

*directing council*



PAN AMERICAN  
HEALTH  
ORGANIZATION

*regional committee*

WORLD  
HEALTH  
ORGANIZATION



XVII Meeting

Port-of-Spain  
Trinidad and Tobago  
October 1967

XIX Meeting

Provisional Agenda Item 16

CD17/10 (Eng.)  
5 July 1967  
ORIGINAL: ENGLISH-SPANISH

RESOLUTIONS OF THE TWENTIETH WORLD HEALTH ASSEMBLY OF INTEREST TO THE  
REGIONAL COMMITTEE

The attached resolutions adopted by the Twentieth World Health Assembly are submitted to the consideration of the XIX Meeting of the Regional Committee of the World Health Organization for the Americas.

Enclosures

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TWENTIETH WORLD HEALTH ASSEMBLY

WHA20.13  
17 May 1967

ORIGINAL: ENGLISH

ASSESSMENT OF NEW MEMBERS: 1966 AND 1967

The Twentieth World Health Assembly,

Noting that Barbados and Guyana became Members of the Organization by depositing with the Secretary-General of the United Nations formal instruments of acceptance of the WHO Constitution

DECIDES

(1) that these Members shall be assessed as follows:

<u>Member State</u>	<u>1966</u>	<u>1967</u>
Barbados	-	0.04 per cent.
Guyana	0.04 per cent.	0.04 per cent.

(2) that the 1966 contribution of Guyana shall be reduced by 50 per cent. in accordance with the provisions of paragraph 1 of resolution WHA17.10.

Eighth plenary meeting, 17 May 1967  
A20/VR/8

TWENTIETH WORLD HEALTH ASSEMBLY

WHA20.14  
17 May 1967

ORIGINAL: ENGLISH

MALARIA ERADICATION PROGRAMME

The Twentieth World Health Assembly,

Having considered the report of the Director-General<sup>1</sup> on the development of the malaria eradication programme;

Noting the progress made in the malaria eradication programme, representing a major advance in public health, as well as its delays and difficulties in a number of countries, especially in Africa where malaria continues to represent a major public health and socio-economic problem;

Recognizing the great social and economic benefits to those countries where eradication has been achieved but noting lack of precise information on the adverse socio-economic effects of malaria in other countries as an obstacle in securing priority in the allocation of resources for malaria eradication;

Considering the importance of co-ordination of action by countries with common frontiers;

Bearing in mind the serious concern about the present status and possible future development of the malaria eradication programme expressed by the Nineteenth World Health Assembly in its resolution WHA19.13 and by the WHO Expert Committee on Malaria in its thirteenth report; and

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<sup>1</sup> Document A20/P&B/1.

Considering it necessary and timely to re-examine the global strategy for malaria eradication,

1. URGES governments of countries where eradication programmes are being undertaken or planned to accord priority to the provision of personnel and of the financial and administrative facilities needed to accelerate the development of basic health services and the achievement of malaria eradication;
2. URGES that the global eradication of this disease be resolutely pursued especially to secure the protection of the peoples of Africa and to eliminate the threat which such large reservoirs of infestation represent;
3. REQUESTS the Director-General to advise the governments of Member States on and to co-operate with them in an investigation of the social and economic implications of malaria and of its eradication;
4. REQUESTS multilateral and bilateral agencies to give particular attention to ways of assuring the material resources which will be required for the implementation of programmes for the eradication of malaria in Africa and all other areas where malaria retards the economic and social development;
5. RECOMMENDS the development of basic health services and the necessary diversification of means of eradication in accordance with the particular requirements of each country;
6. REQUESTS the Director-General to intensify fundamental research, and
7. REQUESTS the Director-General to study how best to carry out a re-examination of the global strategy of malaria eradication and to report to the Twenty-first World Health Assembly.

TWENTIETH WORLD HEALTH ASSEMBLY

WHA20.15

17 May 1967

ORIGINAL: ENGLISH

SMALLPOX ERADICATION PROGRAMME

The Twentieth World Health Assembly,

Having considered the report of the Director-General<sup>1</sup> on the smallpox eradication programme; and

Noting that smallpox continues to represent a serious world health problem notwithstanding the progress being made in the global eradication programme,

1. INVITES countries where the disease is still present to initiate or intensify their programmes leading to the eradication of smallpox as soon as possible;

2. RESOLVES:

(a) to urge the government of the countries whose eradication programmes are progressing slowly to adopt prompt measures within their available resources to eliminate any administrative difficulties that may be hampering their campaigns, and to give the highest possible priority to the provision of funds, personnel, and supplies needed to complete those campaigns as soon as possible;

(b) to recommend to the governments which are producing smallpox vaccines that special care be taken in the preparation of smallpox vaccine to ensure that it meets the purity and potency requirements established by WHO, and that in the endemic countries freeze-dried vaccine should be used;

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<sup>1</sup> Document A20/P&B/7.

(c) to urge the countries where migrant sections of their populations constitute a constant threat of interstate transmission of the disease, to initiate or intensify a strict surveillance programme of this group of the population;

(d) to recommend that until such time as smallpox is no longer a world-wide problem the countries where the disease has been eliminated or where an eradication programme is proceeding, establish maintenance programmes and epidemiological surveillance **services**;

3. REQUESTS Member States and multilateral and bilateral agencies to provide technical, financial and other support for programmes in endemic countries, particularly in the form of freeze-dried vaccine, transport, and equipment; and

4. REQUESTS the Director-General:

(a) to continue to elaborate and implement the detailed plan, including the co-ordination of all international, bilateral and national efforts, with the objective of achieving global smallpox eradication in a pre-determined time;

(b) to intensify the research programme; and

(c) to report further to the Executive Board and the World Health Assembly.



TWENTIETH WORLD HEALTH ASSEMBLY

WHA20.17  
19 May 1967

ORIGINAL: ENGLISH

EFFECTIVE WORKING BUDGET AND BUDGET LEVEL FOR 1968

The Twentieth World Health Assembly

**DECIDES** that:

- (1) the effective working budget for 1968 shall be US\$ 56 123 000;
- (2) the budget level shall be established in an amount equal to the effective working budget as provided in paragraph (1) above, plus the assessments represented by the Undistributed Reserve, and
- (3) the budget for 1968 shall be financed by assessments on Members after deducting:
  - (i) the amount of US\$ 1 301 900 available by reimbursement from the Technical Assistance component of the United Nations Development Programme,
  - (ii) the amount of US\$ 629 000 available as casual income for 1968.

Ninth plenary meeting, 19 May 1967  
A20/VR/9

TWENTIETH WORLD HEALTH ASSEMBLY

WHA20.18  
22 May 1967

ORIGINAL: ENGLISH

WHO NOMENCLATURE REGULATIONS, 1967

The Twentieth World Health Assembly,

Considering the importance of compiling and publishing statistics of mortality and morbidity in comparable form;

Having regard to Articles 2(s), 21(b), 22 and 64 of the Constitution of the World Health Organization,

ADOPTS, this twenty-second day of May 1967, the Nomenclature Regulations 1967; these Regulations may be cited as the WHO Nomenclature Regulations.

Article 1

Members of the World Health Organization for whom these Regulations shall come into force under Article 7 below shall be referred to hereinafter as Members.

Article 2

Members compiling mortality and morbidity statistics shall do so in accordance with the current revision of the International Statistical Classification of Diseases, Injuries and Causes of Death as adopted from time to time by the World Health Assembly. This Classification may be cited as the International Classification of Diseases.

Article 3

In compiling and publishing mortality and morbidity statistics Members shall comply as far as possible with recommendations made by the World Health Assembly as to classification, coding procedure, age-grouping, territorial areas to be identified, and other relevant definitions and standards.

Article 4

Members shall compile and publish annually for each calendar year statistics of causes of death for the metropolitan (home) territory as a whole or for such part thereof as information is available, and shall indicate the area covered by the statistics.

Article 5

Members shall adopt a form of medical certificate of cause of death that provides for the statement of the morbid conditions or injuries resulting in or contributing to death, with a clear indication of the underlying cause.

Article 6

Each Member shall, under Article 64 of the Constitution, provide the Organization on request with statistics prepared in accordance with these Regulations and not communicated under Article 63 of the Constitution.

Article 7

1. These Regulations shall come into force on the first day of January 1968.
2. Upon their entry into force these Regulations shall, subject to the exceptions hereinafter provided, replace as between the Members bound by these Regulations and as between these Members and the Organization, the provisions of the Nomenclature Regulations 1948 and subsequent revisions thereof.
3. Any revisions of the International Classification of Diseases adopted by the World Health Assembly pursuant to Article 2 of these Regulations shall enter into force on such date as is prescribed by the World Health Assembly and shall, subject to the exceptions hereinafter provided, replace any earlier classifications.

Article 8

1. The period provided in execution of Article 22 of the Constitution of the Organization for rejection or reservation shall be six months from the date of the notification by the Director-General of the adoption of these Regulations by the World Health Assembly. Any rejection or reservation received by the Director-General after the expiry of this period shall have no effect.

2. The provisions of paragraph 1 of this Article shall likewise apply in respect of any subsequent revision of the International Classification of Diseases adopted by the World Health Assembly pursuant to Article 2 of these Regulations.

Article 9

A rejection, or the whole or part of any reservation, whether to these Regulations or to the International Classification of Diseases or any revision thereof, may at any time be withdrawn by notifying the Director-General.

Article 10

The Director-General shall notify all Members of the adoption of these Regulations, of the adoption of any revision of the International Classification of Diseases as well as of any notification received by him under Articles 8 and 9.

Article 11

The original texts of these Regulations shall be deposited in the Archives of the Organization. Certified true copies shall be sent by the Director-General to all Members. Upon the entry into force of these Regulations, certified true copies shall be delivered by the Director-General to the Secretary-General of the United Nations for registration in accordance with Article 102 of the Charter of the United Nations.

IN FAITH WHEREOF, we have set our hands at Geneva this twenty-second day of  
May 1967.

(signed) . . . . .  
President of the World Health Assembly

(signed) . . . . .  
Director-General of the World Health  
Organization

Tenth plenary meeting, 22 May 1967  
A20/VR/10

TWENTIETH WORLD HEALTH ASSEMBLY

WHA20.19  
22 May 1967

ORIGINAL: ENGLISH

COMPENDIUM OF RECOMMENDATIONS, DEFINITIONS AND STANDARDS  
RELATING TO HEALTH STATISTICS

The Twentieth World Health Assembly,

Recalling resolution WHA19.45,<sup>1</sup>

Appreciating the desirability of a compendium of recommendations, definitions and standards relating to health statistics;

Recognizing the need, pending the preparation of such a compendium, of guidance on matters which will shortly cease to be the subject of regulations; and

Having regard to the authority provided by Article 23 of the Constitution of the World Health Organization,

1. ADOPTS recommendations<sup>2</sup> on the following subjects:
  - (a) responsibility for medical certification of cause of death,
  - (b) the form of medical certificate of cause of death,
  - (c) preservation of the confidential nature of information given by the physician,

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<sup>1</sup> Off. Rec. Wld Hlth Org., 151, 22.

<sup>2</sup> Annex i.

- (d) the rules for selection of the cause for mortality tabulation,
- (e) the coding of mortality and morbidity statistics,
- (f) classification by cause, age, and area in statistical tables,
- (g) cross-classification by cause, age, and area in tabulation of causes of death,
- (h) the definition of causes of death, and
- (i) the definition of the underlying cause of death,

together with the short lists for tabulation of causes of mortality and morbidity, Lists A, B, C, D, and P;<sup>1</sup>

2. DECIDES that these recommendations shall become effective on 1 January 1968; and,

3. FURTHER RECOMMENDS that where a Member contemplates making any reservations under Article 8 of the WHO Nomenclature Regulations, it consider the desirability of prior consultation with the Director-General of the Organization concerning the content and form of any such reservations which might be made.

Tenth plenary meeting, 22 May 1967  
A20/VR/10

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<sup>1</sup> Annex 2.

RECOMMENDATIONS CONCERNING THE COMPILATION AND  
PUBLICATION OF STATISTICS OF MORTALITY AND MORBIDITY PROPOSED  
FOR ADOPTION BY THE WORLD HEALTH ASSEMBLY UNDER ARTICLE 23  
OF THE CONSTITUTION

1. Medical certification of cause of death should normally be the responsibility of the attending physician. In the case of deaths certified by coroners or other legal authorities, the medical evidence supplied to the certifier should be stated on the certificate in addition to any legal findings.
2. The form of medical certificate of cause of death should conform to the model appended<sup>1</sup> to these recommendations.
3. In the statistical use of the medical certificate of cause of death and other medical records, administrative procedures should provide such safeguards as are necessary to preserve the confidential nature of the information given by the physician.
4. For the purpose of single-cause mortality coding, the cause for tabulation should be selected from the particulars entered on the medical certificate of cause of death in accordance with such rules as may be from time to time approved by the Assembly.
5. Mortality and morbidity statistics should be coded according to the Detailed List of three-digit categories of the International Classification of Diseases, with or without the fourth-digit sub-categories, using for the purpose the tabular list of inclusions and the alphabetical index. Save in exceptional circumstances, fourth-digit sub-categories, when published, should be those of the International Classification of Diseases; any additions or variations should be indicated in published statistical tables.

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<sup>1</sup> Appendix.



6. Statistical tables. The degree of detail in cross-classification by cause, sex, age, and area of territory will depend partly on the purpose and range of the statistics and partly on the practical limits as regards the size of particular tables. The following patterns, designed to promote international comparability, consist of standard ways of expressing various characteristics. Where a different classification is used (e.g. in age-grouping) in published tables, it should be so arranged as to be reducible to one of the recommended groupings.

(a) Analysis by the International Classification of Disease should, as appropriate, be in accordance with:

- (i) the Detailed List of three-digit categories, with or without fourth-digit sub-categories;
- (ii) the List of 150 Causes for Tabulation of Morbidity and Mortality (List A);
- (iii) the List of 50 Causes for Tabulation of Mortality (List B);
- (iv) the List of 70 Causes for Tabulation of Morbidity (List C);
- (v) the List of 300 Causes for Tabulation of Hospital Morbidity (List D);
- (vi) the List of 100 Causes for Tabulation of Perinatal Morbidity and Mortality (List P).

(b) Age classification for general purposes

- (i) Under 1 year, single years to 4 years, 5 year groups from 5 to 84 years, 85 years and over;
- (ii) Under 1 year, 1-4 years, 5-14 years, 15-24 years, 25-34 years, 35-44 years, 45-54 years, 55-64 years, 65-74 years, 75 years and over;
- (iii) Under 1 year, 1-14 years, 15-44 years, 45-64 years, 65 years and over.

(c) Age classification for special statistics of infant mortality

- (i) By single days for the first week of life (under 24 hours, 1, 2, 3, 4, 5, 6 days), 7-13 days, 14-20 days, 21-27 days, 28 days up to, but not including, 2 months, by single months of life from 2 months to 1 year (2, 3, 4 . . . 11 months);
- (ii) Under 24 hours, 1-6 days, 7-27 days, 28 days up to, but not including, 3 months, 3-5 months, 6 months but under 1 year;
- (iii) Under 7 days, 7-27 days, 28 days but under 1 year.

(d) Classification by area should, as appropriate, be in accordance with:

- (i) each major civil division;
- (ii) each town or conurbation of 1 000 000 population and over, otherwise the largest town with a population of at least 100 000;
- (iii) national aggregate of urban areas of 100 000 population and over;
- (iv) national aggregate of urban areas of less than 100 000 population;
- (v) national aggregate of rural areas.

Note 1. Statistics relating to (iii), (iv) and (v) should be accompanied by the definitions of urban and rural used in them.

Note 2. In countries where coverage of medical certification of cause of death is incomplete or limited to certain areas, separate figures should be published for medically certified and other deaths.

7. Tabulation of causes of death

Statistics of causes of death in respect of the territory as a whole should be in accordance with recommendation 6 (a) (i), or, if this is not possible, with recommendation 6 (a) (ii). They should preferably be classified by sex and the age-groups in recommendation 6 (b) (i).

Statistics of causes of death in respect of the areas in recommendation 6 (d) should be in accordance with recommendation 6 (a) (ii) or, if this is not possible, with recommendation 6 (a) (iii). They should preferably be classified by sex and the age-groups in recommendation 6 (b) (ii).

8. The causes of death to be entered on the medical certificate of cause of death are all those diseases, morbid conditions or injuries which either resulted in or contributed to death and the circumstances of the accident or violence which produced any such injuries.

9. The underlying cause of death is (a) the disease or injury which initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury.

APPENDIX

INTERNATIONAL FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH

CAUSE OF DEATH		Approximate interval between onset and death
I		
<i>Disease or condition directly leading to death *</i>  <i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(a) . . . . .	.....
	due to (or as a consequence of)	
	(b) . . . . .	.....
	due to (or as a consequence of)	
	(c) . . . . .	.....
II		
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	} . . . . .	.....
		.....
* This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death		

## LIST A

DRAFT LIST OF 150 CAUSES FOR TABULATION OF MORBIDITY AND MORTALITY  
(LIST A)

	<u>Detailed List</u> <u>Nos.</u>
1. Cholera	000
2. Typhoid fever	001
3. Paratyphoid fever and other Salmonella infections	002, 003
4. Bacillary dysentery and amoebiasis	004, 006
5. Enteritis and other diarrhoeal diseases	006, 009
6. Tuberculosis of respiratory system	010-012
7. Tuberculosis of meninges and central nervous system	013
8. Tuberculosis of intestines, peritoneum and mesenteric glands	014
9. Tuberculosis of bones and joints	015
10. Other tuberculosis, including late effects	016-019
11. Plague	020
12. Anthrax	022
13. Brucellosis	023
14. Leprosy	030
15. Diphtheria	032
16. Whooping cough	033
17. Streptococcal sore throat and scarlet fever	034
18. Erysipelas	035
19. Meningococcal infection	036
20. Tetanus	037
21. Other bacterial diseases	( 005, 007, 021, 024-027, ( 031, 038, 039
22. Acute poliomyelitis	040-043
23. Late effects of acute poliomyelitis	044
24. Smallpox	050
25. Measles	055
26. Yellow fever	060
27. Viral encephalitis	062-065

List A

	<u>Detailed List</u> <u>Nos.</u>
26. Infectious hepatitis	070
29. Other viral diseases	( 045, 046, 051-054, 056 ( 057, 061, 066-068, 071-079
30. Typhus and other rickettsioses	060-063
31. Malaria	064
32. Trypanosomiasis	066, 067
33. Relapsing fever	068
34. Congenital syphilis	090
35. Early syphilis, symptomatic	091
36. Syphilis of central nervous system	094
37. Other syphilis	092, 093, 095-097
38. Gonococcal infections	096
39. Schistosomiasis	120
40. Hydatidosis	122
41. Filarial infection	125
42. Ancylostomiasis	126
43. Other helminthiases	121, 123, 124, 127-129
44. All other infective and parasitic diseases	( 065, 069, 099, 100-104, ( 110-117, 130-136
45. Malignant neoplasm of buccal cavity and pharynx	140-149
46. Malignant neoplasm of oesophagus	150
47. Malignant neoplasm of stomach	151
48. Malignant neoplasm of intestine, except rectum	152, 153
49. Malignant neoplasm of rectum and rectosigmoid junction	154
50. Malignant neoplasm of larynx	161
51. Malignant neoplasm of trachea, bronchus and lung	162
52. Malignant neoplasm of bone	170
53. Malignant neoplasm of skin	172, 173
54. Malignant neoplasm of breast	174
55. Malignant neoplasm of cervix uteri	160
56. Other malignant neoplasm of uterus	161, 162

List ADetailed ListNos.

57. Malignant neoplasm of prostate	165
58. Malignant neoplasm of other and unspecified sites	( 155-159, 160, 163, 171, ( 163, 164, 166-169, ( 190-199
59. Leukaemia	204-207
60. Other neoplasms of lymphatic and haemotopoietic tissue	200-203, 206, 209
61. Benign neoplasms and neoplasms of unspecified nature	210-239
62. Non-toxic goitre	240, 241
63. Thyrotoxicosis with or without goitre	242
64. Diabetes mellitus	250
65. Avitaminoses and other nutritional deficiency	260-269
66. Other endocrine and metabolic diseases	( 243-246, 251-256, ( 270-279
67. Anaemias	280-285
68. Other diseases of blood and blood forming organs	286-289
69. Psychoses	290-299
70. Neuroses, personality disorders and other non-psychotic mental disorders	300-309
71. Mental retardation	310-315
72. Meningitis	320
73. Multiple sclerosis	340
74. Epilepsy	345
75. Inflammatory diseases of eye	360-369
76. Cataract	374
77. Glaucoma	375
78. Otitis media and mastoiditis	381-383
79. Other diseases of nervous system and sense organs	( 321-324, 330-333, 341-344, ( 346-349, 350-358, 370-373, ( 376-379, 380, 384-389
80. Active rheumatic fever	390-392
81. Chronic rheumatic heart disease	393-398
82. Hypertensive disease	400-404
83. Ischaemic heart disease	410-414

List A

	<u>Detailed List</u> <u>Nos.</u>
84. Other forms of heart disease	420-429
85. Cerebrovascular disease	430-438
86. Diseases of arteries, arterioles and capillaries	440-447
87. Venous thrombosis and embolism	450-453
88. Other diseases of circulatory system	454-456
89. Acute respiratory infections	460-466
90. Influenza	470-474
91. Viral pneumonia	480
92. Other pneumonia	481-486
93. Bronchitis, emphysema and asthma	490-493
94. Hypertrophy of tonsils and adenoids	500
95. Empyema and abscess of lung	510, 513
96. Other diseases of respiratory system	( 501-506, 511, 512, ( 514-519
97. Diseases and conditions of teeth and supporting structures	520-525
98. Peptic ulcer	531-533
99. Gastritis and duodenitis	535
100. Appendicitis	540-543
101. Intestinal obstruction and hernia	550-553, 560
102. Cirrhosis of liver	571
103. Cholelithiasis and cholecystitis	574, 575
104. Other diseases of digestive system	( 526-529, 530, 534, 536, ( 537, 561-569, 570, 572, ( 573, 576, 577
105. Acute nephritis	560
106. Other nephritis and nephrosis	561-564
107. Infections of kidney	590
108. Calculi of urinary system	592, 594
109. Hyperplasia of prostate	600
110. Diseases of breast	610, 611



	<u>Detailed List</u>
	<u>Nos.</u>
111. Other diseases of genito-urinary system	( 591, 593, 595-599, ( 601-607, 612-616, ( 620-629
112. Toxaemias of pregnancy and the puerperium	636-639
113. Haemorrhage of pregnancy and child-birth	632, 651-653
114. Abortion induced for legal indications	640, 641
115. Other and unspecified abortion	642-645
116. Sepsis of child-birth and the puerperium	670, 671, 673
117. Other complications of pregnancy, child-birth and the puerperium	( 630, 631, 633-635, ( 654-662, 672, 674-678
118. Delivery without mention of complication	650
119. Infections of skin and subcutaneous tissue	680-686
120. Other diseases of skin and subcutaneous tissue	690-709
121. Arthritis and spondylitis	710-715
122. Non-articular rheumatism and rheumatism unspecified	716-718
123. Osteomyelitis and periostitis	720
124. Ankylosis and acquired musculo-skeletal deformities	727, 735-738
125. Other diseases of musculo-skeletal system and connective tissue	( 721-726, 728, 729, ( 730-734
126. Spina bifida	741
127. Congenital anomalies of heart	746
128. Other congenital anomalies of circulatory system	747
129. Cleft palate and cleft lip	749
130. All other congenital anomalies	( 740, 742-745, 748, ( 750-759
131. Birth injury and difficult labour	764-766, 772
132. Conditions of placenta and cord	770, 771
133. Haemolytic disease of newborn	774, 775
134. Anoxic and hypoxic conditions not elsewhere classified	776
135. Other causes of perinatal morbidity and mortality	( 760-763, 769, 773, ( 777-779
136. Senility without mention of psychosis	794

List A

	<u>Detailed List</u> <u>Nos.</u>
137. Ill-defined and unknown causes of morbidity and mortality	760-793, 795, 796
E 138. Motor vehicle accidents	E 810-823
E 139. Other transport accidents	E 800-807, 825-845
E 140. Accidental poisoning	E 850-877
E 141. Accidental falls	E 860-887
E 142. Accidents caused by fires	E 890-899
E 143. Accidental drowning and submersion	E 910
E 144. Accident caused by firearms weapons	E 922
E 145. Accidents mainly of industrial type	E 916-921, 923-926
E 146. All other accidental causes	E 900-909, 911-915, 929, 930-936, 940-949
E 147. Suicide and self inflicted injury	E 950-959
E 148. Homicide and injury purposely inflicted by other persons; legal intervention	E 960-979
E 149. Injury undetermined whether accidentally or purposely inflicted	E 980-989
E 150. Injury resulting from operations of war	E 990-999
N 138. Fracture of skull	N 800-804
N 139. Fracture of spine and trunk	N 805-809
N 140. Fracture of limbs	N 810-829
N 141. Dislocation without fracture	N 830-839
N 142. Sprains and strains of joints and adjacent muscle	N 840-848
N 143. Intracranial injury (excluding those with skull fracture)	N 850-854
N 144. Internal injury of chest, abdomen and pelvis	N 860-869
N 145. Laceration and open wound	N 870-908
N 146. Superficial injury, contusion and crushing with intact skin surface	N 910-929
N 147. Foreign body entering through orifice	N 930-939
N 148. Burns	N 940-949
N 149. Adverse effects of chemical substances	N 960-969
N 150. All other and unspecified effects of external causes	N 950-959, 990-999

## LIST B

DRAFT LIST OF 50 CAUSES FOR TABULATION OF MORTALITY  
(LIST B)

	<u>Detailed List</u> <u>Nos.</u>
1. Cholera	000
2. Typhoid fever	001
3. Bacillary dysentery and amoebiasis	004, 006
4. Enteritis and other diarrhoeal diseases	006, 009
5. Tuberculosis of respiratory system	010-012
6. Tuberculosis, other forms, including late effects	013-019
7. Plague	020
8. Diphtheria	032
9. Whooping cough	033
10. Streptococcal sore throat and scarlet fever	034
11. Meningococcal infection	036
12. Acute poliomyelitis	040-043
13. Smallpox	050
14. Measles	055
15. Typhus and other rickettsioses	060-063
16. Malaria	064
17. Syphilis and its sequelae	090-097
18. All other infective and parasitic diseases	Rest of 000-136
19. Malignant neoplasms, including neoplasms of lymphatic and haemotopoietic tissues	140-209
20. Benign neoplasms and neoplasms of unspecified nature	210-239
21. Diabetes mellitus	250
22. Avitaminoses and other nutritional deficiency	260-269
23. Anaemias	260-285
24. Meningitis	320
25. Active Rheumatic fever	390-392
26. Chronic rheumatic heart disease	393-398
27. Hypertensive disease	400-404
28. Ischaemic heart disease	410-414

List B

	<u>Detailed List</u> <u>Nos.</u>
29. Other forms of heart disease	420-429
30. Cerebrovascular disease	430-438
31. Influenza	470-474
32. Pneumonia	460-466
33. Bronchitis, emphysema and asthma	490-493
34. Peptic ulcer	531-533
35. Appendicitis	540-543
36. Intestinal obstruction and hernia	550-553, 560
37. Cirrhosis of liver	571
38. Nephritis and nephrosis	560-584
39. Hyperplasia of prostate	600
40. Abortion	640-645
41. Other complications of pregnancy, child birth and the puerperium. Delivery without mention of complication	630-639 650-678
42. Congenital anomalies	740-759
43. Birth injury, difficult labour and other anoxic and hypoxic conditions	764-768, 772, 776
44. Other causes of perinatal mortality	760-763, 769-771, 773-775, 777-779
45. Senility without mention of psychosis, ill-defined and unknown causes	780-796
46. All other diseases	Rest of 000-779
E 47. Motor vehicle accidents	E 810-E 823
E 48. All other accidents	E 800-E 807, E 825-E 949
E 49. Suicide and self-inflicted injuries	E 950-E 959
E 50. All other external causes	E 960-E 999
N 47. Fractures, intracranial and internal injuries	N 800-N 829, N 850-N 854, N 860-N 869
N 46. Burns	N 940-N 949
N 49. Adverse effects of chemical substances	N 960-N 989
N 50. All other injuries	Rest of N 800-N 999

## LIST C

DRAFT LIST OF 70 CAUSES FOR TABULATION OF MORBIDITY  
(LIST C)

	<u>Detailed List</u> <u>Nos.</u>
1. Typhoid, paratyphoid fever, other salmonella infections	001-003
2. Bacillary dysentery and amoebiasis	004, 006
3. Enteritis and other diarrhoeal diseases	008, 009
4. Tuberculosis of respiratory system	010-012
5. Tuberculosis, other forms, including late effects	013-019
6. Brucellosis	023
7. Diphtheria	032
8. Whooping cough	033
9. Streptococcal sore throat and scarlet fever	034
10. Smallpox	050
11. Measles	055
12. Viral encephalitis	062-065
13. Infectious hepatitis	070
14. Typhus and other rickettsioses	080-083
15. Malaria	084
16. Syphilis and its sequelae	090-097
17. Gonococcal infections	098
18. Helminthiasis	120-129
19. All other infective and parasitic diseases	( 000, 005, 007, 020-022, ( 024-027, 030, 031, ( 035-039, 040-046, ( 051-054, 056, 057, 060, 061 ( 066-068, 070-079, ( 085-089, 099, 100-104 ( 110-117, 130-136
20. Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	140-209
21. Benign neoplasms and neoplasms of unspecified nature	210-239
22. Thyrotoxicosis with or without goitre	242
23. Diabetes mellitus	250

List C

	<u>Detailed List</u> <u>Nos.</u>
24. Avitaminosis and other nutritional deficiency	260-269
25. Other endocrine disorders; other metabolic diseases	( 240, 241, 243-246, ( 251-256, 270-279
26. Anaemias	280-285
27. Psychoses and non psychotic mental disorders	290-309
28. Inflammatory diseases of eye	360-369
29. Cataract	374
30. Otitis media and mastoiditis	381-383
31. Other diseases of nervous system and sense organs	( 320-324, 330-333, ( 340-349, 350-356, ( 370-373, 375-379, ( 380, 384-389
32. Active rheumatic fever	390-392
33. Chronic rheumatic heart disease	393-396
34. Hypertensive disease	400-404
35. Ischaemic heart disease	410-414
36. Cerebrovascular disease	430-438
37. Venous thrombosis and embolism	450-453
38. Other diseases of circulatory system	( 420-429, 440-447, ( 454-456
39. Acute respiratory infections	460-466
40. Influenza	470-474
41. Pneumonia	460-466
42. Bronchitis, emphysema and asthma	490-493
43. Hypertrophy of tonsils and adenoids	500
44. Pneumoconioses and related diseases	515, 516
45. Other respiratory diseases	( 501-508, 510-514, ( 517-519
46. Diseases of teeth and supporting structures	520-525
47. Peptic ulcer	531-533
48. Appendicitis	540-543
49. Intestinal obstruction and hernia	550-553, 560

List CDetailed ListNos.

50.	Cholelithiasis and cholecystitis	574, 575
51.	Other diseases of digestive system	( 526-529, 530, 534-537 ( 561-569, 570-573, ( 576-577
52A	Nephritis and nephrosis	560-564
53.	Calculi of urinary system	592, 594
54.	Hyperplasia of prostate	600
55.	Other diseases of genito-urinary system	( 590, 591, 593, 595-599, ( 601-607, 610-616, ( 620-629
56.	Abortion	640-645
57.	Other complications of pregnancy, child birth and the puerperium	630-639, 651-676
58.	Delivery without mention of complication	650
59.	Infections of skin and subcutaneous tissue	660-686
60.	Other diseases of skin and subcutaneous tissue	690-709
61.	Arthritis and spondylitis	710-715
62.	Other diseases of musculo-skeletal system and connective tissue	( 716-718, 720-729, 730-736
63.	Congenital anomalies	740-759
64.	Certain causes of perinatal morbidity	760-779
65.	Other specified and ill-defined diseases	286-289, 310-315, 780-796
E 66.	Road transport accidents	E 810-819, 825-827
E 67.	Other accidents	( E 800-807, 820-823, ( 830-949
E 68.	Attempted suicide and self-inflicted injuries	E 950-959
E 69.	Attempted homicide and injury purposely inflicted by other person; legal intervention	E 960-979
E 70.	All other external causes	E 980-999
N 66.	Fractures	N 800-829
N 67.	Intracranial and internal injuries	N 850-854, 860-869

List C

Detailed List  
Nos.

N 68. Burns

N 940-949

N 69. Adverse effects of chemical substances

N 960-989

N 70. All other injuries

( N 830-848, 870-939

( 950-959, 990-999



## LIST D

DRAFT LIST OF 300 CAUSES FOR TABULATION OF HOSPITAL MORBIDITY  
(LIST D)

	<u>Detailed List</u> <u>Nos.</u>
1. Cholera	000
2. Typhoid fever	001
3. Paratyphoid fever and other Salmonella infections	002, 003
4. Bacillary dysentery	004
5. Amoebiasis	006
6. Enteritis and diarrhoeal diseases	006, 009
7. Other intestinal infectious diseases	005, 007
8. Silicotuberculosis	010
9. Pulmonary tuberculosis	011
10. Tuberculous pleurisy	012.1, 012.2
11. Tuberculous laryngitis	012.3
12. Other respiratory tuberculosis	012.0, 012.9
13. Tuberculosis of meninges and central nervous system	013
14. Tuberculosis of intestines, peritoneum and mesenteric glands	014
15. Tuberculosis of bones and joints	015
16. Tuberculosis of genito-urinary system	016
17. Other tuberculosis	017-019
18. Plague	020
19. Brucellosis	023
20. Leprosy	030
21. Diphtheria	032
22. Whooping cough	033
23. Streptococcal sore throat and scarlet fever	034
24. Erysipelas	035
25. Meningococcal infection	036
26. Tetanus	037
27. Septicaemia	038

List D

	<u>Detailed List</u> <u>Nos.</u>
28. Other bacterial diseases	( 021, 022, 024-027, ( 031, 039
29. Acute poliomyelitis	040-043
30. Late effects of acute poliomyelitis	044
31. Smallpox	050
32. Chickenpox	052
33. Measles	055
34. Rubella	056
35. Yellow fever	060
36. Viral encephalitis	062-065
37. Arthropod-borne haemorrhagic fever	067
38. Infectious hepatitis	070
39. Rabies	071
40. Mumps	072
41. Other viral diseases	( 045, 046, 051, 053, ( 054, 057, 061, 066, ( 068, 073-079
42. Typhus and other rickettsioses	080-083
43. Malaria	084
44. Leishmaniasis	085
45. Trypanosomiasis	086, 087
46. Relapsing fever	088
47. Early syphilis, symptomatic	091
48. Cardiovascular syphilis	093
49. Syphilis of central nervous system	094
50. Other syphilis	090, 092, 095-097
51. Gonococcal infections	098
52. Schistosomiasis	120
53. Hydatidosis	122
54. Ancylostomiasis	126
55. Other helminthiasis	121, 123-125, 127-129

List DDetailed ListNos.

56. Other infective and parasitic diseases	( 069, 099 ( 100-104, 110-117 ( 130-136
57. Malignant neoplasm of buccal cavity and pharynx	140-149
58. Malignant neoplasm of stomach	151
59. Malignant neoplasm of intestine, except rectum	152, 153
60. Malignant neoplasm of rectum and rectosigmoid junction	154
61. Malignant neoplasm of other digestive organs and peritoneum	150, 155-159
62. Malignant neoplasm of larynx	161
63. Malignant neoplasm of trachea, bronchus and lung	162
64. Malignant neoplasm of other and unspecified respiratory organs	160, 163
65. Malignant neoplasm of bone	170
66. Malignant neoplasm of skin	172, 173
67. Malignant neoplasm of breast	174
68. Malignant neoplasm of cervix uteri	180
69. Chorionepithelioma	181
70. Other malignant neoplasm of uterus	182
71. Malignant neoplasm of ovary	183.0
72. Malignant neoplasm of other and unspecified female genital organs	183.1, 183.9, 184
73. Malignant neoplasm of prostate	185
74. Malignant neoplasm of testis	186
75. Malignant neoplasm of bladder	188
76. Malignant neoplasm of other genito-urinary organs	187, 189
77. Malignant neoplasm of brain	191
78. Malignant neoplasm of other specified sites	171, 190, 192-195
79. Secondary and unspecified malignant neoplasm of lymph nodes	196
80. Secondary malignant neoplasm of other sites and malignant neoplasm of unspecified site	197-199

List D

	<u>Detailed List</u>
	<u>Nos.</u>
81. Hodgkin's disease	201
82. Leukaemia	204-207
83. Other neoplasms of lymphatic and haematopoietic tissue	( 200, 202, 203, 208, ( 209
84. Benign neoplasm of skin	216
85. Uterine fibromyoma	218
86. Other benign neoplasm of uterus	219
87. Benign neoplasm of ovary	220
88. Benign neoplasm of kidney and other urinary organs	223
89. Benign neoplasm of brain and other parts of nervous system	225
90. Other benign neoplasm	( 210-215, 217, 221, ( 222, 224, 226-228
91. Carcinoma <u>in situ</u> of cervix uteri	234.0
92. Other neoplasm of unspecified nature	( 230-233, 234.1, 234.9, ( 235-239
93. Non-toxic goitre	240, 241
94. Thyrotoxicosis with or without goitre	242
95. Other diseases of thyroid gland	243-246
96. Diabetes mellitus	250
97. Avitaminoses and other nutritional deficiency	260-269
98. Other endocrine and metabolic diseases	251-258, 270-279
99. Iron deficiency anaemias	280
100. Vitamin B12 deficiency anaemia	281.0, 281.1
101. Other deficiency anaemias	281.2-281.9
102. Other diseases of blood and blood forming organs	282-289
103. Alcoholic psychosis	291
104. Schizophrenia	295
105. Affective psychoses	296
106. Other psychoses	290, 292-294, 297-299
107. Neuroses	300

List DDetailed ListNos.

108.	Alcoholism	303
109.	Other non-psychotic mental disorders	301, 302, 304-309
110.	Mental retardation	310-315
111.	Meningitis	320
112.	Other inflammatory diseases of central nervous system	321-324
113.	Hereditary and familial diseases of nervous system	330-333
114.	Multiple sclerosis	340
115.	Paralysis agitans	342
116.	Epilepsy	345
117.	Other diseases of central nervous system	341, 343, 344, 346-349
118.	Sciatica	353
119.	Other diseases of nerves and peripheral ganglia	350-352, 354-358
120.	Keratitis with ulceration	363.0
121.	Iritis, choroiditis and other inflammation of uveal tract	364-366
122.	Inflammation of lachrymal glands and ducts	368
123.	Other inflammatory diseases of eye	( 360-362, 363.9, ( 367, 369
124.	Strabismus	373
125.	Cataract	374
126.	Glaucoma	375
127.	Detachment of retina	376
128.	Other diseases of eye	370-372, 377-379
129.	Otitis media without mention of mastoiditis	381
130.	Mastoiditis with or without otitis media	382, 383
131.	Other diseases of ear and mastoid process	380, 384-389
132.	Active rheumatic fever	390-392
133.	Chronic rheumatic heart disease	393-398
134.	Essential benign hypertension	401
135.	Hypertensive heart disease	402, 404
136.	Other hypertensive disease	400, 403

List D

	<u>Detailed List</u> <u>Nos.</u>
137. Acute myocardial infarction	410
138. Other ischaemic heart disease	411-414
139. Symptomatic heart disease	427
140. Other disease of heart	420-426, 428, 429
141. Cerebral haemorrhage	431
142. Cerebral infarction	432-434
143. Acute but ill-defined cerebrovascular disease	436
144. Other cerebrovascular disease	430, 435, 437, 438
145. Arteriosclerosis	440
146. Other peripheral vascular disease	443
147. Other diseases of arteries, arterioles and capillaries	441, 442, 444-447
148. Pulmonary embolism and infarction	450
149. Phlebitis, thrombophlebitis, venous embolism and thrombosis	451-453
150. Varicose veins of lower extremities	454
151. Haemorrhoids	455
152. Other diseases of veins and lymphatics, and of circulatory system	456 456
153. Acute pharyngitis and acute tonsillitis	462, 463
154. Acute bronchitis and bronchiolitis	466
155. Other acute respiratory infections	460, 461, 464, 465
156. Influenza	470-474
157. Viral pneumonia	480
158. Pneumococcal pneumonia	461
159. Pneumonia due to other specified organism	482, 483
160. Pneumonia without specification of organism	464-466
161. Bronchitis, emphysema and asthma	490-493
162. Hypertrophy of tonsils and adenoids	500
163. Chronic sinusitis	503
164. Deflected nasal septum	504
165. Other diseases of upper respiratory tract	501, 502, 505-508

List DDetailed List  
Ncs.

166.	Empyema and abscess of lung	510, 513
167.	Pleurisy	511
168.	Pneumoconioses and related diseases	515, 516
169.	Bronchiectasis	518
170.	Other diseases of respiratory system	512, 514, 517, 519
171.	Diseases of teeth and supporting structures	520-525
172.	Other diseases of oral cavity, salivary glands and jaws	526-529
173.	Ulcer of stomach	531
174.	Ulcer of duodenum	532
175.	Peptic ulcer, site unspecified	533
176.	Gastrojejunal ulcer	534
177.	Gastritis and duodenitis	535
178.	Other diseases of oesophagus, stomach and duodenum	530, 536, 537
179.	Acute appendicitis	540
180.	Other appendicitis	541-543
181.	Inguinal hernia without mention of obstruction	550
182.	Other hernia without mention of obstruction	551
183.	Hernia with obstruction	552, 553
184.	Intestinal obstruction without mention of hernia	560
185.	Chronic enteritis and ulcerative colitis	563
186.	Anal fissure and fistula	565
187.	Abscess of anal and rectal regions	566
188.	Other diseases of intestines and peritoneum	( 561, 562, 564, ( 567-569
189.	Cirrhosis of liver	571
190.	Cholelithiasis and cholecystitis	574, 575
191.	Other diseases of liver and gall bladder	570, 572, 573, 576
192.	Diseases of pancreas	577
193.	Acute nephritis	580
194.	Other nephritis and nephrosis	581-584

List D

	<u>Detailed List</u> <u>Nos.</u>
195. Infections of kidney	590
196. Calculi of urinary system	592, 594
197. Cystitis	595
198. Stricture of urethra	596
199. Other diseases of urinary system	( 591, 593, 596, ( 597, 599
200. Hyperplasia of prostate	600
201. Hydrocele	603
202. Redundant prepuce and phimosis	605
203. Other diseases of male genital organs	( 601, 602, 604, ( 606, 607
204. Diseases of breast	610, 611
205. Salpingitis and oophoritis	612-614
206. Other diseases of ovary, Fallopian tube and parametrium	615, 616
207. Infective disease of cervix uteri	620
208. Infective disease of uterus (except cervix), vagina and vulva	622
209. Uterovaginal prolapse	623
210. Malposition of uterus	624
211. Disorders of menstruation	626
212. Sterility, female	628
213. Other diseases of female genital organs	621, 625, 627, 629
214. Infections of genito-urinary tract during pregnancy and the puerperium	630, 635
215. Threatened abortion	632.3
216. Other haemorrhage of pregnancy	( 632.0-632.2, 632.4, ( 632.5
217. Pregnancy with malposition of foetus in uterus	634.0
218. Toxaemias of pregnancy and the puerperium	636-639
219. Other complications of pregnancy	631, 633, 634.1, 634.9
220. Abortion induced for legal indications	640, 641



List DDetailed List  
Nos.

221.	Other and unspecified abortion	642-645
222.	Delivery without mention of complication	650
223.	Delivery complicated by placenta praevia or ante-partum haemorrhage	651
224.	Delivery complicated by retained placenta or other post-partum haemorrhage	652, 653
225.	Delivery complicated by abnormality of bony pelvis, disproportion, malpresentation or other prolonged labour	654-657
226.	Delivery with other complications, including anaesthetic death	658-662
227.	Complications of the puerperium	670-678
228.	Infections of skin and subcutaneous tissues	680-686
229.	Other inflammatory conditions of skin and subcutaneous tissues	690-698
230.	Other diseases of skin and subcutaneous tissues	700-709
231.	Rheumatoid arthritis and allied conditions	712
232.	Osteo-arthritis and allied conditions	713
233.	Other and unspecified arthritis	710, 711, 714, 715
234.	Non-articular rheumatism and rheumatism unspecified	716-718
235.	Osteomyelitis and periostitis	720
236.	Other diseases of bone	721-723
237.	Internal derangement of joint	724
238.	Displacement of intervertebral disc	725
239.	Vertebrogenic pain syndromes	728
240.	Other diseases of joint	726, 727, 729
241.	Synovitis, bursitis and tenosynovitis	731
242.	Hallux valgus and varus	737
243.	Other diseases of musculoskeletal system	730, 732-736, 738
244.	Spina bifida and congenital hydrocephalus	741, 742
245.	Congenital anomalies of circulatory system	746, 747
246.	Cleft palate and cleft lip	749
247.	Congenital pyloric stenosis	750.1

List D

	<u>Detailed List</u>
	<u>Nos.</u>
248. Other congenital anomalies of digestive system	( 750.0, 750.2-750.9, ( 751
249. Undescended testicle	752.1
250. Other congenital anomalies of genito-urinary system	( 752.0, 752.2-752.9, ( 753
251. Congenital clubfoot	754
252. Congenital dislocation of hip	755.7
253. Other congenital anomalies of musculoskeletal system	( 755.0 755.6, 755.8, ( 755.9, 756
254. Other and unspecified congenital anomalies	( 740, 743 745, 748, ( 757-759
255. Birth injury	( 764 768 with 4th ( digits .0-.3, 772
256. Asphyxia, anoxia or hypoxia	( 764-768 with 4th ( digit .4, 776
257. Haemolytic disease of newborn	774, 775
258. Immaturity, unspecified	777
259. Other causes of perinatal morbidity and mortality	( 760-763, 764-768 with ( 4th digit .9, 769, 770, ( 771, 773, 778, 779
260. Acute heart failure, undefined	782.4
261. Haematemesis	784.5
262. Abdominal pain	785.5
263. Pain referable to urinary system	786.0
264. Retention of urine	786.1
265. Incontinence of urine	786.2
266. Other symptoms	( 780, 781, 782.0-782.3, ( 782.5-782.9, 783, ( 784.0-784.4, 784.6- ( 784.8, 785.0-785.4, ( 785.6-785.9, 786.3- ( 786.7, 787-789
267. Senility without mention of psychosis	794
268. Other ill-defined conditions	790-793, 795, 796

List DDetailed List  
Nos.

Y		Y
269.	Normal pregnancy	Y 60.0
270.	Live births in hospital	Y 80-Y 89
271.	Other special admissions or consultations	( Y 00-Y 59 ( Y 60.1-Y 60.9 ( Y 61-Y 79
E		E
272.	Railway accidents	800-807
273.	Motor vehicle accident to occupant of motor vehicle	( 810-823 with 4th ( digits .0-.3
274.	Motor vehicle accident to pedal cyclist	( 810-823 with 4th ( digit .6
275.	Motor vehicle accident to pedestrian	( 810-823 with 4th ( digit .7
276.	Motor vehicle accident to other and unspecified person	( 810-823 with 4th ( digits .4, .5, .8, .9
277.	Other road vehicle accidents	825-827
278.	Water transport accidents	830-838
279.	Air and space transport accidents	840-845
280.	Accidental poisoning by drugs and medicaments	850-859
281.	Accidental poisoning by other solid and liquid substances	860-869
282.	Accidental poisoning by gases and vapours	870-877
283.	Accidental fall on or from stairs, steps, ladders or scaffolding	880, 881
284.	Other fall from one level to another	882-884
285.	Fall on same level	885, 886
286.	Unspecified fall	887
287.	Conflagrations	890-892
288.	Ignition of oil, kerosene or inflammable material	893, 894
289.	Accidental fire from coal, kerosene fires	895-897
290.	Other and unspecified fires	898, 899
291.	Drowning and submersion	910

List D

		<u>Detailed List</u>
		<u>Nos.</u>
E		E
292.	Accident caused by firearms weapons	922
293.	Surgical and medical complications and misadventures	930-936
294.	Other and unspecified accidents, including late effects	( 900-909, 911-921, ( 923-929, 940-949
295.	Suicide and self-inflicted injury by poisoning by solid or liquid substances	950
296.	Suicide and self-inflicted injury by poisoning by gases in domestic use	951
297.	Suicide and self inflicted injury by other and unspecified means, including late effects	952-954, 955 959
298.	Homicide and injury purposely inflicted by other persons; legal intervention	960-969, 970-979
299.	Injury undetermined whether accidentally or purposely inflicted	980-989
300.	Injury resulting from operations of war	990-999
N		N
272.	Fracture of face bones	802
273.	Other fracture of skull	800, 801, 803, 804
274.	Fracture of spine and trunk	805-809
275.	Fracture of humerus, radius and ulna	812, 813
276.	Fracture of phalanges and metacarpal bones	815-817
277.	Fracture of neck of femur	820
278.	Fracture of other and unspecified parts of femur	821
279.	Fracture of tibia, fibula and ankle	823, 824
280.	Other fractures of limbs	( 810, 811, 814, 816, ( 819, 822, 825-829
281.	Dislocation without fracture; sprains and strains of joints and adjacent muscles	830-845
282.	Intracranial injury (excluding skull fracture)	850-854
283.	Internal injury of chest, abdomen and pelvis	860-869
284.	Laceration, open wound, superficial injury, contusion and crushing, affecting eye	870, 871, 921
285.	Laceration, open wound, superficial injury, contusion and crushing, affecting hand and fingers	( 862, 863, 865-867, ( 903, 914, 915, 925 ( 926

List DDetailed ListNos.

N	Detailed List	Nos.
286.	Laceration, open wound, superficial injury, contusion and crushing, affecting <b>other and unspecified site</b>	( 872-879, 880, 881, ( 884, 890-897, 900-902, ( 904-908, 910-913, 916- ( 918, 920, 922-924, ( 927-929
287.	Foreign body in eye and adnexa	930
288.	Foreign body entering through other orifice	931-939
289.	Burn confined to eye	940
290.	Burn of other and unspecified site	941-949
291.	Adverse effects of salicylates and congeners	965.1
292.	Adverse effects of barbiturates	967.0
293.	Adverse effects of other medicinal agents	( 960-964, 965.0, 965.2- ( 965.9, 966, 967.1- ( 967.9, 968-979
294.	Toxic effect of carbon monoxide	986
295.	Toxic effect of other substances chiefly non-medicinal as to source	980-985, 987-989
296.	Drowning and non-fatal submersion	994.1
297.	Asphyxiation and strangulation	995.5
298.	Injury, other and unspecified	997
299.	Complications of surgical procedures and other medical care	996, 999
300.	Other effects of external causes	( 950-959, 990-993, ( 994.0, 994.2-994.9, ( 995.0-995.4, 995.6- ( 995.9, 996

LIST P

DRAFT LIST OF 100 CAUSES FOR TABULATION OF PERINATAL MORBIDITY AND MORTALITY  
(LIST P)

Detailed List  
Nos.

Chronic circulatory and genito-urinary disease  
in mother (1-4)

1.	Chronic rheumatic heart disease	760.0
2.	Chronic hypertension	760.2
3.	Other chronic disease of circulatory system	760.1, 760.3
4.	Chronic disease of genito-urinary system	760.4, 760.5

Other maternal conditions unrelated to pregnancy (5-11)

5.	Syphilis	761.0
6.	Diabetes mellitus	761.1
7.	Rubella	761.3
8.	Injury to mother	761.5
9.	Operation of mother	761.6
10.	Chemical substances transmitted through placenta	761.7
11.	Other maternal conditions	761.2, 761.4, 761.9

Toxaemias of pregnancy (12-17)

12.	Renal disease arising during pregnancy	762.0
13.	Pre-eclampsia of pregnancy	762.1
14.	Eclampsia of pregnancy	762.2
15.	Toxaemia unspecified	762.3
16.	Hyperemesis gravidarum	762.4
17.	Other toxaemia of pregnancy	762.5, 762.9

Maternal ante- and intra-partum infection (18-20)

18.	Pyelitis and pyelonephritis of pregnancy	763.0
19.	Other infections of genito-urinary tract during pregnancy	763.1
20.	Other	763.9

List PDetailed List  
Nos.

Difficult labour with abnormality of bones, organs or tissues of pelvis (21-23)	
21.	With birth injury to brain or spinal cord 764.0, 764.1
22.	With other or unspecified birth injury 764.2, 764.3
23.	Without mention of birth injury 764.4, 764.9
Difficult labour with disproportion (24-26)	
24.	With birth injury to brain or spinal cord 765.0, 765.1
25.	With other or unspecified birth injury 765.2, 765.3
26.	Without mention of birth injury 765.4, 765.9
Difficult labour with malposition of foetus (27-29)	
27.	With birth injury to brain or spinal cord 766.0, 766.1
28.	With other or unspecified birth injury 766.2, 766.3
29.	Without mention of birth injury 766.4, 766.9
Difficult labour with abnormality of forces of labour (30-32)	
30.	With birth injury to brain or spinal cord 767.0, 767.1
31.	With other or unspecified birth injury 767.2, 767.3
32.	Without mention of birth injury 767.4, 767.9
Difficult labour with other and unspecified complications (33-35)	
33.	With birth injury to brain or spinal cord 768.0, 768.1
34.	With other or unspecified birth injury 768.2, 768.3
35.	Without mention of birth injury 768.4, 768.9
Other complications of pregnancy and child-birth (36-41)	
36.	Incompetent cervix 769.0
37.	Premature rupture of membranes 769.1
38.	Hydramnios 769.2
39.	Ectopic pregnancy 769.3
40.	Multiple pregnancy 769.4
41.	Other complications of pregnancy or child-birth 769.5, 769.9

List PDetailed List  
Nos.

## Conditions of placenta (42-46)

42.	Placenta praevia	770.0
43.	Premature separation of placenta	770.1
44.	Placental infarction	770.2
45.	Other conditions of placenta	770.6
46.	Placental insufficiency, unspecified	770.9

## Conditions of umbilical cord (47-49)

47.	Compression of cord	771.0
48.	Prolapse of cord without mention of compression	771.1
49.	Other	771.9

## Birth injury without mention of cause (50-52)

50.	To brain or spinal cord	772.0, 772.1
51.	Other or unspecified birth injury	772.2, 772.9
52.	Termination of pregnancy without mention of cause	773

## Haemolytic disease of newborn (53-56)

53.	With Rh incompatibility	774.0, 775.0
54.	With ABO incompatibility	774.1, 775.1
55.	With other or unspecified blood incompatibility	774.2, 775.2
56.	Without mention of cause	774.9, 775.9

Anoxic and hypoxic conditions not elsewhere classified  
(57-60)

57.	Hyaline membrane disease and respiratory distress syndrome	776.1, 776.2
58.	Intra uterine anoxia	776.4
59.	Asphyxia of newborn, unspecified	776.9
60.	Other anoxic and hypoxic conditions not elsewhere classified	776.0, 776.3

## Other conditions of foetus and newborn (61-66)

61.	Immaturity unspecified	777
62.	Foetal blood loss before birth	776.0
63.	Chorio-amnionitis	776.1



List P

	<u>Detailed List</u> <u>Nos.</u>
64. Post maturity	778.2
65. Haemorrhagic disease of newborn	778.3
66. Other conditions of foetus	778.4, 778.9
67. Maceration foetal death or unknown cause	779.0
68. Other	779.9
Congenital anomalies (69-80)	
69. Anencephalus	740
70. Spina bifida	741
71. Congenital hydrocephalus	742
72. Other congenital anomalies of central nervous system and eye	743, 744
73. Congenital anomalies of circulatory system	746, 747
74. Congenital anomalies of respiratory system	748
75. Congenital anomalies of digestive system	749-751
76. Congenital anomalies of genito-urinary system	752, 753
77. Congenital anomalies of musculo-skeletal system	754-756
78. Down's syndrome congenital syndromes affecting multiple systems	759.3
79. Other	( 759.0-759.2, ( 759.4-759.9
80. Other and unspecified congenital anomalies	745, 757, 758
Infections of foetus and newborn (81-86)	
81. Diarrhoeal disease	009
82. Listeriosis	027.0
83. Tetanus	057
84. Septicaemia	038
85. Viral diseases	040-079
86. Congenital syphilis	090
87. Toxoplasmosis	130
88. Other infective and parasitic diseases	Rest of 000-136

List P

Detailed List  
Nos.

Other diseases of foetus and newborn (89-94)

89.	Diseases of thyroid gland	240-246
90.	Cystic fibrosis (mucoviscidosis)	273.0
91.	Diseases of blood and blood-forming organs	260-269
92.	Pneumonia	480-486
93.	Other specified conditions	Rest of 140-738
94.	Symptoms and ill-defined conditions	760-796

Accidents and violence to newborn (95-100)

95.	Excessive heat	E 900
96.	Excessive cold	E 901
97.	Hunger, thirst, exposure and neglect	E 904
98.	Inhalation and ingestion of food causing obstruction or suffocation	E 911
99.	Accidental mechanical suffocation	E 913
100.	Other violence	Rest of E 800-E 999

TWENTIETH WORLD HEALTH ASSEMBLY

WHA20.20  
22 May 1967

ORIGINAL: ENGLISH

SCALE OF ASSESSMENT FOR 1968

The Twentieth World Health Assembly

DECIDES that the scale of assessment for 1968 shall be as follows:

<u>Member</u>	<u>Scale</u> (Percentage)
Afghanistan	0.05
Albania	0.04
Algeria	0.09
Argentina	0.82
Australia	1.41
Austria	0.47
Barbados	0.04
Belgium	1.02
Bolivia	0.04
Brazil	0.85
Bulgaria	0.15
Burma	0.05
Burundi	0.04
Byelorussian SSR	0.46
Cambodia	0.04
Cameroon	0.04
Canada	2.82

<u>Member</u>	<u>Scale</u> (Percentage)
Central African Republic	0.04
Ceylon	0.07
Chad	0.04
Chile	0.24
China	3.79
Colombia	0.20
Congo (Brazzaville)	0.04
Congo, Democratic Republic of	0.05
Costa Rica	0.04
Cuba	0.18
Cyprus	0.04
Czechoslovakia	0.99
Dahomey	0.04
Denmark	0.55
Dominican Republic	0.04
Ecuador	0.05
El Salvador	0.04
Ethiopia	0.04
Federal Republic of Germany	6.60
Finland	0.38
France	5.42
Gabon	0.04
Ghana	0.07
Greece	0.22
Guatemala	0.04
Guinea	0.04
Guyana	0.04
Haiti	0.04
Honduras	0.04
Hungary	0.50
Iceland	0.04
India	1.65

<u>Member</u>	<u>Scale</u> (Percentage)
Indonesia	0.35
Iran	0.18
Iraq	0.07
Ireland	0.14
Israel	0.15
Italy	2.26
Ivory Coast	0.04
Jamaica	0.05
Japan	2.47
Jordan	0.04
Kenya	0.04
Kuwait	0.05
Laos	0.04
Lebanon	0.05
Liberia	0.04
Libya	0.04
Luxembourg	0.05
Madagascar	0.04
Malawi	0.04
Malaysia	0.11
Maldives Islands	0.04
Mali	0.04
Malta	0.04
Mauritania	0.04
Mauritius	0.02
Mexico	0.72
Monaco	0.04
Mongolia	0.04
Morocco	0.10
Nepal	0.04

<u>Member</u>	<u>Scale</u> (Percentage)
Netherlands	0.99
New Zealand	0.34
Nicaragua	0.04
Niger	0.04
Nigeria	0.15
Norway	0.39
Pakistan	0.33
Panama	0.04
Paraguay	0.04
Peru	0.08
Philippines	0.31
Poland	1.29
Portugal	0.13
Qatar	0.02
Republic of Korea	0.12
Romania	0.31
Rwanda	0.04
Saudi Arabia	0.06
Senegal	0.04
Sierra Leone	0.04
Singapore	0.04
Somalia	0.04
South Africa	0.46
Southern Rhodesia	0.02
Spain	0.65
Sudan	0.05
Sweden	1.12
Switzerland	0.78
Syria	0.05
Thailand	0.12
Togo	0.04

<u>Member</u>	<u>Scale</u> (Percentage)
Trinidad and Tobago	0.04
Tunisia	0.05
Turkey	0.31
Uganda	0.04
Ukrainian SSR	1.75
Union of Soviet Socialist Republics	13.29
United Arab Republic	0.20
United Kingdom of Great Britain and Northern Ireland	6.42
United Republic of Tanzania	0.04
United States of America	31.20
Upper Volta	0.04
Uruguay	0.09
Venezuela	0.45
Viet-Nam	0.07
Western Samoa	0.04
Yemen	0.04
Yugoslavia	0.32
Zambia	0.04
Total	<u>100.00</u>

Tenth plenary meeting, 22 May 1967  
A20/VR/10

TWENTIETH WORLD HEALTH ASSEMBLYWHA20.21  
22 May 1967

ORIGINAL: ENGLISH

## EXTENSION OF THE USE OF THE RUSSIAN AND SPANISH LANGUAGES

The Twentieth World Health Assembly,

Having considered the report of the Director-General made at the request of the Executive Board at its thirty-ninth session<sup>1</sup> on the implications of introducing Russian and Spanish as working languages of the Health Assembly and Executive Board in progressive steps over a period of three years,

1. DECIDES to adopt Russian and Spanish as working languages of the Health Assembly and the Executive Board;
2. DECIDES that the implementation of the plan presented by the Director-General should be carried out in stages beginning with the first part<sup>2</sup> at the Twenty-first World Health Assembly in 1968; and further
3. DECIDES to add to the proposed budget estimates for 1968<sup>3</sup> the estimated costs for the first year of the plan and that, to avoid increasing the assessments of Members in 1968, these costs be financed by utilizing casual income which is available for the purpose;

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<sup>1</sup> Resolution EB39.R41, Off. Rec. Wld Hlth Org., 157, 23.

<sup>2</sup> Document A20/AFL/10, paragraph 9.1.

<sup>3</sup> Off. Rec. Wld Hlth Org., 154 and 157, 13 (resolution EB39.R19).



4. REQUESTS the Director-General to report to the Twenty-second World Health Assembly on the results obtained and the further steps which then seem desirable to extend the use of the Russian and Spanish languages as working languages of the World Health Assembly and the Executive Board;
5. REQUESTS the Director-General to examine the present documentation, in all languages, of the World Health Assembly and the Executive Board with a view to promoting its greater efficiency and to report thereon to the Executive Board at its forty-first session; and
6. REQUESTS the Director-General to present to the Executive Board at the appropriate time, proposals for the amendment of the Rules of Procedure of the Health Assembly and the Executive Board regarding the use of languages, reflecting these decisions.

Tenth plenary meeting, 22 May 1967  
A20/VR/10

TWENTIETH WORLD HEALTH ASSEMBLY

WHA20.22  
22 May 1967

ORIGINAL: ENGLISH

DECISIONS OF THE UNITED NATIONS, THE SPECIALIZED AGENCIES AND  
THE INTERNATIONAL ATOMIC ENERGY AGENCY AFFECTING WHO'S ACTIVITIES:  
ADMINISTRATIVE, BUDGETARY AND FINANCIAL MATTERS

The Twentieth World Health Assembly,

Having reviewed the Director-General's report<sup>1</sup> on the developments concerning the recommendations in the second report of the Ad Hoc Committee of Experts to Examine the Finances of the United Nations and the Specialized Agencies,<sup>2</sup> approved unanimously by the United Nations General Assembly on 4 November 1966;

Mindful that in its resolution 2150 (XXI) the General Assembly recommended that the specialized agencies "give most attentive consideration to the recommendations contained in the report and . . . take appropriate measures, within their respective areas of competence, with a view to the earliest possible implementation of those recommendations";

Recognizing that many of the recommendations of the Ad Hoc Committee require consultation among the United Nations, the specialized agencies and the IAEA;

Noting with appreciation the co-operation of the Director-General in the work of the Ad Hoc Committee, and in the subsequent inter-agency consultations;

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<sup>1</sup> A20/AFL/11 and Add.1, Add.2 and Add.3.

<sup>2</sup> A/6343.

Noting with satisfaction that a number of the recommendations of the Ad Hoc Committee are already in effect in the World Health Organization; and

Recalling also with satisfaction resolution EB39.R42 of the Executive Board,<sup>1</sup>

I

1. WELCOMES the studies and recommendations of the Ad Hoc Committee;
2. REQUESTS the Director-General to continue to co-operate in inter-agency consultations on the implementation of all those recommendations requiring concerted action with other organizations;
3. FURTHER REQUESTS the Director-General to take steps, as soon as practicable, to implement or, as appropriate, to facilitate the implementation of those recommendations of the Ad Hoc Committee whose implementation does not require constitutional amendment and on which prior inter-agency consultation has been completed or is unnecessary, and in particular those recommendations concerning budget preparation, presentation and performance and programme planning and evaluation, taking into account the specific functions of the World Health Organization under its Constitution, as well as the urgent priority problems whose solution is of vital importance for the Member States; and
4. INVITES the Director-General to submit to the Executive Board and to the Twenty-first World Health Assembly a report on the progress made on the measures described in paragraphs 2 and 3 above.

II

Having considered that part of the second report of the Ad Hoc Committee of Experts to Examine the Finances of the United Nations and the Specialized Agencies dealing with the establishment of a Joint Inspection Unit; and

Considering that the consultations with the Advisory Committee on Administrative and Budgetary Questions on the Joint Inspection Unit have not yet been completed,

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<sup>1</sup> Off. Rec. Wld Hlth Org., 157, 23.

1. DECIDES that the World Health Organization shall participate in the Joint Inspection Unit as soon as agreement on its establishment has been reached by the relevant inter-agency bodies and United Nations organs;
2. DECIDES that the budget estimates for 1968 shall include the estimated costs of becoming a participating organization in the Joint Inspection Unit;
3. REQUESTS the Director-General to report to the Executive Board at its forty-first session on developments concerning the Joint Inspection Unit, including the results of further inter-agency consultations, and the names of the inspectors appointed; and
4. REQUESTS the Executive Board, if necessary for the Organization's participation in the Joint Inspection Unit, to take such further action as may be required as the result of developments reported under paragraph 3 above, including any additional inter-agency agreement which may have been reached.

Tenth plenary meeting, 22 May 1967  
A20/VR/10

TWENTIETH WORLD HEALTH ASSEMBLY

WHA20.27  
23 May 1967

ORIGINAL: ENGLISH

JOINT FAO/WHO PROGRAMME ON FOOD STANDARDS: AMENDMENTS  
TO THE STATUTES OF THE CODEX ALIMENTARIUS COMMISSION

The Twentieth World Health Assembly,

Having considered the report of the Director-General on the Joint FAO/WHO programme on food standards concerning amendments to the statutes of the Codex Alimentarius Commission, presented to the Executive Board at its thirty-ninth session,

APPROVES the amendments to the statutes of the Codex Alimentarius Commission as adopted by the FAO Council at its forty-seventh session.

Eleventh plenary meeting, 23 May 1967  
A20/VR/11

TWENTIETH WORLD HEALTH ASSEMBLY

WHA20.32

23 May 1967

ORIGINAL: ENGLISH

PROGRAMME AND BUDGET ESTIMATES FOR 1968: VOLUNTARY FUND FOR  
HEALTH PROMOTION

The Twentieth World Health Assembly,

Considering that the programmes planned under the Voluntary Fund for Health Promotion, as set forth in Official Records No. 15<sup>4</sup>, are satisfactory; and

Noting that the programmes are complementary to the programmes included in the regular budget of the Organization,

1. EXPRESSES the hope that more contributions will be made to the Voluntary Fund for Health Promotion; and
2. INVITES the Director-General to take such further action as would contribute to the effective implementation of the programmes planned to be financed from the Voluntary Fund for Health Promotion.

Eleventh plenary meeting, 23 May 1967  
A20/VR/11

TWENTIETH WORLD HEALTH ASSEMBLY

WHA20.34  
25 May 1967

ORIGINAL: ENGLISH

QUALITY CONTROL OF PHARMACEUTICAL PREPARATIONS

The Twentieth World Health Assembly,

Having considered the report of the Director-General on the quality control of pharmaceutical preparations;<sup>1</sup>

Having noted resolution EB39.R8<sup>2</sup> of the thirty-ninth session of the Executive Board on the quality control of pharmaceutical preparations;

Noting that this matter has been the subject of repeated discussion at previous sessions of the Executive Board and the World Health Assembly, but that desirable results have not yet been reached;

Bearing in mind resolution WHA18.36,<sup>3</sup> which invited governments to take the necessary measures to subject pharmaceutical preparations, imported or locally manufactured, to adequate quality control;

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<sup>1</sup> Document A20/P&B/10.

<sup>2</sup> Off. Rec. Wld Hlth Org., 157, 8.

<sup>3</sup> Handbook of Resolutions and Decisions, 8th ed., p. 16.

Recalling particularly resolution WHA19.47,<sup>1</sup> requesting the Director-General to establish generally acceptable principles for the quality control of pharmaceutical preparations, and to continue to assist Member States in their efforts to improve the quality control of pharmaceutical preparations and to establish quality control laboratories for national or regional purposes;

Noting with concern that the requests to Member States that drugs should not be exported without having been subject to the same quality control as those issued to the home market in the country of origin are not yet generally applied, and that in many cases pharmaceutical preparations are continuing to circulate without such control; and

Considering the measures outlined in the Director-General's report on the improvement of the quality of drugs on the international level,

REQUESTS the Director-General:

- (i) to formulate as soon as possible principles for quality control procedures such as should be incorporated in good drug manufacturing practice;
- (ii) to continue work on analytical control specifications for international acceptance to be published as they are completed;
- (iii) to continue to assist Member States in establishing or securing access to national or regional laboratory facilities for quality control of drugs with support where appropriate of multilateral or bilateral assistance;
- (iv) to report on the principles which should be included in regulations under Article 21 of the Constitution of WHO, supplemented, as may be necessary, by recommendations under Article 23, in regard to pharmaceutical

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<sup>1</sup> Off. Rec. Wld Hlth Org., 151, 22.



products in international commerce and on the steps which the Organization would have to take to implement the programme of work involved to the Twenty-first World Health Assembly through the Executive Board with their comments;

(v) to ask again countries which export pharmaceuticals to ensure that these are subject to control measures which will secure that they comply with standards of quality not less than those imposed on domestic commerce; and

(vi) to report on the financial implications for WHO of any action proposed under this resolution.

Eleventh plenary meeting, 23 May 1967  
A20/VR/11

TWENTIETH WORLD HEALTH ASSEMBLYWHA20.37  
23 May 1967

ORIGINAL: ENGLISH

VOLUNTARY FUND FOR HEALTH PROMOTION:  
PROGRESS REPORT ON WORLD HEALTH FOUNDATIONS

The Twentieth World Health Assembly,

Having considered the report of the Director-General on developments relating to World Health Foundations;<sup>1</sup>

Recalling resolutions EB35.R19<sup>2</sup> and EB39.R34<sup>3</sup> in which the Executive Board inter alia welcomed "the developments in respect of the establishment of national World Health Foundations, the purpose of which is to foster the fundamental objectives of the World Health Organization" and of "the Federation of World Health Foundations" and requested "the Director-General to take such further action as would encourage the establishment and functioning of national World Health Foundations in various countries"; and

Recalling resolution WHA18.31,<sup>2</sup> in which the Eighteenth World Health Assembly appreciated "the actions taken with a view to the establishment of World Health Foundations in several Member countries" and encouraged "the efforts which are being pursued and which will be undertaken towards this end", and resolution WHA19.20,<sup>4</sup> in which the Nineteenth World Health Assembly expressed "its hope that interest in and support of World Health Foundations will continue to develop",

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<sup>1</sup> Document A20/AFL/14.

<sup>2</sup> Handbook of Resolutions and Decisions, 8th ed., p. 330.

<sup>3</sup> Off. Rec. Wld Hlth Org., 157, 20.

<sup>4</sup> Off. Rec. Wld Hlth Org., 151, 9-10.

1. WELCOMES the establishment of the additional foundations and of the Federation of World Health Foundations as an important development;
2. NOTES that for a service fee of eleven per cent. of the annual budget estimates of the Federation, the Organization will act as Fiscal Agent and provide conference and other services; and
3. AUTHORIZES the Director-General to provide additional services as requested by the World Health Foundations and the Federation on a reimbursable basis.

Eleventh plenary meeting, 23 May 1967  
A20/VR/11

TWENTIETH WORLD HEALTH ASSEMBLY

WHA20.39  
23 May 1967

ORIGINAL: ENGLISH

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

The Twentieth World Health Assembly

Noting with appreciation the invitation of the Government of Brazil to hold the Twenty-first World Health Assembly, and the session of the Executive Board which follows, in Brazil;

Noting that the Government of Brazil has offered to make available to WHO all the necessary facilities for the holding of these sessions and has offered to bear all costs of these meetings in excess of those which would be incurred if they were held in Geneva;

Recalling that the Nineteenth World Health Assembly, in resolution WHA19.9<sup>1</sup> noted "with appreciation the invitation by the Government of the United States of America for the holding of the Twenty-second World Health Assembly in Boston, Massachusetts, in 1969" and decided to accept "this invitation, subject to the conclusion of an appropriate agreement with the Government of the United States of America in accordance with the terms of resolution EB31.R40 and to the conclusion of the necessary practical arrangements; and further subject to confirmation, pursuant to the provisions of Articles 14 and 15 of the WHO Constitution, by the Twenty-first World Health Assembly and by the Executive Board with respect to the country, place and date of the session";

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<sup>1</sup> Off. Rec. Wld Hlth Org., 151, pp. 4 & 5.

Having regard to the provisions of resolutions EB6.R32,<sup>1</sup> WHA5.48, paragraph (3),<sup>1</sup> and EB31.R40, paragraph 2,<sup>2</sup> concerning the periodicity of Assemblies away from the Headquarters and the need for timely consideration by the Assembly, in the light of a full report by the Director-General on the conditions offered, of invitations to meet away from the Headquarters;

Considering, however, that the Twenty-first World Health Assembly represents an exceptional occasion in the life of the Organization, since it will mark the Twentieth Anniversary,

1. ACCEPTS with appreciation the generous offer of the Government of Brazil, subject to confirmation by the Executive Board that all the necessary conditions can be realized for holding the Twenty-first World Health Assembly and the succeeding session of the Executive Board in Brazil;
2. REQUESTS the Director-General to examine as soon as possible with the Government of Brazil the necessary arrangements for the holding of an Assembly in that country and to report thereon to the Executive Board.

Eleventh plenary meeting, 23 May 1967  
A20/VR/11

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<sup>1</sup> Handbook of Resolutions and Decisions, 8th ed., p. 208.

<sup>2</sup> Handbook of Resolutions and Decisions, 8th ed., p. 209.

TWENTIETH WORLD HEALTH ASSEMBLY

WHA20.40  
23 May 1967

ORIGINAL: ENGLISH

TWENTIETH ANNIVERSARY OF THE WORLD HEALTH ORGANIZATION

The Twentieth World Health Assembly,

Having considered resolution EB39.R43<sup>1</sup> of the Executive Board and the report<sup>2</sup> of the Director-General on the plans for the celebration of the twentieth anniversary of the World Health Organization; and

Considering that the twentieth anniversary year of the Organization should be celebrated and that on this occasion the objectives and the work of the World Health Organization should become better known to the public in general and to health workers and medical students in particular;

Considering further that the Twentieth World Health Assembly has accepted the invitation of the Government of Brazil to hold the twenty-first session of the Health Assembly in Brazil,

1. APPROVES in general the plan for the celebration as outlined in the Director-General's report;<sup>2</sup>
2. INVITES the Director-General to submit to the Executive Board any additions or revisions to the proposals contained in his report which seem appropriate as a result of the decision to hold the Twenty-first World Health Assembly in Brazil;

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<sup>1</sup> Off. Rec. Wld Hlth Org., 157, 24.

<sup>2</sup> Document A20/AFL/21.

3. REQUESTS the Director-General to take into account the suggestions made during the discussions of the subject at the Health Assembly;
4. REQUESTS the Director-General to take all the necessary measures to implement the plan;
5. INVITES Members to stimulate national celebrations of the Twentieth Anniversary of the Organization during 1968;
6. EXPRESSES the desire that the United Nations and the other specialized agencies will observe the Organization's twentieth anniversary;<sup>1</sup> and
7. REQUESTS the Director-General to transmit this resolution to the Members together with the report<sup>2</sup> which he has submitted to the World Health Assembly.

Eleventh plenary meeting, 23 May 1967  
A20/VR/11

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<sup>1</sup> Off. Rec. Wld Hlth Org., 157, 24.

<sup>2</sup> Document A20/AFL/21.

TWENTIETH WORLD HEALTH ASSEMBLY

WHA20.41  
25 May 1967

ORIGINAL: ENGLISH

HEALTH ASPECTS OF POPULATION DYNAMICS

The Twentieth World Health Assembly,

Having considered the report of the Director-General;<sup>1</sup>

Welcoming particularly the references therein to provision of training;

Recognizing the urgent nature of the health problems associated with changes in population dynamics now facing certain Member States, especially in the recruitment of suitably trained and experienced staff;

Recalling resolutions WHA18.49 and WHA19.45;

Reiterating the considerations expressed in these resolutions;

Considering that abortions and the high maternal and child mortality rates constitute a serious public health problem in many countries, and

Believing that the development of basic health services is of fundamental importance in any health programme aimed at health problems associated with population

1. CONGRATULATES the Director-General for the work accomplished during 1966;
2. APPROVES the report of the Director-General;<sup>1</sup>

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<sup>1</sup> Document A20/P&B/11.



3. EXPRESSES the hope that it will be possible for WHO to continue its activities in this field along the principles laid down in resolutions WHA18.49 and WHA19.43; and

4. REQUESTS the Director-General:

- (a) to continue to develop the activities of the World Health Organization in the field of health aspects of human reproduction;
- (b) to assist on request in national research projects and in securing the training of university teachers and of professional staff; and
- (c) to report to the Twenty-first World Health Assembly on the work of WHO in the field of human reproduction.

Twelfth plenary meeting, 25 May 1967  
A20/VR/12

TWENTIETH WORLD HEALTH ASSEMBLY

WHA20.42  
25 May 1967

ORIGINAL: ENGLISH

CONTROL MEASURES FOR LSD AND RELATED SUBSTANCES

The Twentieth World Health Assembly,

Having considered the report by the Director-General,<sup>1</sup>

Noting the resolution on LSD and similar substances of the United Nations Commission on Narcotic Drugs,<sup>2</sup>

Recalling the recommendations of the WHO Expert Committee on Dependence-Producing Drugs,<sup>3</sup>

1. CONSIDERS that the increasing abuse of LSD and related hallucinogenic substances with their inherent risk to the health of the individual and society calls for effective counter-measures;
2. URGES Member States
  - (i) to restrict the use of these substances to scientific and special medical purposes;
  - (ii) to provide for the supervision, by competent health authorities, of the production, distribution and conditions of use of these substances;

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<sup>1</sup> Document A20/P&B/3.

<sup>2</sup> United Nations Commission on Narcotic Drugs (1966) Report of the Twenty-First Session (Document E/4294).

<sup>3</sup> Wld Hlth Org. techn. Rep. Ser., 1964, 273, p. 11 (section 7).

(iii) to support the above control measures by suitable educational programmes aimed at prevention of the uncontrolled use of harmful dependence-producing drugs of hallucinogenic type; and

3. REQUESTS the Director-General to continue to co-operate with the appropriate bodies of the United Nations in examining the feasibility of international control of these substances.

Twelfth plenary meeting, 25 May 1967  
A20/VR/12

TWENTIETH WORLD HEALTH ASSEMBLY

WHA20.43  
25 May 1967

ORIGINAL: ENGLISH

CONTROL MEASURES FOR CERTAIN DEPENDENCE-PRODUCING DRUGS

The Twentieth World Health Assembly,

Having considered the report by the Director-General;<sup>1</sup>

Noting with great concern the increasing abuse of certain dependence-producing psychotropic drugs of the sedative and stimulant types which are not yet under international control;

Referring to the recommendations of the WHO Expert Committee on Dependence-Producing Drugs;<sup>2</sup>

Recalling the conclusions of the United Nations Commission on Narcotic Drugs;<sup>3</sup> and

Realizing the immediate need of co-ordinated national measures of control,

1. URGES Member States who have not yet done so to place, without delay, those drugs of the sedative and stimulant types, which have been found to be dependence producing and have been shown to be abused, on medical prescription, and to supervise carefully compliance with this measure;

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<sup>1</sup> Document A20/P&B/3.

<sup>2</sup> Wld Hlth Org. Techn. Rep. Ser., 1965, 312, 9 (Section 7).

<sup>3</sup> United Nations Commission on Narcotic Drugs (1966) Report of the Twenty-first Session (Document E/4294).

2. RECOMMENDS that Member States provide in regard to those drugs, for
  - (i) supervision of transactions from production to retail trade;
  - (ii) licensing of all producers;
  - (iii) limitation of trade to authorized persons;
  - (iv) prohibition of possession without authorization; and
  
3. REQUESTS the Director-General to continue his consultations with the United Nations and the Permanent Central Narcotics Board on the possibilities of establishing international control measures for the drugs in question.

Twelfth plenary meeting, 25 May 1967  
A20/VR/12

TWENTIETH WORLD HEALTH ASSEMBLY

WHA20.48  
25 May 1967

ORIGINAL: ENGLISH

ORGANIZATIONAL STUDY ON "CO-ORDINATION AT THE NATIONAL LEVEL IN  
RELATION TO THE TECHNICAL CO-OPERATION FIELD PROGRAMME OF THE  
ORGANIZATION"

The Twentieth World Health Assembly,

Having examined the organizational study of the Executive Board on co-ordination at the national level in relation to the technical co-operation field programme of the Organization,<sup>1</sup>

1. COMMENDS the Executive Board on the excellent study which it has prepared on this subject;
2. CALLS the attention of Member States to the following conclusions of the study:
  - (i) that it is the prime responsibility of governments to co-ordinate not only their own programmes but also the aid they receive from external assistance;
  - (ii) that the WHO representatives can play an important part and facilitate the task of the national health authorities who may call on their services, in co-ordinating health activities receiving technical assistance; and
3. REQUESTS the Director-General to continue to give attention to the qualifications of WHO representatives so that they can give the best possible assistance to national governments.

Twelfth plenary meeting, 25 May 1967  
A20/VR/12

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<sup>1</sup> Off. Rec. Wld Hlth Org., 157, Annex 16.

TWENTIETH WORLD HEALTH ASSEMBLY

WHA20.52

25 May 1967

ORIGINAL: ENGLISH

DECISIONS OF THE UNITED NATIONS, THE SPECIALIZED AGENCIES AND THE  
INTERNATIONAL ATOMIC ENERGY AGENCY AFFECTING WHO'S ACTIVITIES:  
PROGRAMME MATTERS

The Twentieth World Health Assembly,

Having considered the Director-General's report on decisions of the United Nations, the specialized agencies and IAEA on programme matters affecting WHO's activities;<sup>1</sup>

Noting in particular resolution 2218 (XXI) of the United Nations General Assembly concerning the United Nations Development Decade and resolutions 1152 (XLI) and 1148 (XLI) of the Economic and Social Council concerning the Development Decade and Economic Planning and Projections;

Noting also General Assembly resolution 2188 (XXI) entitled "General Review of the Programmes and Activities in the Economic, Social, Technical Co-operation and Related Fields of the United Nations, the Specialized Agencies, the International Atomic Energy Agency, the United Nations Children's Fund and all other Institutions and Agencies related to the United Nations System", and having in mind resolution EB39.R39 on the same subject,

1. NOTES the report of the Director-General;<sup>1</sup>

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<sup>1</sup> Document A20/P&B/8.

2. EXPRESSES appreciation to UNICEF for its support and looks forward to its increasing collaboration in programmes designed to raise the level of health of mothers and children;

3. CALLS ATTENTION to Member States to the General Assembly resolution 2218B (XXI) paragraph 3 which "calls upon all concerned to exert maximum efforts for the realization of the modest targets of the present United Nations Development Decade"

4. REQUESTS the Director-General while presenting resolutions of the United Nations, specialized agencies and IAEA to the World Health Assembly to propose steps to be undertaken by the Organization for successful implementation of those aspects of the resolutions which are of importance for the national and international health programmes indicating the possible costs of these measures to WHO;

5. INVITES Member States to take any steps deemed necessary to ensure that adequate emphasis is placed on the health component within their over-all plan for national socio-economic development, and to inform the Organization of such health plans formulated for implementation during the development decade of the seventies; and

6. ENDORSES the request of the Executive Board to the Director-General expressed in EB39.R39 and invites him to report to the Executive Board at its forty-first session and to the Twenty-first World Health Assembly on the action taken on that resolution.



TWENTIETH WORLD HEALTH ASSEMBLY

WHA20.53  
25 May 1967

ORIGINAL: ENGLISH

HEALTH AND ECONOMIC DEVELOPMENT

The Twentieth World Health Assembly,

Recalling that in many countries improvements in health conditions are not only desirable in themselves, but also essential for economic growth and therefore form an integral element of any meaningful development programme;

Being convinced that timely inquiry into the health problems which may be associated with major development efforts and prompt arrangements to avoid or solve those problems often result in important economies;

Noting with concern that the funds allocated to health projects within the Technical Assistance component of the United Nations Development Programme have continued to decrease and that the number of health projects in the Special Fund component of that Programme are inadequate to help meet the requirements for development which depend on the improvement of health; and

Noting further that health improvement is not progressing at the rate planned during this United Nations Development Decade,

1. CALLS the attention of Members to the importance of taking appropriate **steps to develop national health plans as a part of their economic and social development plans;**

2. REITERATES the recommendation that governments arrange appropriate representation of national health authorities in the national bodies established to plan and co-ordinate programmes of economic and social development;
3. CONSIDERS that governments, whenever they believe it would be beneficial, should utilize those technical services that are available through the World Health Organization at its headquarters and its regional offices in the preparation and execution of development projects;
4. REQUESTS the Director-General to intensify studies on the economic aspects of health activities, to help to strengthen communication between economists and public health authorities, and to accelerate the programme of training of public health administrators in national health planning, including health economics;
5. REQUESTS the Director-General to bring this resolution, and the concern it reflects, to the attention of the Secretary-General of the United Nations, the Administrator of the United Nations Development Programme, and the United Nations Development Programme Governing Council; and, further,
6. REQUESTS the Director-General to keep the Executive Board and the World Health Assembly informed of progress made in the achievement of the objectives of this resolution.