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NOTES AND DOCUMENTS ON REGIONALIZATION AND RELATIONS
WITH THE PAN AMERICAN SANITARY ORGANIZATION FROM THE
FIRST ASSEMBLY OF THE WORLD HEALTH ORGANIZATION
(Geneva, June 24 - July 24, 1948)

The Pan American Sanitary Bureau has the honor to submit to the Directing Council the attached material taken from the documents of the First World Health Assembly (Geneva, June 24 to July 24, 1948) in reference to problems of regionalization in general and relations between the World Health Organization and the Pan American Sanitary Bureau.

Although there is a large amount of documentation on the subject, it is felt that the Members of the Directing Council should be fully informed of the discussions and actions which took place at the First World Health Assembly. All of the documents attached have been taken verbatim from the official records.

It was particularly fortunate that both the Director and the Secretary General of the Bureau could attend these meetings, as so many matters of interest and importance to the future of the Pan American Sanitary Organization were discussed.

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29 June 1948 - A/VR/8

In the Eighth Plenary Meeting Dr. Soper, Director of the Pan American Sanitary Bureau made the following statement:

As Director of the Pan American Sanitary Bureau, an organization in which twenty-one of the American Republics are united, it is my great privilege to offer our felicitations to the World Health Organization on this auspicious occasion. Although less than half of the American republics have ratified the Constitution of the World Health Organization, I can assure you that steps towards ratification are being taken in most of them and we anticipate that it will not be many months before the roll of the American republics in the World Health Organization is complete.

My remarks on the report of the Interim Commission are divided into two parts, the first making certain corrections on the statement regarding the Pan American Sanitary Bureau contained in the report, which we feel is not up to date, and the second referring to the entire problem of regional organization.

The statement regarding the organization of the Pan American Sanitary Bureau and its duties, appearing on pages 19 and 20¹, and the general statement at the top of page 22 of the report of the Interim Commission to the first World Health Assembly that (I quote) "all the international health organizations in existence in 1939, the Pan American Sanitary Organization, OIHP, and the Health Organization of the League of Nations, were bodies with advisory but without executive power, authorized only to collect and distribute technical information and statistical data and to act as liaison organs between national health-administrations", are apt to give a misleading impression of the present responsibilities and activities of the Pan American Sanitary Organization.

Chapter IX of the Pan American Sanitary Code of 1924 establishes the functions and duties of the Pan American Sanitary Bureau in Articles 54 to 59. Article 54 of the Code provides that "the organization, functions and duties of the Pan American Sanitary Bureau shall include those heretofore determined for the International Sanitary Bureau by the various international sanitary and other conferences of the American Republics, and such additional administrative functions and duties as may be hereafter determined by Pan American sanitary conferences."

The twelfth Pan American Sanitary Conference, meeting in Caracas in January 1947, acting under the authorization of this article, broadened the programme of the Bureau to include all medical sanitary aspects of preventive medicine, medical care and social welfare and increased its field of activity to cover the Western Hemisphere. Article I of the Constitution reads as follows: "Purposes. The fundamental purposes of the Pan American Sanitary Organization shall be to promote and co-ordinate efforts of the countries of the Western Hemisphere, to combat disease, lengthen life, and promote the physical and mental health of the people."

The components of the Pan American Sanitary Organization as now organized are four. The twelfth Pan American Sanitary Conference, meeting in Caracas in January, as above referred to, decided that the Pan American

Sanitary Organization should be composed of:

1. The Pan American Sanitary Conference, the supreme organ of the Organization constituted by delegates from each of the Member States meeting at four-year intervals;
2. The Directing Council with one representative of each Member State meeting annually;
3. The Executive Committee composed of representatives of Seven Member States meeting at six month intervals; and
4. The Pan American Sanitary Bureau, the operating agency of the Organization.

The fields of activity of the Pan American Sanitary Bureau are much more extensive than are generally appreciated. The Pan American Sanitary Bureau, with headquarters in Washington, has at present three field offices. The office at El Paso, Texas, on the border between the United States and Mexico, is devoted to the co-ordination of health activities relating especially to communicable disease, tuberculosis, venereal disease, malaria and the rickettsial diseases on both sides of the border.

The Bureau's office at Guatemala City is responsible for the administration of a special three-year typhus control programme, of a series of studies on venereal disease, on onchocerciasis, and on malaria therapy, and for the organization of an Institute of Nutrition for Central American and Panama, in which several countries and the Kellogg Foundation are collaborating.

The Bureau's office at Lima, Peru, is devoted especially to the study and control of plague in South America, and to assistance on problems of nursing education and sanitary engineering in Peru and in neighbouring countries.

A new programme, which was organized last year, marks, we believe, a milestone in public health practice. At the eleventh Pan American Sanitary Conference, meeting in Rio de Janeiro in 1942, the Bolivian delegate proposed a resolution which was approved, calling on all of the American governments to organize simultaneous campaigns for the eradication of the Aedes aegypti mosquito, the vector of urban yellow fever. Bolivia was interested in getting other countries to rid themselves of infestation with Aedes aegypti, since she had been able to eradicate this species and was anxious to be protected against re-infestation. By 1947 Peru and British Guiana had made considerable progress in the eradication of Aedes aegypti and the National Yellow Fever Service of Brazil reported that only a small section of north-east Brazil was still infested. At the meeting of the Directing Council in Buenos Aires in September 1947, the representative of Brazil called attention to the re-infestations of Brazil with Aedes aegypti from other countries, and asked that a campaign for the eradication of Aedes aegypti from the Americas be carried out, so that such countries as might free themselves from this mosquito would not be threatened by re-infestation. After full discussion of the difficulties of the proposed programme, the Directing Council made the Bureau responsible for the solution of the continental problem of urban yellow fever in the Americas, through the eradication of the Aedes aegypti mosquito from the Western Hemisphere, and authorized the Bureau to take the necessary measures to solve the sanitary, financial and legal difficulties encountered. This action was taken with the full knowledge that the Bureau would have to do more than act in an advisory capacity, if the objectives were to be gained. In carrying out the instructions of the Directing Council,

the Pan American Sanitary Bureau has already taken over the direct administration of the anti-mosquito service in one of its Member States for the years 1948 and 1949, and has furnished technically trained personnel for the reorganization of anti-mosquito services in other countries.

The Bureau has special travelling representatives, visiting all countries in South America to co-ordinate anti-~~egypti~~ activities throughout the continent. In the near future these activities are to be extended to the Caribbean region.

The action of the Directing Council in recognizing the importance to all countries in the Western Hemisphere of the existence of a given disease vector in any one of them, and in making the regional health organization responsible for undertaking the complete solution of the problem, marked, we believe, a new milestone in public health practice.

My following remarks refer to the Provisional Agenda, part II of No. 10 of the Official Records.²

An examination of the provisional agenda of the Committee on Programme, the Committee on Administration and Finance, and the Committee on Headquarters and Regional Organization, shows that no provision has been made for regional programmes, for regional budgets or for regional organizations prior to the end of 1949. Nor is there any proposal regarding the functions of regional organizations in the future. The failure to make provision for regional operations comes as a disappointment to the American republics, which during the past two years have given so much evidence of their interest in the regional programme of the World Health Organization.

The twelfth Pan American Sanitary Conference, meeting in Caracas in January 1947, broadened the programme of the Pan American Sanitary Bureau to correspond to that of the World Health Organization, and created a Directing Council with representatives of all Member States to correspond to the regional committee of the World Health Organization, as established by Chapter XI of the Constitution.

The Conference also acted to facilitate the participation of Canada, and the non-self-governing political units of the Western Hemisphere. These measures were all taken for the purpose of making the Pan American Sanitary Bureau an organization which could function as a regional organization for the World Health Organization.

The American republics are greatly interested in the World Health Organization but are most anxious that its activities be de-centralized in so far as possible on a regional basis. One of the provisions of the draft agreement with the World Health Organization, approved by the last meeting of the Directing Council in Buenos Aires, stipulates that an "adequate proportion of the budget of the World Health Organization shall be allocated for regional work". But the Pan American Sanitary Bureau is not interested in regionalization only for the Western Hemisphere; it is obvious that it would be very difficult to establish satisfactory working relationships between a single regional organization in the Western Hemisphere, and a centralized World Health Organization geared to handling matters for the rest of the world on the basis of direct arrangements between the Secretariat and individual governments.

The American international health workers realize that success in the ultimate control of communicable disease must be based on a programme of searching-out and cleaning-up endemic disease centres, wherever they exist. Even perfect regional health work in the Western Hemisphere will not be sufficient to give protection from threats originating in other parts of the world. The unexpected appearance of cholera in Egypt in 1947 constituted a potential threat to Brazil and other American countries. Concerted action by health authorities of other regions must be taken if the American continent is to avoid exotic diseases and is to remain free of re-importations of Anopheles gambiae and Aedes aegypti, and is to avoid the importation of tse-tse fly and other dangerous insects. Quite apart from the direct and indirect interest of the American republics in regionalization, attention should be called to certain very definite advantages inherent in a regional organization for an area.

Experience in the Americas has shown that general international conventions are not, in and of themselves, sufficient to establish satisfactory co-ordination of the activities of governments having common problems and common boundaries. Only through a regional organization, with a trusted international staff, is it possible to develop a free interchange of information and harmonious action in attacking common problems. Regional collaboration is required for many problems in which the individual State is unable to act efficiently. As satisfactory eradication techniques become available for the solution of an increasing number of problems, the importance of regional action must increase rather than diminish.

In addition to the technical and administrative advantages of a regional organization, there is at this time a very pertinent financial argument in its favour. It is quite apparent from the budgets proposed that the funds of the World Health Organization are inadequate to solve the important health problems of the world. Eventually a considerable part of the international health programme must be financed through the contributions of governments to budgets for the solution of regional problems in which they have a direct interest, as provided for in Article 50³ of the Constitution of the World Health Organization. This development can come only after regional organizations are operating and after a demonstration of their value. This is the logical way open to increase the funds available for the programme of the World Health Organization.

30 June 1948 - A/Prog/Min/2

Excerpts from the
Committee on Programme - Provisional Minutes of the Second Meeting
Chairman: Dr. Karl EVANG (Norway)

The PRESIDENT drew attention to the fact that there were on the agenda fifty-five items which included only a small fraction of the possible fields of action of WHO. The function of the Programme Committee was to select those of primary importance, on which WHO might most profitably begin its work.

Dr. LEON (Mexico) emphasized the necessity for regional offices, and for the staff of those offices to be fully acquainted with the problems of their special regions. Basing his proposal on the resolution adopted on 11 June 1946 by the Economic and Social Council relative to the Report of the Technical Preparatory Committee of Experts, and on Article 44 (b) of the Constitution, he moved the adoption of the following resolution:

"The Committee on Programmes adopts the resolution that the development of programmes in the field shall be through regional organizations whenever necessary or possible."

There were two other points which he wished to stress. In the first place he was in full agreement with what had been said with regard to water-borne diseases by the United States delegate. It was easy but costly to reduce mortality caused by these diseases, and he proposed that an item "water-borne diseases" should be included in the agenda after item 12.1.6. In the second place, the eradication of pestilential diseases by action on the foci of infection was in his opinion one of the most important fields of action, and any success achieved in this field would of itself justify the whole existence of WHO.

The CHAIRMAN replied that the resolution submitted by the representative of Mexico would be submitted to the General Committee for a ruling as to whether the Programme Committee should deal with the regional question, or whether it came within the scope of the Committee on Headquarters.

Dr. SOPER (Observer from the Pan-American Sanitary Bureau) considered that the very first item on the agenda should be the organization and functions of regional offices. It was the experience in the Americas that one of the most important functions of the regional offices was the improvement of statistical information. Statistics were the basis for the distribution of WHO activities and the yardstick for measuring results. The statistics which were at present being collected in the Western Hemisphere and furnished to WHO were very deficient. Field workers in statistics were needed to work with individual governments under a regional programme. The basic function of WHO was to create an administrative organization throughout the world, through which international health operations could be carried out. He cited the case of the International Children's Emergency Fund: \$4,000,000 was available for work on BCG, of which \$2,000,000 had been allocated to Europe, leaving \$2,000,000 for the rest of the world. The expenditure of this money should be made through WHO and its regional offices, but the administration of programmes from a single centre dealing with individual governments was extremely difficult. The items with regard to sanitary

legislation, epidemiological studies and health statistics, for instance, were essentially regional services. There should be at the centre a system for the coordination of the work done in these fields in the regional offices. On the other hand, international standards, therapeutic, prophylactic and diagnostic agents and the development of international pharmacopoeia were essentially central WHO matters.

With regard to publications, the Pan American Sanitary Bureau already had an important service of publications, particularly in the Spanish language. Provision would have to be made for reference and library services in the regional offices.

The PRESIDENT, in thanking the observer from the Pan American Sanitary Bureau for his statement, said that a slight misunderstanding seemed to have arisen. Dr. Sover appeared to think that the agenda for the Programme Committee had been drawn up on the assumption that there would be no regional activities. That was not the case. The question whether regionalization was to be discussed by the Programme Committee or by the Headquarters Committee would come before the General Committee for a ruling.

5 July 1948 - A/HQ/Min/4

Excerpts from the
Committee on Headquarters and Regional Organization - Provisional Minutes
of the Fourth Meeting - CHAIRMAN: Dr. J. ZOZAYA (Mexico)

The CHAIRMAN asked the chairmen of the five working parties to read their reports.
European Regional Organization

The Committee agrees that a special administrative office for Europe, with the primary objective of health rehabilitation of war devastated countries, be established immediately.

Middle East, Near East, and Parts of North-East Africa

(1) The working party recommends for the consideration of the Committee on Headquarters and Regional Organization that a regional organization be established immediately, to include Egypt, Saudi Arabia, Iraq, Syria, Lebanon, Transjordan, Yemen, Iran, Turkey, Pakistan, Greece, Ethiopia, Eritrea, Tripolitania, the Dodecanese Islands, British Somaliland, French Somaliland, Aden, Cyprus and Palestine, with headquarters at Alexandria.

(2) In view of the fact that the first seven countries are members of the pre-existing Arab Sanitary Bureau which has been in operation since 1946:

In view of the fact that the preliminary steps have already been taken for the final integration of this bureau with the World Health Organization;

In view of the fact that the sanitary and social conditions in this area need immediate consideration; and in view of the fact that most of the countries included in this area agree to the proposal,

the working party recommends that the establishment of this regional organization be given the highest priority.

South-East Asian Zone

After a general discussion, it was unanimously agreed that a regional organization should be set up, with India as its headquarters. The following countries agreed to join this organization forthwith: Afghanistan, Burma, Ceylon, India and Siam. It was understood that other countries, such as Malaya, would in due course be in a position to express their opinions about joining the organization. It was also tentatively agreed that, in view of the special facilities available in Mysore, which would meet the requirements of the regional organization, the offer of the Indian Government to locate the centre in that city may be accepted.

The question of priority was then considered and it was unanimously agreed, in view of the urgent needs of that part of the world, that the setting up of a regional organization for the South-East Asian zone should be considered as priority 1.

Far East Region

The recommendations of the working party were summarized as follows:

1. The Far East regional area should be defined to include Australia, China, Indo-China, Indonesia, Japan, Korea, the Philippines, New Zealand, and provisionally, the Malay Peninsula. After an organization has been established to serve the area defined herein, consideration should be given, in accordance with experience gained, to a re-definition which might eventually lead to the formation of smaller or sub-areas.
2. Special attention should be given by the World Health Organization to the urgency of the health problems in China, Indonesia and the Philippines, particularly the severe adverse effect of war devastation upon the level of health. Malaria should also be treated as an urgent problem in the area.
3. A regional organization to serve the Far East should be established as soon as possible.
4. The principle should be laid down, as applicable to this region and to all other regions, that in establishing a regional organization the organizational and administrative expense should be restricted to a minimum and emphasis placed on developing and executing the programme and services of the World Health Organization.
5. Concerning a site for regional headquarters, the delegate of China offered Shanghai as a central location with excellent facilities. The delegate of the Philippines reported official instructions from his government to offer Manila as a site centrally located and having adequate facilities. The delegate of the Netherlands expressed a preference for Manila and the observer for Korea a preference for Shanghai.

The selection of a site for the Far East regional headquarters was left for later discussion by the full committee.

Africa

The working party on Africa agreed that ultimately one or more regional organizations should be established in Africa.

A primary region is suggested for all Africa south of the 20° N. parallel of latitude to the western border of the Anglo-Egyptian Sudan (but excluding any part of Tripolitania), thence southwards along the western border of the Anglo-Egyptian Sudan to its junction with the northern border of the Belgian Congo, thence eastwards along the northern borders of Uganda and Kenya; and thence southwards along the eastern border of Kenya to the Indian Ocean.

In such a region Leopoldville is acceptable as a site for the headquarters.

The working party recognizes, however, that only limited resources

are at present available to the World Health Organization and that consequently it may not be possible immediately to establish any African region. It urges that, when circumstances are favourable, the World Health Organization give consideration to the creation of one or more African regions.

.....

The CHAIRMAN thought it clear that WHO had authority to establish regional offices. Before opening a general discussion, he would summarize the reports of the five working parties.

It was not necessary to delineate any geographical limitations in regard to the Americas, because these were evident and also because the Pan American Sanitary Bureau was at present operating very successfully in the area. It was hoped that negotiations would soon be concluded with the Bureau and that it would continue its operations as a regional organization of WHO.

Before opening the discussion, the CHAIRMAN reminded delegates that it was the committee's function to suggest to the Assembly the delineation of geographical areas and the organizations they wished to establish.

Sir A. MUDALIAR (India) felt the meeting was discussing a question that had already been settled - whether or not to establish regional organizations. There was an urgent need for regional organizations, particularly in the Western Pacific, South Asia and East Mediterranean regions, and their establishment would be, in his opinion, a most effective method of implementing the decisions of the Health Assembly. As regards programmes of work, he thought there need be no question of conflict between the central body and the regional organizations; items from the WHO programme could be referred to the regional organizations and co-ordination maintained between them and the central body.

Regarding the question of finance, he felt it was not for the Committee on Administration and Finance to tell the Assembly what funds were available for regional organizations; the Assembly itself was for the first time drawing up a budget and could decide the amount to be appropriated for that purpose. The Indian delegation considered that too much money should not be spent on either central or regional organizations; resources should be conserved as far as possible for work in connection with urgent health problems. He thought that the committee should decide on the following points:

1. whether or not regional organizations should be established in some areas;
2. if so, the order of priority in their establishment;
3. the proportion of the budget to be allocated to regional organizations;
4. whether or not to hold a joint conference with the Committee on Administration and Finance; and
5. whether or not to establish a joint committee with the Committee on Programme to decide what items, if any, should be referred for action to regional organizations.

The CHAIRMAN, in reply to the point raised by the delegate of India, said the view that regional organizations were necessary and important had been unanimously expressed and the question under discussion was what areas were to be established.

Mr. SHAH (Pakistan) stated that, after the definition of areas, the question to be decided was whether or not to establish regional organizations. In that connection the question of finance was a fundamental factor, a point that had also been stressed by the delegate of the United Kingdom. He considered that the task of working out financial estimates for regional organizations should be entrusted either to the Committee on Administration and Finance - a committee of experts - or to a joint committee of the Committee on Administration and Finance and the Committee on Headquarters and Regional Organization. Priorities could not be decided until the financial estimates had been settled.

The CHAIRMAN, summarizing the discussion, said the general opinion appeared to be that regionalization was both desirable and essential for the operation of world-wide programmes. It therefore seemed to him that the committee should recommend the creation of at least two regional organizations, one for the Eastern Mediterranean and the other for South-East Asia. The termination of the negotiations between WHO and the Pan American Sanitary Bureau would result in the automatic establishment of a regional organization in the Americas. The establishment of regional organizations for Africa and the Western Pacific areas should be postponed in the meantime, and the European office had of course a purely temporary character.

Dr. F. SOPER (Pan American Sanitary Bureau) said he had been somewhat surprised at the discussion, because he thought the question was basically an administrative rather than a financial one. He outlined the development of the Pan American Sanitary Bureau from its beginning in 1902, with a budget of \$5,000 a year, to the present year, for which they had an approved budget of \$1,300,000.

If WHO did not have regions it would have to set up in Geneva special organizations for each type of work and attempt to deal with 60 different countries all over the world.

Dr. STAMPAR (President of the Assembly) said he had been impressed by many of the speeches he had heard, and thanked Dr. Soper for his explanation of the activities of the Pan American Sanitary Bureau.

He said the Constitution of WHO definitely prescribed the establishment of regional organizations. At the International Health Conference in New York it had been decided that the Organization should not be over-centralized. He was quite sure that the countries that had proposed the establishment of regional bureaux did not expect large amounts of money from WHO; they asked for moral and financial help at the beginning, and he thought the committee could not refuse them. He urged the committee to accept the proposals submitted with regard to the establishment of regional offices; that was the philosophy of the Organization.

Dr. SHU (China) thought it important to consider three points concerning regionalization. First, was WHO ready to discuss regionalization? This was a question of principle. During the last two years the Interim Commission had only incurred the work of previous organizations and had not put up any programme at all. They had now prepared a programme. The problem should be considered from a global point of view: public health was a world problem. He thought WHO was not yet ready to discuss regionalization.

The second point was: were the countries concerned ready to discuss a regionalization programme? Dr. Soper had stated that certain groups were ready. He would ask for a definition of readiness and would put a big question mark to that point.

The third point was: had the Organization enough money to support any regional programme? As Dr. Soper had pointed out, regionalization should be all or nothing.*

He asked all delegates to consider the question seriously, not in the interest of a particular country or group of countries, but in the interest of WHO. From an administrative standpoint, he thought it was not at present advisable to talk about two regions and leave out the rest. He suggested that a committee be set up to study the regional problem and present a report to the next Assembly for consideration.

* See Dr. Soper's correction 7 July 1948 - A/HQ/Min/5

7 July 1948 - A/HQ/Min/5

Committee on Headquarters and Regional Organization - Excerpts from the
Provisional Minutes of the Fifth Meeting. Chairman: Dr. J. ZOZAYA (Mexico)

Resolution I: In accordance with Article 44 of the WHO Constitution, the first World Health Assembly resolves to define the geographical areas as indicated in the report of the Committee on Headquarters and Regional Organization.

Resolution II: The first World Health Assembly resolves that the Executive Board be instructed:

To establish a regional organization in any one of the above areas as soon as the consent of a majority of Members situated within such areas is obtained; where the consent of a majority of the Members had not yet been obtained, a regional organization in the respective area should be established as soon as the necessary consent becomes available; as regards the Eastern Mediterranean Area, to integrate the regional organization which already exists in that area, viz., the Alexandria Regional Bureau, with the World Health Organization as soon as possible, through common action, in accordance with Article 54 of the WHO Constitution; as regards Europe, to establish a temporary special administrative office as soon as possible, for the primary purpose of dealing with the health rehabilitation of war-devastated countries in that area.

.....

Dr. SOPER (Pan American Sanitary Bureau) asked for a correction to be made to document A/HQ/Min/4, Provisional Minutes of the Fourth Meeting of the Committee on Headquarters and regional Organization, page 17. Referring to the remark of the delegate of China: "As Dr. Soper had pointed out, regionalization should be all or nothing", he wished to point out that, although it would require a double system of administration to carry on activities in one part of the world through regional organization and in other parts through direct action with individual governments by the central Secretariat on each item, he had not at any time considered the possibility of getting along without some regional organizations.

8 July 1948 - A/47

Excerpt from the Second Report of the Committee on Headquarters and Regional Organization

Desirability of establishing Regional Organizations:

The Committee discussed at considerable length the necessity for establishing regional organizations in some or all of these areas during the year 1949. As a result of this discussion the committee agreed that:

1. As soon as the consent of a majority of Members of a regional area is obtained, a regional organization should be established in that area; where the consent of a majority of the Members has not yet been obtained, a regional organization in the respective area should be established as soon as the necessary consent becomes available.

2. As regards the Eastern Mediterranean Area, the committee recommends that the regional organization which already exists in that area, viz. the Alexandria Regional Bureau, be integrated with the World Health Organization as soon as possible, through common action, in accordance with Article 54 of the Constitution.⁴

3. As regards Europe, the committee recommends that a temporary special administrative office be established as soon as possible for the primary purpose of dealing with the health rehabilitation of war devastated countries in that area.

The committee further brings to the attention of the Assembly the fact that negotiations have not yet been completed for the integration of the Pan American Sanitary Organization with the World Health Organization. The committee recommends that these negotiations be brought to a successful close as soon as possible.

Accordingly, the following resolutions are placed before the Assembly for approval:

Resolution I: In accordance with Article 44 of the WHO Constitution, the first World Health Assembly resolves to define the geographical areas as indicated in the second report of the Committee on Headquarters and Regional Organization.

Resolution II: The first World Health Assembly resolves that the Executive Board be instructed:

To establish regional organizations in the areas indicated in the second report of the Committee on Headquarters and Regional Organization as soon as the consent of a majority of Members situated within such area is obtained; where the consent of a majority of the Members has not yet been obtained, a regional organization in the respective area should be established

as soon as the necessary consent becomes available; as regards the Eastern Mediterranean Area, to integrate the regional organization which already exists in that area, viz. the Alexandria Regional Bureau, with the World Health Organization as soon as possible, through common action, in accordance with Article 54 of the WHO Constitution; as regards Europe, to establish a temporary special administrative office as soon as possible for the primary purpose of dealing with the health rehabilitation of war devastated countries in that area.

4 - See Appendix C

14 July 1948 - A/Rel/36

Committee on Relations - Draft Resolution proposed by the
Working Party on the Pan American Sanitary Organization

The Committee on Relations recommends to the World Health Assembly the adoption of the following resolution:

THE WORLD HEALTH ASSEMBLY

DIRECTS the Executive Board to continue negotiations with the competent authorities of the Pan American Sanitary Organization with a view to the integration as soon as possible of PASO with WHO, in accordance with Article 54 of the Constitution, pending which integration the Executive Board shall seek to conclude a working arrangement;

DECIDES further that the appendix to Annex 31 B of Official Records of the World Health Organization, No. 7⁵, should serve as a basis for these negotiations, with the modification that Article 9 of the Draft Agreement contained therein be deleted.

5 - See complete copy of Provisions of Draft Agreement with WHO as approved by the Directing Council of the PASO at Buenos Aires on page 37 , 23 July 1948 - EB/16.

14 July 1948 - A/Rel/Min/9

Committee on Relations - Excerpt from the Provisional Minutes of the Ninth Meeting.

12.4.5.1. PAN AMERICAN SANITARY ORGANIZATION
(Document A/Rel/29)

Dr. ZOZAYA (Mexico), speaking as Chairman of the Committee on Headquarters and Regional Organization, said that that committee had decided not to make specific recommendations regarding the Pan American Sanitary Bureau in its report to the Assembly, as it was felt to be a question of relations rather than regional organization, to be dealt with by the Committee on Relations.

The CHAIRMAN drew the attention of the committee to the draft resolution proposed by the delegation of Brazil (document A/Rel/29).

Dr. de PAULA SOUZA (Brazil) thought the document submitted by his delegation was self-explanatory. They felt that power should be given to the Executive Board and the Director-General of WHO to continue the existing relations between the Pan American Sanitary Bureau and WHO and therefore proposed the adoption by the committee of the following recommendation to the Health Assembly:

The Assembly instructs the Director-General of WHO to continue negotiations with the Director of the Pan American Sanitary Bureau along the lines already laid down in Off. Rec. WHO, 7, Annex 31 B.

The proposal was supported by Dr. AUJALEU (France), Dr. FRAPPIER (Canada), Dr. ZOZAYA (Mexico) and Dr. CASTILLO REY (Venezuela).

Dr. VASILEV (USSR) asked how there could be in existence an independent organization such as the Pan American Sanitary Bureau as well as WHO.

Professor BRISKAS (Greece) supported the Brazilian proposal.

Dr. de PAULA SOUZA (Brazil), referring to the point raised by the delegate of the USSR, said the Pan American Sanitary Bureau had existed since 1902 as an inter-American organization. He hoped that within a short time most of the Pan American countries would have ratified the WHO Constitution. The Pan American Sanitary Bureau was continuing to work as before and was doing, on behalf of WHO, much of the interesting work which should be done by a regional organization.

Dr. FORREST (Secretary) thought that from the Secretariat's point of view it might be advisable to make a slight change in the draft. Reference to Off. Rec. WHO, 7, page 208, would show the lines already laid down in Off. Rec. WHO 7, Annex 31 B, were very broad; some decisions could only be taken by the Committee on Regional Organization and that Committee had not yet been able to take those decisions. He suggested that the Director-General of WHO might be instructed to continue negotiations and maintain the inter-secretariat relationship, pending the establishment of the Pan American Sanitary Bureau as the regional office.

Dr. VASILEV (USSR) said the argument for the retention of the Pan American Sanitary Bureau did not satisfy him. The regional organizations would contain many countries which had not accepted the Constitution of WHO, but they would still work as regional organizations. WHO would be a unified organization and he thought there was not sufficient reason for the retention of PASB as an independent organization simply because some countries had not yet ratified the Constitution of WHO. The delegation of the USSR reserved its right to express an opinion on the matter at a plenary session of the Assembly.

Dr. SOPER (Pan American Sanitary Bureau) thought that, as a question had been raised as to why the Pan American Sanitary Bureau still existed as an organization, apart from WHO, he should put before the committee certain facts which had not been properly appreciated by many delegates living in parts of the world other than the Americas.

He said the Pan American Sanitary Bureau existed on the basis of a treaty written in Havana in 1924, which had been ratified by all 21 American Republics and was the only one of the Pan American treaties so ratified. The treaty contained certain articles which, referring to the organization, functions and duties of the PASB permitted that organization to do in the Americas many things which the Constitution of WHO did not permit WHO to do throughout the world. It contained a clause providing that the Convention should become effective in each of the signatory States on the date of ratification thereof by the said State and should remain in force without limitation of time, each one of the signatory States reserving the right to withdraw from the Convention by giving a year's notice in advance to the Government of the Republic of Cuba. None of the 21 Republics had given such notice.

The things which that treaty permitted in the Western Hemisphere were contained in Articles 54 to 59 of the Pan American Sanitary Code and Dr. Soper said he would like those articles to be put on record, as follows:

Article 54: The organization, functions and duties of the Pan American Sanitary Bureau shall include those heretofore determined for the International Sanitary Bureau by the various international sanitary and other conferences of American Republics, and such additional administrative functions and duties as may be hereafter determined by Pan American Sanitary conferences.

Dr. Soper pointed out that under Article 54 the Pan American Sanitary Conference, which met every four years, had the full authority of the 21 countries to give additional administrative functions and duties to the Bureau. It was under that article that the Twelfth Pan American Sanitary Conference had met in Caracas in January 1947, six months after the meeting in New York of the International Health Conference which had created the World Health Organization. At the Caracas conference action had been taken to broaden the programme of the PASB to coincide with that of WHO, taking in matters of medical care and the medical and sanitary aspects of social welfare. At that time also, the sanitary organization of the Bureau had been changed so as to conform to the type of organization set up by the Constitution of WHO for regional organizations, so that it would be possible to conform in every way to the administrative type of organization of WHO. At the same time, action had been taken to throw down any

political bars which had been thought to exist and to make it possible for Canada and the non-self-governing political units in the Western Hemisphere to join the Pan American organization.

Article 55: The Pan American Sanitary Bureau shall be the central co-ordinating sanitary agency of the various member Republics of the Pan American Union and the general collection and distribution centre of sanitary information to and from said Republics. For this purpose it shall, from time to time, designate representatives to visit and confer with the sanitary authorities of the various signatory Governments on public health matters, and such representatives shall be given all available sanitary information in the countries visited by them in the course of their official visits and conferences.

Dr. Soper said that was a broad power in the Western Hemisphere which was not provided for in the Constitution of WHO.

Article 56: In addition, the Pan American Sanitary Bureau shall perform the following specific functions:

To supply to the sanitary authorities of the signatory Governments through its publications, or in other appropriate manner, all available information relative to the actual status of the communicable diseases of man, new invasions of such diseases, the sanitary measures undertaken, and the progress effected in the control or eradication of such diseases; new methods for combating disease; morbidity and mortality statistics; public health organization and administration; progress in any of the branches of preventive medicine; and other pertinent information relative to sanitation and public health in any of its phases, including a bibliography of books and periodicals on public hygiene.

In order more efficiently to discharge its functions it may undertake co-operative epidemiological and other studies; may employ at headquarters and elsewhere experts for this purpose; may stimulate and facilitate scientific researches and the practical application of the results therefrom; and may accept gifts, benefactions, and bequests, which shall be accounted for in the manner now provided for the maintenance funds of the Bureau.

Under that article, the Bureau was actually administering an anti-mosquito service in 1948 and 1949 in one of its member republics. PASB was working directly in that country; the service was under the direct administrative control of a representative of PASB who was a health officer of another of the Pan American members.

Article 57: The Pan American Sanitary Bureau shall advise and consult with the sanitary authorities of the various signatory Governments relative to public health problems and the manner of interpreting and applying the provisions of this code.

Article 58: Officials of the national health services may be designated as representatives, ex officio, of the Pan American Sanitary Bureau, in addition to their regular duties, and when so designated they may be empowered to act as sanitary representatives of one or more of the signatory Governments when properly designated and accredited so to serve.

Dr. Soper emphasized the importance of Article 58, under which it was possible for the Director of PASB to designate a health officer from any one of the 21 American Republics to act as representative of the Bureau or of any one or all of the 21 governments without that individual having to resign or abandon his position with his own government, and in that capacity he was able to act for the Bureau anywhere in the 21 American Republics.

Article 59: Upon request of the sanitary authorities of any of the signatory Governments, the Pan American Sanitary Bureau is authorized to take the necessary preparatory steps to bring about an exchange of professors, medical and health officers, experts or advisers in public health of any of the sanitary sciences, for the purpose of mutual aid and advancement in the protection of the public health of the signatory Governments.

Dr. Soper thought the committee would readily understand the reluctance with which the American Republics would give up the possibility of close collaboration on the technical level which at present existed in the Western Hemisphere. The question had been raised as to the continued existence of PASB as an independent regional organization. When he had attended the third meeting of the Interim Commission at Geneva in April 1947, as the newly-elected Director of PASB, he had found that WHO had no plans for financing or organizing regional work, and he was very much disturbed to find that in Off. Rec. WHO, 10, and other reports, no provision had been made for regionalization.

At the third meeting of the Interim Commission he had called attention to the fact that the discussion between the American Republics and WHO was not a political one, but essentially a question of whether WHO would have a large central organization or whether it would establish regional health organizations, which would make the influence of WHO felt by the people in the various countries. He thought it was still true that PASB was not a political organization; it was not subject in any way to any international political organization. The treaty was entirely independent of any other treaty.

With reference to financing, Dr. Soper called attention to the fact that the United States had contributed only eleven per cent of the budget for 1948. At the meeting in Buenos Aires last year, other countries had made voluntary supplementary contributions and had approved a budget of 1,300,000 dollars for 1948, knowing that only 145,000 dollars of that amount would be paid by the United States.

The PASB and the Pan American Countries were much more interested in the development of a real world health organization than in maintaining independence for themselves. They realized that they could not protect the Western Hemisphere against the introduction of disease unless regional organizations were functioning elsewhere.

Dr. Soper said he expressed the sentiments of the majority of the American Republics in stating that they were very much interested in WHO, but, until such time as WHO was in a position to take over and finance the responsibilities of the Bureau, he did not believe the Pan American countries would be willing to abandon the organization which at present existed. He wished to call attention to the fact that up to the present

time the Health Assembly had not discussed regional programmes. The Bureau was continuing its work and could only indicate the broad field of activities in which it was working and ask WHO what it wished to take over as regional work.

Dr. Soper concluded by saying that the Bureau was not asking for any special favours; it was asking for a regional organization and for adequate funds to be assigned to regional programmes.

The CHAIRMAN thanked Dr. Soper for his description and offer of collaboration. The possibility of two forms of relationship between WHO and the Pan American Sanitary Bureau had been raised: the inter-secretariat relationship mentioned by the Secretary and the proposal of the delegate of Brazil. He drew attention to the note on page 207 of Annex 31 B of Off.Rec.WHO, No. 7, which was the result of considerable work and long negotiations. Action with regard to the first paragraph of the draft resolution proposed by the delegation of Brazil and to paragraph (1) of this annex was being considered by the General Committee that morning.

Dr. VASILEV (USSR) explained the reason behind the Soviet Union delegation's question about the Pan American Sanitary Bureau.

The activities of the Bureau constituted a great achievement in regional medical organization. He had advocated its inclusion in WHO because its experience in the organization and methods of financing regional health work would be invaluable to WHO, which itself was inexperienced in this field. He had never intended that the Bureau's activity should be limited or curtailed as the result of its incorporation in WHO or that its programme and budget should be modified. The aim of his delegation was to increase the importance and strength of WHO and of international health work by making the Bureau's experience available to the regional organizations without, however, placing any restrictions on the existing functions of the Pan American Sanitary Bureau. He could not see why this should not be done.

Dr. de PAULA SOUZA (Brazil) sought to allay fears on the sub-division and dispersal of the work of WHO by recalling that Brazil had been one of the countries at San Francisco to propose the establishment of a single health organization. He thought all delegations were in favour of a single organization, which, by using all existing experience, would develop regional organizations to the maximum.

The CHAIRMAN proposed the following working party to consider the draft resolution proposed by the delegation of Brazil and the note in Annex 31 B. of Off.Rec.WHO, No. 7: the delegates of Brazil, China, Egypt, France, India, the Union of South Africa, United States of America and the USSR.

Dr. de PAULA SOUZA (Brazil) proposed the addition of the Chairman of the Committee on Headquarters and Regional Organization, Dr. Zozaya of Mexico, whose country was also a member of the Pan American Sanitary Bureau.

The CHAIRMAN agreed to this suggestion, but in order to preserve the balance in the working party between members and non-members of the Bureau he proposed to include also the delegate of Sweden.

This was agreed.

14 July 1948 - A/AF/26

Committee on Administration and Finance

DOCUMENT SUBMITTED BY THE MEXICAN DELEGATION

Whereas the Article 44 of the Constitution⁶ of the WHO establishes:
"(a) The Health Assembly shall from time to time define the geographical areas in which it is desirable to establish a regional organization.
(b) The Health Assembly may, with the consent of a majority of the Members situated within each area so defined, establish a regional organization to meet the special needs of such area....."

Whereas the First Health Assembly has defined geographical areas in which it is desirable to establish regional organizations.

Whereas the Health Assembly resolved that the Executive Board be instructed "to establish regional organizations in the areas indicated.... as soon as the consent of a majority of Members situated within such areas is obtained."

Whereas the consent of the majority of Members situated within the defined areas will be obtained with all probability in the year 1948-1949 and several regional organizations will have to be established.

It is formally moved that appropriate budgetary provisions be included in the WHO budget for 1949 for the establishment and initial operation of the said Regional Organizations.

6 - See Appendix C.

15 July 1948 - A/AF/Min/11

Committee on Administration and Finance - Excerpt from the Provisional Minutes of the Eleventh Meeting CHAIRMAN: Dr. M KACPRZAK (Poland)

Dr. van Zile HYDE (United States of America) was still of the opinion that no decision should be taken on the 1948 budget until the 1949 budget had been discussed.

Dr. LEON (Mexico) agreed with the delegate of the United States of America.

With regard to the allocation proposed for "Other offices and regional activities" he said that the Assembly had already agreed on the definition of regional areas and had decided to establish regional offices in those areas as soon as possible. He thought that some of the offices might be established in the remaining four months of 1948 and that more money should therefore be allocated for that item.

The CHAIRMAN agreed that if regional offices were established in 1948 more money would be needed.

15 July 1948 - A/Rel/38

Excerpt from Draft Seventh Report of the Committee on Relations

5. Item 12.3.9 Pan American Sanitary Organization

The Committee on Relations recommends to the World Health Assembly the adoption of the following resolution:

THE WORLD HEALTH ASSEMBLY

DIRECTS the Executive Board to continue negotiations with the competent authorities of the Pan American Sanitary Organization with a view to the integration as soon as possible of PASO with WHO, in accordance with Article 54 of the Constitution, pending which integration the Executive Board shall seek to conclude a working arrangement;

DECIDES further that the appendix to Annex 31 B of Official Records of the World Health Organization, No. 7, should serve as a basis for these negotiations, subject to appropriate modification of Article 9 of the Draft Agreement.

15 July 1948 - A/REL/Min/11

Committee on Relations - Excerpt from the Provisional Minutes of the Eleventh Meeting Chairman: Dr. Melville D. MACKENZIE (United Kingdom)

5. Item 12.3.9: Pan American Sanitary Organization

Dr. MacCORMACK (Ireland) said that, as he interpreted the proposed resolution, it seemed there could be no integration of the Pan American Sanitary Bureau with WHO until after the next session of the Health Assembly. With a view to expediting matters, he submitted an amendment, as follows:

The World Health Assembly

Directs the Executive Board to continue negotiations with the competent authorities of the Pan American Sanitary Bureau, with full authority to conclude these negotiations if possible to the satisfaction of both parties.

Dr. MANI (India) submitted a further amendment, as follows:

The World Health Assembly

Directs the Executive Board to continue negotiations with the competent authorities of the Pan American Sanitary Organization with a view to the integration as soon as possible of PASO with WHO and if possible to conclude an agreement, in accordance with Article 54 of the Constitution etc.....

He said the question of agreement for both sides was already laid down in the Constitution and it was not necessary to repeat it. In the Indian delegation's opinion, the retention of the reference to Article 54 was fundamental.

Dr. SOPER (Observer from the Pan American Sanitary Bureau) said he was glad the question had been raised in the meeting, because he wished to emphasise again the fact that the agreement contained in the appendix on Pages 208 and 209 of Off.Rec.WHO, 7, which had come under discussion, had been approved by the Directing Council of the Pan American Sanitary Bureau. But they had made a proviso, namely, that the agreement should enter into force upon its approval by the World Health Assembly. He thought it was essential at this time to have some action by the Assembly confirming the final agreement. The Directing Council was meeting in October, and if the entire document were accepted as it stood the final agreement could be very rapidly concluded. Since there had been a question regarding Article 9, he submitted that there should be a definite authorization on that particular item, so that it could be laid before the Directing Council in October. If a suitable wording agreeable to both parties was found, it would be possible to complete the arrangements between WHO and the Pan American Sanitary Bureau, so that the Bureau could begin to function as a full regional organization in 1949, without going through the preliminary stage of some kind of a working arrangement before the agreement had been reached.

20 July 1948 - A/AF/Min/15

Committee on Administration and Finance - Excerpts from the Provisional Minutes of the Fifteenth Meeting Chairman: Mr. A. J. van der SPUY (Union of South Africa) (Vice-Chairman of the Committee)

2. CONSIDERATION OF THE REPORT OF THE WORKING PARTY ON THE 1949 BUDGET (Off.Rec.WHO, 10, page 43)

Dr. LEON (Mexico) regretted that he did not agree with the working group's decision. He said the group was composed mainly of delegates who had already made suggestions which were generally in agreement, and that other delegates had not had an opportunity to speak before the group began its work. As the delegate of India had rightly pointed out, one very important item which had been forgotten was the amount allocated to regional offices. He referred to the proposal he had made previously, that the amount of \$156,068 be allocated to regional offices, and his surprise at finding that no amount had been allocated to that item. His delegation understood that, because drastic cuts had been made in certain important items, some of the money should be allocated to some of those items, but wished to submit the following proposal:

That \$50,000 be allocated to programme, instead of the \$70,000 proposed by the working group; \$20,000 to publications and editorial services; \$36,068 to administration and \$50,000 to regional offices.

The CHAIRMAN reminded delegates that this subject had been fully discussed on the previous day and thoroughly investigated by the working group; he appealed for brevity and avoidance of repetition.

Dr. de Paula SOUZA (Brazil) said that as a member of the Executive Board, which would have the responsibility of carrying out the recommendations of the committee, he was concerned as to how the various items of the programme could be administered without regionalization. He wished that small regional organizations could be started immediately, but no scheme had so far been put forward for the regions. He was afraid that the \$300,000 allocated to the regions would be too much for a thing when they did not know what it was going to be, or too little for what they wanted it to be.

Dr. GONZALES (Venezuela) apologized for insisting on the question of regional organization after it had been so fully discussed, but his delegation felt it to be of the greatest importance. They thought that too large a central organization at the present stage would be dangerous and that field work could be best be carried out by the establishment of efficient regional organizations.

He agreed with the delegate of Mexico and wished to have it on record that the Venezuelan delegation had always supported the conception that the work of regional offices should be one of the main objectives of the Organization. He felt he was speaking not only for Venezuela and the Americas, but for all other countries interested in regional organization.

The CHAIRMAN said they had heard three speakers in succession pleading for an increased allocation for regional organizations. He asked the chairman of the working group to indicate to the committee whether the question of a contribution towards the regions had been considered and, if so, to what extent.

Dr. ROUTLEY (Canada) explained the difficulties which had confronted the working group in the allocation of the limited sum available. The group might have made mistakes, but they had given their best judgement and it was for the committee to determine whether or not they had based their conclusions upon logic and circumstance and the facts as a whole.

He was instructed to say that the group had not underestimated the importance of the regional programme or of regional offices. They had presumed that, in suggesting \$300,000 for regional offices, the Secretariat considered that sum would be sufficient to deal adequately with the regional aspect of the Organization's activities in 1949, and scope must be left for regional offices to be financed to some degree by their regional members.

Dr. Routley said the working group wished to emphasize that it was not their thought that additional money for regional offices might not be desirable, but it was their opinion that the future of the regional offices was not in jeopardy if the \$300,000 suggested in the budget was made available to them. It was not the function of the working group to enter into debate on the merits or claims of regional offices, but it was their responsibility to indicate to the committee why they had allocated the amount in the manner in which they did.

Dr. MANI (India), while agreeing that the importance of regionalization had been realized, felt that what had not been realized was that the amount allocated was not sufficient to provide adequate staffs in the regions to carry out the programme planned by the Organization. He wished to second the proposal made by the delegate of Mexico and to suggest the following re-allocation of the amounts allocated by the working group:

\$50,000 for publications and editorial services could be retained, as recommended by the working group; \$106,000 suggested for programme and the Director-General's office could be reduced to \$56,000, and the balance of \$50,000 could be given to regional offices, to enable them to have a fair start.

Dr. NASIF Bey (Egypt) and Dr. CHELLAPAH (Ceylon) supported the proposal of the delegate of India.

Dr. LEGN (Mexico) withdrew his proposal in favour of that made by the delegate of India.

21 July 1948 - A/89, Rev. 1

Excerpt from the Seventh Report of the Committee on Administration and Finance

V. The Executive Board, in giving effect to programmes approved by the Health Assembly and included in Sections 3, 5 and 6 of Part II, shall, taking into account the recommendations of regional organizations and of Governments, make the necessary allocations of funds.

21 July 1948 - A/AF/Min/16

Committee on Administration and Finance - Excerpts from the Provisional Minutes of the Sixteenth Meeting, Chairman: Dr. KACPRZAK (Poland)

Mr. SIEGEL (Secretary) said that paragraph V on page 2 of the report, containing provision for allocations to regions, areas and/or States, had been included by the Rapporteur and the Secretariat for consideration by the committee.

Dr. van Zile HYDE (United States of America) recommended the deletion of the words "and/or States" at the end of paragraph V, as he thought it would be a very delicate task for the Executive Board to make specific allocations to States.

He suggested that paragraph IV should be redrafted to make it clear that any unobligated balances of allocations would be reconsidered from time to time and would not be automatically added to the allocation of the respective States for the ensuing year.

Dr. LEON (Mexico) thought that paragraph V should be considered first. He seconded the proposal made by the delegate of the United States that words "and/or States" should be deleted.

Mr. SIEGEL (Secretary) said that a very important question of principle had been raised and he welcomed the opportunity of having it thoroughly explored. It was necessary, in order to carry out programmes, to predetermine certain details and to draw up an estimate of the money that would be required. It had already been decided that the fiscal year of WHO would coincide with the calendar year.

In the first place, in planning programmes for the year it was necessary to decide what the expenditure should be in each area or country. This raised the question as to who should make this decision, the Executive Board or the Director-General.

In the second place, it was sometimes important to carry over into another fiscal year activities which had been budgeted for the previous fiscal year. He cited the example of fellowships, which were sometimes accorded late in the year. The fellow selected would hardly have had time to begin his work before the end of the calendar year supervened, and unless there were provision of funds to carry out the commitments entered into, he would have to break off and go back to his own country. He added that the provisions of paragraph IV were not new, and were embodied in the Report of the Interim Commission (Off.Rec.WHO, No. 10).

Dr. van Zile HYDE (United States of America) thought that by a proper system of obligation of funds that point could be met. For example, if WHO made a commitment out of, say, 1949 funds, the money could be set aside to cover the whole of the commitment, even if it had to be expended in the following year.

With regard to paragraph IV, the problem was more general. Committees seemed to be agreed on the principle that programme funds should be used to improve health conditions in areas where the need was greatest. He thought it was important that it should not be a matter for bargaining, or that because a State did not need help in certain cases, malaria, for instance, it was entitled to a certain amount of money for some other purpose.

Dr. MANDI (India) proposed the amendment of paragraph V by substituting in the third line, after the word "shall", the words "after consultation with the regional organizations, establish allocations to regions and areas." He thought that this proposal would also meet the point raised by the delegate of the United States of America.

Dr. CHELLAPAH (Ceylon) seconded the amendment proposed by the delegate of India.

Mr. SIEGEL (Secretary) drew attention to the fact that regional organizations had not yet been set up. He therefore proposed to add to the Indian amendment the word "existing" before the words "regional organizations."

Dr. MANI (India) accepted this modification.

Dr. SIEGEL (Secretary) drew attention to Regulation 13 of the Financial Regulations, which precluded the procedure outlined by the delegate of the United States of America. Budget surpluses could not be carried over from year to year. There was also another complication. The existence of regional organizations might be delayed in some instances for several months into the year 1949.

Dr. CHISHOLM (Executive Secretary of the Interim Commission) pointed out that if the deletion of the words "and/or States" were made, it would be impossible for the Executive Board to allocate any money to any of the South American States until the Pan American Sanitary Bureau was incorporated in WHO as a regional organization. The same would be true of any region until regional offices were established. He did not think that this was the intention of the committee.

Dr. van Zile HYDE (United States of America) did not agree that this would be the effect of the proposed amendment. Disease occurred on a regional basis, and did not respect national frontiers. The task of WHO was to combat disease. Even if there were no regional organizations, it would still be possible for the Executive Board to allocate funds for this basic purpose. The various regions were all well represented on the Executive Board, and were in a position to state their point of view. He supported the Indian amendment.

Dr. CHISHOLM drew attention to Article 44 of the Constitution. It was impossible for WHO to allocate money to a regional organization or any part thereof. Moreover, no member of the Executive Board could be said to represent a particular region.

Dr. LEON (Mexico) stated that there was no reference in paragraph V to organizations. Regions and areas were mentioned, but not regional organizations. He did not think that the deletion of the words "and/or States" bore the implication attributed to it by Dr. Chisholm. Further, the point with regard to the fiscal year applied to States as well as to regional organizations."

Mr. GOUDSMIT (Netherlands) supported the observations made by the delegate of Mexico.

Dr. CHU (China), Rapporteur, thought there was a certain confusion with regard to regions, areas and States. When funds were allocated, they had to be administered by an organization. Where no regional organizations existed, States were the only bodies which could receive and allocate funds. The measures under discussion were only temporary measures, applying to the 1949 fiscal year. There was no question of making a permanent decision of principle. The regional organizations would not be set up in 1949. He asked with whom WHO would do business in the various regions if not with States.

Dr. BARAN (Ukrainian SSR) agreed with the observations made by the Director-General. In the first place all States were not grouped in regional organizations. In Europe, for instance, a temporary regional administration was provided for, which would disappear at the end of two years or so. He asked whether this would mean that the European countries would then be excluded from all financial aid. In the second place, the funds had to be allocated to definite entities. A geographical territory did not constitute a definite entity such as a State. In the third place, since it was the States who applied to WHO, it was also to them that the funds should be allocated. He was therefore opposed to the deletion of the words "and/or States" but proposed the addition of the words "in consultation with the existing regional organizations". If regional organizations did not exist, then the Executive Board was competent to allocate funds to States of its choosing.

Mr. SIEGEL (Secretary) proposed an alternative wording - the substitution at the end of the paragraph, for the words "regions, areas and/or States", of the following: "regions and areas; following which the Director-General shall in consultation with existing regional organizations make allocations to States.

Dr. van Zile HYDE (United States of America) said that he could not accept any formula which permitted the allocation of funds for work in any region to one particular State.

Dr. UNGAR (Czechoslovakia) asked for an explanation as to who would administer the funds in the absence of a regional organization.

Dr. van Zile HYDE (United States of America) replied that money would in no case be turned over to regional offices, but would always be under the control of the Director-General. When regional directors were appointed, they would act as agents of the Director-General. One of the reasons why he objected to allocations being made to States was with regard to advisory

service to governments. The expert might have to visit two adjacent countries. The Director-General should not be bound to a formula which required that this official should visit one country which had funds allocated, and should not visit the neighbouring country which did not. The Director-General should be free within certain broad limits to perform services for governments.

Dr. VINOGRADOV (USSR) could not understand the reasons for the proposal of the delegate of the United States, which would deprive more than half of the State Members of WHO of the benefits to be derived from the Organization, since it seemed to be aimed at granting assistance only to countries which were grouped in regional organizations. The only regional organization in existence was the Pan American Sanitary Bureau. If the United States amendment were adopted, this would mean that all assistance would gravitate towards that Bureau, and that other regions such as Africa, the Middle East and the Far East would not benefit, although the States Members belonging to those groups would have contributed to the organization.

Dr. van Zile HYDE (United States of America) thought there was a fundamental misunderstanding at the basis of the discussion. The Organization had decided upon a division of the world into six regions, among which the funds of the Organization had to be equitably distributed. The Executive Board had the allocation of those funds. It made no difference whether there was a regional organization or not. If there was one, the regional director acted as agent. If there was not, the fund would be administered from the Central Office.

Mr. SIEGEL (Secretary) observed that the allocations to States only constituted the translation into money figures of a planned programme.

Mr. GOUDSMIT (Netherlands) thought that the words "establish allocations" gave delegates the impression that it was a question of money allocations. This was not always the case. He proposed to add after the word "allocations" the words "for assistance".

Dr. VINOGRADOV (USSR) asked what would happen in the case of, say, an outbreak of malaria, if all the funds had already been allocated. Assistance had been rendered in the past by the Interim Commission to China, Egypt, Greece and India, and no objections had been raised. While it was important to have confidence in the Director-General, it was also important to have confidence in the States Members. The expression "regions" was vague and uncertain. Malaria, for instance, existed everywhere, not only in "malaria regions". He urged that the Secretariat text be maintained.

Dr. MACLEAF (New Zealand) proposed the addition, after the word "allocations", of the words "for programmes to be carried out in regions, areas and/or States".

Dr. ROUTLEY (Canada) proposed a working party to deal with the matter under discussion, composed of delegates of India, Mexico, the United States of America and the USSR.

Mr. SIEGEL (Secretariat) proposed the following wording for paragraph V, which he thought might be acceptable to all delegates:

The Executive Board, in giving effect to programmes approved by the Health Assembly and included in Sections 3,5 and 6 of Part II, shall, after consultation with the existing regional organizations, make allocations of funds to the six defined regional areas: the Director-General shall direct the expenditure of these funds.

This would permit the Director-General to make allocations to States if in his judgment it became desirable to do so, thus lending a degree of flexibility to the provision.

The proposal of Mr. Siegel was acceptable to the delegate of the United States of America, but not to the delegate of the Union of Soviet Socialist Republics.

Decision: In accordance with a proposal by the CHAIRMAN, it was agreed that the working party should meet under the chairmanship of Dr. Routley and report back to the committee.

22 July 1948 - A/AF/Min/17 -

Committee on Administration and Finance - Excerpt from the Provisional Minutes of the Seventeenth Meeting. Chairman: Dr. KACPRZAK (Poland)

1. SEVENTH REPORT OF THE COMMITTEE ON ADMINISTRATION AND FINANCE:
Continuation of discussion (Document A/89 Rev.1)

Dr. ROUTLEY (Canada) presented the report of the working party appointed to consider the wording of paragraph V of document A/89. The working party had reached unanimous agreement on the following text:

V. The executive Board, in giving effect to programmes approved by the Health Assembly and included in Sections 3, 5, and 6 of Part II shall, taking into account the recommendations of regional organizations and of Governments, make the necessary allocations of funds.

In view of the connexion between paragraphs IV and V, the working party had instructed the Secretariat to redraft paragraph IV to bring into conformity with the proposed draft of paragraph V. He noted that only one deletion of substance had been made in paragraph IV, referring to Section V of Part II of the budget. The working party considered that the two clauses as amended would satisfy all points of view expressed in previous debates, and he moved the adoption of the working party's report.

Dr. van Zile HYDE (United States of America) seconded the motion.

Decision: The report of the working party was adopted without discussion.

The CHAIRMAN, on behalf of the committee, thanked Dr. Routley and the other members of the working party for the excellent work accomplished.

Decision: The seventh report of the Committee on Administration and Finance was adopted without further discussion.

23 July 1948 - EB/16

Report of the Working Party on the Draft Agreement between the
World Health Organization and the Pan American Sanitary Organization.

The chairman pointed out that the terms of reference of the Working Party were to review the Draft Agreement as approved by the Directing Council of the Pan American Sanitary Organization, as printed on page 208 of Official Records No. 7, paragraph by paragraph, and to make recommendations thereon to the Executive Board.

Following discussion, it was unanimously agreed by the Working Party that, as a general principle, this Draft Agreement should be considered a basis for the negotiation of an initial agreement between WHO and the Pan American Sanitary Organization.

Note: On the following pages the Draft Agreement, approved by the Executive Board at its meeting on Saturday afternoon, July 24, 1948, is presented, as well as the Draft Agreement with the WHO as approved by the Directing Council of the Pan American Sanitary Organization at Buenos Aires in September 1948. This arrangement will facilitate comparison of the two documents, since the document of the WHO includes only the proposals approved in Geneva.

Draft Agreement approved at Meeting of the Executive Board held on Saturday afternoon, July 24, 1948

Paragraph 1

The States and territories of the Western Hemisphere may make up the geographical area of a regional organization of the World Health Organization, as provided in Chapter XI of its Constitution.

Paragraph 2

The Pan American Sanitary Conference and the Pan American Sanitary Bureau shall serve respectively as the Regional Committee and the Regional Office of the World Health Organization, for the Western Hemisphere, within the provisions of the Constitution of the World Health Organization. In deference to tradition, both organizations shall retain their respective names, to which shall be added 'Regional Committee of the World Health Organization' and 'Regional Office of the World Health Organization', respectively.

Paragraph 3

The Pan American Sanitary Conference may adopt and promote health and sanitary conventions and programmes in the Western Hemisphere, provided that such conventions and programmes are compatible with the policy and programmes of the World Health Organization and are separately financed.

Draft Agreement with the WHO as Approved by the Directing Council of the Pan American Sanitary Organization at Buenos Aires. September 1947.

Paragraph 1.

The States and territories of the Western Hemisphere make up the geographical area of a regional organization of the World Health Organization, as provided in Chapter XI of its Constitution.

Paragraph 2

The Pan American Sanitary Conference and the Pan American Sanitary Bureau shall act respectively as the Regional Committee and the Regional Office of the World Health Organization, for the Western Hemisphere, within the provisions of the Constitution of the World Health Organization. In deference to tradition, both organizations shall retain their respective names, to which shall be added 'Regional Committee of the World Health Organization' and 'Regional Office of the World Health Organization', respectively.

Paragraph 3

The Pan American Sanitary Conference may adopt and promote health and sanitary conventions and programmes in the Western Hemisphere, provided that such conventions and programmes are not incompatible with the policy and programmes of the World Health Organization and are separately financed.

Paragraph 4

When this agreement enters into force, the Director of the Pan American Sanitary Bureau shall assume the post of Regional Director of the World Health Organization, until the termination of the period for which he was elected. Thereafter, the Regional Director shall be appointed in accordance with the provisions of Articles 49 and 52 of the World Health Organization Constitution.

Paragraph 5

No change

Paragraph 6

No change

Paragraph 7

No change

Paragraph 4

When this agreement enters into force, the Director of the Pan American Sanitary Bureau shall assume the post of Regional Director of the World Health Organization, until the termination of the period for which he was elected. Thereafter, the Regional Director shall be appointed in accordance with the provisions of Article 52 of the World Health Organization Constitution and by a two-thirds vote of the American Republics.

Paragraph 5

In accordance with the provisions of Article 51 of the Constitution of the World Health Organization, the Director-General of the World Health Organization shall receive from the Director of the Pan American Sanitary Bureau all information regarding the administration and the operations of the Pan American Sanitary Bureau as the Regional Office for the Western Hemisphere.

Paragraph 6

An adequate proportion of the budget of the World Health Organization shall be allocated for regional work.

Paragraph 7

The annual budget estimates for the expenses of the Pan American Sanitary Bureau as the Regional Office for the Western Hemisphere shall be prepared by the Regional Director and shall be submitted to the Director-General for his consideration in the preparation of the annual budget estimates of the World Health Organization.

Paragraph 8

No change

Paragraph 9

This Agreement may be supplemented with the consent of both parties, on the initiative of either party.

Paragraph 10

No change

Paragraph 8

The funds allocated to the Pan American Sanitary Bureau, as Regional Office of the World Health Organization, under the budget of the World Health Organization, shall be managed in accordance with the financial policies and procedures of the World Health Organization.

Paragraph 9

This agreement may be revised or annulled by either of the parties, with a year's notice (after legal consultation).

Paragraph 10

This agreement shall enter into force upon its approval by the World Health Assembly and signature by the Director of the Pan American Sanitary Bureau, acting on behalf of the Pan American Sanitary Conference, provided that fourteen of the American Republics have at that time deposited their instructions of acceptance of the Constitution of the World Health Organization.

Appendix A

Off. Rec. WHO. No. 9 - Report of the Interim Commission to the First World Health Assembly - Part I Activities. pp. 19-20

PAN AMERICAN SANITARY ORGANIZATION

The first health agency to function over a wide area on behalf of many governments was the Pan American Sanitary Bureau. The Bureau was formally organized by the first Pan American Sanitary Conference, Washington, 1902, following a decision of the second International Conference of American States, Mexico City, 1902. These Conferences and the Bureau were originally known as "International" instead of "Pan American", the names later being changed as a result of the creation of the Office International d'Hygiene Publique.

A sanitary convention was drawn up, based upon the International Sanitary Convention of 1903, accepted in 1905, and subsequently revised at the seventh Pan American Sanitary Conference, Havana, 1924. This convention, later called the Pan American Sanitary Code, has been ratified by all the twenty-one American republics.

The Bureau acts as the executive organ of the Pan American Sanitary Conferences, of which twelve have now been held, and its status is fixed by Chapter IX of the Code. It is under the direction of a council of eleven, designated in rotation by the conferences. Its members are chosen by governments from "persons connected with the public health services of their respective countries", no government being allowed more than one representative on the council. The Bureau, together with the Directing Council and the Conferences, constitutes the Pan American Sanitary Organization.

The Pan American Sanitary Bureau undertook the collection and dissemination of epidemiological information soon after its establishment, and in 1927 it became a "regional bureau" of the Office International d'Hygiene Publique under the provisions of the International Sanitary Convention of 1926. With its headquarters in Washington, the Bureau forms the central coordinating sanitary agency under the Code, and collects and distributes epidemiological information for all countries adhering to it. But the system of notification and collection of epidemiological information in the zone covered is wider than that of the international sanitary conventions, as the number of diseases obligatorily reportable under the Code is considerably greater.

In addition to epidemiological information, some of the principal duties of the Bureau are the prevention of the introduction of infectious diseases into the American republics, and from one republic to another, the restriction of quarantine measures to the minimum compatible with the prevention of disease, improvement of national health-administrations, and the promotion of liaison between the different national health-services. It has also acted as a convenient agency to which the American republics could turn for advice or assistance in combating epidemics, in reorganizing public-health services, in formulating sanitary codes, and in many other fields of hygiene and sanitation.

Appendix B

Official Records of the World Health Organization, No. 10 - Report of the Interim Commission to the First World Health Assembly, Part II, page 93.

12.4.5 PRE-EXISTING REGIONAL ORGANIZATIONS

12.4.5.1 Pan American Sanitary Organization

In application of Article 54 of the WHO Constitution, which provides for the integration of the Pan American Sanitary Organization with WHO, and of Article 2 (g) of the Arrangement of 22 July 1946, giving to the Interim Commission the duty of entering "into necessary arrangements with the Pan American Sanitary Organization", the Chairman of the Interim Commission, under authority granted during the first session, set up a Sub-Committee on Negotiations with the Pan American Sanitary Organization. At Geneva, in November 1946, this sub-committee drew up a tentative draft agreement (Off.Rec.WHO, No. 5, p. 114) designed to serve as a basis for negotiations with the Twelfth Pan American Sanitary Conference, at Caracas, in January 1947. This conference at Caracas included in its "Final Act" a resolution on the Agreement between the Pan American Sanitary Organization and the World Health Organization, and an "annex" containing a statement of principles (Off.Rec. WHO, no. 5, p. 116) for the guidance of the Directing Council of the Pan American Sanitary Organization, which was empowered to conclude the agreement without the necessity of approval by the Governments or by a subsequent Inter-American Sanitary Conference.

The third session of the Interim Commission considered there and approved continued negotiations (Off.Rec.WHO, No. 5, p. 109). The Interim Commission, at its fourth session, after consideration of the reports of the Sub-Committee on Negotiations and notes and proposals submitted by the representatives of Canada and Peru, again approved the continuation of negotiations with certain modifications (Off.Rec. WHO, No. 6, p. 168)

The Directing Council of the Pan American Sanitary Organization, in October 1947, specifically considered relation with WHO and adopted resolutions thereon (Off.Rec. WHO, No. 7 Annex 31 A).

At the fifth session, the Interim Commission considered the resolutions of the Directing Council of the Pan American Sanitary Organization, the above-mentioned resolution and the statement of principles as enunciated by the Twelfth Conference. At the same time, the Interim Commission considered the document submitted by the representatives of Brazil and the United States of America (Off.Rec. WHO, No. 7, Annex 31 B) and decided that the points at issue were now reduced significantly in number and importance. The Commission recommended that negotiations between the two sub-committees should continue with a view to obtaining the removal of the paragraph of the draft agreement with WHO as approved by the Directing Council of the Pan American Sanitary Organization, which referred to revision or annulment after one year's notice (Off.Rec. WHO, No. 7, Annex 64) and decided to recommend continued inter-secretarial collaboration, pending the production of a revised draft agreement acceptable to both parties. Attention was also drawn to the fact that the membership of WHO at the moment in the region services by the Pan American Sanitary Bureau would be insufficient for the establishment of a regional committee.

To this end, the Interim Commission approved the following resolutions, to which it directs the attention of the Health Assembly:

"Recommended that paragraph 9 be deleted and that negotiations be carried on with the Pan American Sanitary Organization in order that this paragraph be deleted from the resolutions of that body (Off.Rec. WHO, No. 7, Annex 31 A);

"Recommended that a working arrangement, along the lines laid down... (Off.Rec. WHO, No. 7, Annex 31 B) be established on the Secretariat level, and

"Recommended continuation of negotiations between the two sub-committees."

Appendix C.

Chapter XI from the Constitution of the World Health Organization.

REGIONAL ARRANGEMENTS

Article 44

(a) The Health Assembly shall from time to time define the geographical areas in which it is desirable to establish a regional organization.

(b) The Health Assembly may, with the consent of a majority of the members situated within each area so defined, establish a regional organization to meet the special needs of such area. There shall not be more than one regional organization in each area.

Article 45

Each regional organization shall be an integral part of the Organization in accordance with this Constitution.

Article 46

Each regional organization shall consist of a regional committee and a regional office.

Article 47

Regional Committees shall be composed of representatives of the member States and associate members in the region concerned. Territories or groups of territories within the region, which are not responsible for the conduct of their international relations and which are not associate members, shall have the right to be represented and to participate in regional committees. The nature and extent of the rights and obligations of these territories or groups of territories in regional committees shall be determined by the Health Assembly in consultation with the member or other authority having responsibility for the international relations of these territories and with the member States in the region.

Article 48

Regional committees shall meet as often as necessary and shall determine the place of each meeting.

Article 49

Regional Committees shall adopt their own rules of procedure.

Article 50

The functions of the regional committees shall be:

- (a) To formulate policies governing matters of an exclusively regional character;
- (b) To supervise the activities of the regional office;

(c) To suggest to the regional office the calling of technical conferences and such additional work or investigation in health matters as in the opinion of the regional committee would promote the objective of the Organization within the region;

(d) To co-operate with the respective regional committees of the United Nations and with those of other specialized agencies and with other regional international organizations having interests in common with the Organization;

(e) To tender advice, through the Director-General, to the Organization on international health matters which have wider than regional significance;

(f) To recommend additional regional appropriations by the Governments of the respective regions if the proportion of the central budget of the Organization allotted to that region is insufficient for the carrying out of the regional functions;

(g) Such other functions as may be delegated to the regional committee by the Health Assembly, the Board or the Director-General.

Article 51

Subject to the general authority of the Director-General of the Organization, the regional office shall be the administrative organ of the regional committee. It shall, in addition, carry out within the region the decisions of the Health Assembly and of the Board.

Article 52

The head of the regional office shall be the regional director appointed by the Board in agreement with the regional committee.

Article 53

The staff of the regional office shall be appointed in a manner to be determined by agreement between the Director-General and the regional director.

Article 54

The Pan American Sanitary Organization, represented by the Pan American Sanitary Bureau and the Pan American Sanitary Conferences, and all other intergovernmental regional health organizations in existence prior to the date of signature of this Constitution, shall in due course be integrated with the Organization. This integration shall be effected as soon as practicable through common action based on mutual consent of the competent authorities expressed through the organizations concerned.

Appendix D

DELEGATES AND OBSERVERS FROM THE MEMBER GOVERNMENTS
OF THE PAN AMERICAN SANITARY ORGANIZATION TO
THE FIRST WORLD HEALTH ASSEMBLY

DELEGATES

Brazil

Dr. G. H. de Paula Souza
Dr. Almir de Castro

Dominican Republic

Dr. Manuel Pastoriza Valverde, Minister Plenipotentiary in Paris

El Salvador

Dr. Albert Amy, Consul in Geneva

Haiti

Dr. A. Arguello, Minister Plenipotentiary in Paris, who was
an Observer, was accepted as a Delegate

Mexico

Dr. A. P. León
Dr. J. Zozaya

United States

Dr. Thomas Parron
Dr. Martha M. Eliot
Dr. J. R. Miller

Venezuela

Dr. F. Castillo Rey
Dr. S. Ruesta Marco
Dr. Carlos Luis Gonzales Velasco

OBSERVERS

Argentina

Dr. Alberto Zwanck

Chile

Dr. Armando Alonso Vial

Ecuador

M. A. Gastelū, Consul General in Geneva

Nicaragua

Dr. A. Arguello Cervantes, Minister Plenipotentiary in Paris

Panama

Dr. Barraza

Paraguay

Dr. F. Vallejos

Uruguay

Dr. Abelardo Saenz, Deputy Minister Plenipotentiary in Paris
Dr. Antonio M. Carvalho, Secretary of the Legation at Berne

.....

Pan American Sanitary Bureau

Dr. Fred L. Soper
Dr. Miguel E. Bustamante

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Three of the countries of the Pan American Sanitary Organization were appointed on the Executive Board, - the United States of America to serve a one-year term, and Brazil and Mexico to serve a two-year term.