.15".

The CHAIRMAN put to the vote paragraph IV of the Appropriation Resolution with those additions.

*Decision:* Paragraph IV of the Appropriation Resolution was approved.

The SECRETARY explained that the text of the Appropriation Resolution could now be submitted as the Committee's second report to the Committee on Programme and Budget.<sup>2</sup>

*The meeting rose at 5.40 p.m.*

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## TWELFTH MEETING

*Wednesday, 22 February 1961, at 9.30 a.m.*

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

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### 1. Second Report of the Committee to the Committee on Programme and Budget

The CHAIRMAN said that the Committee's draft second report to the Committee on Programme and Budget contained only the Appropriation Resolution.

*Decision:* The draft report was adopted (see page 443).

### 2. Rights and Obligations of Associate Members having attained Independence

Supplementary item, 4

*It was agreed,* on the proposal of the CHAIRMAN, that items 3.7 and 3.22 of the agenda and item 4 of the supplementary agenda should be dealt with in the order in which they appeared in the report of the Legal Sub-Committee.

The CHAIRMAN called upon the Rapporteur of the Legal Sub-Committee to present the Sub-Committee's report.

Mr LE POOLE (Netherlands), Rapporteur of the Legal Sub-Committee, recalled that the sole task of the Sub-Committee was to consider the legal and drafting aspects of matters submitted to it.

<sup>1</sup> Transmitted to the Health Assembly in section 1 of the Committee's fifth report and adopted as resolution WHA14.44

He then read the text of the report of the Legal Sub-Committee (see page 444).

The CHAIRMAN called on the Assistant Director-General to introduce section 1 of the report, containing a draft resolution on the rights and obligations of Associate Members having attained independence.

Mr SIEGEL, Assistant Director-General, Secretary, said that the question of the rights and obligations of Associate Members having attained independence had originally been raised by the Regional Committee for Africa, which had adopted a resolution on the subject. The matter had then been referred to the Executive Board for consideration and the Board at its twenty-seventh session had adopted resolution EB27.R25, which had been transmitted to the Health Assembly.

The resolution of the Regional Committee for Africa read:

The Regional Committee for Africa,

Considering the particular situation which has arisen in respect of several Associate Members in the Region by reason of their accession to inde-

<sup>2</sup> The resolution, as completed by the Committee on Programme and Budget at its fourteenth meeting (see page 300) by the insertion of the figures in sections 4-7 of Part II, was transmitted to the Health Assembly in section 8 of the fourth report of the Committee on Programme and Budget and adopted as resolution WHA14.43.

pendence between the date of the Thirteenth World Health Assembly and the present session of the Regional Committee,

1. PROPOSES that the interpretation of Article 8 of the Constitution be determined by the Executive Board and the Assembly in relation to similar situations which might arise in the future;
2. DECIDES that Associate Members in the Region who accede to independence shall retain in the Region their rights and privileges until such time as they shall become full Members of the World Health Organization.

Mr BRADY, representative of the Executive Board, said that the Board had considered at its twenty-seventh session the resolution of the Regional Committee for Africa. The developments in the African continent had presented a problem which had not arisen before. The Board had considered that a strict interpretation of Article 8 of the Constitution might result in an Associate Member which achieved independence becoming a non-Member until it had been admitted to full membership; some transitional arrangement would therefore be desirable. The Board had agreed that there was no express or implied provision in the Constitution which would prevent the Health Assembly, acting in pursuance of its authority to interpret the Constitution (under Article 75), from according to Associate Members which attained independence and expressly stated their intention to become full Members of the Organization the continued enjoyment of the rights and privileges of associate membership, pending full membership. In its resolution EB27.R25 the Board had therefore recommended to the Health Assembly a draft resolution to that effect.

The CHAIRMAN said that the draft resolution contained in section 1 of the Legal Sub-Committee's report was an amended version of the draft resolution proposed by the Executive Board.

*Decision:* The draft resolution in section 1 of the Legal Sub-Committee's report was approved.<sup>1</sup>

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

Agenda, 3.7

The SECRETARY, introducing the subject, said that the resolution contained in section 2 of the report of the Legal Sub-Committee (see page 444) gave the amended texts proposed for Rules 23, 24, 30 and 109. He believed it would be of interest to the

Committee to note the purpose and effect of the amendment in each case.

In Rule 23, the amendment, which had been proposed by the delegation of the United Arab Republic, increased the number of members on the Committee on Nominations from eighteen to twenty-four and was presumably motivated by the increase in the membership of the Executive Board. The amendment to Rule 24 resulted from the recommendation of the Executive Board concerning ways of reducing the length of World Health Assemblies and consisted in the deletion of the requirement for a two-hour delay between the completion of the work of the Committee on Nominations and the consideration of its proposals by the Health Assembly. The Committee would recall that a provisional decision to suspend the two-hour delay had been taken by the present Health Assembly on the recommendation of the Board. Rule 30 was amended, on the proposal of the delegation of the United Arab Republic, to increase the size of the General Committee from fifteen members to twenty, in line with the increase in the membership of the Organization. It would be noted that only the amended portion of Rule 30 was included in the text of the draft resolution in the report of the Legal Sub-Committee; it might be advisable to include the full text of the Rule if the draft resolution were approved for submission to the plenary meeting, in order to avoid possible misunderstanding. The amendment to Rule 109 consisted in the addition of the last paragraph, which had been included in conformity with the recommendation of the Executive Board in resolution EB27.R25.

Mr BRADY, representative of the Executive Board, referred to the proposed amendment to Rule 24. At its twenty-sixth session, when considering ways of reducing the length of Health Assemblies, the Board had recommended the provisional suspension, at the present Assembly, of the two-hour delay between the meeting of the Committee on Nominations and the consideration of the proposals by the Assembly.

The amendment to Rule 109 gave effect to the second part of the recommendation made to the Assembly in the Board's resolution EB27.R25; the first part of that recommendation had already been accepted by the Committee when it approved the draft resolution in section 1 of the Legal Sub-Committee's report (see section 2, above).

Mr EL WAKIL (United Arab Republic) requested that the amendments to Rules 23 and 30 be considered together.

*It was so agreed.*

<sup>1</sup> Transmitted to the Health Assembly in section 2 of the Committee's fifth report and adopted as resolution WHA14.45

Mr EL WAKIL (United Arab Republic) said that the purpose of the amendments proposed by his delegation to Rules 23 and 30 was to increase the membership of the Committee on Nominations and of the General Committee so that it would be in proper proportion to the membership of the Organization.

*Decision:*

- (1) The proposed amendments to Rules 23 and 30 were approved.
- (2) The proposed amendments to Rules 24 and 109 were approved.

The CHAIRMAN invited the Committee to consider as a whole the draft resolution in section 2 of the report of the Legal Sub-Committee.

*Decision:* The draft resolution was approved.<sup>1</sup>

#### 4. Relations with the League of Arab States

Agenda, 3.22

The SECRETARY invited the Committee's attention to the text of the agreement<sup>2</sup> which had been negotiated by the Director-General with the Secretary-General of the League of Arab States pursuant to resolution WHA13.48 of the Thirteenth World Health Assembly, and to the letters exchanged between the two parties relating to the agreement.<sup>3</sup>

The CHAIRMAN said that the drafting of the agreement and its legal and constitutional aspects had been examined by the Legal Sub-Committee and found to be in order; the relevant draft resolution, contained in section 3 of the Sub-Committee's report, (see page 445) read as follows:

The Fourteenth World Health Assembly,

Considering Articles 50 (*d*) and 70 of the Constitution,

APPROVES the proposed agreement to be concluded between the World Health Organization and the League of Arab States.

Mr KHANACHET (Saudi Arabia) suggested that there had been an involuntary omission when the draft resolution had been prepared; he proposed that a clause be added to the end of the last paragraph of the draft resolution, as follows:

as well as the letters exchanged between the Director-General and the Secretary-General of the League of Arab States.

The CHAIRMAN asked whether the delegate of Saudi Arabia was proposing that the exchange of letters should be noted by the Health Assembly or that they should be approved.

Mr KHANACHET (Saudi Arabia) said that it was the view of his delegation that the agreement and the letters exchanged formed a single entity, since the letters defined the nature of the relations between the Organization and the League of Arab States. He therefore believed that the Health Assembly should be asked to approve both the agreement and the exchange of letters.

The CHAIRMAN asked whether it was the contention of the delegate of Saudi Arabia that the Legal Sub-Committee had inadvertently omitted to include a reference in the draft resolution to the exchange of letters.

Mr KHANACHET (Saudi Arabia) said that it had been the function of the Legal Sub-Committee to ensure that the agreement and annexes<sup>3</sup> were in conformity with the Constitution; it had agreed that they were, but no mention of the annexes appeared in the draft resolution. It was his contention that the agreement together with its annexes formed a whole and that therefore both should be approved by the Health Assembly.

Dr CAYLA (France) said that it was his recollection that the Legal Sub-Committee had not considered the exchange of letters, and consequently the draft resolution appeared in its correct form.

The CHAIRMAN said that it was his understanding that the delegate of Saudi Arabia had raised a point of substance and was proposing an amendment to the draft resolution before the Committee. He asked for a repetition of the wording of the proposed amendment.

Mr KHANACHET (Saudi Arabia) proposed that the operative paragraph of the draft resolution should be amended to read:

APPROVES the proposed agreement to be concluded between the World Health Organization and the League of Arab States as well as the letters exchanged between the Director-General and the Secretary-General of the League of Arab States.

It should also be indicated that the letters referred to were those reproduced in the document before the meeting.<sup>3</sup>

<sup>1</sup> Transmitted to the Health Assembly in section 3 of the Committee's fifth report and adopted as resolution WHA14.46

<sup>2</sup> See *Off. Rec. Wld Hlth Org.* 110, Annex 9, Appendix 1.

<sup>3</sup> See *Off. Rec. Wld Hlth Org.* 110, Annex 9, Appendix 2.

Mr WENMAEKERS (Belgium) asked for a clarification on a point of law. Would the proposed agreement authorize the League of Arab States to send an observer to the Regional Committee for Europe either automatically or through an arrangement which would not need to be submitted to the Health Assembly? The third paragraph of the letter from the Director-General to the Secretary-General of the League of Arab States<sup>1</sup> seemed to indicate that that would be the case.

The SECRETARY said that, if the amendment to the draft resolution were adopted together with the draft resolution itself, it seemed clear that an observer from the League of Arab States would be in a position to attend the sessions of the Regional Committee for Europe.

Mr WENMAEKERS (Belgium) understood from the Secretary's interpretation that the right to send an observer to the Regional Committee for Europe would be based on the exchange of letters, and was not inherent in the text of the draft agreement.

The SECRETARY agreed that that was so.

Dr CAYLA (France) said that his delegation found the terms of the draft agreement satisfactory, but made a formal reservation regarding the exchange of letters. The representation of the League of Arab States at sessions of the Regional Committee for Europe could only be justified by the presence of the one member of the League that was in the European Region. Regrettably that member, with which the exchange of letters was concerned, had recently withdrawn from the Organization. It was sincerely to be hoped that the withdrawal would not be of long duration, but meanwhile the position of that State vis-à-vis the Organization was not clear and the exchange of letters appeared to be somewhat premature; it should therefore not be submitted for the approval of the Health Assembly.

Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland) supported the remarks of the delegate of France. It was inopportune to submit the exchange of letters for the approval of the Health Assembly while the position of Morocco was still ambiguous.

The SECRETARY said that the official records of the Health Assembly recorded that the delegate of Morocco had announced the withdrawal of his delegation from the Fourteenth World Health Assembly (see page 151).

Mr KHANACHET (Saudi Arabia) said that the Secretary had answered in part the objection of the delegate of France; moreover, a State that had not renounced its membership retained its full rights in the Organization.

Dr LISITSIN (Union of Soviet Socialist Republics) was satisfied that the letters exchanged formed an integral part of the draft agreement, particularly in so far as they concerned the question of the right of the League of Arab States to send an observer to the Regional Committee for Europe. Therefore the draft resolution should be amended as proposed by the delegate of Saudi Arabia. As regards what had taken place in the plenary meeting, the delegate of Morocco had withdrawn from the meeting; certain delegations had inferred therefrom that Morocco had withdrawn from the Organization, but there had been no official intimation that that was so.

Mr LE POOLE (Netherlands) wished to make certain observations which he had not been able to make during the meeting of the Legal Sub-Committee, since he had been in the Chair when the item had been discussed. At the Thirteenth World Health Assembly the delegation of the Netherlands had expressed strong doubts as to whether relations should be established between WHO and inter-governmental regional organizations. That was a general attitude adopted by his delegation, and was not adopted in respect of any particular intergovernmental regional organization. The Netherlands delegation to the Conference of the Food and Agriculture Organization had approved the establishment of relations between that organization and the League of Arab States. The structure of FAO, however, was different from that of WHO, which was the only specialized agency of the United Nations to have set up a full regional organization with executive and consultative machinery on the regional level. Article 50 of the Constitution provided for co-operation between the regional committees of WHO and regional international organizations, but the delegation of the Netherlands had maintained at the Thirteenth World Health Assembly that it was desirable that the Executive Board should make a further study of the matter and establish criteria for the relations between WHO and organizations of a regional character.<sup>2</sup> That proposal had not been approved, and resolution WHA13.48 had been adopted.

The first objection of his delegation to the draft agreement before the Committee was that it seemed

<sup>1</sup> See *Off. Rec. Wld Hlth Org.* 110, Annex 9, Appendix 2.

<sup>2</sup> *Off. Rec. Wld Hlth Org.* 103, 378



to be an unnecessary formality. Co-operation between the Eastern Mediterranean Regional Organization and the League of Arab States had existed since 1954, and reference to the existing co-operation was made in the final paragraph of the preamble of the draft agreement. The second objection was that the League of Arab States was not a health organization; it was an intergovernmental organization aiming at political, cultural and economic co-operation between a group of independent nations having a language and cultural inheritance in common. Great care had therefore to be taken to ensure that there was no risk of WHO being involved in political issues through the establishment of relations with the League. It was particularly necessary to be cautious in view of the unfortunate situation in the Eastern Mediterranean, where there was no co-operation between Member States which were also members of the League and one other Member State. WHO must maintain strict impartiality and the best way of safeguarding that impartiality was to ensure that the text of the draft agreement referred solely to relationships in the field of health. In that connexion it would be noted that reference was made in the second paragraph of the preamble to the setting-up of a Health Committee of the League of Arab States.

His delegation proposed the following amendments to the draft agreement:

Firstly, the third paragraph of the preamble should be amended to read:

Considering that the League of Arab States therefore is called upon to undertake certain tasks in the field of health in harmony with those pursued on a world-wide scale by the World Health Organization;

Secondly, the end of paragraph 1 of Article III should be amended to read: "in which the World Health Organization has a common interest with the League of Arab States";

Thirdly, the end of paragraph 2 of Article III should be amended to read: "in which the League of Arab States has a common interest with the World Health Organization";

In addition, the words "the representatives of" should be deleted from paragraphs 1 and 2 of Article III, since invitations of the nature referred to were normally sent to the organization rather than to its representatives.

The CHAIRMAN said that the Committee now had before it the draft resolution submitted in section 3 of the report of the Legal Sub-Committee, a proposed amendment to that resolution, and a proposed

amendment to the draft agreement. The amendment to the draft agreement would be dealt with first.

Mr KITTANI (Iraq) referred to the amendments proposed by the delegate of the Netherlands. Regarding the first amendment, which deleted the words "of a regional nature" from the third paragraph of the preamble, he called the attention of the Committee to the discussion on the preamble to the agreement in the Legal Sub-Committee, where an exactly similar proposal had been made and discussed and finally rejected (see page 435). He also opposed the proposed deletion of the words "The representatives of" from the beginning of Article III, paragraphs 1 and 2. If they were dropped the meaning of the article would not be clear; obviously each body would send the representatives to the meetings of the other, and they would be chosen according to the constitutional processes of each. The proposed amendment to the end of paragraphs 1 and 2 of Article III was a variation of one rejected by the Legal Sub-Committee (see page 435), and the arguments for and against remained valid. The idea behind that amendment had been to restrict the field of reciprocal representation. The text as it stood was perfectly clear and gave WHO the right to be represented on the Health Committee of the League of Arab States and the League of Arab States the right to be represented at WHO meetings, including meetings of the Regional Committee for the Eastern Mediterranean, as well as those of the Regional Committee for Europe, if the exchange of letters between the Director-General of WHO and the Secretary-General of the League of Arab States were accepted. The World Health Organization was barred from entering into political controversy; it co-operated with other organizations in the health field only. The preamble to the agreement made it quite clear that co-operation was suggested only because the League of Arab States was carrying on activities in the health field which were in harmony with those of WHO. He congratulated the Director-General on having produced such a clear and simple text, limiting the area in which co-operation should take place, in implementation of resolution WHA13.48 of the Thirteenth World Health Assembly. There was nothing political or "non-health" in the draft agreement.

He asked the Committee not to repeat work already done by the Legal Sub-Committee and to accept the text as it stood, if only as a vote of confidence in the Director-General, who was merely implementing a decision taken by the Assembly.

Mr LE POOLE (Netherlands) said the amendment to the third paragraph of the preamble proposed

in the Legal Sub-Committee had been merely to delete the words "of a regional nature". His proposal to add the words "tasks in the field of health" was to make the draft clearer. The amendments proposed to paragraphs 1 and 2 of Article III were merely to bring the text of the Article into line with the rest of the draft agreement.

MR RAFAEL (Israel) said that the draft agreement submitted to the Committee had a long and complicated background. Since 1953, WHO had been preoccupied with the problem of its relationship with the League of Arab States. Practical working arrangements had been established between the Regional Committee for the Eastern Mediterranean and the Health Committee of the League, and reports showed that those arrangements had functioned satisfactorily. That had been confirmed by the Director-General on a number of occasions. The League, however, for reasons unrelated to the objectives of WHO, had felt it necessary to insist on the formalization of its relationship with WHO and had requested the conclusion of an agreement under Article 70 of the Constitution.

In the debates preceding the adoption of the resolution at the Thirteenth World Health Assembly approving the principle of concluding such an agreement,<sup>1</sup> the representatives of the League of Arab States had produced no evidence as to why the existing arrangement was insufficient and why a new agreement was necessary to promote and protect the health of the peoples in the States belonging to the League. It had been argued that, since the principle of concluding an agreement with the League had been approved, there was no need for the Assembly to examine the proposed agreement; on the contrary, there was every need to consider the application of the principle. All Member States, by accepting the WHO Constitution, had subscribed to a number of very important principles, one of which was that the health of all peoples was fundamental to the attainment of peace and security, and that it depended on the fullest co-operation of individuals and States. At least one intergovernmental organization was not acting exactly in conformity with that principle.

There were serious deficiencies, not merely of drafting, in the text of the proposed agreement, and the reluctance of the Legal Sub-Committee to recommend it was indicated clearly by its vote: four delegations had voted in favour (all of them sponsors of the agreement), one — his own delegation — against, and nine had abstained.

The Committee should give careful consideration to the consequences which would result from the

conclusion of the proposed agreement. It was based simultaneously on Article 50(d) and Article 70 of the Constitution. Which was really applicable? If Article 50(d) was applicable, why was a new agreement necessary? WHO already had arrangements with the Health Committee of the League under that article. If, on the other hand, the proposed agreement was based on Article 70, consideration would have to be given to its effect on all other agreements. At the Thirteenth World Health Assembly the Director-General had provided valuable information in that connexion. He had said that:

... an agreement by means of exchange of letters under Article 50(d) of the Constitution had been made at the regional level with the Council of Europe as well as with the League of Arab States. There were relationships with certain other organizations such as CCTA and the Colombo Plan Bureau for Technical Co-operation where no such agreement by exchange of letters existed. WHO had agreements under Article 70 of the Constitution with some of the specialized agencies. With others, like ICAO, for example, it had no agreement; but that did not prevent the closest co-operation. There were only two agreements under Article 70 with intergovernmental organizations outside the United Nations family — those with the International Committee of Military Medicine and Pharmacy and the International Union for the Protection of Industrial Property... There was a question of principle involved which, when decided, would apply not only to the League of Arab States but also to any similar organization seeking formal relationship with WHO. The League of Arab States could not be treated as an exception in any decision to enter into agreement under Article 70.<sup>2</sup>

If the League of Arab States were not to be treated as an exception, WHO should re-examine the situation in the light of already existing agreements and decide whether they too should be based on Article 70 rather than on Article 50(d) and what action would be required to bring about such a change. Whatever the views of delegations on the activities of the League, they would no doubt agree that its activities were pre-eminently political. His delegation would be pleased if the League would devote its main efforts to the promotion of higher health and social standards and to true regional co-operation; its campaigns, however, were of a different nature. It did not permit its members to co-operate even in health matters with a State in the Eastern Mediterranean Region which was

<sup>1</sup> *Off. Rec. Wld Hlth Org.* 103, 372-381

<sup>2</sup> *Off. Rec. Wld Hlth Org.* 103, 376

a Member of WHO, even if that non-cooperation was detrimental to the protection of health, including that of the Arab peoples, in the whole area. Would it be possible, therefore, for WHO to implement Article I of the proposed agreement and co-operate in "those tasks and activities of the two organizations that are in harmony"? Could there be harmony between an organization dedicated to universal co-operation and a political body which practised a policy of ostracism? An agreement between WHO and that political body might be interpreted as implying that WHO condoned that policy. Why should WHO single out that political body as the first with which to enter into a formal relationship? There were other political intergovernmental organizations in the world whose aims, purposes and activities might be quite legitimate and useful. But an agreement with a political body would be a dangerous precedent which might involve the Organization in unnecessary complications and hamper its work. Moreover, before an agreement was concluded, criteria should be established governing the relationship of WHO with intergovernmental organizations. So far, WHO had concluded only two agreements under Article 70, apart from agreements with United Nations specialized agencies, and those were with intergovernmental professional organizations. The League of Arab States did not belong to either category. For all those reasons, decision on the proposed agreement should be deferred.

His remarks should not be interpreted as opposition on the part of his Government to WHO's work in the Arab countries, which was designed to raise health standards. That had his Government's full support, since it was convinced that economic and social progress in the Region constituted one of the main elements in the achievement of stability, prosperity, regional co-operation and peace in Western Asia.

The CHAIRMAN asked whether the delegate of Israel was moving that consideration of the draft agreement be deferred.

Mr RAFAEL (Israel) said that he was merely recommending it.

Mr KITTANI (Iraq) said that it was not appropriate for the Committee to discuss the Palestine question, although any such discussion would show which was really the aggrieved party; there were more than a million Arab refugees whose health was the concern of WHO.

The Committee was discussing a draft agreement prepared by the Director-General as requested in

resolution WHA13.48 of the Thirteenth World Health Assembly.

Since the Assembly had taken a decision, did the Chairman intend to allow a re-examination of the principle of whether an agreement was advisable or not? If the principle had been accepted, the Committee had to consider whether the text, which was acceptable to the Director-General of WHO and the Secretary-General of the League of Arab States, was also acceptable to it and to the Assembly. His delegation considered the agreement adequate, and would support it.

Mr LE POOLE (Netherlands), replying to the CHAIRMAN, said he had no preference as to whether his amendments were discussed together or separately.

The CHAIRMAN said that acceptance of the amendments involved no commitment regarding the adoption of the agreement itself.

Mr KITTANI (Iraq) asked whether, if the text was changed by the adoption of one or more of the amendments, it would be possible for the Health Assembly to approve it, since the text agreed to by the League of Arab States was the unamended draft before the Committee.

The CHAIRMAN replied that, if the text were amended, the agreement could be adopted by the Health Assembly, but it would not enter into force until the Organization and the League had accepted its wording.

Mr SAITO (Japan) appreciated the concern expressed by the delegate of the Netherlands, but thought that the text as it stood was acceptable. The agreement was based on the resolution adopted by the Thirteenth World Health Assembly, and limited to the field of health.

Dr LAYTON (Canada) said that his delegation would prefer the amendments proposed by the delegate of the Netherlands to be voted on seriatim. He saw some merit in avoiding ambiguity by omitting the reference in the preamble to tasks of a regional nature, but did not wish to amend Article III. Similar wording was used in the agreement between WHO and the International Atomic Energy Agency.

Professor SIGURJÓNSSON (Iceland) said that at the Thirteenth World Health Assembly his delegation had abstained from voting on the proposal that an agreement should be concluded between WHO and the League of Arab States. The conclusion of such an agreement had, however, been approved, and

the Director-General had been asked to draw up a draft. That draft was now before the Committee, and his delegation was prepared to accept it as recommended by the Legal Sub-Committee, with, perhaps, some minor changes. He was not prepared, however, to accept the amendment proposed by the delegate of Saudi Arabia, which had not been presented in the Legal Sub-Committee. If it was adopted it would give the League of Arab States the right to be represented at the Regional Committee for Europe. That right did not seem important for the League, since only one of its members was in the European Region.

The CHAIRMAN said that the amendments proposed by the delegate of the Netherlands would be voted on seriatim. Under Article 70 of the Constitution a two-thirds majority would be required for the adoption of the agreement by the Health Assembly and for its approval by the Committee. He considered, therefore, that the proposed amendments would also require a two-thirds majority for their approval.

Dr CLAVERO (Spain) thought that, if the amendments were voted upon, it would make it even more difficult for the Committee to reach a decision on the draft agreement. The Committee might take a simple majority vote on whether the proposed amendments should be considered or not. Naturally the draft agreement required a two-thirds majority for approval.

Mr LE POOLE (Netherlands) thought that delegations had the right to discuss the text of an agreement and to submit amendments to it. He was prepared to accept the ruling that a two-thirds majority was required for approval of the amendments, although that might make a decision on the draft agreement more difficult.

The CHAIRMAN agreed that delegations had the right to submit amendments and that it was the function of the Committee to vote on them.

Mr SAITO (Japan) asked whether the requirement of the two-thirds majority in the Health Assembly necessarily meant that there must also be a two-thirds majority in the Committee.

The CHAIRMAN replied that, in accordance with Rule 76 of the Rules of Procedure, since a two-thirds majority was required in plenary session, a two-thirds majority was required in the Committee.

Mr WENMAEKERS (Belgium) agreed with the delegate of Spain that a two-thirds majority would obviously be necessary on the draft agreement; but a simple majority should suffice for the proposed amendments.

The CHAIRMAN asked the Committee to vote on whether or not a two-thirds majority was necessary for approval of the amendments.

*Decision:* It was agreed by 40 votes to none, with 14 abstentions, that a two-thirds majority would be required for approval of the amendments.

The CHAIRMAN repeated that the voting on the amendments would in no way commit delegations on the adoption or rejection of the agreement.

He then put to the vote the proposal of the delegation of the Netherlands that the third paragraph of the preamble should be amended to read: "Considering that the League of Arab States therefore is called upon to undertake certain tasks in the field of health in harmony with those pursued on a world-wide scale by the World Health Organization".

*Decision:* The proposed amendment was rejected by 27 votes to 6, with 21 abstentions.

The CHAIRMAN asked the Committee to vote on the amendments proposed by the delegation of the Netherlands to paragraph 1 of Article III.

*Decision:* The proposed amendments were rejected by 29 votes to 6, with 18 abstentions.

The CHAIRMAN put to the vote the amendments proposed by the delegation of the Netherlands to paragraph 2 of Article III.

*Decision:* The proposed amendments were rejected by 29 votes to 5, with 19 abstentions.

The CHAIRMAN said that the Committee would vote on the amendment proposed by the delegate of Saudi Arabia to the draft resolution contained in section 3 of the Legal Sub-Committee's report. If that were rejected, the draft resolution as originally submitted would be put to the vote.

Mr LE POOLE (Netherlands) said that he had already referred to the absence of criteria for the conclusion of an agreement between WHO and a regional organization. Formally, the draft before the Committee was an agreement under the terms of Article 70 of the Constitution; nevertheless, it appeared to cover co-operation at the regional level. Perhaps the Secretary could provide some clarification.

The SECRETARY replied that the action of the Director-General on the matter had been governed by resolution WHA13.48.

The CHAIRMAN noted that resolution WHA13.48 referred only to Article 70; apparently the reference to Article 50(d) in the draft resolution of the Legal

Sub-Committee had been introduced by that Sub-Committee.

The SECRETARY referred the Committee to the text of the agreement. The fourth and fifth paragraphs of the preamble referred to Article 50(d) and Article 70 respectively. He supposed that was why the Legal Sub-Committee had thought it useful to include a reference to Article 50 (d) in its draft resolution.

Mr LE POOLE (Netherlands) said that his delegation felt that any agreement to be concluded between the World Health Organization and any regional organization should contain specific reference to the subjects of a global nature in which the World Health Organization and the relevant applicant had a common interest.

Mr SAITO (Japan) said that his delegation would support the agreement, but would prefer to defer decision on the letters exchanged.

Mr EL WAKIL (United Arab Republic) supported the arguments of the delegate of Saudi Arabia. Any international agreement consisting of several parts still formed an indivisible whole, and in his view the appendices to the document before the Committee<sup>1</sup> were inseparable. He could not understand the anxiety felt by certain delegations regarding the approval of the letters exchanged, particularly since the Director-General's letter was couched in most prudent terms.

Mr KITTANI (Iraq) suggested that the delegate of Saudi Arabia might be prepared to accept a slight alteration to his amendment: the operative paragraph of the draft resolution of the Legal Sub-Committee to remain unchanged, but be followed by another paragraph reading:

2. NOTES the letters exchanged between the Director-General of the World Health Organization and the Secretary-General of the League of Arab States.

There seemed to be no sense in arguing about whether the letters were part of the agreement or not. It was stated at the end of the Director-General's

letter that the question of attendance of a representative of the League at meetings of the Regional Committee for Europe was being studied, with a view to seeking ways of arranging it "when the main agreement has been approved". If, therefore, the agreement were approved, it would be sufficient merely to note the exchange of letters, for the Director-General to be able to implement the terms of his letter.

Mr KHANACHET (Saudi Arabia) accepted the alteration proposed by the delegate of Iraq.

Mr LE POOLE (Netherlands) said that, if an agreement under Article 70 of the Constitution was concluded between WHO and another body and that agreement stipulated that representatives of the other body would be invited to attend meetings of the World Health Assembly, the Executive Board and the Regional Committee for the Eastern Mediterranean, then, failing a specific decision by the Health Assembly, that body could not send an observer to any other regional committee.

The SECRETARY said the Director-General would see from the nature of the debate on the question that, if the Assembly approved the resolution, including the amendment of the delegates of Iraq and Saudi Arabia, he would be expected to implement the invitation to attend the Regional Committee for Europe.

Mr KHANACHET (Saudi Arabia) said that was the spirit in which he had accepted the amendment proposed by the delegate of Iraq.

The CHAIRMAN put to the vote the draft resolution in section 3 of the Legal Sub-Committee's report, as amended by the delegations of Saudi Arabia and Iraq. There were 38 delegations present and voting, and the required two-thirds majority was therefore 26.

*Decision:* The draft resolution was approved by 31 votes to 7, with 16 abstentions.<sup>2</sup>

*The meeting rose at 12 noon.*

<sup>1</sup> *Off. Rec. Wld Hlth Org.* 110, Annex 9

<sup>2</sup> Transmitted to the Health Assembly in section 4 of the Committee's fifth report and adopted as resolution WHA14.47

## THIRTEENTH MEETING

Wednesday, 22 February 1961, at 4.10 p.m.

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

### 1. Relations with the League of Arab States (continued)

Agenda, 3.22

Dr CAYLA (France) explained that he had voted against the draft resolution adopted at the previous meeting because he had not been quick enough to ask for a separate vote on the extra paragraph proposed by the delegations of Iraq and Saudi Arabia. His delegation had simply wished to record its opposition to the paragraph in which the Health Assembly noted the letters exchanged between the Director-General of WHO and the Secretary-General of the League of Arab States. He had, however, no objection to the first operative paragraph of the resolution approving the agreement between WHO and the League.

Professor SIGURJÓNSSON (Iceland) said that he had understood that the Committee was voting first on the paragraph proposed by the delegations of Iraq and Saudi Arabia. He had wished to oppose that paragraph, but he would have supported the resolution as a whole.

### 2. Fifth Report of the Committee

Mr SAR (Senegal), Rapporteur, read the Committee's draft fifth report.

*Decision:* The draft fifth report was adopted (see page 443).

### 3. Decisions of the United Nations, Specialized Agencies and the International Atomic Energy Agency affecting WHO's Activities on Administrative and Financial Questions (continued from seventh meeting, section 3)

Agenda, 3.21

The CHAIRMAN recalled that the delegate of Canada had expressed the wish to make some further comments on the item before the Committee.

Dr LAYTON (Canada) referred to the following statement in paragraph 27 of the twenty-eighth

report of the United Nations Advisory Committee on Administrative and Budgetary Questions:<sup>1</sup> "It may be noted here that one agency — WHO — has so far not availed itself of any administrative allocations from the Special Fund in respect of the two projects for which WHO is the executing agency." He wondered whether that was because the two projects did not involve any increase in the administrative costs of WHO or whether it had been decided that the financial arrangements with the Special Fund should be different from those with the Expanded Programme of Technical Assistance. His delegation considered that administrative costs should as a matter of policy be reclaimed from the Special Fund in the same way as they were reclaimed under the Expanded Programme of Technical Assistance.

Mr SIEGEL, Assistant Director-General, Secretary, said that the point raised by the delegate of Canada had been fully considered by the Director-General. The Special Fund had evolved an arbitrary formula for reimbursement which did not in fact cover the full administrative costs incurred by the executing agencies. That formula was given in the footnote to paragraph 26 of the report.<sup>1</sup> In the case in point WHO might have been able to claim reimbursement for part of the time of a staff member or even possibly for a full-time staff member. However, it had not been considered desirable to employ an additional member of the staff for one or two years until it was known whether there would be enough Special Fund projects to permit continuity of employment. It had therefore been decided not to claim reimbursement for the two projects already undertaken and to postpone the final policy decision until more information was available about the number of Special Fund projects for which WHO would be the executing agency.

Dr LAYTON (Canada) said that he was perfectly satisfied with the reply given by the Secretary.

<sup>1</sup> *Off. Rec. Wld Hlth Org.* 108, 34

#### 4. Assessments for 1961 and 1962 of New Members

Agenda, 3.13 and 3.14

The SECRETARY introduced the Director-General's report, which contained two draft resolutions — one dealing with the assessment for the Islamic Republic of Mauritania and the other referring to the eligibility of the new Members for credits in 1962 in the same way as the countries listed in schedule A of the Appropriation Resolution. They read:

The Fourteenth World Health Assembly,

Noting the admission of the Islamic Republic of Mauritania to membership in the Organization,

DECIDES that the Islamic Republic of Mauritania shall be assessed for 1961 and 1962 at 0.04 per cent.

The Fourteenth World Health Assembly

DECIDES that, since the Islamic Republic of Mauritania, Ruanda-Urundi and Tanganyika are carrying out malaria programmes, they are eligible for credits in 1962 in the same way as those Members listed in schedule A attached to the Appropriation Resolution for the financial year 1962.

In reply to a question by Dr CAYLA (France), the SECRETARY explained that the payments of the new Member and Associate Members would not be used for financing the 1962 budget. They would be paid into the casual income account and would be available for use in financing a future budget. The number of countries whose contributions were less than 0.50 per cent. and who were thus eligible for credits would be increased by three.

*Decision:* The two draft resolutions were approved.<sup>1</sup>

#### 5. Agreement with the International Office of Epizootics

Agenda, 3.11

The SECRETARY said that the Committee on Programme and Budget had agreed that it would be desirable to enter into an agreement with the International Office of Epizootics. The question had accordingly been referred to the Committee on Administration, Finance and Legal Matters for a decision on the legal aspects. The document before the Committee contained the texts of the letters exchanged between the two organizations<sup>2</sup> and the following draft resolution approving them:

The Fourteenth World Health Assembly,

<sup>1</sup> Transmitted to the Health Assembly in sections 1 and 2 of the Committee's sixth report and adopted as resolutions WHA14.48 and WHA14.49

<sup>2</sup> Reproduced in *Off. Rec. Wld Hlth Org.* 110, Annex 10

Having considered the principles to govern the relations between the International Office of Epizootics and the World Health Organization set out in an exchange of letters of 4 and 8 August 1960,

APPROVES the exchange of letters establishing the relations between these two organizations.

The Director-General considered that the exchange of letters was consistent with the Constitution and was in line with the agreements made with other organizations of a similar character. The decision on the draft resolution would require a two-thirds majority.

*Decision:* The draft resolution was approved unanimously.<sup>3</sup>

#### 6. Possibilities of reducing the Length of World Health Assemblies

Agenda, 3.6

The SECRETARY said that the possibilities of reducing the length of Health Assemblies had been discussed on several previous occasions. The Director-General's suggestions were contained in Annex 11 of *Official Records* No. 106.

Mr BRADY, representative of the Executive Board, said that the Board had discussed the subject thoroughly at its twenty-sixth session on the basis of a detailed report from the Director-General. It had been agreed that the Health Assembly's time should be used as effectively as possible, but there had been some divergence of views on the extent to which the length of sessions could be reduced, in view of the increasing size of the Organization. In resolution EB26.R31 the Board made four specific proposals, the first of which had already been dealt with during the discussion on the amendments to the Rules of Procedure (see page 390). It recommended to the Fourteenth World Health Assembly the adoption of the following draft resolution:

The Fourteenth World Health Assembly,

Considering resolution WHA13.40 requesting the Executive Board and the Director-General to present concrete proposals for reducing as far as possible the length of Assemblies; and

Having considered the recommendation of the Executive Board on the improvement of the organization and the conditions of work of the World Health Assembly,

1. DECIDES to suspend provisionally the requirement of Rule 24 of the Rules of Procedure that

<sup>3</sup> Transmitted to the Health Assembly in section 3 of the Committee's sixth report and adopted as resolution WHA14.50

the proposals of the Committee on Nominations shall be communicated in writing to the Health Assembly or to the main committees respectively "two hours at least before the meeting during which the election is to take place" and requests the Committee on Administration, Finance and Legal Matters to consider a revision of Rule 24 and report thereon to the Assembly;

2. DECIDES that at World Health Assemblies one debate only should be devoted to the discussion of the Annual Report of the Director-General, and that this debate should be in plenary meeting, provided that the physical facilities permit this;

3. REQUESTS the General Committee of the Assembly to consider meeting following the afternoon sessions, rather than at noon, on those days when it is feasible and advantageous to the progress of the work of the Assembly; and

4. EXPRESSES the hope that, despite the increase in activities and membership of the World Health Organization, it will not be necessary in the future for the Health Assemblies to meet for longer periods of time.

Dr CAYLA (France), referring to the proposal in operative paragraph 2 of the Executive Board's proposed draft resolution, asked whether the Annual Report of the Director-General also comprised the Financial Report and the Report of the External Auditor. If so, it would be preferable for the latter two documents to be studied only in the Committee on Administration, Finance and Legal Matters.

The CHAIRMAN said that he assumed that the Executive Board had had in mind the Director-General's Annual Report only.

Mr BRADY, representative of the Executive Board, confirmed that that supposition was correct. There had been no suggestion in the Executive Board for changing the method of discussing the financial aspects of the Director-General's Report, and the Board had confined itself to trying to telescope the general discussion on the Director-General's Annual Report which at present took place both in plenary session and in the Committee on Programme and Budget.

The SECRETARY said that the point raised by the delegate of France was an important one, and had been overlooked in the Director-General's report to the Executive Board.<sup>1</sup> The Secretariat had assumed

that the Financial Report, which had always been regarded as an integral part of the Director-General's Annual Report though presented as a separate document, would be dealt with in the usual manner by the Board or its Standing Committee if that were set up, and subsequently by the present Committee. The point would need elucidation in any draft resolution finally put forward.

Col. AFRIDI (Pakistan), making some general observations, said that both privately and in public discussion most delegates had expressed the view that Health Assemblies could and should be shortened. The Executive Board had been asked to examine the problem, but had failed to offer a solution because the Health Assembly, though composed of men trained to diagnose illnesses, had never got to the root of the malady.

If the Health Assembly had been able to call in Professor Parkinson for consultation, it would undoubtedly have learnt that, in all human gatherings, speech begets speech and that all discussions on any item followed the same pattern and ended in reducing everyone to a state of general fatigue — which was the moment for proposing a compromise or the establishment of a working party. Clearly no progress would be made if the Health Assembly continued to brood over the various factors already examined at length.

The principal fault lay in the preparation of the agenda, which was never properly considered by the Assembly. In his view the results achieved in any previous year should be discussed only in plenary session in connexion with the Annual Report, and the two main committees should first consider the general features of the programme for the following year, with the help of the requisite documents that would have to be prepared for the purpose by the Secretariat. The discussion on the budget ceiling would then come in its logical place, after which the Committees could proceed to scrutinize the details of the proposed programme.

The CHAIRMAN said that the proposal of the delegate of Pakistan, was in line with the Executive Board's recommendation, but went somewhat further.

Mr KITTANI (Iraq) favoured the Executive Board's recommendation as well as the proposal of the delegate of Pakistan, which was a variation on the same theme. However, their adoption might require modification in the terms of reference of the two main committees as laid down in resolution WHA13.1, paragraphs (1)(a) and (2)(a)(i).

He supported the proposals: he was not convinced that they would in fact serve to reduce the length

<sup>1</sup> *Off. Rec. Wld Hlth Org.* 106, Annex 11



of Health Assemblies, but they certainly ought to be conducive to greater efficiency. It would also be helpful if each committee, at the beginning of the Health Assembly and immediately after the election of officers and the statement of the Assistant Director-General, fixed a tentative time-table for the discussion of each item as was done by the committees of the General Assembly of the United Nations. Delegates would then be given some idea of how long the discussion of the various items would take, and it might be possible to avoid devoting too much time to relatively minor matters.

The CHAIRMAN considered that to be a very constructive suggestion.

Dr ALAN (Turkey) was very much in favour of reducing the length of Health Assemblies, but wondered what was meant by the phrase "one debate only" in operative paragraph 2 of the Executive Board's recommended draft resolution. Was the intention to request delegations wishing to make statements on the health situation in their countries to submit them in writing, or to establish a time limit for the discussion of the Annual Report of the Director-General?

He agreed with the delegate of Iraq that it would be useful to fix a time-table in advance, even if it could not be strictly observed. In the past such a time-table had been prepared by the Secretariat for the discussion of items on the provisional agenda.

Mr BRADY, representative of the Executive Board, said that there had been general agreement in the Board that discussion in plenary session on the Annual Report of the Director-General should not be repeated in the Committee on Programme and Budget. One suggestion which had been before the Board was to the effect that delegations wishing to make statements on the health situation in their countries could submit them in writing for publication in the records of the plenary meetings, and that the statements would not be read or presented orally. That suggestion had not been included in the recommended draft resolution, but the President had availed himself of it during the present Assembly when appealing for brevity in the general debate.

The CHAIRMAN, in reply to the delegate of Turkey, explained that the purpose of the proposal in operative paragraph 2 of the Executive Board's recommended draft resolution was to ensure that there would be only one opportunity to comment on the Annual Report of the Director-General, namely in plenary session.

The SECRETARY, referring to the second point raised by the delegate of Turkey, said that for some two or three years the Secretariat had found it virtually impossible to issue in advance a suggested time-table for the discussion of various items because the insertion of supplementary items tended to disrupt any pre-conceived plans and certain political factors had made it difficult to anticipate the way in which discussions would develop. For some years now a preliminary number of the Journal had been issued indicating a tentative time-table for the first few days of the Health Assembly. It had not been possible in present circumstances to do more, but the Director-General would reconsider the problem.

Mr EL WAKIL (United Arab Republic), observing that the present Health Assembly's agenda had been a heavy one, said it would be difficult at the present late stage to do justice to a complicated problem. A number of delegates were absent from the meeting, and he considered it advisable to defer consideration of the item. He therefore intended to submit a draft resolution requesting the Director-General and the Executive Board to pursue the study of the matter and submit recommendations to the Fifteenth World Health Assembly.

Dr CAYLA (France) said that, in the light of the answers given to the question he had raised, it should be made clear in operative paragraph 2 of the Board's suggested draft resolution that the provision did not apply to the financial reports, which would be discussed in the Committee on Administration, Finance and Legal Matters only.

He asked whether the delegate of the United Arab Republic would be prepared to introduce his proposal as an amendment to the Executive Board's draft resolution, rather than as a substitute text.

Mr EL WAKIL (United Arab Republic) considered that the purpose he had had in mind when making his proposal could not be served by an amendment to the draft resolution.

Dr TOTTIE (Sweden) supported the proposal of the delegate of the United Arab Republic, because he considered it advisable for the Director-General and the Executive Board to review the matter in the light of the observations made at the present Health Assembly.

Mr WYATT (United States of America), while appreciating the reasons which had prompted the proposal of the delegate of the United Arab Republic, wondered whether, in view of the extensive consideration already given to the problem, such a procedure

was desirable. Clearly, the possibilities for shortening Health Assemblies were limited. Nevertheless, the fact that the duration of Health Assemblies had not increased, despite the number of new Member States, was already a considerable achievement. Perhaps the time had come to endorse the Executive Board's recommendations, taking into account the interesting suggestion made by the delegate of Pakistan.

Mr BRADY, representative of the Executive Board, referred to the proposal of the delegate of the United Arab Republic. Although opinions in the Board had differed, its members would probably wish him to point out that the subject had been discussed at considerable length — during the Thirteenth World Health Assembly, the twenty-sixth session of the Board, and on previous occasions as well. The recommended draft resolution was the final outcome of a determined effort to secure some kind of common view. There had been general agreement

in the Board that, although it would be difficult to effect an appreciable reduction in the length of Health Assemblies, which constituted an important forum for the discussion of international health problems, nevertheless, some marginal improvements were feasible. If the question were to be referred back to the Board, some definite guidance must be given as to the Assembly's wishes. He would have thought it preferable to endorse in principle those of the Board's recommendations which found favour, so that it could consider how they could best be implemented.

The CHAIRMAN suggested that further discussion be deferred until the next meeting when the Secretariat might be in a position to formulate in writing the suggestions made during the foregoing discussion.

*It was so agreed* (for continuation of discussion, see fourteenth meeting, section 2).

*The meeting rose at 5.35 p.m.*

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## FOURTEENTH MEETING

*Thursday, 23 February 1961, at 9.30 a.m.*

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

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### 1. Sixth Report of the Committee

Mr SAR (Senegal), Rapporteur, read the draft sixth report of the Committee.

*Decision:* The draft sixth report was adopted (see page 443).

### 2. Possibilities of reducing the Length of World Health Assemblies (continued from thirteenth meeting, section 6)

Agenda, 3.6

The CHAIRMAN said that the Secretariat was to be congratulated on the document now before the Committee. The matter had been discussed extensively at the last session of the Health Assembly and even more extensively by the Executive Board, which had recommended a draft resolution to the Fourteenth World Health Assembly in its resolution EB26.R31 (see page 399). One part of the recommendation of the Board had already been adopted in the amendment to Rule 24 of the Rules of Procedure. In addition, various other proposals and suggestions

had been made during the debate on the item in the previous meeting of the Committee; in particular, there had been the suggestion of the delegate of Pakistan that the order of work of the Committee on Programme and Budget should be altered. All those factors had been taken into consideration in the preparation of the document before the Committee.

Although there were frequent complaints regarding the length of speeches made in the Health Assembly and general anxiety lest the sessions of the Assembly should have to be lengthened in consequence, there was no general desire that radical measures should be introduced to curtail the proceedings of the Assembly, such as, for instance, setting a time limit for speeches or arranging for night meetings. It was recognized that part of the value of the Assembly was the occasion it afforded for meeting other delegations, exchanging views and establishing friendships; then, too, there was the natural desire to inform the Assembly of progress made in various fields during the year. Consequently,

it had become apparent that present possibilities of reducing the length of Health Assemblies, or of ensuring against their prolongation, were limited to relatively minor adjustments to the programme of work. Proposals to that end were embodied in the draft resolution now submitted by the Secretariat. It did not seem that any useful purpose would be served by referring the matter again at the present juncture to the Executive Board, but, doubtless, should that organ or the Secretariat subsequently put forward fresh proposals, the question would be brought up again at a future session of the Health Assembly.

The text of the draft resolution was as follows:

The Fourteenth World Health Assembly,

Considering resolution WHA13.40 requesting the Executive Board and the Director-General to present concrete proposals for reducing as far as possible the length of Assemblies;

Having considered the recommendation of the Executive Board on the improvement of the organization and the conditions of work of the World Health Assembly; and

Having decided to amend Rule 24 of the Rules of Procedure of the Health Assembly, as proposed by the Executive Board,

1. DECIDES that at World Health Assemblies one debate only should be devoted to the consideration of the Annual Report of the Director-General (except the annual Financial Report) and that this debate should be in plenary meeting, provided that the physical facilities permit this;
2. REQUESTS the Executive Board, in preparing the agenda of sessions of the Health Assembly, as provided by Article 28(f) of the Constitution, to give special consideration to the arrangement of the agenda in such a way as to facilitate the business of the Assembly;
3. REQUESTS the Executive Board to reconsider the terms of reference of the main committees of the Assembly, as established by resolution WHA13.1, and to report to the Fifteenth World Health Assembly; and
4. EXPRESSES the hope that, despite the increase in activities and membership of the World Health Organization, it will not be necessary in the future for the Health Assemblies to meet for longer periods of time.

Dr CAYLA (France) said that the excellent report prepared by the Secretariat had considerably simplified the work of the Committee. He withdrew the proposals he had made at the previous meeting (see page 401), and, on behalf of the delegation of the

United Arab Republic and his own delegation, he proposed a minor amendment to the draft resolution which had just been read. The amendment consisted in the addition of a fifth operative paragraph, reading as follows:

5. REQUESTS the Director-General to continue the study of the question and to present to the Fifteenth World Health Assembly recommendations which would tend to reduce the length of the Health Assemblies.

Mr SIEGEL, Assistant Director-General, Secretary, said that the draft resolution was based on the text of the resolution recommended by the Executive Board in EB26.R31, modified by the proposals and suggestions made at the previous meeting. Two points should be drawn to the attention of the Committee. Firstly, the clause in operative paragraph 1 "provided that the physical facilities permit this" had been included because the Executive Board, aware of the delay entailed in plenary session by the necessity for speakers to go to the rostrum, had asked whether it would be possible for microphones to be made available on the delegates' desks. Up to the present, that procedure would not have been possible at headquarters, but the recent modifications at the Palais des Nations would permit it in future. Secondly, many delegations had expressed dissatisfaction that so much time was taken up in the Committee on Programme and Budget with the discussion on the Annual Report of the Director-General, and relatively little time was allowed for the discussion on the programme and budget estimates. Adoption of the draft resolution before the meeting would clearly allow more time for the discussion on the programme and budget estimates; operative paragraphs 2 and 3, as drafted on the basis of the suggestion made by the delegate of Pakistan, would enable the time-table and the schedule of work for the Health Assembly to be adjusted as required in that respect.

In view of the support for the draft resolution from the delegations of France and the United Arab Republic, he was reluctant to make any objection to the inclusion of the proposed amendment but, bearing in mind the exhaustive study of the question which had continued during the past two or three years, he doubted whether the Director-General, in reporting to the next Health Assembly, would be able to do more than summarize the conclusions reached hitherto. On the other hand, operative paragraphs 2 and 3 of the draft resolution would require that a detailed survey regarding the agenda of meetings of the Health Assembly and the terms of reference of the main committees be submitted by

the Director-General to the Executive Board for its consideration.

The CHAIRMAN asked whether the requirements of the delegations of France and the United Arab Republic would be met by the addition of the following operative paragraph to the draft resolution:

REQUESTS the Director-General to pursue examination of this matter and to submit reports to future Assemblies when he is in a position to put forward further recommendations for the facilitation of Assembly business.

Dr CAYLA (France) said that he was quite prepared to accept the wording proposed by the Chairman; the main preoccupation of his delegation was to ensure that the matter was not shelved permanently and that the Director-General should be receptive to new ideas or new developments in equipment which might help to expedite the work of the Assembly or to increase its efficiency.

Mr EL WAKIL (United Arab Republic) also expressed his agreement with the text proposed by the Chairman. A step was being taken in the right direction, but further improvements were always possible; every effort must be made to ensure that, even if the length of Health Assemblies could not be reduced, it should not be extended.

Dr ALAN (Turkey) congratulated the Secretariat on its excellent document. He asked whether his understanding was correct that operative paragraph 1 of the draft resolution implied that there would be no discussion of the Annual Report of the Director-General in the two main committees. In general he approved of the draft resolution, as amended, and was particularly satisfied that a revision of the arrangement of the agenda was envisaged.

The CHAIRMAN agreed with the interpretation given by the delegate of Turkey to operative paragraph 1 of the draft resolution.

Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland) said that the draft resolution

embodied a series of useful proposals; he was satisfied that the matter had now been taken as far as possible at the present juncture.

Dr ROS (Italy) said that the proposals contained in the draft resolution were constructive; his delegation found it quite satisfactory.

*It was agreed*, on the proposal of the SECRETARY, that the new operative paragraph (as read out by the Chairman) should be included in the draft resolution as operative paragraph 4, and the existing paragraph 4 should become paragraph 5.

*Decision:* The resolution was approved, as thus amended.<sup>1</sup>

The CHAIRMAN suggested that, in order to avoid the necessity of holding another meeting, the Committee might add the resolution which it had just adopted to its sixth report.

*It was so agreed.*

### 3. Closure of Session

The CHAIRMAN thanked the members of the Committee for the tolerance and patience which they had shown, and the diligence with which they had applied themselves to the heavy programme of work.

Dr CAYLA (France) paid tribute to the Chairman for the competence and understanding with which he had conducted the discussions, enabling the work of the Committee to be carried out rapidly and efficiently; to the Vice-Chairman for his management of the debate at a time when complex problems were at issue; to the Rapporteur whose well-presented reports had facilitated the decisions of the Committee; and, finally, to the Secretariat, for willing and able assistance at all times.

*The meeting rose at 10.20 a.m.*

<sup>1</sup> Transmitted to the Health Assembly in section 4 of the Committee's sixth report and adopted as resolution WHA14.51

**JOINT MEETINGS OF THE COMMITTEE ON PROGRAMME AND BUDGET  
AND THE COMMITTEE ON ADMINISTRATION,  
FINANCE AND LEGAL MATTERS**

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FIRST MEETING

*Monday, 13 February 1961, at 2.30 p.m.*

*Chairman: Dr W. A. KARUNARATNE (Ceylon)*

*later*

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

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**1. Report on Development of Malaria Eradication Programme**

Agenda, 2.4

The CHAIRMAN said that the joint meeting would start with consideration of the Director-General's report on the development of the malaria eradication programme.<sup>1</sup> He invited the Assistant Director-General to introduce the report.

Dr KAUL, Assistant Director-General, Secretary of the Committee on Programme and Budget, recalled that the Director-General's report covered the first nine months of 1960 only. Nevertheless, it showed some changes in the world picture of malaria eradication. Indeed, the world-wide programme was making good progress, not only from the standpoint of expansion of operations but also as regards improvement in standards.

The persons freed from the threat of malaria had increased from 280 million in 1959 to 298 million in 1960. Another 612 million persons were being protected by malaria eradication programmes, and a further 170 million were now the subject of pre-eradication surveys and pilot projects. The population covered by programmes in the attack phase numbered some 526 million, i.e., 19 million more than in 1959.

In 1960, it had been stated that, at the rate of progress at that time, malaria could be eradicated within ten years from Europe, the Americas, North Africa and large parts of Asia. That statement could be supplemented by encouraging news about Africa south of the Sahara: it had been demonstrated that

malaria transmission could be interrupted in some parts of tropical Africa by the use of residual insecticides, provided coverage was total and absolute. Accordingly, there was no reason why malaria eradication should not be carried out in those parts (and possibly in other parts of tropical Africa) as soon as the requisite financial, administrative, and technical facilities became available and staff were provided and trained. In the Union of South Africa, the programmes were already nearing completion in Natal and north Transvaal. A similar stage had been reached in Swaziland and the island of Mauritius.

Those were very hopeful signs, but unfortunately some programmes elsewhere had not entirely come up to expectations. Some had been delayed by the development of vector resistance. However, some of the vectors which were listed as being resistant or tolerant both to DDT and dieldrin were not uniformly resistant to both throughout their areas of distribution; so that one or other insecticide still remained effective as a weapon against them. It had also to be remembered that increased tolerance to DDT did not necessarily render that insecticide useless for controlling the vector concerned.

Other delays had been due to total coverage not being achieved because of interference with sprayed surfaces. Where malaria transmission had not been interrupted, despite spraying operations over several years, the cause had sometimes been traced to operational deficiencies, sometimes to staff difficulties, sometimes to lack of official support for the programme, and occasionally to all three combined. Administrative problems were often harder to solve than technical ones.

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<sup>1</sup> Unpublished

There was nevertheless one very healthy sign. National and territorial authorities were becoming more critical in evaluating their own programmes. Where malaria persisted, they were anxious to find the reason why—an attitude which was receiving strong support from WHO. WHO had provided more experienced regional and project epidemiologists, and had reorganized its headquarters Division of Malaria Eradication to set up a unit concerned solely with epidemiological assessment.

Past experience had shown that it was unwise to begin a programme of malaria eradication without making the fullest preliminary investigation and without providing in advance for all the requisite stores, staff and equipment. The new criteria established by WHO for technical approval of operational plans laid down a specific schedule of minimum provisions that must be met. Certain countries and territories might be unable to meet those provisions because of the inadequate development of their health and administrative services. For such countries, the Organization had proposed a new stage in the gradual preparation for malaria eradication—the pre-eradication programme—in which it was willing to give assistance. The pre-eradication programme would be adapted to suit the social and economic conditions of the country and would be designed to strengthen and develop local services to the point at which malaria eradication operations became a practical possibility.

Eighty-three fellowships had been granted in 1960, as against seventy in 1959, for the training of national malaria workers. The results of training activities were reflected in the greater number of full-time professional staff engaged during the year in malaria eradication programmes; their number had gone up to 2434, as against 1406 in 1959.

The production of guides and manuals was a special form of aid to training: two further manuals—one on the use of medicated salt and the other on the processing and examination of blood-slides—had been prepared during 1960. Others were in preparation.

The Organization would continue to lay stress on sound evaluation, training, and practical research likely to lead to the rapid and, if possible, less costly completion of the programme. Generally speaking, the co-operation, national and international, had been excellent and provided that sufficient funds were forthcoming the prospects for malaria eradication were undoubtedly good.

Dr BRAVO (Chile) said that the importance of the malaria eradication programme, with its repercussions on health and economy, was undoubtedly

appreciated by all present. His country had been early in the field in antimalaria work, thanks to the knowledge of the disease acquired by Professor Juan Noé, who had been instrumental in instituting a campaign which had freed Chile from malaria even before the discovery of residual insecticides. He drew attention to that example in order to emphasize the value of national efforts, which could be decisive in strictly delimited areas. Indeed, it was his belief that international action should aim chiefly at stimulating such efforts, by encouraging the public health services to undertake eradication campaigns with the necessary vigour and efficiency.

He endorsed the remarks made by the delegate of Argentina at the second meeting of the Committee on Programme and Budget that such a campaign must necessarily take into account ecological factors; that was precisely what Chile had done.

The stage had been reached in Chile where the surveillance operations were directed principally to preventing the importation of the disease from neighbouring countries. Agreements had been reached with Peru and Bolivia to maintain permanent surveillance in border areas; the cost to the national health service was some \$30 000 a year.

Dr KHABIR (Iran) said that the malaria eradication programme in Iran, with an annual budget of some \$5 000 000, was one of the most extensive and best organized health programmes ever carried out there. The drop in the malaria death-rate among children and adolescents showed the effectiveness of the work: not many years ago, the disease had been a major cause of death in that population group.

A staff of about 3000 persons, including doctors, engineers and other experts, was engaged in the work and the difficulties encountered—such as vector resistance in southern Iran—had merely served to spur them on to greater efforts.

The first pilot project for the control of malaria in Iran had started twelve years ago, without outside help. With the assistance of WHO, a general control programme had been instituted in 1949 and had been converted into an eradication programme after the Eighth World Health Assembly had adopted the principle of eradication. It was a matter for gratification that Iraq had also begun an eradication campaign, since success depended on neighbouring countries taking parallel measures to eliminate the disease, and it was to be hoped that Pakistan would soon follow suit.

Iran was taking steps to promulgate legislation that would provide a solid legal and administrative foundation for the final stages of the programme. He acknowledged the valuable help already given by

WHO and other international and bilateral agencies. At the same time, he was fully convinced that more funds, from both national and international sources, must be forthcoming if the world-wide operations were to be carried through to success.

Col. AFRIDI (Pakistan) advocated more concentration of effort on basic research. The research activities proposed in the report were intended to throw more light on environmental factors, a knowledge of which would make the existing weapons more effective; whereas the crying need, at the stage the malaria eradication campaign had now reached, was for new weapons with which to press the attack. Indeed, the hope for ultimate success lay precisely in finding such tools.

He recalled the past history of antimalaria work, mentioning the three major events that had occurred—all in his own working life-time—to make first control, and then eradication, of the disease possible. But the problem still persisted, for the absolute and total coverage by residual spraying that eradication demanded called for such a close and detailed supervision that most authorities were longing for the discovery of a sharper tool than DDT. The best hope in that direction lay in the new vapour insecticide DDVP, one cake of which, hung up in a house, would remain effective for many months. Every effort should be concentrated, he felt, on investigating that product and other similar insecticides.

Again, the discoveries in the field of chemotherapy, in particular the new sporontocidal drugs, should be followed up and intensive work encouraged to find a compound with the desired qualities.

Lastly, an imaginative approach was needed to the problems of resistance. A species was resistant in one locality and not in another. Since in most cases resistance was traceable to selection pressure, would it not be worth trying to “seed” the resistant areas with a susceptible strain of the same species from a neighbouring locality, as was practised in agriculture in dealing with resistant insects? The areas in India where *A. culicifacies* was resistant would be ideal, he thought, for trying out the idea.

Investigations in the areas of basic research he had mentioned should be pressed with the utmost vigour as the findings were likely to have a direct effect on future techniques for the eradication of malaria.

Dr ALAN (Turkey), after praising the report, mentioned two references in it to Turkey which required some clarification. The first related to legislation: Turkey had in fact promulgated special legislation on malaria eradication in 1959 and that fact had been reported by the Director-General to the Thirteenth

World Health Assembly in 1960. The second concerned the figures given in the report for blood tests carried out in Turkey: the figures in question related to the third quarter of 1960, not the first quarter as stated.

As the information given in the report was most comprehensive, there was no need for him to go into detail on Turkey's programme. Control measures had begun in 1925 and had been converted to an eradication programme in 1957, so that Turkey had had some thirty years' experience in malaria control and four in eradication. In full knowledge of the facts, therefore, he could safely affirm that conducting an eradication campaign was no simple matter; difficulties of all kinds were met with: technical, administrative and financial.

His delegation was most appreciative of the efforts made by WHO. Since the inception of the world-wide campaign in 1955, much progress had been made, yet much still remained to be done and the urgency of the matter could not be over-emphasized. He was confident that WHO would meet the challenge.

Dr QUIRÓS (Peru) congratulated the Director-General on being able to present such an encouraging report.

From the map giving an epidemiological assessment of the status of malaria in 1960, which was contained in the report, it appeared that the areas where the best results had been achieved were those situated close to others where, by reason of the geographical situation, the disease had naturally died out: the south of the United States, the Mediterranean area, the south of the USSR in the northern hemisphere, and Chile, Argentina and part of Peru in the southern.

Outstanding results had been achieved in Peru in the zones where the epidemiology of the disease and the customs of the people made it possible to use residual insecticides. In drawing up future reports, the Organization should perhaps distinguish between areas where speedy and effective results could be expected from the use of residual insecticides, and areas where problems requiring other solutions were encountered.

Lastly, he agreed with the delegate of Pakistan that attention should be focused on basic research to find more effective techniques of eradication.

Dr ABAYOMI-COLE (Sierra Leone) stated that the medical entomologist had continued to be responsible for the supervision of malaria control in Sierra Leone, but his activities during 1960 had been limited for lack of funds. During the year WHO had put forward a scheme for a malaria eradication campaign

in Sierra Leone. The scheme had had to be held in abeyance, pending the working-out of certain details; if finally approved, it would help to solve the main problem connected with malaria in Sierra Leone.

Dr PISTOLI (Albania) said his delegation had studied the report with great interest. Bearing in mind the great importance of malaria for public health and, generally, for the development of agriculture and of the national economy, his Government had given a great deal of attention to the problem. In 1958 an eradication programme had been instituted, which envisaged that the consolidation stage would be reached throughout the whole country by the end of 1962. The results of the operations carried out in 1960 were completely reassuring.

Before 1945, malaria had been rife throughout Albania. With the institution of the People's Republic, however, much had been done by way of land reclamation and improvement. The area of marshland had been cut down considerably and would be completely eliminated in the near future. That work, taken in conjunction with malaria eradication measures proper, had brought about a substantial decline in the number of malaria cases. He went on to give particulars of the operations carried out during the year 1960, citing statistics to show that the attack phase was being pressed vigorously in some areas whereas in others the stage of consolidation had been reached. Blood-tests during the year had revealed only 139 positive cases, as against 212 in 1959. Great importance was attached to the speedy notification of cases and antimalarial drugs were immediately used, both in doubtful and confirmed cases, with good results.

In 1961, regular public health measures would be continued and special efforts made to detect sources of infection; in addition, further drainage schemes would be carried out in coastal areas where the chief foci were to be found.

Dr TCHOUNGUI (Cameroun) recalled that his country had been chosen as the site of two WHO pilot projects against malaria, one in the north in savannah territory and the other in the south in forest land. The authorities in Cameroun were chary of drawing hasty conclusions from the results obtained, since it was known that the general lines on which future malaria eradication operations in Africa would be conducted would be based on the experience gained from all the pilot projects in the various parts of the continent. Since however the results obtained elsewhere in similar conditions

appeared to be more or less the same as those in Cameroun, it might be opportune to consider whether or not eradication campaigns should be pressed in Africa or whether they should be discontinued until prospects for success were more assured.

The experimental work in north Cameroun had ended in an impasse, possibly owing to inadequate geographical reconnaissance beforehand and to the resistance that had developed in the vector to dieldrin. A more recent campaign carried out in 1960 in excellent conditions, using DDT, had shown that eradication could not be envisaged in existing conditions, and spraying had been suspended. No doubt the project would yield material of great importance, but it was his delegation's view that the idea of eradicating malaria under present conditions from savannah zones should be abandoned completely.

The results obtained in south Cameroun, on the other hand, had been excellent up to the end of 1960, when the disease had suddenly reappeared and it had been discovered that the vector had developed resistance to dieldrin, thus obliging the authorities to reconsider the problem. In agreement with WHO experts, the use of dieldrin had been discontinued, and supplies of DDT, to be furnished by UNICEF, were awaited in order to restart the campaign. The incident served to show the dangers of over-optimism. Nevertheless, if other experiments yielded the same spectacular results, there was hope that an intensive effort in the great forest areas of Africa might eventually lead to eradication of malaria there. In the circumstances, therefore, simultaneous attack on the disease in all those areas should be envisaged—in itself an immense undertaking.

Dr SOEPARMO (Indonesia) welcomed the encouraging report which was before the meeting.

Legislation on malaria eradication was of great interest to his Government; there was already in preparation draft legislation that would eventually be incorporated in the fundamental health legislation at present being drafted.

His Government was most interested in the proposed research into the relationship between simian and human malaria. Indonesia had a large and varied monkey population and consequently welcomed any investigation of the matter, despite the conclusion of the Expert Committee on Malaria that the existence of simian malaria in a country did not constitute an obstacle to eradication of the disease.

The Indonesian authorities hoped that the difficulty of assuring the funds for malaria eradication operations would be overcome once the proposed legislation on malaria was promulgated.



Dr AGUILAR (El Salvador), after expressing his appreciation of the Director-General's report, stressed the importance of research on resistance to insecticides. In his country, in an area of only 300 square kilometres, resistance to both DDT and dieldrin had been found in seven localities, and the morale of the people and the officials engaged in the malaria eradication campaign was being seriously affected by the recurrence of the disease. An internationally assisted investigation of the habits of the mosquito might be of value for other areas where conditions were similar.

His Government had invested a large amount of money in its malaria eradication programme and failure would have serious consequences. It would be helpful if WHO could emphasize the economic advantages of eradicating malaria, so that governments would be encouraged to continue campaigns.

Dr MODÉ (Haiti) thanked the Director-General for the help given to the Government of Haiti in planning its malaria eradication programme. Malaria was the most serious problem facing his country and, although an eradication campaign had been started in 1958, it had had to be abandoned less than a year later, because of financial difficulties. Spraying with dieldrin had been carried out for six months, but just when blood-tests were being started the programme had had to be discontinued. In 1959 a recrudescence of malaria had decimated the population: mortality from the disease rose from 10 per cent. to 80 per cent. in certain parts of the country. In 1960 the Government had asked the Ministry of Health to take further action and some \$30 000 had been allocated to launch a malaria eradication campaign. An additional sum of about \$740 000 had been obtained as a result of an agreement between the Pan American Sanitary Bureau and UNICEF.

An eradication campaign had been started in the neighbouring Dominican Republic at the same time as in Haiti; since DDT had been used fairly extensively in agriculture there, the mosquito had become resistant to it, and dieldrin had to be used. In Haiti, on the other hand, mosquitos had become resistant to dieldrin, and at present only DDT was effective. Such a situation could be very dangerous. If malaria was to be eradicated, it was of vital importance for programmes to be carried out simultaneously and very thoroughly in neighbouring countries.

Dr SAUGRAIN (Central African Republic) said his Government had been very interested in the Director-General's report. A malaria pre-eradication mission had just started operations in his country, where

various kinds of African vegetation were to be found and where there had been no eradication programmes to date. The parasite and sporozoite rates had been found to be very high in the savannah and low in the forest areas, but only few anopheles had been caught in the forest. None of those anopheles were resistant to normal doses of DDT or dieldrin, but a strain had been found in the savannah which had a moderate tolerance to DDT. Outside the town of Bangui no DDT spraying had ever been carried out.

Prospects for eradication in the forest area were favourable; such eradication could be carried out as an extension of the programmes in neighbouring countries, especially as the area was next to south Cameroun, where eradication seemed to be complete. Prospects for eradication in the savannah were not so good; the rates were high and the mosquitos had a certain tolerance to insecticides, although they had never been in contact with them. Chemotherapy would probably have to be used. For three years free prophylactic treatment had been available for children, but difficulties had been encountered in assuring the regular distribution of drugs and ensuring that doses were taken regularly. His Government was therefore extremely interested in the Pinotti method.

Mr HAKIZUMWAMI (Ruanda-Urundi), speaking at the invitation of the Chairman, drew attention to the great efforts being made in his country to combat malaria. Several preliminary campaigns had been carried out since 1952, and since 1954 two million houses below an altitude of 2000 metres—the altitude below which malaria was prevalent—had been sprayed regularly every six months. Satisfactory results had been obtained, but complete eradication would not be possible until specially trained malariologists and entomologists were available. His Government wished to thank WHO and the Technical Assistance Board for the help which had been promised.

Dr KAUL, Assistant Director-General, Secretary of the Committee on Programme and Budget, assured the meeting that, in presenting future reports, the Director-General would bear in mind the various comments and suggestions made by delegates. Perhaps there was only one point in the preceding discussion that needed comment, and that was the question of research.

As problems connected with malaria eradication were so varied and so numerous, a certain order of priority for dealing with them had had to be established. Governments had to be encouraged to take action and, as a stimulus, research had been focused

on operations rather than on fundamental problems. Furthermore, it was only recently that a programme of research had been established that permitted WHO to go more deeply into certain aspects of basic research. Assistance had been given by WHO in 1960 to a number of research projects, which were listed in the report. The Director-General had, in addition, convened meetings of two scientific groups in 1960. The first had surveyed existing knowledge and had made a list of deficiencies in knowledge, and the second had discussed chemotherapy. There were some new insecticides which were showing promising results and which might be useful in the future for the eradication of malaria, but they still gave rise to a number of problems. Research was continuing on vapour insecticides. It was felt that more would have to be known about the accumulative toxicity of DDVP before WHO could recommend its use. All hoped that the results of research would be satisfactory so that better methods of insecticide application could be recommended.

The CHAIRMAN put the following draft resolution to the meeting:

The Fourteenth World Health Assembly,

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

Noting that the results of pilot projects in Africa have shown the technical feasibility of obtaining interruption of transmission in those areas of this continent where total coverage can be assured;

Noting with satisfaction the strengthening of epidemiological assessment activities on national and international level, while recognizing the continuing need to overcome certain practical problems in these operations;

Noting that a new stage of the malaria eradication programme, called "pre-eradication programme", has been established by the Organization for countries whose administrative and health services are not yet sufficiently developed to launch an eradication programme;

Noting that an official register to record areas where malaria eradication has been achieved has been established by the Director-General and that steps have been taken by the Organization to implement the task of inspection and certification for registering such areas; and

Recognizing that in a number of projects progress continues to be impeded through administrative and operational deficiencies,

1. NOTES with satisfaction the general progress made in the world-wide campaign of malaria eradication;

2. URGES governments:

(1) to effect further improvement in methods of epidemiological assessment and surveillance, making maximum use of the collaboration of existing general medical rural facilities; and

(2) to give full administrative and financial support to their eradication campaigns so as to ensure thoroughness and efficiency of application; and

3. REQUESTS the Director-General to report on future progress of the malaria eradication programme to the Fifteenth World Health Assembly.

*Decision:* The draft resolution was approved.<sup>1</sup>

*Dr van Zile Hyde (United States of America), Chairman of the Committee on Administration, Finance and Legal Matters, took the Chair.*

## 2. Financing of the Malaria Eradication Programme

Agenda, 3.16

The CHAIRMAN suggested that the meeting consider together the Malaria Eradication Special Account (item 3.16.1 of the agenda) and the measures to ensure the financing of the programme (item 3.16.2 of the agenda).

*It was so agreed.*

Mr SIEGEL, Assistant Director-General, Secretary of the Committee on Administration, Finance and Legal Matters, recalled that, ever since the Eighth World Health Assembly had decided to launch the malaria eradication campaign, every Health Assembly had had to deal with problems of financing the programme. The original plan had been that the programme would be financed by voluntary contributions, and it had been assumed that the fortunate countries which had no malaria problems would make financial contributions to help those less fortunate. Both the Executive Board and the Health Assembly had devoted many hours at different sessions to discussing methods of encouraging voluntary contributions. The Director-General had been requested to spare no effort to obtain contributions from Member States. The Director-General had reported to the Thirteenth World Health Assembly that, although many more countries were making contributions, most contributions were

<sup>1</sup> Transmitted to the Health Assembly in the first report of the Committee on Programme and Budget and adopted as resolution WHA14.2

merely in the form of a token and the total was insufficient for implementing the programme. He had also said that, unless the situation improved before the Fourteenth World Health Assembly, it would be essential for that Assembly to take steps to incorporate all or part of the cost of the programme in the regular budget. Very little progress had been made, and the Director-General had accordingly made certain suggestions concerning measures which might be taken to ensure the financing of the programme, which had been submitted to the Executive Board for consideration at its twenty-sixth session.

A report<sup>1</sup> on the status of the Malaria Eradication Special Account as at 31 December 1960 was before the meeting. A few additional pledges had been made since the preparation of the report: the Holy See had pledged \$1000, Misereor (German Bishops' Campaign against Hunger and Disease in the World) had pledged \$100 000, Sierra Leone \$280 and Kuwait \$9500. Lebanon had pledged and paid \$1600. On the other hand, the Director-General had been notified that some contributors could no longer continue making contributions and some governments had informed him that they were not prepared to make voluntary contributions but were willing to consider incorporating the cost of the programme in the regular budget.

Three different courses of action had been suggested by the Director-General. They had been discussed by the Executive Board, which had transmitted them to the Health Assembly without making any recommendation. Those courses of action were described in the Director-General's report on the financing of the malaria eradication programme,<sup>2</sup> which was before the meeting. The first course of action, described as Method I, was a method whereby the Health Assembly would determine, on the basis of statements regarding contributions to the Malaria Eradication Special Account made by the various delegations, the total amount likely to be available for the malaria eradication programme from voluntary contributions, and would make provision for the balance in the regular budget. The second, Method II, was a phased arrangement providing for incorporation of the total cost of the programme in the regular budget at the end of three years; the amount to be added to the regular budget in 1962 under that method would be \$2 000 000. Under the third course of action, Method III, the full cost of the malaria eradication programme would be included in the regular budget, but certain Members

—to be determined by the Health Assembly—would be credited with an amount equal to their assessed contribution to the regular budget in respect of the programme. The total amount to be credited would depend on the funds available in the Malaria Eradication Special Account at the time the decision was taken. As a result of statements made in the plenary meetings of the present session of the Health Assembly and of informal discussions with several delegations, the Director-General had made a fourth suggestion, Method IV, which differed from Method III in that the credits would be limited to 75 per cent. of the assessed contribution in respect of the programme.

The Director-General's report also contained a draft resolution, which could be modified for the adoption of either Method III or Method IV.

The Director-General believed that adoption of either Method III or Method IV would ensure that the planned programme could be carried out and that the inclusion of the total estimated costs of the malaria eradication programme in the regular budget for 1962 would enable WHO to provide the needed stimulation and encouragement to those countries engaged in eradicating malaria or about to undertake a programme of eradication.

He would be pleased to give any further explanations that might be required.

Mr BRADY, representative of the Executive Board, said that the Executive Board at its twenty-sixth session, having considered the report of the Director-General on the status of the Malaria Eradication Special Account and believing that a most important stage in the development of malaria eradication programmes had now been reached, had referred consideration of the matter to the Standing Committee on Administration and Finance. The report of that committee to the Executive Board (*Official Records* No. 106, Annex 5, part 1) indicated that there had been a difference of opinion among the members regarding methods to be used for financing the malaria eradication programme, but that a majority decision had been taken by the Committee to recommend to the Board that some part of the malaria eradication programme should be financed from the regular budget. That recommendation had been accepted by the Board and included in resolution EB26.R9. As a first step towards alleviating the situation, the Board had considered a proposal by the Director-General that part of the 1961 malaria eradication programme should be financed by supplementary budget estimates for that year. Recalling that, in accordance with the action taken by the Twelfth World Health Assembly in 1959 (resolution

<sup>1</sup> *Off. Rec. Wld Hlth Org.* 110, Annex 6

<sup>2</sup> Unpublished

WHA12.31), the administrative and operational services costs of the Expanded Programme of Technical Assistance had been included in the regular budget, the Board had decided, in resolution EB26.R11, to recommend to the Fourteenth World Health Assembly that the administrative and operational services costs of the malaria eradication programme, which were of a similar nature, should be included in supplementary estimates for 1961, and that continued provision for those costs should be added to the proposed programme and budget estimates for 1962. The Board had also noted that the sum of \$621 754 estimated for administrative and operational services costs during 1961 did not include such costs for the Region of the Americas and that the Director-General had now recommended that the costs for that region, amounting to \$160 000 for 1962, be included in the budget estimates for that year.

The Board had further considered the proposals of the Director-General regarding various methods by which the financing of the malaria eradication programme could be ensured; it had, however, felt unable to take a decision on those proposals, which it considered should be the object of careful examination by governments. The Board had, in consequence, decided to transmit to the Health Assembly the draft resolution contained in the Director-General's report, together with the relevant minutes of its deliberations and those of its Standing Committee on Administration and Finance.<sup>1</sup>

Finally the Board had stressed the need for continuing voluntary contributions to the Malaria Eradication Special Account. With regard to the issue of malaria eradication stamps, the Board had taken a decision in principle which was reflected in resolution EB26.R10.

The CHAIRMAN reminded delegates that the methods for ensuring the financing of the malaria eradication programme outlined in the report of the Director-General should not be regarded as specific proposals. It was, however, the opinion of the Director-General that a solution on the lines proposed in either Method III or Method IV would meet the requirements. The Executive Board had endorsed the proposal of the Director-General regarding the inclusion of administrative and operational services costs for the programme in supplementary estimates for 1961 and in the regular budget for 1962, but no draft resolution to that effect had yet been submitted to the Health Assembly. The

<sup>1</sup> Minutes of the twenty-sixth session of the Executive Board, sixth meeting (EB26/Min/6 Rev.1, pp. 117-128) and of its Standing Committee on Administration and Finance, seventh meeting (EB26/AF/Min/7 Rev. 1, pp. 168-179)

decision taken by the Executive Board with regard to the issue of malaria eradication stamps did not call for any further action on the part of the Health Assembly.

Mr FOBES (United States of America) first expressed on behalf of his Government gratitude for recent contributions made to the Special Account.

It was clear that the malaria eradication programme could not continue on its present basis since it was lacking in two essential attributes—the certainty of continued, unbroken effort and the full co-operation of all parties concerned. Financing by voluntary contributions was frequently a most effective method of initiating a new activity or of meeting an emergency but, once that activity became a regular feature of the work of an organization, broader support was needed. His Government could not consider continuing to support the malaria eradication programme on its present basis. There was an immediate need for action to be taken during the current session of the Health Assembly in order to ensure that broadening of support.

As a first stage, he formally moved the adoption of the recommendation of the Executive Board regarding the inclusion of the administrative and operational services costs of the programme in the regular budget. However, that alone was insufficient and, although it was to be hoped that voluntary contributions would continue to be made to the Special Account, some further steps must be taken to ensure the proper financing of the programme. He believed that either Method II or Method IV would prove satisfactory with some adjustments but suggested as a possible alternative a combination of the two methods whereby countries receiving credits of 75 per cent. in the first year would receive only 50 per cent. credits in the second year and 25 per cent. in the third year, after which no further credits would be granted.<sup>2</sup> He believed that, if such a method should be adopted, his Government would ensure that the voluntary contributions to the Special Account during those three years would be adequate to permit the continuance of the programme without any reduction, since the first requirement of broader participation in the cost of the programme would have been met by partial financing out of the regular budget. He believed that a working party would be needed to assist the joint meeting in considering steps to be taken.

Dr CASTILLO (Venezuela) said that the position of his Government with regard to financing the malaria

<sup>2</sup> This method is referred to subsequently in the discussions as Method V.

eradication programme was clearly set out in a note submitted to the meeting by his delegation. As explained in that note, his delegation could not support any method which would mean an increase in the regular contributions of Member States to the Organization's regular budget. Furthermore, his delegation wished to record its reservations regarding the suggested use of the Special Malaria Fund of the Pan American Health Organization to provide credits to Members to offset their contributions to the regular budget of WHO in respect of the malaria eradication programme, since any alteration in the status of the PAHO Special Malaria Fund, or its winding-up or absorption by the Malaria Eradication Special Account of WHO, had to receive the prior approval of the Pan American Health Organization. Should the Health Assembly approve an increase in assessments of Member States as a means of financing the malaria eradication programme, his delegation requested that the Health Assembly consider the possibility of accepting the financing of the International Course on Malaria as Venezuela's contribution. He hoped that the programme of fellowships for that course would be extended so that fellowships might be offered to non-self-governing territories in America, in accordance with resolution 845 (IX) of the United Nations General Assembly, adopted on the recommendation of the Fourth Committee.

The CHAIRMAN said that, while the Director-General was empowered to accept goods and services as voluntary contributions to the Special Account, contributions to the regular budget must be made in certain specified currencies.

Dr PATIÑO-CAMARGO (Colombia) said that contributions made to the Malaria Eradication Special Account should not be considered as expenditure but rather as investments to develop world economy, since those countries in which the malaria eradication programme operated had a considerable part to play in that economy. He believed that Method I was the best approach to the solution of the problem of financing the programme and was happy to announce that his Government would contribute \$5000 to the Special Account for 1962. He hoped that all Member States would proceed as quickly as possible with issuing malaria eradication stamps; those to be issued by Colombia would be in circulation by April 1962.

Professor AUJALEU (France) said that his delegation considered that the malaria eradication programme must continue in spite of certain technical difficulties and that a satisfactory system for financing it must be introduced since voluntary contributions

were clearly no longer adequate. His delegation was fully in favour of the immediate inclusion of the administrative and operational services costs of the programme in the regular budget.

He then outlined his delegation's views on the methods suggested for financing the field work. Method I would be acceptable, but its implementation would be unduly complicated; moreover because of the decrease in voluntary contributions it would probably in effect rapidly become the same as Method II. That method, for the phased transfer of the costs to the regular budget, was both the most radical and the most satisfactory, particularly since the Committee had heard the United States delegate's statement that his country would give help during the transfer period. He feared that Methods III and IV, or Method V proposed by the delegate of the United States of America, might not be compatible with Article 56 of the Constitution, which referred specifically to apportioning expenses among the Members in accordance with "a scale to be fixed by the Health Assembly". He did not believe that the wording of that Article could be interpreted to allow for a system of credits to be introduced in respect of some Members. In his report the Director-General had indicated two criteria<sup>1</sup> for selecting the Members to receive credits. It seemed to him that the Assembly would face considerable difficulties each year in determining which Members in the second category should be eligible for such credits, since there would undoubtedly be many borderline cases. His chief objection, however, was that those methods were unconstitutional; it would be unwise to engage on an unconstitutional procedure, particularly when the sums involved would be relatively small. His delegation, therefore, favoured the gradual transfer of the costs of the programme to the regular budget in stages to be determined after careful consideration.

The CHAIRMAN said that the question of the constitutionality of some of the proposals had been raised and would have to be clarified at some time. That might be done by the Health Assembly itself, which had the authority to interpret the Constitution, or the question might be referred to the Legal Subcommittee.

*The meeting rose at 5.45 p.m.*

<sup>1</sup> The Director-General had suggested that the following Members might be eligible for credits:

- (a) all active Members of the Organization carrying out malaria programmes whose assessments for the regular budget are 0.50 per cent. or less;
- (b) any other Members of the Organization carrying out malaria programmes and having a low per capita income.

## SECOND MEETING

*Tuesday, 14 February 1961, at 9 a.m.*

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

**1. Financing of the Malaria Eradication Programme**  
(continued)

Agenda, 3.16

Mr SIEGEL, Assistant Director-General, Secretary of the Committee on Administration, Finance and Legal Matters, announced that the Director-General had been advised by the head of the Swedish delegation that the Swedish Government had asked for parliamentary approval of a contribution to the Malaria Eradication Special Account of 700 000 kronor, which was equivalent to \$135 318.

The CHAIRMAN, speaking in the name of both Committees, asked the Swedish delegation to convey the Committees' appreciation to the Swedish Government for its action.

He invited members to continue their consideration of the five methods so far suggested of financing the malaria eradication programme. It would be remembered that, under Method I, the voluntary system of financing would continue with the deficit being made up from the regular budget. Under Method II, a phased transfer would be effected with \$2 000 000 being included in the regular budget for 1962, \$4 000 000 in the regular budget for 1963 and an unknown sum for succeeding years. Under Method III, the full amount of estimated costs would be included in the regular budget, but credits financed from contributions to the Malaria Eradication Special Account would be made to some Member States, to be determined by the Health Assembly. Under Method IV, the same system would be followed, but credits would be limited to 75 per cent. of assessments. Method V was a combination of Methods II and IV and would provide for a phased transfer over three years, with decreasing credits—namely, 75 per cent. in the first, 50 per cent. in the second and 25 per cent. in the third year. The United States proposal for the incorporation of the operational costs of WHO and PAHO in the regular budget might be considered separately; the text would be distributed a little later.

He suggested that the joint meeting should first hold a general discussion on the alternative methods of financing.

Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland), indicating his delegation's reactions to the various methods, explained first why the United Kingdom was unable to offer voluntary contributions to the Malaria Eradication Special Account. As was already known, his Government believed it to be wrong in principle to try to finance an extensive long-term scheme, forming an essential and integral part of WHO's work, as a separate and voluntary programme outside the normal budgetary arrangements. But it was, of course, ready to contribute substantially to the scheme through the regular budget.

His Government agreed with the Executive Board that administrative and operational services costs should as soon as possible be included in the regular budget.

On the more general questions concerning alternative methods of financing, his delegation's views were very similar to those expounded at the previous meeting by the delegate of France, though with some slight differences of emphasis and with a preference for Method I. That method would retain the voluntary principle, which was desirable particularly in order to encourage non-governmental contributions, and at the same time would ensure that any shortfall was met by governments through normal budgetary means. Though that would no doubt lead to a considerable increase in the sum which the United Kingdom would be called upon to contribute to the budget, his Government was prepared to face that. Malaria eradication ought to be integrated in the regular budget and take its proper place within a balanced, co-ordinated programme. Naturally, his Government hoped that the Executive Board and the Health Assembly would in future years make serious efforts to ascertain whether any economies might be possible to offset to some extent the inevitable increase in the budget which that method would bring about. But that purpose would best be achieved by integrating the programme within that of WHO's work as a whole, so as to enable the Director-General to estimate his expenditure in advance and to know that, by combination of voluntary and budgetary contributions, the

necessary funds would be available. Accordingly his delegation could vote for Method I.

Method II would achieve the process of integration more slowly and would continue for some years to place more reliance on voluntary contributions from governments. His delegation would not oppose such an approach if supported by the majority, but could not offer voluntary contributions. It also foresaw some difficulties of principle if a system of credits were incorporated in such a method. The United Kingdom would, therefore, be obliged to abstain in the vote on Method II.

Methods III, IV and V seemed to contain undesirable features already mentioned by the delegate of France. It was wrong to devise measures which would depart from the principles upon which contributions to WHO were at present based — principles which already ensured that the countries having the greatest difficulty in facing some increase in their regular contributions were given some protection by having their contributions fixed at a minimum. Those methods would also create an embarrassing and somewhat invidious need to decide each year exactly which countries in the borderline group should or should not be given credits.

For those reasons his delegation could be expected to vote in favour of Method I, which seemed to integrate the financing of malaria eradication as quickly as possible within the normal budget and the normal arrangements for assessing Members, but would probably feel obliged to abstain from voting on the other methods.

Dr ABU SHAMMA (Sudan) said that malaria was the most serious and widespread scourge and claimed twice as many victims as all other diseases combined. In those parts of Sudan where it was endemic it was the principle cause of infant mortality. It not only reduced the expectation of life but also led to poverty and low economic and social standards. Hence the importance of WHO's magnificent lead in the eradication of the disease.

However, eradication should not be left to depend on voluntary contributions—generous though some of them had been in the past—since experience had demonstrated that the programme was subject to modifications and cuts because reliance could not be placed on adequate voluntary contributions being received. His Government, therefore, strongly favoured Method III, which would ensure the continuity and effectiveness of the campaign by placing it within the regular budget.

Mr LE POOLE (Netherlands) said that his Government would deplore WHO's being hampered materially in assisting Member States to initiate and

execute malaria eradication programmes—despite the doubts which continued to subsist about the feasibility of global eradication because of such factors as shortage of personnel, and economic, demographic and technical problems. Some thought ought to be given to financing at the national level.

Such a large gathering as the present one did not seem to afford the proper conditions for an open and detailed discussion on an item of such paramount importance, so he welcomed the United States suggestion for the establishment of a working group.

It might be argued that a couple of million dollars were of minor importance when set against the rapidly growing assistance from the more advanced to the economically less developed countries; but it should be remembered that something more crucial than money was involved, namely, the prestige of the Organization itself. It was not a sound policy to continue to ask the Director-General, assisted by such distinguished persons as a former Minister of Health of India, to travel round the world canvassing for funds. His delegation suggested that the present Assembly might recognize that the creation of the Malaria Eradication Special Account in 1955 had been a mistake. Of course, his Government agreed with the Executive Board's view in resolution EB26.R32, paragraph 2, that voluntary contributions to malaria eradication programmes should continue to be made, but considered that they should be accepted in the ordinary way by opening a sub-account in the Voluntary Fund for Health Promotion. Efforts should no longer be made to raise voluntary contributions in support of the regular budget for the execution of the kind of technical assistance programme being carried out to achieve malaria eradication.

The liquidation of the Malaria Eradication Special Account was of course no solution to the problem now facing the Health Assembly. Absorbing the cost of WHO's share in malaria eradication programmes into the regular budget at the present time—an operation which his Government favoured in principle—required careful study and consideration and should be done in the context of a general review of the Organization's whole programme, and especially of the projects for those countries not entitled to benefit from the Expanded Programme of Technical Assistance. In discussing those problems consideration should be given to the financial burden incurred by Member States that had initiated malaria eradication campaigns. In that connexion he wished to return to the question, which had been raised in the Committee on Administration, Finance and Legal Matters at an earlier session of the Health Assembly, whether governments could apply to the

United Nations Special Fund for help with malaria eradication programmes. Hitherto, not enough attention had been given by all governments to the possibility of obtaining loans from international agencies. Therefore, an exchange of views would be useful. At the present time he would restrict himself to general observations and refrain from making any specific recommendation. He hoped a means would be found of adopting a working method that would allow a serious, detailed discussion in the Assembly of the item under consideration.

The CHAIRMAN said that he had first thought that the delegate of the Netherlands had wished to propose another alternative, namely the liquidation of the Malaria Eradication Special Account, but his subsequent reference to the Voluntary Fund for Health Promotion seemed to indicate that he was not opposed to leaving the door open for further voluntary contributions. He asked whether that interpretation was correct.

Mr LE POOLE (Netherlands) explained that he deprecated any special efforts being made during the forthcoming years to raise voluntary contributions. To maintain the Malaria Eradication Special Account in existence would always encourage the tendency to ask the Director-General to appeal for funds from governments, industries and private organizations. That would be avoided if the Malaria Eradication Special Account were abolished and any gifts were made to the Voluntary Fund for Health Promotion.

Dr STRALAU (Federal Republic of Germany) said it would be unthinkable, for obvious reasons, to abandon the malaria eradication programme. Accordingly, his delegation supported Method III. It also favoured Method IV. It was desirable for voluntary contributions to continue.

He welcomed the proposal to set up a working group to consider the problem, which was a complex one.

Mr TANDAN (India) said that, as he had indicated at the second meeting of the Committee on Administration, Finance and Legal Matters, his delegation was opposed to the inclusion of any of the costs of the malaria eradication programme in the regular budget. The principal reason was that for the financing of its own malaria eradication programme India had already assumed heavy commitments which would amount to \$115 million over a period of five years. His country was faced with the same kind of difficulties as were no doubt also facing other countries not at an advanced stage of economic

development. However, his Government was keenly aware of the great importance of WHO's malaria eradication programme and would probably be able to continue to contribute towards the Malaria Eradication Special Account on the same scale as in the past, namely at the rate of \$21 000 a year.

India had also given assistance by accepting fellows at the Malaria Institute in Delhi. So far twenty medical officers and five other fellows had attended training courses at that institute.

During the discussion the various suggestions for financing seemed to have become progressively more unacceptable to the economically less developed countries. If a majority in the Health Assembly favoured the inclusion of malaria eradication programme costs in the regular budget, his delegation would prefer the method that recognized the difficulty that less developed countries would have in accepting an additional burden at the present juncture.

The CHAIRMAN concluded that the Indian delegation was in favour of no change being made in the present way of financing the programme, which for purposes of the discussion might be designated as Method VI.

Mr DE MENEZES CAMPOS (Brazil) deplored the fact that the hopes placed in the willingness of economically developed countries to subsidize a world-wide eradication programme through voluntary contributions had not been fulfilled and that the Fourteenth World Health Assembly was having to review one of the most important decisions taken at the Eighth World Health Assembly, inspired by the noblest principles of international solidarity.

His country was at present engaged in a tenacious struggle to improve the welfare of its people and to free them from the clutches of disease, and first and foremost of malaria. It would appear that Brazil was to be faced with the painful necessity of reconsidering the financing of a campaign, affecting millions of people, against a disease which was one of the main causes of under-development.

It was unjust that WHO's programme should depend solely on the goodwill of a few countries, but he hoped that the position of countries like Brazil, which were already overburdened by their own malaria eradication programmes, would be taken into consideration. That was all the more important since contributions to the regular budget had to be made in convertible currencies.

Unfortunately the area of endemic malaria in Brazil was the largest in the world, and his Government had spent and would be compelled to continue spending vast sums on its own eradication campaigns. It therefore found itself in a dilemma. It had never



shirked the duty of co-operating with WHO at the technical level and had provided distinguished health workers in two memorable campaigns carried out in Brazil against *Anopheles gambiae* and *Aedes aegypti*. It was unable to increase its contribution any further.

The Brazilian Government was ready to accept the Executive Board's recommendation, but considered that all countries engaged in carrying out their own campaigns should be exonerated from any other heavy commitments. It therefore favoured Method III.

He applauded the Director-General's efforts to reconcile divergent views in the light of his close knowledge of the differing situation in various countries but expressed great disappointment at the lack of understanding shown by certain countries for the serious problems of others. It was regrettable that at a time when further donations were being announced some delegations should have adopted such a damping attitude. There were no legal objections to any of the alternatives under consideration and he appealed for sympathy with the difficulties that many countries would have to face if an abrupt change were made from voluntary to compulsory contributions. It had to be borne in mind that the malaria eradication programme and others had been originally accepted because they had been based on a voluntary system of financing; if contributions were made compulsory the burden on certain countries might become excessive.

He reserved the right to speak again in the light of subsequent developments in the discussion.

Mr KITTANI (Iraq) said that his delegation's general position had already been explained by Dr Al-Wahbi at the fifth plenary meeting in the course of the discussion on the Director-General's Report, when he had expressed the hope that the Health Assembly would adopt positive decisions to assure the future financing of a major undertaking.

At the present stage he would not indicate his delegation's preferences among the various methods suggested; he emphasized that steps must be taken now to guarantee the future of the programme. Any doubts regarding legal or other questions relating to any of the methods should clearly be removed before the Health Assembly could decide on the best approach.

The legal objections to Methods III, IV and V put forward by the delegate of France at the previous meeting were not new and had already been mentioned in the report of the Executive Board's Standing Committee on Administration and Finance as well as in the Board's own discussions. The difficulty as his delegation saw it was not in the legal implica-

tions, but rather in the choice between the three alternative methods. The objections put forward by the delegate of France could easily be dealt with. On the general legal principle it could be stated that the highest organ of WHO to interpret the Constitution was certainly the Health Assembly. That organ had in the past dealt successfully with a similar task in a manner contrary to the French delegation's interpretation. On that occasion the assessment of certain Members of the Organization during their period of inactivity had been fixed at a final settlement of 5 per cent. Such an arrangement would not have been possible under the French interpretation of Article 56.

The narrow interpretation put on Article 56 by the delegate of France was a dangerous one if carried to its logical conclusion. Basing his argument on the words "a scale to be fixed by the Health Assembly", he had said that once the scale was fixed no credit that would disturb that scale could be given to any Member. If that policy were adopted most if not all of the Organization's work would be paralysed, since it really made no difference whether a Member government received a credit in cash or in kind. For example, it would be very difficult to continue the practice of reimbursing governments for travel expenses if that narrow interpretation were adhered to.

Article 56 was in fact fully complied with in Methods III, IV and V, which fulfilled the requirement that one scale of assessment would be fixed by the Health Assembly. It was to be hoped that if one of those three methods before the meeting were adopted, the practice of voluntary contributions would continue. The question arose whether the Organization had the right to dispose of those contributions in any manner it chose, and in that respect Article 57 of the Constitution (relating to the acceptance of gifts or bequests), to which no reference had been made by the French delegation, was relevant. That article laid down only two provisos: that the conditions attached to gifts or bequests had to be acceptable and that they had to be consistent with the objective and policies of the Organization. He thought it unlikely that any money contributed for malaria eradication would fail to fulfil those conditions. According to his interpretation, therefore, there were no legal difficulties in any of the three methods.

He hoped to have convinced members of the need not to construe Article 56 too narrowly and of the fact that Article 57 of the Constitution was more pertinent to the issue.

At a later stage in the discussion it might be desirable to establish a working group to sift the alter-

natives and enable the Assembly to reach a decision without too much delay.

Dr QUIRÓS (Peru) expressed anxiety about the cost of the malaria eradication campaign and emphasized the need to ensure that available resources were used in the most efficient way possible. Hitherto the greater part of the funds had been used for providing experts, for technical meetings and for training; but the time had come when many countries had trained their own technicians and did not require that type of help any more.

It was therefore essential for WHO to draw up a detailed plan which would take into consideration the type of assistance required by each country, and to increase the provision of drugs in areas where insecticide spraying alone was insufficient. If that were done, his delegation would support Method II.

The CHAIRMAN said that the programme had already been planned and the matter under consideration was its financing; note would, however, be taken of the suggestions put forward by the delegate of Peru.

He then drew attention to a draft resolution presented by the delegation of the United States of America which had been circulated to the meeting (for text, see Annex 2 of the Appendix to the minutes of the third joint meeting, page 430).

Professor PAPANICOLAOU (Greece) stressed the great importance of the malaria eradication programme and said that Greece was already carrying a heavy burden in that connexion. An expenditure of \$750 000 had been made in 1960 from the national budget without any financial assistance being received from the Malaria Eradication Special Account. His delegation did not feel empowered to commit itself to an increased contribution, although in principle it was in favour of Method IV.

Col. AFRIDI (Pakistan) drew attention to the fact that if the programme were incorporated in the regular budget many Member States might feel disinclined to make additional voluntary contributions. Several in the past had given far more than they would have had to pay if contributions were apportioned according to the WHO scale of assessment, and the voluntary contributions of twenty-four countries for 1960 were practically the same as their assessment would have been. Furthermore, if the programme were financed from the regular budget, it would have to compete with other programmes and might not be given sufficient priority; also that method might lead to unbalanced organizational expansion, to the detriment of provision of supplies and equipment.

Generous help had been given in the past and the concern expressed by so many delegates that the malaria eradication programme should be continued was the most encouraging feature of the discussion which had taken place.

His delegation favoured continuing the system of voluntary contributions but, should a majority of delegates support the inclusion of the programme in the regular budget, he urged that no step be taken which might be interpreted as contrary to the spirit of the Constitution.

In order first to offset the burden on certain countries, secondly to encourage governments to continue voluntary contributions in the knowledge that the scope of the programme was being extended, and thirdly to facilitate the accounting procedures of the Organization, which would be able to follow a procedure similar to that applied to Technical Assistance funds, he proposed that any voluntary contributions received should be used not to give credits to certain countries but to provide equipment and supplies.

*It was agreed* that the proposal put forward by the delegate of Pakistan would constitute Method VII before the meeting.

Dr ALAN (Turkey) said that he was glad that the Assembly was exploring possibilities of sounder methods of financing the malaria eradication programme, since the voluntary contribution system had proved inadequate, and he thanked the Executive Board and the Director-General for their work in placing before the Assembly a list of possible methods. Previous speakers appeared in general to favour the financing of the programme within the framework of the regular budget, although the methods proposed for doing so were different. All seemed to agree that the malaria eradication programme, which his delegation had always favoured, was an important function of the Organization and that all Members should contribute their share. For the sake of fairness, however, the practical efforts made by the countries where the programme was being carried out should not be ignored. The countries concerned were doing all they could and it was unfair to increase their burden. There were no provisions in the Constitution of which he was aware which precluded the practical efforts of those countries from being considered as contributions to the programme.

In reply to a question from the CHAIRMAN, Col. AFRIDI (Pakistan) explained that his proposal, Method VII, meant that voluntary contributions received in addition to the amounts resulting from the annual assessments should be allocated separately

by the Assembly to countries with malaria eradication programmes in the form of equipment and supplies.

Dr SAMONTE (Philippines) said that all Member States which had accepted the objectives of the malaria eradication programme at the time of its launching were obliged to work for its attainment. He expressed the hope that all delegates would bear in mind the spirit of the Constitution when reaching a decision on the financing of the programme.

The Republic of the Philippines was engaged in a malaria eradication programme and had received from the Malaria Eradication Special Account some \$600 000 annually until the end of 1959. In 1960 that amount had been reduced to \$300 000 and subsequently had been discontinued altogether. As the fiscal year in his country began in July, his Government had been compelled to meet the costs of operational services connected with the malaria eradication programme for the remaining six months of 1960. For the fiscal year 1 July 1960 - 30 June 1961 the total appropriation of the Philippines Government for the Malaria Eradication Programme was 3 355 307 pesos. For the fiscal year 1 July 1961-30 June 1962 the appropriation proposed was 4 655 307 pesos, which represented an increase of 1 300 000 pesos. His Government was finding it difficult to finance its programme of malaria eradication in view of the discontinuance of aid from the Malaria Eradication Special Account, but felt that the programme was too important to the nation, apart from its importance to the world programme of eradication, to suffer any setback because of the discontinuance of aid from the Special Account. It was quite clear, however, that the financing system for the malaria eradication programme was not satisfactory, in view of its uncertainty and instability, caused by the voluntary nature of contributions, and the situation thus created was dangerous. No doubt the solution found would entail sacrifice on the part of Member States. The Government of the Philippines could agree to the proposal to finance the programme from the regular budget and would prefer that that be done by stages, preferably phased, with special arrangements to enable certain countries to cushion the shock of their additional assessments.

Dr KURASHOV (Union of Soviet Socialist Republics) said that resolution WHA8.30 of the Eighth World Health Assembly, which established the Malaria Eradication Special Account, expressly stated that the Account should be credited with voluntary contributions in any usable currency and with the value of contributions in kind, whether in

the form of services or supplies and equipment. Proposals were now before the meeting to finance the eradication programme from the regular budget, which implied a radical change in basic provisions governing the Special Account. There was some doubt as to whether all sources of voluntary contributions had been exhausted. National committees might be set up to collect funds. Moreover, the resources of the countries where malaria was a problem had not been sufficiently tapped. The campaigns in Mexico, Venezuela, the People's Republic of China, and other countries, where the help of large sections of the population had been mobilized, showed clearly what could be done by national efforts. WHO should study what had been accomplished in those countries and encourage others to follow suit.

A sum approximately equivalent to the regular budget of the Organization was already being spent on the programme, and, if the programme were financed from the regular budget, WHO would become similar to a public health department specializing in malaria eradication, which would be contrary to Article 2 of the Constitution. Furthermore, the fact that contributions would have to be made in dollars would cause considerable prejudice to certain national budgets. In September 1960 there had been nine Member States whose contributions to the regular budget were one to five years in arrears; if the eradication programme was financed from the regular budget, the difficulties already experienced in paying contributions would be aggravated. And non-fulfilment of financial obligations towards the Organization could deprive Members of voting rights. Further efforts should therefore be made to obtain voluntary contributions. It might be advisable for WHO to send a special message to governments asking them to participate in the financing of the programme, not only in money but also by means of equipment, drugs, the supply of trained personnel and scientific research. The USSR had already offered, and was again offering, to assist by providing transport and the services of experts, and by carrying out scientific research, and urged other countries to do likewise. Such a step would encourage healthy competition between countries in the promotion of malaria eradication, which would be in keeping with the noble objective of WHO and would meet with the enthusiastic approval of all peoples of the world. The Soviet Union had made voluntary contributions to the malaria eradication programme, which would be considerably increased in 1962 and later years.

He reserved his right to speak again on the subject later, if necessary.

Dr NABULSI (Jordan) stated that much progress had been made in his country in the eradication of malaria; much of the territory was already quite free from that disease and there had been an enormous reduction in the number of cases elsewhere, thanks to the help and co-operation of the highly qualified WHO team and the efficient methods used.

His delegation was of the view that part of the expenditure in connexion with the programme should be included in the regular budget, the possibility of voluntary contributions remaining open, and he had been authorized to announce that, in accordance with the resolution (EB26.R10) adopted by the twenty-sixth session of the Executive Board, his Government had approved the issue of special postage stamps and would contribute a percentage of the income obtained from their sale; the amount was estimated at some 5000 dinars, approximately \$15 000.

Jordan had contributed some \$10 000 to the programme in 1960 and, although that figure appeared insignificant in comparison with contributions of certain other countries, the possibilities of his country were limited and such a contribution represented a step forward.

Dr PADILLA (Guatemala) said that his country, like Peru, required no further technical aid, since sufficient trained staff were available. With regard to the financing of the programme, he favoured Method III and considered that the national campaigns, including those being carried out in countries with low per capita income, should be treated as contributions to the global effort. He would, however, reserve his final decision in the hope that, in the course of discussion, some method might be evolved which would be in greater conformity with the economic possibilities and goodwill of his country.

Dr OJALA (Finland) associated himself with the statements made concerning the importance of the malaria eradication programme, which was one of the greatest joint efforts being undertaken. It was not merely a question of the prestige of the Organization that the promising and so far successful programme should continue. His Government had contributed on a voluntary basis to the best of its ability, in the hope that other countries where malaria had ceased to be a problem would do likewise, and was disappointed that the system of voluntary contributions had failed. It had been a mistake to undertake a plan of such magnitude on that basis, but his Government had thought that, since the system had been started, it should be continued. It was discouraging to have to make

provision for the programme in the regular budget, and that step would weaken the chances of voluntary contributions in the future. In view of the importance of the programme, however, and the fact that there appeared to be no alternative, his delegation would not object to the proposal to include the malaria eradication programme in the regular budget.

Dr REFSHAUGE (Australia) supported the phased inclusion of the financing of the malaria eradication programme in the regular budget because his Government felt that all countries should share in the responsibility of continuing such an important task. It had no objection to the principle of some form of credit or rebate.

Australia was devoting substantial sums each year to its own malaria eradication programme in Papua and New Guinea—some \$500 000 had been set aside for 1961—and the aid of WHO had not been requested. The Australian Government had also made some voluntary contributions to the WHO Malaria Eradication Special Account—in 1960 some \$78 000. Australia also made large contributions to other United Nations specialized agencies. Therefore, while his Government supported the principle of including the financing of the malaria eradication programme in the regular budget and accepted an increase in its contribution, if that method was adopted his Government would be unlikely to make any further voluntary contributions.

Dr GOOSSENS (Belgium) said that his delegation was impressed by the considerations put forward by the delegate of France, who had based his preference on legal and procedural grounds. On the legal aspect, he would hesitate to oppose the delegate of Iraq, but felt that, in carrying the reasoning of the delegate of France to its logical conclusion, he had perhaps gone outside the bounds of reality. Another argument put forward in opposition to the point of view expressed by the delegate of France was based on Article 57 of the Constitution. That argument, however, was rendered invalid by the fact that the voluntary contributions were not sufficient to finance the credits granted to needful countries.

With regard to the procedural aspect, Methods III, IV and V were extremely complicated and would doubtless lead to lengthy discussion. He therefore supported most warmly Method II and associated himself with the views expressed by the delegation of France.

Dr TIN KYEE (Burma) said that his delegation had followed with great interest the debate on the various methods proposed for financing the malaria eradication programme. He referred to paragraph 3.2.2 of the Director-General's report on the

Malaria Eradication Special Account,<sup>1</sup> which stated that Burma was not in a position to make any contribution to the programme for economic reasons and mostly because of the expenditure incurred for its own programme. He would have to confer with his Government before taking a position on the new methods proposed, and since it would take some time for him to do so he would have to abstain should a vote be taken on the subject at the present meeting.

Dr ALVAREZ-AMÉZQUITA (Mexico) felt that, in view of the considerable number of proposals before the meeting and the differing views expressed, it might be advisable to set up the working party which had been proposed earlier.

The cost of the malaria eradication programme in Mexico was 66 000 000 pesos, or \$6 000 000, per year and the Mexican Government could not jeopardize its own programme by increasing its contributions, but could make voluntary contributions to the extent possible. WHO should recommend that all countries, when drawing up their public health programmes, should give maximum priority to malaria eradication. As was the case in Mexico, eradication campaigns should be a joint effort of the government and the people. In conclusion, the Mexican delegation associated itself with the views expressed by the Indian delegation and favoured the adoption of Method VI.

Dr ROBLETO (Nicaragua) said that his Government was fully aware of the importance of the malaria eradication programme from the cultural, economic and social points of view; of the 9 000 000 cordobas of its public health budget, 2 315 000 cordobas were devoted to malaria eradication. Because of its economic situation the Nicaraguan Government would be unable to support an increase in its contribution.

Dr PIROSKY (Argentina) considered that the Special Malaria Fund of PAHO should be maintained, because the malaria eradication programme in the Americas was an integrated whole and was progressing very satisfactorily. On the other hand, the Malaria Eradication Special Account should be integrated into the regular budget, since the largest contributor had made it clear that it could not continue to contribute at the present rate; but the integration should be gradual, perhaps at the rate of 20 per cent. a year. During the five years before full integration was attained, growing experience and perhaps new scientific discoveries might make it possible to continue the programme at a lower cost.

Malaria eradication would require full collaboration between all countries and WHO's funds were intended not to be used on their own but to stimulate government action; it was therefore essential that they should continue to be distributed through a single centralized budget.

Dr ESCALONA (Cuba) agreed with the delegate of Mexico that the solution of public health problems, including malaria eradication, required full collaboration between government and people. His Government would like to help all under-developed countries, but its own economic possibilities were limited by the fact that it had only recently been liberated from imperialist exploitation and internal pillage of the public funds. His delegation was therefore in favour of maintaining the present system of voluntary contributions. He could not understand why the countries that had contributed voluntarily in the past could not continue to do so, unless they themselves were suffering from economic difficulties which prevented them from maintaining their generous and necessary aid.

Mr BALASUBRAMANIAM (Ceylon) said that of the two methods of financing the programme—the continuation of the voluntary system or integration into the regular budget—his country, being under-developed, would naturally prefer the first, particularly as its own malaria eradication efforts at present constituted a heavy financial burden. However, as it was aware of the difficulties of continuing the voluntary system, his delegation would support any plan acceptable to the majority of the Health Assembly that would minimize the burden on the under-developed countries. Such a plan might be a combination of Method II—the phased transfer of the cost of the programme to the regular budget—and Method III, which provided for 100 per cent. credit to certain under-developed countries from voluntary contributions.

Mr WIDDOWSON (Union of South Africa) said that his Government appreciated the trouble taken by the Director-General to put forward alternative suggestions to facilitate a decision by the Assembly. His Government's own position, however, was naturally conditioned by its own commitments in respect of malaria eradication, to which, it would be remembered, the Assistant Director-General, Dr Kaul, had already referred. Without receiving any aid from WHO, his Government was spending \$560 000 a year on malaria eradication, and had also provided staff for work in other parts of Africa. It was therefore doing all it could, was unable to support the integration of the costs of the programme

<sup>1</sup> *Off. Rec. Wld Hlth Org.* 110, Annex 6

in the regular budget, and must reserve its position regarding the payment of any increased assessment resulting from such integration.

Mr MARADAS-NADO (Central African Republic) said his Government appreciated the value of malaria eradication campaigns and favoured their expansion wherever results were favourable. However, it was already investing over a hundred thousand dollars a year in malaria control, and would find it difficult to pay an increased contribution if the cost of the WHO eradication programme were integrated in the regular budget. It regretted that the failure of the voluntary system made it necessary to seek an alternative solution, and hoped that the solution chosen would not place too heavy a burden on its budget. It would favour a method of type III or IV.

His Government had decided to issue special malaria eradication stamps, as recommended by WHO, and to pay the amounts received from the surcharge into the Malaria Eradication Special Account.

Dr CAMERON (Canada) thought it essential that the financing of the malaria eradication programme be put on a sound basis, as it was the largest co-operative health venture ever launched and the prestige of WHO was at stake. Congratulations were due to the Director-General for continuing the programme so effectively on such a precarious financial basis, and gratitude to those governments that had made voluntary contributions. His delegation considered that the financing of the programme should now be integrated in the regular budget. It was not in favour of any system of rebates, since the constitutionality of such a solution had been called in question and it would constitute a bad precedent, but if the Health Assembly as a whole felt very strongly on the matter, it would be prepared to support either Method V or Method VII, suggested by the delegation of Pakistan.

In any case, he was in favour of referring the whole question to a working party as soon as possible.

The CHAIRMAN asked whether the delegate of Ceylon did not consider that his proposal to combine Methods II and III constituted a new method, which might be called Method VIII.

Mr BALASUBRAMANIAM (Ceylon) agreed that he had in effect proposed an additional method.

Dr PACHO (Poland) said that his delegation had already spoken in the Committee on Programme and Budget of the importance it attached to the malaria eradication programme and its appreciation

of the efforts of the Director-General and his staff. His Government's interest was shown by the fact that in 1959 it had made a voluntary contribution equivalent to \$83 000 and that it was at present considering making a further such contribution as well as making available the services of doctors and entomologists, issuing special stamps, and assisting in other ways.

The Director-General had put forward documentation in which various solutions to the problem of financing the malaria eradication programme were suggested. In all the documentation (but most particularly in that describing Method IV) the essential idea was integration into the regular budget, which was very difficult for some countries to accept, and called for further study. His delegation considered that the voluntary system should be maintained and that further efforts should be made to obtain contributions from all countries—even increased contributions in certain cases.

Dr PISTOLI (Albania) agreed that the programme should continue to be financed by voluntary contributions, particularly from the richer countries. He could not understand why those countries no longer wished to contribute and was not convinced by their arguments. Albania was at present spending large sums with a view to eradicating malaria from the country by 1962 and, as a small country, would be unable to meet its increased assessment if the financing of the WHO eradication programme were integrated in the regular budget.

Dr BÎRZU (Romania) said that his Government had accepted the principle of malaria eradication seven years ago and was now far advanced in a programme which required considerable financial efforts. He was opposed to financing the WHO programme from the regular budget and considered it essential that the possibilities of voluntary financing be further explored, particularly in regard to the very useful contribution that every country could make in the form of supplies, equipment and staff. It was important that the voluntary principle should be maintained in work against such mass scourges as malaria. Integration into the regular budget would reduce the initiative of individual countries, whereas on the contrary it was desirable to encourage emulation.

The CHAIRMAN observed that, if it were decided to set up a working group as had been suggested, there were several issues which the group would have to consider with a view to formulating concrete alternative proposals on which orderly voting could

then take place in the joint meeting. Those issues were:

- (1) whether any part of the financing of the malaria eradication programme should be included in the regular budget; and if so,
- (2) whether
  - (a) the administrative and operational services costs only, or the administrative and operational services costs and the field costs as well should be included;
  - (b) the integration should be immediate or phased; and
  - (c) a system of credits should be applied.

He reminded delegates that a further joint meeting could not be held that day, and that a decision was urgently required to provide the Committee on Programme and Budget with guidance for its consideration of the Organization's budget as a whole for 1962.

Dr QUIRCE (Costa Rica) said that the malaria eradication campaign in his country was in its fourth year of total spraying coverage and was costing his Government \$50 000 a year above the \$300 000 indicated in the agreement originally signed with UNICEF and PAHO. It would therefore be difficult to pay an increased contribution. He would support Method V if the majority of the Assembly favoured it.

He agreed with the delegate of Argentina that the Special Malaria Fund of PAHO should be maintained. He was also in favour of setting up a working group.

Dr JAVIER (Honduras) said that his delegation was concerned about the legal problems raised by the delegate of France, as it was essential that the decision taken should be fully constitutional.

He was in favour of setting up a working party to draft a resolution reflecting the views of the majority of the Assembly.

He supported the draft resolution submitted by the United States delegation (see page 430). He believed that the voluntary principle should not be abandoned but that on the contrary ways should be found of stimulating voluntary contributions. Finally, his delegation reserved the right to vote for the proposal that would be the least disadvantageous financially to his country.

The CHAIRMAN said he had not envisaged that the proposed working group would attempt to resolve all the issues, but only submit alternative proposals to allow orderly voting in the joint meeting.

The working group might be composed of delegates of the following countries: Argentina, Australia, the Central African Republic, France, India, Iraq, Mexico, Nigeria, Pakistan, the Union of Soviet Socialist Republics, the United Kingdom of Great Britain and Northern Ireland, and the United States of America.

Dr BEN ABBÈS (Morocco) favoured the integration of the financing of the malaria eradication programme into the regular budget, for two reasons. In the first place, his own country was now at the pre-eradication stage of its programme and did not wish to find WHO's funds exhausted when it was ready to launch a full-scale programme. Secondly, as far as WHO as a whole was concerned, there could be no question of abandoning the programme at the present stage. The decision taken in Mexico had been called historic, but it would not be truly so unless the programme was crowned with full success, and for that assured financing was essential.

Dr STOYANOV (Bulgaria) said that his Government had recently decided to increase its contribution to the Malaria Eradication Special Account from 15 000 to 50 000 leva. Such an increase was possible because it was paying in its own national currency. The same principle generally applied would permit the maintenance of the voluntary system, particularly as governments could also make substantial contributions in the form of staff and supplies.

Dr ŠTICH (Czechoslovakia) said that, though there had not been a single case of malaria in his country since 1937, his Government was very interested in the eradication programme and had made a voluntary contribution of 250 000 crowns in 1960.

After carefully considering the various proposed solutions to the problem of financing the programme, his delegation was in favour of maintaining the existing voluntary system. Every effort should be made to develop the sense of international solidarity, particularly among the colonial powers, so that all countries would be willing to contribute. Czechoslovakia for its part would certainly continue to do so. However, he must point out that the problem was not only to obtain voluntary contributions but also to ensure that proper advantage was taken of them: his Government's contribution in 1960 had remained unused and the same perhaps applied to contributions from other countries. It was also essential to reduce the administrative expenses of the programme.

Professor TRAN VY (Republic of Viet-Nam) said that he was in favour of integrating the cost of malaria eradication in the regular budget. He would not,

however, have taken the floor to say so if the constitutionality of Methods III and IV had not been called in question. Not being a jurist, he was concerned mainly with the practical realities of the situation, which were as follows: first, that malaria eradication was a public health necessity; secondly, that all countries, and not only those where at present malaria was endemic, would benefit from its eradication; thirdly, that over 80 per cent. of voluntary contributions were being provided by a single country; and fourthly, that the malarious countries were mostly economically under-developed and were incurring heavy costs for their own eradication programmes.

In the face of those four factors it seemed obvious, first, that the cost of the eradication programme should be borne by the regular budget, so that all Member countries would contribute, and secondly that those countries which required to eradicate their malaria and which were economically under-developed should be assisted to develop. The correct solution therefore lay in Method III or Method IV. The objection that those methods were not compatible with Article 56 of the Constitution would be eliminated if, instead of speaking of reducing the contributions of certain countries, the Health Assembly simply authorized those under-developed countries which were themselves conducting malaria eradication programmes to consider a portion of their expenditure for such programmes as constituting part of their annual contribution to WHO.

Dr MODÉ (Haiti) said that the Director-General of WHO was the person best placed to know the requirements and the resources of each country in regard to the malaria eradication programme, and that the Health Assembly was therefore not likely to reject his proposals. It was generally agreed that the malaria eradication programme had to continue, and that the voluntary system was not adequate to produce the necessary funds. In those circumstances Method III seemed to him the best.

Dr EVANG (Norway) said it was encouraging that at the crossroads which had now been reached in WHO's malaria eradication programme all Members were at least agreed that there could be no going back. The disagreement concerned only the means of financing the continuation of the programme, and in that regard he thought there was one point which should be stressed rather more than it had yet been: certain countries which were spending a great deal of money to eradicate the malaria from which they suffered were at the same time economically under-developed, and those countries had made it clear that they could not bear an increased financial

burden if the financing of the programme was included partly or wholly in the regular budget. In view of that fact, the Health Assembly might agree in principle that the programme should be financed in such a way that those countries fighting against malaria on their own soil would not have to pay any more; and that would depend on how the money was distributed rather than on how it was collected. There was nothing to prevent country allocations in the regional budgets from being calculated so as to make up in increased assistance with national eradication programmes the increased amounts that governments would be contributing to the regular budget.

At the same time the possibility of obtaining voluntary contributions should be kept open, bearing in mind that, as experience had shown, a better response was likely to be obtained from individuals than from governments.

The CHAIRMAN asked whether Dr Evang was proposing a further method, or whether he was suggesting that, whatever method of financing was adopted, it be left to the Director-General to spend the money in such a way as to result in no increase in the burden on countries with malaria eradication programmes.

Dr EVANG (Norway) said that the second alternative put by the Chairman was what he had envisaged. He had an open mind regarding the various methods proposed.

Dr GRUNAUER (Ecuador) considered that the wealthy countries ought to be able to continue making substantial voluntary contributions. His own country could not increase its contribution, particularly as it had met with setbacks in its own programmes.

The CHAIRMAN suggested that, before a final decision was taken on the proposal to establish a working group, an attempt should be made to resolve the problem of the constitutionality of the credit system. The delegate of Iraq had thought the legal position perfectly clear but others had been less certain. He wondered whether the delegate of France would agree that, since the Health Assembly was empowered to interpret the Constitution, a decision to apply the credit system might be considered as an interpretation of the Constitution in favour of the legality of that system.

Professor AUJALEU (France) said that he had not intended to raise any obstacle to a solution of the problem of financing the programme, but only to point out the danger involved in certain methods put



forward. Despite all that had been said, he remained absolutely convinced that any solution that consisted in fixing a scale of assessment for all Member States and then decreasing the assessments of certain States was unconstitutional. Article 57 of the Constitution, which had been cited against his thesis, was completely irrelevant. Gifts and bequests made to the Organization could certainly be used for additional programmes, in the manner suggested by the delegate of Pakistan, but there was nothing in Article 57 to say that they could be used to reduce assessments already fixed under Article 56. The solution lay not in reducing the assessments of countries carrying out malaria eradication programmes, but in financing part of those national programmes from the WHO budget, which would have essentially the same effect without violating the Constitution.

Of course, the Health Assembly could decide by a two-thirds majority that the system of credits was constitutional, but that would create a very dangerous precedent. It would be far better for the working party to seek a satisfactory alternative solution on the lines he himself had just suggested.

The CHAIRMAN thought it was now clear what the terms of reference of the working party should be. It should determine how the different alternative solutions might best be presented to the joint meeting for a vote, and might also pick out certain points of principle to be determined by the joint meeting before more concrete proposals could be submitted.

He asked whether there were any comments on the membership he had suggested.

Dr STOYANOV (Bulgaria) suggested that the delegate of Czechoslovakia should be included in the working party.

The CHAIRMAN, noting that there were no objections, ruled that the working party should consist of the delegates of the twelve countries he had himself suggested, together with Czechoslovakia.

Mr KITTANI (Iraq) wished, in reply to Professor Aujaleu, to clarify some of his earlier remarks.

Professor Aujaleu had not mentioned the financial arrangements made for the inactive Member States returning to active participation. Nevertheless the position was perfectly plain: after a scale of assessment had been fixed, the Health Assembly had in effect changed that scale by giving those Member States what amounted to a 95 per cent. credit.

Secondly, in his view the reimbursement of travel costs for attendance at the Health Assembly was nothing else than a credit granted to Member States and varying in accordance with the distance to be travelled, so that one Member State (most often Switzerland) got no credit at all. What would be Professor Aujaleu's answer if the delegation of India at the present Assembly were to argue that reimbursement of the travel costs of the other delegations was in conflict with Article 56 of the Constitution?

Those two arguments should convince most delegations that the thesis of the delegation of France was excessive and would constitute a bad precedent if accepted.

The CHAIRMAN thought that the legal issue had now been clearly placed before the working party.

*The meeting rose at 12 noon.*

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### THIRD MEETING

*Wednesday, 15 February 1961, at 2.35 p.m.*

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

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#### 1. Financing of the Malaria Eradication Programme (continued)

Agenda, 3.16

##### *Report of the Working Party on Financing the Malaria Eradication Programme*

The CHAIRMAN asked the Rapporteur of the Working Party on Financing the Malaria Eradication Programme to present the Working Party's report (see Appendix to these minutes). The meeting would

then be suspended for a short time to enable delegations to study the report.

Dr NORMAN-WILLIAMS (Nigeria), Rapporteur of the Working Party on Financing the Malaria Eradication Programme, presented the report, which had been unanimously adopted by the Working Party.

*The meeting was suspended at 2.45 p.m. and resumed at 3.5 p.m.*

The CHAIRMAN thanked the Working Party for the help it had given in preparing the work for the meeting. He asked the meeting if it wished to adopt the Working Party's report.

*Decision:* The Working Party's report was adopted.

The CHAIRMAN explained that, as a result of the decision just taken, the eight methods summarized in Annex 1 to the Working Party's report were formally introduced. When a decision had been taken on them, the Rapporteur would prepare a suitable draft resolution for submission to the Health Assembly.

He proposed to follow the steps outlined in the Working Party's report.

Dr STARKOV (Union of Soviet Socialist Republics) recalled that the Eighth World Health Assembly had decided that the malaria eradication programme was to be financed by voluntary contributions in any currencies and that voluntary contributions in the form of equipment and technical assistance were also receivable. The voluntary system of financing had not succeeded because many States had not made contributions. Before deciding to make a change and to transfer the cost to the regular budget, all the considerations should be carefully weighed. It was being suggested that, if the regular budget was to bear the cost of the programme, some States should be given credits, but it should be realized that the system of granting credits was only to be a temporary measure, which could be stopped at any time.

His delegation felt that the system of financing the programme by voluntary contributions should be retained and that there should be a gentleman's agreement by which the more highly developed countries would assume the main burden, making contributions in their national currencies and in kind, the less highly developed countries making contributions as and when they were in a position to do so.

There would be no harm in discussing the matter further; it would perhaps be to everyone's advantage if a decision were postponed for a short time. A transfer of the cost to the regular budget would strain national economies and might prejudice the ability of many States to participate in the work of WHO.

The CHAIRMAN said his understanding was that by adopting the Working Party's report the meeting had decided to follow the procedure outlined in it. That being the case, discussion could not be reopened at the present stage.

Dr MURRAY (Union of South Africa), speaking on a point of order, asked whether the questions about to be voted on came within the category of important questions requiring a two-thirds majority vote under the provisions of Article 60 of the Constitution.

The CHAIRMAN replied that, although the decisions taken by the meeting on the questions before it might affect the budget, those questions had not been specifically designated as questions requiring decision by a two-thirds majority; decision by a simple majority was all that would be required.

He invited the meeting to consider in turn the steps outlined in the Working Party's report.

#### *First Step*

The CHAIRMAN put to the vote the question whether there should be a change in the method of financing the malaria eradication programme.

*Decision:* It was decided by 51 votes to 32, with 6 abstentions, that there should be a change in the financing of the malaria eradication programme.

#### *Second Step*

The CHAIRMAN put to the vote the draft resolution presented by the delegation of the United States of America (see Annex 2 of the Appendix to these minutes).

*Decision:* The draft resolution was approved by 58 votes to 15, with 14 abstentions.

#### *Third Step*

The CHAIRMAN put to the vote a proposal that the special situation of Members with malaria programmes should be taken into account, by the provision of special assistance to them in kind or in cash credits.

*Decision:* The proposal was adopted by 65 votes to 5, with 16 abstentions.

Mr LE POOLE (Netherlands), giving an explanation of his vote, said that his delegation was of the firm opinion that, if Methods III, IV and V were adopted, WHO would be deviating from the fundamental principle underlying the granting of technical assistance; technical assistance was supposed to be mutual aid and not charity.

Dr STARKOV (Union of Soviet Socialist Republics), giving an explanation of his vote, said that the fact that his delegation was in favour of giving assistance to the economically under-developed countries did not mean that it was in favour of the principle of

including the cost of such assistance in the regular budget.

Dr CASTILLO (Venezuela) asked that it should be put on record that he had voted against the last two proposals.

#### *Fourth Step*

Replying to a question from Mr OBEYSEKERE (Ceylon), the CHAIRMAN said that at present the meeting was limiting its consideration to the proposals contained in the Working Party's report and its votes covered only those proposals.

*Decision:* It was agreed by 51 votes to 26, with 11 abstentions, that the field costs of the malaria eradication programme should be incorporated into the regular budget on some basis.

#### *Fifth Step*

The CHAIRMAN explained that in the Working Party's outline the provision of special assistance in kind would exclude the provision of special assistance in cash credits. He would, therefore, invite the meeting to decide on whether special assistance should be provided in kind only.

Mr ALI (Somalia) asked whether special assistance could not be given both in cash and kind. The meeting might vote on both.

The CHAIRMAN pointed out that, if special assistance could be provided in kind, it would be possible to give cash if cash were available. If, however, the decision was that the credits should be provided in cash, only cash could be used. The term "in kind" was less restrictive.

He put to the vote a proposal that special assistance should be provided in kind.

*Decision:* The proposal was rejected by 46 votes to 25, with 18 abstentions.

The CHAIRMAN said that, as a result of that vote, any special assistance would have to be in the form of cash credits.

#### *Sixth Step*

The CHAIRMAN said that, since there had been an affirmative decision in respect of the fourth step and a decision in favour of cash credits in respect of the fifth step, the meeting should now decide whether the full costs of the field programmes should be incorporated in the regular budget immediately or by stages over a three-year period. He accordingly put to the vote the first of those alternatives.

*Decision:* The first alternative was rejected by 68 votes to 8, with 13 abstentions.

*It was agreed* that incorporation of the full costs of the field programmes should be by stages over a three-year period.

#### *Seventh Step*

The CHAIRMAN said that in view of the decision taken with regard to the sixth step the meeting should now vote on Methods VIII and V, in that order.

#### *Method VIII*

Dr ALAN (Turkey) said that neither Method II nor Method VIII gave any indication of what would be the period of years over which the phased transfer would take place. He asked whether it could be assumed to be the three-year period decided upon with regard to the sixth step.

The CHAIRMAN said that the vote on the sixth step had clearly determined that the programme should be incorporated into the regular budget by stages over a three-year period.

He put Method VIII to the vote.

*Decision:* Method VIII was rejected by 39 votes to 30, with 13 abstentions.

#### *Method V*

Dr SAMONTE (Philippines) asked whether, under Method V, the continuance of voluntary contributions was contemplated.

The CHAIRMAN said that there would be nothing to preclude such contributions and that the discontinuance of the Malaria Eradication Special Account was not envisaged.

*Decision:* Method V was adopted by 43 votes to 14, with 24 abstentions.

The CHAIRMAN said that the Rapporteur would be asked to prepare an appropriate resolution for later consideration (see sixth meeting of the Committee on Administration, Finance and Legal Matters, section 1).

He thanked the Working Party for the brilliant work it had done in bringing a very complicated situation into an orderly procedure.

*The meeting rose at 4 p.m.*

## Appendix

### REPORT OF THE WORKING PARTY ON FINANCING THE MALARIA ERADICATION PROGRAMME

The Working Party on Financing the Malaria Eradication Programme established by the joint meeting of the Committee on Programme and Budget and the Committee on Administration, Finance and Legal Matters to consider item 3.16 of the agenda—Financing of the malaria eradication programme—met at 3 p.m., 5.30 p.m. and 9 p.m. on Tuesday, 14 February 1961, and at 9 a.m. and 12 noon on Wednesday, 15 February 1961. It was composed of the following delegations: Argentina, Australia, Central African Republic, Czechoslovakia, France, India, Iraq, Mexico, Nigeria, Pakistan, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, and United States of America.

Mr I. Kittani (Iraq) was elected Chairman and Dr C. M. Norman-Williams (Nigeria) Rapporteur.

The Working Party, after considering the questions before it, submits to the joint meeting the procedure shown below for considering the financing of the malaria eradication programme.

The Working Party, having considered the discussion in the joint meeting of the two main committees and the eight methods summarized in Annex 1 of this report, recommends that the joint meeting of the two committees agree that all eight methods are formally introduced and that the meeting consider the matter of financing the malaria eradication programme according to the following steps; in view of the exhaustive discussions that have already taken place on the various aspects of these proposals, the Working Party further recommends that each point be put directly to the vote in the order indicated below.

#### 1. *First Step*

Does the meeting wish to decide in principle that there should be a change in the financing of the malaria eradication programme? The Chairman should put this question to the meeting. If the answer is "No", the meeting will, in effect, have adopted Method VI (the *status quo*) and will not be able to consider any change. If the answer is "Yes", the meeting should proceed to consider the possible changes described in the other methods.

#### 2. *Second Step*

The meeting should then consider the proposal of the United States of America regarding administrative and operational services costs. The Chairman

should put to the vote the draft resolution in Annex 2 of this report.

#### 3. *Third Step*

With regard to the costs of field projects, the meeting should decide the following question of principle: "Does the meeting wish to take account of the special situation of Members with malaria programmes by providing special assistance to them in kind or in cash credits?" If the decision is negative, Methods III, IV, V, VII and VIII would be eliminated. If the decision is affirmative, Methods I and II would be eliminated.

#### 4. *Fourth Step*

The meeting then needs to decide as a matter of principle whether it is prepared to incorporate the field costs of the malaria eradication programme into the regular budget on any basis whatever. If the answer is in the negative then none of the methods described to deal with the costs of field programmes can be considered.

#### 5. *Fifth Step*

If the decisions under steps 3 and 4 are affirmative, the meeting should take a decision in principle whether to provide special assistance in kind or in cash credits. If the decision is for assistance in kind, then only Method VII can be considered. If the decision is for cash credits, then Methods III, IV, V and VIII can be considered.

#### 6. *Sixth Step*

If the decision under step 4 is in the affirmative and the decision under step 5 is in favour of cash credits, the meeting must decide another matter of principle—whether the full costs of the field programmes should be incorporated in the regular budget immediately or by stages over a three-year period.

#### 7. *Seventh Step*

If the decision in step 6 is for immediate incorporation, Methods V and VIII are eliminated and the meeting should vote on Methods III and IV, in that order. If the decision is for incorporation over a period of three years, the meeting should vote on Methods VIII and V, in that order.

The Working Party considers that the Rapporteur of the joint meeting will be able to draft the appropriate resolution to be recommended to the World Health Assembly, for inclusion in a report of the Committee on Administration, Finance and Legal Matters, after the joint meeting has taken its decision.

The Working Party considers that, because of the complexity and interrelationship of all of its recommendations, it is essential that the first decision to be taken by the meeting is whether or not to adopt the report of the Working Party as a whole. The Working Party believes that unless the report is adopted as a whole, the logic of the various steps recommended to be taken disappears.

### Annex 1

In order to facilitate consideration of the various suggestions made during the discussions in the joint meeting of the two main committees, there is set forth below a brief description of the eight methods, referred to in that meeting, which deal with the financing of the field activities of the malaria eradication programme. As the joint meeting is aware, a formal proposal has been made by the delegation of the United States of America concerning the financing of the administrative and operational services costs of the malaria eradication programme, the proposed resolution appearing in Annex 2.

#### Method I

This method entails:

- (a) the continuation of efforts to obtain voluntary contributions to the Malaria Eradication Special Account;
- (b) the inclusion of a provision in the regular budget as a "Contribution to the Malaria Eradication Special Account" which should be equal to the shortfall of funds in the Malaria Eradication Special Account, at the time the decision is taken, required to cover the financing of the entire malaria eradication field programme as planned.

#### Method II

This method entails:

- (a) a phased transfer of the financing of the malaria eradication field programme to the regular budget over a period of years with a view to the full integration of the programme in the regular budget at the end of that period;
- (b) the continuation of efforts to obtain voluntary contributions to the Malaria Eradication Special Account in order to finance the balance of the costs of the programme each year during the transitional period.

#### Method III

This method entails:

- (a) the inclusion of the full cost of the malaria eradication field programme in the regular budget, separately identified in the Appropriation Resolution;

(b) 100 per cent. credits to be given to eligible Members towards their payments of contributions in respect of that portion of their assessments relating to the amount included in the regular budget for financing the malaria eradication field programme. The eligibility of Members shall be determined in accordance with the criteria to be established by the Health Assembly;

(c) the credits referred to above shall be applied by utilizing the cash balances available in the Malaria Eradication Special Account at the time of the Health Assembly.

#### Method IV

This method is similar to that described under Method III above, except that the credit referred to under Method III, sub-paragraph (b), shall be limited to 75 per cent.

#### Method V

This method is a combination of Method II and Method IV, with an additional provision for a gradual decrease in the percentage of credits to be given to eligible Members.

This method entails:

- (a) a phased transfer of the financing of the malaria eradication field programme to the regular budget over a period of three years with a view to the full financing of the programme under the regular budget in 1964. It is suggested that the amount in 1962 be \$2 000 000, in 1963 \$4 000 000 and in 1964 the whole cost of the field programme;
- (b) credits to be given as described under Method III, but limited

in 1962 to 75 per cent.,  
in 1963 to 50 per cent.,  
and in 1964 to 25 per cent.

#### Method VI

This method entails no change in the financing of the malaria eradication field programme, i.e., the continued financing through voluntary contributions to the Malaria Eradication Special Account.

#### Method VII

This method entails:

- (a) the inclusion of the full cost of the malaria eradication field programme in the regular budget;
- (b) the continuation of efforts to obtain voluntary contributions to the Malaria Eradication Special Account;
- (c) no cash credits to be given to Members, but funds available in the Malaria Eradication Special Account to be used for increased programme activities by providing Members that carry out malaria programmes with additional supplies and equipment.

#### Method VIII

This method is the same as that described under Method II above, with the additional provision that eligible Members as determined by the Health Assembly shall receive a 100 per cent. credit towards their payments of contributions in respect of that portion of their assessments relating to the amount included each year in the regular budget as a "Contribution to the Malaria Eradication Special Account".

**Annex 2****Draft Resolution presented by the Delegation  
of the United States of America**

The Fourteenth World Health Assembly,

Having considered the resolution of the Executive Board at its twenty-sixth session relating to the administrative and operational services costs of the malaria eradication programme; and

Bearing in mind that the administrative and operational services costs for the Expanded Programme of Technical

Assistance are now included within the regular budget of the World Health Organization,

1. DECIDES that the administrative and operational services costs of the malaria eradication programme shall be financed from the supplementary budget estimates for 1961, as recommended by the Executive Board;<sup>1</sup> and further
2. DECIDES that, beginning with 1962, the administrative and operational services costs of the malaria eradication programme, including those of the Region of the Americas, shall be financed from the regular budget of the World Health Organization.

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<sup>1</sup> Resolution EB26.R11

## LEGAL SUB-COMMITTEE

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### FIRST MEETING

*Friday, 17 February 1961, at 3.30 p.m.*

*Chairman:* Mr S. E. EL WAKIL (United Arab Republic)

*later*

Mr J. LE POOLE (Netherlands)

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#### 1. Election of Chairman

Mr ZARB, Director, Legal Office, Secretary, opening the meeting of the Legal Sub-Committee on behalf of the Director-General, asked for nominations for the post of Chairman.

Mr KHANACHET (Saudi Arabia) proposed Mr El Wakil (United Arab Republic).

Mr RAFAEL (Israel) said that it was an unusual procedure to propose as chairman of a sub-committee a member of a delegation which had a particular interest in an item coming up for discussion, as was the case with item 3.22—Relations with the League of Arab States—in connexion with Mr El Wakil's nomination.

Mr KHANACHET (Saudi Arabia) expressed surprise at the views of the delegate of Israel. In all the years during which he had attended the World Health Assembly there had been a tradition of integrity and impartiality among all delegates who had been elected to the chairmanship of its committees. He felt sure his fellow delegates would share his faith that that tradition would be continued in the present case.

Mr BRISSET (France) associated himself with the remarks of the delegate of Saudi Arabia, and seconded the nomination of Mr El Wakil.

Mr RAFAEL (Israel) said that in those circumstances his delegation would not participate in the discussion.

Mr KITTANI (Iraq) said that, if every delegate having an interest in a particular item on the agenda

of the World Health Assembly were barred from chairmanship during the discussion of that item, it would be almost impossible to find a delegate whose nomination would fulfil the conditions required. It might in those circumstances have been argued, for instance, that Dr Mudaliar could not have been elected President of the Assembly, since the Indian delegation was strongly opposed to including provision for financing the malaria eradication programme in the regular budget.

Mr LE POOLE (Netherlands) agreed with the views expressed by previous speakers, and said that his delegation was willing to support the proposed nomination.

Mr WYATT (United States of America) also associated himself with the opinion of previous speakers, and asked whether, in the light of the foregoing discussion, the delegate of Israel might after all find it possible to participate in the proceedings.

The SECRETARY suggested two courses open to the Sub-Committee as a way out of the present impasse. The first solution would be for the opposing delegation to put forward a counter-proposal for consideration. Alternatively the Sub-Committee could elect a vice-chairman, whom the Chairman could request to conduct the debate on the controversial item.

Mr KITTANI (Iraq) said that, in the absence of further nominations, Mr El Wakil should, according to the Rules of Procedure, be considered as having been elected Chairman by acclamation.

The SECRETARY asked the delegate of Israel if he wished to make a counter-proposal.

Mr RAFAEL (Israel) said that his delegation had in principle no objection to participating in debates chaired by the delegate of the United Arab Republic, but it went against the rules of established practice and equity for the debate on an item in which a delegation had a particular interest to be presided over by a member of that delegation.

Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland) asked whether it would be in order at that juncture to nominate a vice-chairman. If so he would be prepared to propose a candidate.

The SECRETARY said that a chairman had to be elected before nominations could be put forward for the office of vice-chairman; once that had been done, the Chairman could be requested to have a vice-chairman appointed.

Mr KHANACHET (Saudi Arabia) considered that the Sub-Committee should proceed immediately with election of the candidate proposed. He asked to have put on record his formal opposition to any attempt by any delegation to debar from office a delegate elected in accordance with the Rules of Procedure. Such an attempt might set a very dangerous precedent of which he hoped the Sub-Committee would be aware.

*Decision:* There being no further nominations, Mr El Wakil (United Arab Republic) was elected Chairman by acclamation.

Mr EL WAKIL took the Chair and thanked the members of the Sub-Committee for the honour conferred upon him. In order to facilitate matters he suggested that the Sub-Committee should proceed to elect a vice-chairman to preside over the discussion on the controversial item.

## 2. Election of Vice-Chairman and Rapporteur

On the proposal of Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland), seconded by Mr KITTANI (Iraq), Mr Le Poole (Netherlands) was elected Vice-Chairman by acclamation.

The CHAIRMAN called for nominations for the office of Rapporteur.

On the proposal of Mr KITTANI (Iraq), Mr Le Poole (Netherlands) was, in addition to his office as Vice-Chairman, elected Rapporteur by acclamation.

## 3. Adoption of the Agenda

The CHAIRMAN said that the agenda of the Sub-Committee comprised the following items:

3.22 — Relations with the League of Arab States  
Supplementary item 4 — Rights and obligations of Associate Members having attained independence

3.7 — Amendments to the Rules of Procedure of the World Health Assembly

*Decision:* The agenda was adopted.

The CHAIRMAN said that the Sub-Committee could either discuss the points on the agenda in the order in which they appeared, in which case the Vice-Chairman would at once take the Chair for discussion of item 3.22, or it could take first the other two items, leaving item 3.22 to the end.

*It was agreed* to discuss first supplementary agenda item 4, then item 3.7, and finally item 3.22.

## 4. Rights and Obligations of Associate Members having attained Independence

### Supplementary item, 4

The SECRETARY, introducing the item, said that the matter had come to the fore in the course of the past year. Eight countries, most of them in Africa, had been admitted to associate membership by the Thirteenth World Health Assembly. When they subsequently gained their independence, the question arose of how they could participate in meetings of the Organization pending their admission as full Members. He drew attention to the section of Article 8 of the Constitution which provided that associate membership was open to "territories or groups of territories which are not responsible for the conduct of their international relations". Therefore a country attaining independence was no longer eligible for associate membership. The only solution which had seemed legally possible was to allow such States to participate as invited non-Member States. The Regional Committee for Africa had at its tenth session passed resolution AFR/RC10/R12,<sup>1</sup> with the object of enabling such States to retain in the Region their rights and privileges pending their admission as full Members. The Executive Board at its twenty-seventh session, had, in resolution EB27.R25, recommended the World Health Assembly to take a similar decision and to change Rule 109 of the Rules of Procedure by the insertion of an additional paragraph as follows:

<sup>1</sup> For text, see minutes of the twelfth meeting of the Committee on Administration, Finance and Legal Matters, section 2, p. 389.



An application for membership made by a State formerly an Associate Member may be received at any time by the Health Assembly.

He suggested that consideration of the proposed amendment to Rule 109 be deferred until the various other amendments to the Rules of Procedure were discussed by the Sub-Committee.

The CHAIRMAN read the first part of the draft resolution embodied in the Board's resolution EB27.R25, as follows:

The Fourteenth World Health Assembly,

Considering that it is desirable to determine the transitional status of those Associate Members which attain independence; and

Considering Chapter III and Article 75 of the Constitution,

DECIDES that

(1) Associate Members which have attained independence and which expressly state their intention of becoming full Members of the Organization shall, during the transitional period which must necessarily elapse before they can become Members of the Organization, continue to enjoy the rights and privileges of associate membership;

*Decision:* The first part of the draft resolution was approved (see report of the Sub-Committee, section 1).

## 5. Amendments to the Rules of Procedure of the World Health Assembly

### Agenda, 3.7

The SECRETARY, introducing the item, said that the Sub-Committee was invited to decide on amendments concerning Rules 23, 24, 30 and 109 of the Rules of Procedure. The proposals for amendment of Rules 23 and 30 had been made by the delegation of the United Arab Republic, and would have the effect of increasing the number of Members serving on the Committee on Nominations from eighteen to twenty-four and those on the General Committee from fifteen to twenty. The reasons for the proposals were the same as those that had led the Assembly to increase the number of members serving on the Executive Board from eighteen to twenty-four, and their acceptance would have the effect of establishing a more equitable balance between the number of Members of the Organization and the number of those serving on certain of its committees.

The amendment to Rule 24 had been requested by the Executive Board with the object of expediting the work of the Health Assembly; it deleted the

provision whereby the proposals of the Committee on Nominations had to be communicated to the Health Assembly or the main committees at least two hours before the meeting at which the election was to take place.

With regard to Rule 109, if that rule were amended as suggested by the Executive Board at its twenty-seventh session, then a request for admission to membership made by a former Associate Member having attained its independence and having expressed its desire to become a full Member would not have to reach the Director-General thirty days before the opening of a session of the Health Assembly in order to be placed on the agenda of that session.

### Rules 23 and 30

*Decision:* The proposed amendments to Rules 23 and 30 of the Rules of Procedure were approved without comment (see report of the Sub-Committee, section 2).

### Rule 24

The CHAIRMAN invited comments on the proposed amendment to Rule 24 of the Rules of Procedure.

Mr WYATT (United States of America) said that his delegation was entirely in sympathy with the aim of shortening the proceedings of the World Health Assembly whenever that was possible and in keeping with the effective functioning of the Assembly. In the present case, however, the saving of time appeared to be so small as not to warrant amendment of the Rule, which did have some advantage in giving delegates two hours in which to consider the list of nominations.

Mr KITTANI (Iraq) said that he had understood that the decision in principle had already been taken in plenary session, in which case he considered that the Sub-Committee's task should be confined to drafting and not concerned with principle.

The SECRETARY said that the point raised by the delegate of Iraq was a pertinent one. At the opening of the session the President had asked that the Assembly temporarily suspend not the Rule itself but the waiting time of two hours, and that, in fact, was what the Assembly had agreed to do. If that had not been done the Assembly would have been unable to examine the proposals before 8.15 p.m., whereas it had, in fact, been able to take them up at 6.15 p.m.

Dr VANNUGLI (Italy) said that his delegation had always been in favour of cutting down the duration of the Assembly by any possible means, and he accordingly found the Executive Board's proposal acceptable.

Mr BRISSET (France) agreed with the views of the delegate of Italy.

The CHAIRMAN asked whether the United States delegation wished to make a formal objection to the amendment of Rule 24.

*Decision:* There being no objections to the amendment of Rule 24 of the Rules of Procedure, the amendment was approved (see report of the Sub-Committee, section 2).

#### Rule 109

The CHAIRMAN read the second part of the draft resolution contained in the Executive Board's resolution EB27.R25, as follows:

The Fourteenth World Health Assembly,  
 . . . . .  
 DECIDES that  
 . . . . .

(2) Rule 109 of the Rules of Procedure of the World Health Assembly shall be supplemented by the insertion of the following additional paragraph:

"An application for membership made by a State formerly an Associate Member may be received at any time by the Health Assembly."

*Decision:* The amendment to Rule 109 of the Rules of Procedure was approved without comment (see report of the Sub-Committee, section 2).

*Mr Le Poole (Netherlands), Vice-Chairman, took the Chair.*

## 6. Relations with the League of Arab States

### Agenda, 3.22

The CHAIRMAN, after thanking the Sub-Committee for the honour paid to him by his election as Vice-Chairman and Rapporteur, reminded the Sub-Committee that its discussions in the matter under consideration should be restricted to points of drafting and the legal implications of the text. He then called upon the Secretary to introduce the subject.

The SECRETARY said that the Sub-Committee had before it the text of a draft agreement between the World Health Organization and the League of Arab States.<sup>1</sup> He described briefly the developments leading to the formulation of the draft agreement. In 1953, the League of Arab States had expressed a wish to enter into relations with the Organization; that request had been transmitted to the Executive Board

at its thirteenth session and the Board had recommended that official relations be established and had requested the Director-General and the Regional Director concerned to take the necessary measures for a written recognition of the establishment of such official relations. In April 1954, after an exchange of letters between the Regional Director of the Regional Organization for the Eastern Mediterranean and the Secretary-General of the League of Arab States, written agreement was reached on the establishment of official relations. In 1959, the Secretary-General of the League of Arab States had requested that a formal agreement be concluded between the two bodies, pointing out that formal agreements had already been concluded between the League of Arab States and all the other specialized agencies. That request had been transmitted to the Executive Board at its twenty-fifth session and the Board, after a detailed discussion, had adopted resolution EB25.R66 referring the request to the Thirteenth World Health Assembly. Subsequently the Health Assembly, having considered the draft text of the agreement submitted by the League of Arab States, had adopted resolution WHA13.48 approving the principle of concluding such an agreement and requesting the Director-General to take the necessary action and to report to the Fourteenth World Health Assembly.

The Sub-Committee also had before it an exchange of letters between the Director-General and the Secretary-General of the League of Arab States.

Mr RAFAEL (Israel) asked whether the Sub-Committee was entitled to pronounce on the advisability of the text in question or whether it was limited in its function to the purely technical and drafting aspects of the text.

The SECRETARY reminded the Sub-Committee that the Chairman of the Committee on Administration, Finance and Legal Matters, in constituting the Sub-Committee, had defined its functions as being limited to pronouncements on the constitutionality and the legality of any text submitted to it and on the correctness of the legal phraseology.

Mr RAFAEL (Israel) said that his delegation had serious reservations concerning the advisability of the agreement and would reserve the right to raise those issues at an appropriate time and place.

Mr KITTANI (Iraq) said that the conclusion of an agreement between the League of Arab States and WHO had already been approved in principle by the Health Assembly in resolution WHA13.48. The provisional text was acceptable to both parties and appeared to be in accordance with the wishes expressed by the Thirteenth World Health Assembly; he con-

<sup>1</sup> Reproduced in *Off. Rec. Wld Hlth Org.* 110, Annex 9

sequently proposed that the Sub-Committee recommend that the text be approved.

The CHAIRMAN proposed that the preamble of the draft agreement be considered first, followed by the rest of the text article by article.

*It was so agreed.*

#### *Preamble*

Mr RAFAEL (Israel), referring to the third paragraph, asked for a clarification of the sense in which the words "regional nature" were used. He failed to see what meaning could be ascribed to them, since the League of Arab States represented neither a geographical region nor the Region of the Eastern Mediterranean as defined by WHO.

The SECRETARY said that he was not entitled to give a one-sided interpretation of a text which had been agreed by both parties; fortunately, the representative of the League of Arab States was present and could, if he were willing, confirm or reject any such interpretation. If such a procedure was acceptable to the representative of the League of Arab States, he would give the interpretation intended by WHO wherever the Sub-Committee so desired.

Dr SHOUSA (League of Arab States) said that he was perfectly willing to accept that procedure.

The SECRETARY said that the word "regional" was intended to be interpreted in its purely adjectival sense and was not intended to refer to the entity defined as a region in the Constitution of WHO.

Dr SHOUSA (League of Arab States) said that the League was an intergovernmental regional organization according to the United Nations definition of such bodies.

Mr EL WAKIL (United Arab Republic) said that the League of Arab States was obviously concerned with activities of a regional nature amongst its Member States, which were principally situated in the geographical region of the Eastern Mediterranean. He did not therefore believe that there was any legal objection to using the words "of a regional nature".

The SECRETARY said that the word "regional" should be interpreted in the sense given to it by any standard dictionary, i.e., as an adjective referring to a certain portion of the earth. The definition of a region in the Constitution was made in order to provide the Member States in a geographical locality with the consultative and executive machinery comprised by a regional committee and a regional office.

It was however possible to envisage that regional activities, in the general sense, might sometimes be required of a region as defined in the Constitution.

Mr RAFAEL (Israel) expressed his appreciation of the interpretation but regretted that it was not acceptable. The United Nations had not recognized the League of Arab States as being an intergovernmental regional organization; that was exemplified by the agreement concluded between that body and the Food and Agriculture Organization.

Mr KITTANI (Iraq) drew attention to the reference in the last paragraph of the preamble to Article 70 of the Constitution. The League of Arab States was an intergovernmental organization composed of States geographically located between the Atlantic shore of Africa and the borders of Iran and which pursued certain activities in the field of health in harmony with the objectives of WHO. Consequently it was an organization with which WHO was empowered to enter into official relations under Article 70 of the Constitution.

Dr SHOUSA (League of Arab States) said that the words "of a regional nature" were included in the preamble to the agreement between UNESCO and the League of Arab States.

The SECRETARY said that the wording of the preamble had been based on the text of the agreement mentioned by the previous speaker.

Mr RAFAEL (Israel) said that his delegation attached considerable importance to the wording in question as a matter of principle. The fact that the words had been included in an agreement with UNESCO did not affect the issue since it was reasonable to assume that regional similarities of culture and language would be of primary importance to that organization. He therefore proposed that the words "of a regional nature" be deleted.

The CHAIRMAN put to the vote the amendment proposed by the delegate of Israel.

*Decision:* The amendment was rejected by 5 votes to 1, with 8 abstentions.

#### *Articles I and II*

There were no comments.

#### *Article III*

Mr RAFAEL (Israel) proposed the following amendments to paragraph 2: the insertion of the words "Health Committee of the" between the words

“The representatives of the” and the words “League of Arab States”; the insertion of the words “which pertain to the activities of the League of Arab States in the field of health” after the word “items”.

Mr KITTANI (Iraq) drew the attention of the Sub-Committee to paragraph 1 of the Article, which concerned representation of WHO at meetings of the Health Committee of the League of Arab States. It was an essential principle of agreements such as the one under discussion that there should be reciprocity of privilege between the two parties. That principle would be set in abeyance if representation of the League of Arab States at meetings of WHO were restricted to members of a component organ of the League. In effect such representation was usually provided by a technical member of the secretariat of the League. The second amendment was similarly unacceptable because it discriminated against one party to the agreement; it would, in fact, bar the representatives of the League from attending meetings of WHO, since the League did not itself undertake programmes in the various fields of health. For those reasons, he moved that the amendments be rejected.

The CHAIRMAN put to the vote the amendments proposed by the delegate of Israel.

*Decision:* The amendments were rejected by 5 votes to 1, with 9 abstentions.

#### *Article IV*

Mr RAFAEL (Israel) asked whether budgetary provision for possible expenditure was a matter for negotiation between the parties to the agreement or whether such provision must receive prior approval from an appropriate organ of the Organization.

The SECRETARY said that the clause in question was standard in all agreements concluded by WHO with other organizations.

#### *Articles V and VI*

There were no comments.

On the proposal of the CHAIRMAN, *it was agreed* that the meeting should be suspended for a short time to permit the drafting of its report.

*The meeting was suspended at 5.40 p.m. and resumed at 5.55 p.m.*

#### **7. Report of the Sub-Committee to the Committee on Administration, Finance and Legal Matters**

The CHAIRMAN proposed that the draft report be considered section by section.

##### *1. Rights and Obligations of Associate Members having attained Independence*

There were no comments.

##### *2. Amendments to the Rules of Procedure of the World Health Assembly*

There were no comments.

##### *3. Relations with the League of Arab States*

Mr KHANACHET (Saudi Arabia) referred to the last sentence of the draft report, which read:

The decision concerning this item was reached after a thorough discussion on the legal aspects and on the wording of the draft agreement.

He proposed that the words “and constitutional” be inserted after the word “legal”.

*Decision:* The amendment was approved.

Mr RAFAEL (Israel) requested that a vote be taken on the adoption of the draft report.

The CHAIRMAN put the draft report to the vote.

*Decision:* The report was adopted by 4 votes to 1, with 9 abstentions (for text, see page 444).

*The meeting rose at 6 p.m.*

## COMMITTEE REPORTS

*The texts of recommended resolutions subsequently adopted without change by the Health Assembly have here been omitted from the committee reports, as they appear in Part I (Official Records No. 110, pages 1 to 27) and are also incorporated in the record of the relevant meeting contained in the present volume. To facilitate reference to Part I, the serial numbers of the omitted resolutions are inserted in square brackets after the relevant headings in the reports.*

### COMMITTEE ON CREDENTIALS

#### FIRST REPORT <sup>1</sup>

[A14/10 — 7 Feb. 1961]

The Committee on Credentials met on 7 February 1961.

Delegates of the following Members were present: Albania, Burma, Chile, Ethiopia, Honduras, Ivory Coast, Japan, Mexico, Netherlands, Saudi Arabia, Senegal and Switzerland.

Dr A. L. Bravo (Chile) was elected Chairman, Mr Hiroshi Yokota (Japan) Vice-Chairman, and Mr A. B. Sar (Senegal) 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 those 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 and representatives:

Afghanistan, Albania, Argentina, Australia, Austria, Belgium, Bulgaria, Burma, Cambodia, Cameroun, Canada, Central African Republic, Ceylon, Chile, China, Congo (Brazzaville), Costa Rica, Cuba, Cyprus, Czechoslovakia, Dahomey, Denmark, Ecuador, Federal Republic of Germany, Federation of Malaya, Finland, France, Gabon, Ghana, Guinea, Haiti, Honduras, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Ivory Coast, Japan, Jordan, Kuwait, Laos, Lebanon, Liberia, Libya, Luxembourg, Madagascar, Mali, Monaco, Morocco, Nepal, Netherlands, New Zealand, Niger, Nigeria, Norway, Pakistan, Paraguay, Philippines,

<sup>1</sup> Approved by the Health Assembly at its first plenary meeting

Poland, Portugal, Republic of Korea, Republic of Viet-Nam, Romania, Saudi Arabia, Senegal, Sierra Leone, Somalia, Spain, Sudan, Sweden, Switzerland, Thailand, Tunisia, Turkey, Union of Soviet Socialist Republics, United Arab Republic, United Kingdom of Great Britain and Northern Ireland, United States of America, Upper Volta, Venezuela and Yugoslavia.

2. The representative of Albania stated that he was not able to approve the credentials submitted by the delegations of China and Laos since his delegation considered that those credentials had not been issued by the legal governments of those countries.

3. Notifications from Bolivia, Brazil, Chad, Colombia, El Salvador, Ethiopia, Guatemala, Mexico, Nicaragua, Panama, Union of South Africa, Uruguay and Yemen, 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.

#### SECOND REPORT <sup>2</sup>

[A14/12 — 9 Feb. 1961]

The Committee on Credentials met on 9 February 1961, under the chairmanship of Dr A. L. Bravo (Chile).

The Committee accepted the formal credentials of the delegations of Greece, Guatemala, Mexico, Nicaragua, Togo and the Union of South Africa, entitling their members to take part in the work of the Health Assembly as defined by the Constitution of the World Health Organization.

On the basis of a notification from the Italian Government giving the composition of its delega-

<sup>2</sup> Approved by the Health Assembly at its sixth plenary meeting

tion, the Committee recommended to the Health Assembly that this delegation be recognized with full rights in the Health Assembly pending the arrival of its formal credentials.

### THIRD REPORT <sup>1</sup>

[A14/18 — 16 Feb. 1961]

The Committee on Credentials met on 16 February 1961, under the chairmanship of Dr A. L. Bravo (Chile).

The Committee accepted the formal credentials of the delegations of Bolivia, Colombia, El Salvador, Italy, Peru and Yemen, 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 <sup>3</sup>

[A14/28 — 23 Feb. 1961]

The Committee on Credentials met on 23 February 1961.

The Committee accepted the formal credentials of the representatives of Ruanda-Urundi and Tanganyika, entitling such representatives to take part in the work of the Health Assembly as defined by the Constitution of the World Health Organization.

## COMMITTEE ON NOMINATIONS

### FIRST REPORT <sup>2</sup>

[A14/7 — 7 Feb. 1961]

The Committee on Nominations, consisting of representatives of the following Member States:

Argentina, Ceylon, Federation of Malaya, France, Ghana, Haiti, Liberia, Pakistan, Philippines, Poland, Sweden, Togo, Tunisia, Union of Soviet Socialist Republics, United Arab Republic, United Kingdom of Great Britain and Northern Ireland, United States of America, and Venezuela,

met on 7 February 1961.

Professor E. Aujaleu (France) was elected Chairman, and Dr V. N. Butrov (Union of Soviet Socialist Republics) Rapporteur.

In accordance with Rule 24 of the Rules of Procedure of the Health Assembly, the Committee decided unanimously to propose to the Assembly the nomination of Dr A. L. Mudaliar (India) for the office of President of the Fourteenth World Health Assembly.

### SECOND REPORT <sup>2</sup>

[A14/8 — 7 Feb. 1961]

At its first meeting, held on 7 February 1961, the Committee on Nominations decided to propose to the Health Assembly, in accordance with Rule 24 of the Rules of Procedure of the Assembly, the following nominations:

*Vice-Presidents of the Assembly:* Dr A. Martínez Marchetti (Argentina), Dr J. Plojhar (Czechoslovakia), Dr D. Samonte (Philippines);

*Committee on Programme and Budget: Chairman* Dr W. A. Karunaratne (Ceylon);

*Committee on Administration, Finance and Legal Matters: Chairman,* Dr H. van Zile Hyde (United States of America).

Concerning the members of the General Committee to be elected under Rule 30 of the Rules of Procedure of the Health Assembly, the Committee decided to nominate the delegates of the following nine countries: France, Ghana, Pakistan, Saudi Arabia, Sweden, Togo, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, and Venezuela.

### THIRD REPORT <sup>4</sup>

[A14/9 — 7 Feb. 1961]

At its first meeting, held on 7 February 1961, 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 Health Assembly, the following nominations for the offices of Vice-Chairman and Rapporteur:

*Committee on Programme and Budget: Vice-Chairman,* Dr L. Stoyanov (Bulgaria); *Rapporteur,* Dr A. M. Kamal (United Arab Republic);

*Committee on Administration, Finance and Legal Matters: Vice-Chairman,* Dr R. Vannugli (Italy), *Rapporteur,* Mr A. B. Sar (Senegal).

<sup>1</sup> Approved by the Health Assembly at its seventh plenary meeting

<sup>2</sup> Approved by the Health Assembly at its second plenary meeting

<sup>3</sup> Approved by the Health Assembly at its thirteenth plenary meeting

<sup>4</sup> See p. 181 and p. 325.

## GENERAL COMMITTEE

### REPORT <sup>1</sup>

[A14/14 — 14 Feb. 1961]

#### Election of Members entitled to designate a Person to serve on the Executive Board

At its meeting held on 14 February 1961, and in accordance with Rule 94 of the Rules of Procedure of the Health Assembly concerning the first election following the entry-into-force of the amendments to Articles 24 and 25 of the Constitution, the General Committee drew up the following list of eighteen Members, to be transmitted to the Health Assembly for the purpose of the election of twelve Members

to be entitled to designate a person to serve on the Executive Board:

Iceland, United States of America, Pakistan, Chile, Iraq, Nigeria, Poland, Senegal, Italy, New Zealand, Cuba, Israel, Japan, Mali, Cameroun, Ecuador, Philippines, Spain.

The General Committee then recommended the following twelve Members which, in the Committee's opinion, would provide, if elected, a balanced distribution of the Board as a whole:

Iceland, Italy, Nigeria, Poland, United States of America, Chile, Senegal, Spain, Iraq, Pakistan, Mali, Japan.

## COMMITTEE ON PROGRAMME AND BUDGET

### FIRST REPORT <sup>2</sup>

[A14/15 — 14 Feb. 1961]

The Committee on Programme and Budget, at its first meeting on Thursday, 9 February 1961, under the chairmanship of Dr W. A. Karunaratne (Ceylon), elected Dr L. Stoyanov (Bulgaria) Vice-Chairman and Dr A. M. Kamal (United Arab Republic) Rapporteur, in accordance with the recommendation of the Committee on Nominations.

At this meeting, as well as at its second meeting held on Monday, 13 February 1961, it began its discussion of the Annual Report of the Director-General on the work of WHO during the preceding year.<sup>3</sup>

On 13 February a joint meeting was held with the Committee on Administration, Finance and Legal Matters to consider the subject of malaria eradication. After discussion of the programme aspects, it was decided to recommend to the Fourteenth World Health Assembly the adoption of the following resolution:

Development of the Malaria Eradication Programme [WHA14.2]

<sup>1</sup> See verbatim records of the seventh plenary meeting, section 3, and eighth plenary meeting, section 1.

<sup>2</sup> Approved by the Health Assembly at its seventh plenary meeting

<sup>3</sup> *Off. Rec. Wld Hlth Org.* 105

### SECOND REPORT <sup>4</sup>

[A14/19 — 17 Feb. 1961]

At its seventh meeting, held on 17 February 1961, the Committee on Programme and Budget decided to recommend to the Fourteenth World Health Assembly the adoption of the following resolution: Effective Working Budget and Budget Level for 1962 [WHA14.17]

### THIRD REPORT <sup>5</sup>

[A14/21 — 20 Feb. 1961]

At the ninth meeting of the Committee on Programme and Budget, held on 18 February 1961, the following resolution was recommended for adoption by the Fourteenth World Health Assembly:

Report on Assistance to the Republic of the Congo (Leopoldville) [WHA14.26]

### FOURTH REPORT <sup>6</sup>

[A14/23 — 22 Feb. 1961]

At its eleventh, twelfth, thirteenth and fourteenth meetings on 20, 21 and 22 February 1961, the Com-

<sup>4</sup> Approved by the Health Assembly at its ninth plenary meeting

<sup>5</sup> Approved by the Health Assembly at its tenth plenary meeting

<sup>6</sup> Approved by the Health Assembly at its eleventh plenary meeting

mittee on Programme and Budget decided to recommend the following resolutions for adoption by the Fourteenth World Health Assembly:

1. Annual Report of the Director-General for 1960: Programme Aspects [WHA14.36]
2. Continued Assistance to Newly Independent States [WHA14.37]
3. Malaria Eradication Programme [WHA14.38]
4. Priorities in Programme [WHA14.39]
5. Smallpox Eradication Programme [WHA14.40]
6. Committee on International Quarantine: Eighth Report [WHA14.41]
7. WHO/UNICEF Jointly Assisted Activities [WHA14.42]
8. Appropriation Resolution for the Financial Year 1962 [WHA14.43]

#### FIFTH REPORT <sup>1</sup>

[A14/26 — 23 Feb. 1961]

At its fifteenth meeting, held on 22 February 1961, the Committee on Programme and Budget decided to recommend the following resolutions for adoption by the Fourteenth World Health Assembly:

1. Decisions of the United Nations, Specialized Agencies and IAEA affecting WHO's Activities: UNESCO—Education in Africa [WHA14.52]
2. Decisions of the United Nations, Specialized Agencies and IAEA affecting WHO's Activities: Programme Aspects [WHA14.53]
3. Decisions of the United Nations, Specialized Agencies and IAEA affecting WHO's Activities: Cancer Awards [WHA14.54]
4. Decisions of the United Nations, Specialized Agencies and IAEA affecting WHO's Activities: Programme Appraisal [WHA14.55]

#### SIXTH REPORT <sup>2</sup>

[A14/27 — 23 Feb. 1961]

At its sixteenth meeting, held on 23 February 1961, the Committee on Programme and Budget decided to recommend the following resolution for adoption by the Fourteenth World Health Assembly:

<sup>1</sup> Approved by the Health Assembly at its twelfth plenary meeting

<sup>2</sup> Approved by the Health Assembly, after amendment (see footnote 1, p. 441) at its thirteenth plenary meeting (see pp. 161-164)

#### Radiation Health, including Protection of Mankind from Ionizing Radiation Hazards, whatever their Source

The Fourteenth World Health Assembly,

Recalling that the Thirteenth World Health Assembly gave detailed consideration to the subject of "radiation health, including protection of mankind from ionizing radiation hazards, whatever their source";

Noting that in resolution WHA13.56, the Thirteenth World Health Assembly outlined the areas of WHO responsibility and laid out a constructive programme in this field;

Noting that present scientific knowledge provides data on the harmful biologic and genetic effects to human beings of massive doses of ionizing radiation;

Noting that the effects of low-level radiation over a long period associated with background radiation, fall-out, and radiation resulting from medical and dental uses are under world-wide study;

Recognizing that the countries concerned are reopening discussions in Geneva on 21 March 1961, with a view to the cessation of nuclear testing under effective international control; and

Expressing the hope that these discussions will be successful,

1. NOTES the report of the Director-General on the progress being made by Member countries in developing and staffing radiation control programmes with particular reference to the responsibilities of national health authorities and of WHO in this field;

2. REQUESTS the Director-General to continue to carry out the programme as set forth in resolution WHA13.56, in co-operation, as appropriate, with IAEA and other agencies concerned;

3. REQUESTS the Director-General to co-operate with other agencies concerned in collecting and disseminating scientific and technical information on the health aspects of radiation to the health authorities and, through them, to the people of the Member States;

4. REQUESTS the Director-General to continue to sponsor or stimulate studies of the genetic and biological effects of low-level radiation from all sources, in co-operation with other agencies concerned;

5. REQUESTS the Director-General to participate, in consultation with IAEA and other competent



and interested international agencies, in sponsoring and stimulating research and studies aimed at the establishment of acceptable standards and regulations to prevent pollution of the sea and other international waterways by radioactive materials in amounts which adversely affect man;

6. REQUESTS urgently all the Members of the World Health Organization to comply with Article 25 of the Convention on the High Seas in respect to the discharge of radioactive waste into watercourses or the sea, and to promote research as referred to in paragraph 5 above;

7. URGES the health authorities of Member States to take appropriate steps to train personnel in this field and to accelerate their activities in public health aspects of radiation from all sources;

8. RECOGNIZES the anxiety of Member States of the World Health Organization concerning increased exposure to controlled and uncontrolled sources of ionizing radiation;

9. NOTES with approval the action of the fourteenth and fifteenth sessions of the United Nations

General Assembly relating to the immediate cessation of nuclear testing;

10. REQUESTS the governments concerned in the discussions on nuclear testing to give due regard to the health implications of the matter; and

11. URGES the health authorities of Member countries to assure that representatives of their governments at the forthcoming discussions in Geneva and in the United Nations and related bodies concerned with radiation are at all times kept fully up to date in regard to deleterious health effects.

[Amended,<sup>1</sup> WHA14.56]

#### **Declaration concerning the Granting of Independence to Colonial Countries and Peoples and the Tasks of the World Health Organization**

At its seventeenth meeting, held on 23 February 1961, the Committee decided to take no action on item 2.9 of the agenda.

### **COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS**

#### **FIRST REPORT<sup>2</sup>**

[A14/16 — 15 Feb. 1961]

The Committee on Administration, Finance and Legal Matters held its first, second and third meetings on 9, 13 and 14 February 1961 under the chairmanship of Dr H. van Zile Hyde (United States of America). On the proposal of the Committee on Nominations, Dr R. Vannugli (Italy) was elected Vice-Chairman and Mr A. B. Sar (Senegal) Rapporteur.

The Committee established a Legal Sub-Committee, open to all delegations, to consider legal and constitutional aspects of any item which might be referred to it. The Sub-Committee consisted of delegates of the following countries:

Australia, Belgium, Ceylon, China, France, Ghana, Greece, Iraq, Israel, Italy, Morocco, Republic of

Viet-Nam, Saudi Arabia, Switzerland, United Arab Republic, and United States of America.

Certain agenda items were referred to this sub-committee, and its recommendations, as adopted by the Committee on Administration, Finance and Legal Matters, will be embodied in the reports of the Committee.

The Committee decided to recommend to the Fourteenth World Health Assembly the adoption of the following resolutions:

1. Status of Collection of Annual Contributions and of Advances to the Working Capital Fund [WHA14.3]
2. Amendments to the Staff Rules [WHA14.4]
3. Travel Expenses and Allowances for Members of the Executive Board [WHA14.5]
4. Assessments for 1960 and 1961 of New Members [WHA14.6]
5. Assessment for 1961 of New Members [WHA14.7]
6. Scale of Assessment for 1962 [WHA14.8]

<sup>1</sup> The text approved by the Committee was adopted by the Health Assembly with an amendment to para. 6 (see p. 162).

<sup>2</sup> Approved by the Health Assembly at its seventh plenary meeting

7. Headquarters Accommodation: Progress Report [WHA14.9]
8. Headquarters Accommodation: Status of the Building Fund [WHA14.10]
9. Headquarters Accommodation: Reimbursement by the United Nations [WHA14.11]
10. Use of Russian as a Working Language in the Regional Organization for Europe [WHA14.12]

### SECOND REPORT <sup>1</sup>

[A14/17 — 16 Feb. 1961]

The Committee on Administration, Finance and Legal Matters held its fifth meeting on 15 February 1961.

It decided to recommend to the Fourteenth World Health Assembly the adoption of the following resolution:

1. Supplementary Budget Estimates for 1961 [WHA14.13]

Further, the Committee on Administration, Finance and Legal Matters held joint meetings with the Committee on Programme and Budget on 11, 14 and 15 February 1961 to consider malaria eradication. For the financial aspects of the item, namely, the financing of the malaria eradication programme, Dr H. van Zile Hyde (United States of America), Chairman of the Committee on Administration, Finance and Legal Matters, took the Chair.

The joint meeting decided to establish a Working Party on Financing the Malaria Eradication Programme, composed of the following delegations:

Argentina, Australia, Central African Republic, Czechoslovakia, France, India, Iraq, Mexico, Nigeria, Pakistan, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, and United States of America.

The joint meeting, after consideration of a report submitted by the Working Party (see page 428), determined the principles and methods for financing the malaria eradication programme and considered that the Rapporteur of the joint meeting would draft an appropriate resolution for inclusion in a report of the Committee on Administration, Finance and Legal Matters.

The joint meeting decided to recommend for adoption by the Fourteenth World Health Assembly the following draft resolution:

2. Malaria Eradication Programme: Administrative and Operational Services Costs [WHA14.14]

<sup>1</sup> Approved by the Health Assembly at its seventh plenary meeting

The Committee on Administration, Finance and Legal Matters recommends that the World Health Assembly adopt the following resolution:

3. Financing of the Malaria Eradication Programme: Measures to ensure the Financing of the Programme [WHA14.15]

### THIRD REPORT <sup>2</sup>

[A14/20 — 18 Feb. 1961]

The Committee on Administration, Finance and Legal Matters held its fourth meeting on 15 February 1961.

It decided to recommend to the Fourteenth World Health Assembly the following resolutions:

1. Admission of New Associate Members: Ruanda-Urundi [WHA14.18]
2. Admission of New Associate Members: Tanganyika [WHA14.19]
3. Admission of New Members: Islamic Republic of Mauritania [WHA14.20]
4. Amendments to the Financial Rules [WHA14.21]
5. Provision of Emergency Supplies to Member States [WHA14.22]
6. Voluntary Fund for Health Promotion: Report on Contributions received [WHA14.23]
7. Adoption of a WHO Flag [WHA14.24]
8. Accommodation for the Regional Office for South-East Asia [WHA14.25]

### FOURTH REPORT <sup>3</sup>

[A14/22 — 21 Feb. 1961]

The Committee on Administration, Finance and Legal Matters held its sixth, seventh, eighth and ninth meetings on 16, 18 and 20 February 1961.

It decided to recommend to the Fourteenth World Health Assembly the following resolutions:

1. Malaria Eradication Special Account [WHA14.27]
2. Decisions of the United Nations, Specialized Agencies and IAEA affecting WHO's Activities on Administrative and Financial Questions: Report on Decisions of the United Nations, Specialized Agencies and IAEA [WHA14.28]

<sup>2</sup> Approved by the Health Assembly at its tenth plenary meeting

<sup>3</sup> Approved by the Health Assembly at its eleventh plenary meeting

3. Decisions of the United Nations, Specialized Agencies and IAEA affecting WHO's Activities on Administrative and Financial Questions: Prior Consultation among Agencies on Matters of Mutual Concern [WHA14.29]
4. Annual Report of the United Nations Joint Staff Pension Board for 1959 [WHA14.30]
5. Appointment of Representatives to the WHO Staff Pension Committee [WHA14.31]
6. Currency of Payment of Contributions [WHA14.32]
7. Place of Meeting of the Fifteenth World Health Assembly [WHA14.33]
8. Annual Report of the Director-General for 1960: Administrative and Financial Aspects [WHA14.34]
9. Annual Report of the Director-General for 1960: Universality of WHO Membership [WHA14.35]

#### FIFTH REPORT <sup>1</sup>

[A14/24 — 22 Feb. 1961]

The Committee on Administration, Finance and Legal Matters held its tenth, eleventh and twelfth meetings on 21 and 22 February 1961.

The Committee decided to recommend to the Fourteenth World Health Assembly the adoption of the following resolutions:

1. Financing of the Malaria Eradication Programme: Interpretation of Criteria of Eligibility

for Credits towards Payment of Contributions for financing the Malaria Field Programme [WHA14.44]

2. Rights and Obligations of Associate Members having attained Independence [WHA14.45]
3. Amendments to the Rules of Procedure of the World Health Assembly [WHA14.46]
4. Relations with the League of Arab States [WHA14.47]

#### SIXTH REPORT <sup>3</sup>

[A14/25 — 23 Feb. 1961]

The Committee on Administration, Finance and Legal Matters held its thirteenth and fourteenth meetings on 22 and 23 February 1961.

It decided to recommend to the Fourteenth World Health Assembly the following resolutions:

1. Assessment for 1961 and 1962 of the Islamic Republic of Mauritania [WHA14.48]
2. Appropriation Resolution for the Financial Year 1962: Islamic Republic of Mauritania, Ruanda-Urundi and Tanganyika [WHA14.49]
3. Agreement with the International Office of Epizootics [WHA14.50]
4. Possibilities of reducing the Length of World Health Assemblies [WHA14.51]

### REPORTS OF THE COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS TO THE COMMITTEE ON PROGRAMME AND BUDGET

#### FIRST REPORT <sup>2</sup>

[A14/P&B/13 Rev.1 — 14 Feb. 1961]

##### Availability of Casual Income

The Committee on Administration, Finance and Legal Matters, having studied the provisional amount of casual income available as at 31 December 1960 from assessments on new Members from previous years, miscellaneous income and the cash portion of

<sup>1</sup> Approved by the Health Assembly at its twelfth plenary meeting

<sup>2</sup> See minutes of the seventh meeting of the Committee on Programme and Budget.

the Assembly Suspense Account, recommends to the Committee on Programme and Budget that casual income in the amount of US \$500 000 be used to finance the 1962 budget.

#### SECOND REPORT <sup>4</sup>

[A14/P&B/25 — 21 Feb. 1961]

In accordance with its terms of reference under resolution WHA13.1 of the Health Assembly, the

<sup>3</sup> Approved by the Health Assembly at its twelfth plenary meeting

<sup>4</sup> See minutes of the fourteenth meeting, section 3, of the Committee on Programme and Budget.

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 the Appropriation Resolution:

I.

Appropriation Section	Purpose of Appropriation	Amount US \$
<b>PART I : ORGANIZATIONAL MEETINGS</b>		
1.	World Health Assembly . . . . .	283 910
2.	Executive Board and its Committees . . . . .	180 100
3.	Regional Committees . . . . .	123 290
Total — Part I		587 300
<b>PART III : ADMINISTRATIVE SERVICES</b>		
8.	Administrative Services . . . . .	1 480 650
9.	Other Statutory Staff Costs . . . . .	455 333
Total — Part III		1 935 983

Appropriation Section	Purpose of Appropriation	Amount US \$
<b>PART IV : OTHER PURPOSES</b>		
10.	Headquarters Building Fund . . . . .	297 000
11.	Contribution to the Malaria Eradication Special Account . . . . .	2 000 000
Total — Part IV		2 297 000

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 text which followed was approved by the Committee on Programme and Budget at its fourteenth meeting (see page 300) and subsequently adopted by the Health Assembly as resolution WHA14.43.]*

## LEGAL SUB-COMMITTEE

### REPORT <sup>1</sup>

[A14/AFL/35 — 17 Feb. 1961]

The Legal Sub-Committee met on 17 February 1961.

Participation in this sub-committee was open to all delegations expressing the desire to take part.

The Sub-Committee elected Mr S. E. El Wakil (United Arab Republic) as Chairman and Mr J. Le Poole (Netherlands) as Vice-Chairman and Rapporteur.

The Sub-Committee adopted its agenda and proceeded to the examination of the items referred to it.

The Sub-Committee proposes that the Committee on Administration, Finance and Legal Matters recommend to the Fourteenth World Health Assembly the adoption of the following resolutions:

#### 1. Rights and Obligations of Associate Members having attained Independence

The Fourteenth World Health Assembly,

Considering that it is desirable to determine the transitional status of those Associate Members which attain independence; and

Considering Chapter III and Article 75 of the Constitution,

<sup>1</sup> See minutes of the twelfth meeting, sections 2, 3 and 4, of the Committee on Administration, Finance and Legal Matters.

DECIDES that Associate Members which have attained independence and which expressly state their intention of becoming full Members of the Organization shall, during the transitional period which must necessarily elapse before they can become Members of the Organization, continue to enjoy the rights and privileges of associate membership.

#### 2. Amendments to the Rules of Procedure of the World Health Assembly

The Fourteenth World Health Assembly

DECIDES to amend Rules 23, 24, 30 and 109 of the Rules of Procedure of the Health Assembly, the amended texts to read as follows:

##### *Rule 23*

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

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

*Rule 24*

The Committee on Nominations, having regard to an equitable geographic distribution and to experience and personal competence, shall propose (a) to the Health Assembly from among the delegates nominations for the offices of the President and three vice-presidents of the Health Assembly, for the offices of chairman of each of the main committees, and for the members of the General Committee to be elected under Rule 30, and (b) to each of the main committees, set up under Rule 33, nominations from among the delegates for the offices of vice-chairman and rapporteur. The proposals of the Committee on Nominations shall be forthwith communicated to the Health Assembly or to the main committees respectively.

*Rule 30*

The General Committee of the Health Assembly shall consist of the President and vice-presidents of the Health Assembly, the chairmen of the main committees of the Health Assembly established under Rule 33 and that number of delegates to be elected by the Health Assembly after consideration of the report of the Committee on Nominations as shall provide a total of twenty members of the General Committee, provided that no delegation may have more than one representative on the Committee. The President of the Health Assembly shall convene, and preside over, meetings of the General Committee.

.....

*Rule 109*

Applications made by a State for admission to membership or applications made by a Member or other authority having the responsibility for the international relations of a territory or group of territories on behalf of such territory or group of territories for admission to associate membership in the Organization shall, in pursuance of Articles 6 and 8 of the Constitution, be addressed to the Director-General and shall be transmitted immediately by him to Members.

Any such application shall be placed on the agenda of the next session of the Health Assembly provided the application reaches the Director-General at least thirty days before the opening of such session.

An application for membership made by a State formerly an Associate Member may be received at any time by the Health Assembly.

**3. Relations with the League of Arab States**

The Fourteenth World Health Assembly,

Considering Articles 50 (d) and 70 of the Constitution,

APPROVES the proposed agreement to be concluded between the World Health Organization and the League of Arab States.

The decision concerning this item was reached after a thorough discussion on the legal and constitutional aspects and on the wording of the draft agreement.





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