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SUGGESTIONS RELATING TO THE CONSTITUTION OF AN INTERNATIONAL HEALTH ORGANIZATION AS A SPECIALIZED AGENCY OF THE UNITED NATIONS

presented by Dr. A. Stampar

The Secretariat circulates herewith a memorandum presented by Dr. A. Stampar, Professor of Hygiene, University of Zagreb, Vice-Chairman of the Economic and Social Council of the United Nations.

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March 14th, 1946.

SUGGESTIONS RELATING TO THE CONSTITUTION OF AN INTERNATIONAL HEALTH ORGANISATION OF THE UNITED NATIONS.

I. HISTORICAL BACKGROUND.

In order fully to understand the present situation regarding existing international health institutions and the need for unifying and expanding in the future international public health work, one must consider briefly the origin and development of these institutions and the scope and methods of their work.

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Although eleven international sanitary conferences took place in Europe between 1851 and 1903 to co-ordinate national measures against plague and cholera, it was only in 1907 that a world-wide international institution - the Office International d'Hygiène Publique - was founded to prepare and administer international sanitary conventions and to give national health administrations a means of regular contact and discussion.

Health institutions with regional responsibilities.

It is true that previously other health bodies possessing international responsibilities and placed under various degrees of international control had existed. Of these three deserve special mention: The Constantinople Superior Board of Health, which functioned from 1838 to 1914; the Maritime Sanitary and Quarantine Board of Egypt, created in 1831 in Alexandria, and is still performing very useful functions of quarantine control and epidemiological information in the Near East; finally, the Panamerican Sanitary Bureau.

The Panamerican Sanitary Bureau.

This Bureau was founded in 1902, and had its Charter drawn up in Washington, in 1905. It has furnished the American Republics with a common sanitary code, an intelligence service, a technical bulletin and the loan of experts. It has, moreover, provided in the Panamerican Sanitary Conference and other regular meetings a useful means of contact between American health administrators.

The Office International d'Hygiène Publique.

The Office International d'Hygiène Publique, which resulted from the international agreement signed at Rome in 1907, was set up in Paris the following year; it developed along the two main directions specified in its charter: the preparation and control of application of international sanitary conventions and the exchange of information between health administrations The 1912 and 1926 International Sanitary Conventions dealing essentially with maritime traffic and the 1933 Convention dealing with air traffic resulted from its labours. The two annual sessions of its Permanent Committee gave the possibility to

delegates of national health administrations to exchange the results of their experiences, which were later made available to health specialists at large by means of the Office Monthly Bulletin. Information about pestilential diseases received by the Office was distributed through diplomatic channels in Paris and, after 1927, by means of a multigraphed communiqué and the Weekly Epidemiological Record of the League of Nations.

Need of a powerful international Health Organisation at the end of World War I.

The tremendous epidemics - particularly of typhus - which raged in the U.S.S.R. and, to a minor extent, in other countries of Eastern and Central Europe, at the end of World War I, coupled with the mass westward migration of liberated prisoners of war from Central Europe and of Polish and Baltic populations returning home, constituted a menace to Europe of such magnitude as to require co-ordinated international effort. The League of Red Cross Societies,(1) created in 1919, attempted the task, but quickly realised that intergovernmental action was essential to cope with a problem of such magnitude. As the Charter of the Office did not give the latter powers of action in individual countries, provision had to be made by the League of Nations, then in the process of creation.

Plans for a single stronger Health Organisation under League auspices.

Its Covenant accordingly provided that Members of the League "would endeavour to take steps in matters of international concern for the prevention and control of disease" (Article 23), and also (Article 24) that existing and future international institutions would be brought under the authority of the League. An unofficial conference, held in London in July 1919, and an official one in April 1920, resulted in the drawing up of the constitution of a single international Health Organisation under League auspices, which was formally adopted by the first Assembly of the League in December 1920. The decision of the Assembly, to become effective, required the assent of the Governments parties to the Rome Convention of 1907. It may be regretted that the plan, which did not involve any suppression of the Office but the enlargement of its scope and activities under the direction of the League, did not materialise for political reasons.

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(1) This League, a Federation of National Red Cross Societies, entered into an agreement as early as 1921 with the Health Organisation of the League of Nations, reserving to the latter functions of research in public health, while the League took advantage of the peculiar structure and membership of its component Societies to deal with nursing and with popular health education. The League of Red Cross Societies had a representative in the Health Committee of the League of Nations. This allocation of tasks and collaboration proved highly successful.

Origin and development of the Health Organisation of the League of Nations.

To deal with the sanitary problems which faced Europe, the League created first an Epidemic Commission, which intervened actively in the U.S.S.R., Poland and the Baltic States, directing and co-ordinating the efforts of national health administrations and sanitary units placed at its disposal by national armies and Red Cross Societies. The League Health Committee first met in August 1921, and from that time onwards directed the ever-growing work of the Health Section of the League Secretariat.

Work and Methods of the Health Organisation of the League.

Combating epidemics in Eastern Europe required rapid and efficient information on the epidemic situation. From that requirement originated the creation of the League Service of Epidemiological Intelligence and Public Health Statistics, set up with staff transferred from the League of Red Cross Societies, and later incorporated with the help of a grant from the Rockefeller Foundation. (1)

Requests from Governments for technical help or advice to deal with specific health problems: malaria, tuberculosis, sleeping-sickness, etc., caused a number of technical commissions to be formed, made up of experts from various countries which furnished specific advice to the health administrations concerned after due study of conditions on the spot.

According to the scope and mandate of these Commissions, some were temporary, others permanent; they covered, at one time or another, most social diseases and many communicable diseases, medical and health education, standardisation of drugs, rural hygiene, etc. As time wore on, the work was extended from the negative aspects of hygiene - vaccination and other specific means of combating infection - to the positive aspects, i.e., the betterment of the public health by improved nutrition, physical education, housing, medical care, sickness insurance, etc. To deal with such subjects, collaboration was established between sanitarians and specialists in the social, economic, agricultural fields as well as statesmen responsible for general policies. Joint committees and joint secretariats were established by the Health Organisation and the International Labour Organisation, (2)

(1) On account of the private character of the Rockefeller Foundation, the activities of its International Health Board, formed in 1913, have not been dealt with in this note, confined to inter-governmental institutions. A view of international health work would, however, be very incomplete without a mention of some of the very important work it has accomplished in the fields of hookworm, malaria, yellow fever, public health teaching and laboratories. In addition the Foundation generously subsidised the international health work.

(2) The International Labour Office had a Section of Industrial Hygiene, whose Director participated ex-officio in the work of the Health Committee of the League of Nations.

the Economic Organisation, the International Institute of Statistics, etc. for a number of subjects of common interest to these organisations.

The methods of work were most varied: Anti-epidemic field missions, field surveys and studies by commissions of experts, parallel co-ordinated research in specialised institutes, laboratory conferences, inter-governmental conferences, organisation of international malaria or even public health courses, collective study tours for specialists of various branches of public health; bibliographical, statistical and epidemiological studies at the Secretariat itself; setting up of special research centres; financial help to laboratories for the preparation and distribution of international biological standards, etc. The mere index of the studies published by the Health Organisation, fills a volume of 240 pages (Bulletin of the Health Organisation, Vol.XI, 1945).

The members of the staff of the Health Section of the League, strictly international as to their origin, training and outlook, served as secretaries to the various committees and conferences, while the bulk of the work was done by experts distributed all over the world. The Health Section had the benefit of close association in Geneva with specialists in fields closely related to its own, and also the benefit of the common general services of the League Secretariat. The fact that the members of the League's Health Committee, although holding official positions at home were not Government delegates, but experts, made them comparatively free from political considerations and from administrative routine.

Full use was thus made of the elasticity of the Organisations's charter, of its comparatively large budget and of the generous additions made to it by the Rockefeller Foundation.

Collaboration between the Health Organisation of the League and the Paris Office.

Although the original efforts to expand the Office under League control had failed, the need for co-operation was so obvious as to lead in 1923 to an agreement for allocation of responsibilities between the two institutions and personal statutory links between their respective directing Committees. The Permanent Committee of the Office became formally the Consultative Committee for the Health Organisation of the League; nine members of the Health Committee were nominated by the Office Committee, etc. The Director of the Office was invited to attend the meetings of the Health Committee of the League, and the Director of the Health Section (or his substitute) was invited to attend the meetings of the Permanent Committee, etc. The agenda of the session of each committee was to be established in agreement between the Presidents of both Committees, etc.

The establishment of this modus vivendi was a much-needed step in the right direction. In 1927, fresh agreements were made to co-ordinate the work of the Epidemiological Notification Service of the Office, modernised by the 1926 Convention, with that of the Service of Epidemiological Intelligence and Public Health Statistics of the League, and particularly with its

Singapore Bureau, which operated for the benefit of Eastern countries since 1925 - making full use of modern developments in telegraphic and wireless communications. This agreement implemented Article 7 of the International Sanitary Convention of 1926 and made it possible for Governments to send notifications intended for the Office through the League Singapore Bureau in the Eastern area, as well as to the Panamerican Sanitary Bureau in the Americas. Conversely, the agreement also provided that the Office would establish official communiqués concerning conventional "pestilential diseases" which would be published by the League's Weekly Epidemiological Record. This arrangement remained in force until the Japanese invasion of Singapore in 1942.

In 1937, a fresh agreement was signed, providing for an annual joint meeting at the Paris Office of members of the latter's Permanent Committee and of the League's Health Committee, under the name of "General Consultative Council of the Health Organisation of the League of Nations". The third and last meeting of that Council took place in May 1939.

In spite of the efforts made for collaboration between the two bodies, it is obvious that this was far from perfect; on the Secretarial side, there was overlapping between the Service of Notification of the Office and the Service of Epidemiological Intelligence of the League, both as regards collection and distribution of information; on the Committee level, the same subjects came up for discussion in both Committees. The resulting friction undoubtedly limited the development of international public health work. A merger would have brought - and may still bring - not only economies, but possibilities of real progress.

Creation and development of U.N.R.R.A.'s Health Organisation.

Although limited in its international make-up, and in the periods fixed for its activity, U.N.R.R.A., by the nature and magnitude of its work, must be considered here in addition to the peace-time international health institutions.

The extent of material destruction, of food scarcity and malnutrition, and the fear of extensive epidemics in the aftermath of World War II, led the Allies to the creation in 1943 of the United Nations Relief and Rehabilitation Administration, of which the Health Division was an important element. Its plans provided for the sending of medical relief to occupied countries after their liberation; the medical supervision of displaced persons and generally help to war-weakened national health administrations. Supplies were accumulated, medical and auxiliary personnel formed for field missions in various parts of the world. A Central Office was set up in Washington; a European Regional Office in London. Each had the benefit of advice from a central and regional health committee respectively, and each set up a service of epidemiological information. In 1944, U.N.R.R.A.'s medical authorities prepared an improved international sanitary convention transferring to itself duties hitherto incumbent upon the Office International d'Hygiène Publique. In Europe, practical interventions took place after V-Day in Italy, Yugoslavia, Greece, Poland and among the displaced persons in general. In the East, missions have also been established in Chungking, Sydney and Singapore. According to its original

statute, the activities of U.N.R.R.A. are to cease in Europe at the end of 1946, and, in the East, in March 1947.

Collaboration between U.N.R.R.A. and other International Health Institutions.

At an early date, U.N.R.R.A. requested the help of the Health Organisation of the League in the field of epidemiological intelligence. Information collected in Geneva was accordingly cabled weekly to Washington and London and a League Health Section unit served as the epidemiological information service of U.N.R.R.A. in Washington. This unit was eventually absorbed by U.N.R.R.A.'s Health Division.

Connections were also established between U.N.R.R.A.'s European Bureau and the Paris Office after the latter was freed from German control. Recently, negotiations have been carried out for collaboration with U.N.R.R.A. of the League's Eastern Bureau at Singapore when reopened.

II. SUGGESTED BASES FOR A NEW, SINGLE HEALTH ORGANISATION.

On February 7th and 8th, 1946, the Economic and Social Council of the United Nations decided to create a single world-wide international health organisation of the United Nations in the form of a Specialised Agency. It is clear that this new institution should be built in such a way as to take advantage of the assets of its predecessors and preserve such of their characteristic features which experience has proved to be of value. These assets are enumerated below before the constitution project which purports to embody them in the new amalgamated institution.

A. Assets of the Office International d'Hygiène Publique.

(i) Direction by heads of national health administrations or their representatives, which meant :

- freedom from non-technical, political influences;
- possibility of diffusion of technical progress made and experience acquired in any of the national health services;
- possibility of the latter applying without delay recommendations made by the Office.

(ii) The Monthly Bulletin of the Office gave wide publicity to the reports presented and discussed at the sessions of the Permanent Committee. It moreover contained useful translations of legislative acts and regulations concerning public health in the various countries.

(iii) The right to information concerning pestilential diseases under the terms of the International Sanitary Conventions from the countries adhering to these conventions.

B. Assets of the Health Organisation of the League of Nations.

(i) The broad and elastic nature of its charter, which permitted the Health Organisation to undertake any work which the Health Committee thought desirable with the greatest variety of ways and means.

(ii) Extensive use of specialists in all branches of sanitary science and in all countries, grouped in active technical committees for consultation or research.

(iii) Direct relationship and contact with statesmen responsible for broad Governmental policies, involving fields beyond the narrow limits of "hygiene" (i.e., nutrition, housing, sickness insurance,etc), fields in which the health viewpoints could thus be taken into consideration.

(iv) Contacts within a single institution with economic, financial and social organisations for all the studies of a mixed character.

(v) International character of its staff.

(vi) Bilingual character of its publications.

(vii) Possibility of extending the work as opportunity warranted thanks to annual adjustments of the budget.

C. Assets of U.N.R.R.A.'s Health Division.

U.N.R.R.A.'s constitutional assets are to a large extent those of its predecessors: its health committees are made up of national Directors of health or their representatives; its staff is international. Its other features will be better appreciated in the light of retrospect.

Regional Health Problems and Organisations.

An allusion has been made earlier to the Panamerican Sanitary Bureau and its work in the Western hemisphere, and also to the Eastern Bureau of the League of Nations at Singapore. This Bureau, from a purely epidemiological centre in 1925, had gradually developed, before the war, into a real branch office in the East of the Health Organisation of the League, at which co-ordination of research, malaria courses, etc., were carried out. It was directed by an Advisory Council, meeting every two years and at which sat representatives of all Eastern health administrations.

For research purposes, the Bureau served all countries in the East and Far East; for epidemiological purposes, its area extended westward to the East coast of Africa.

The Maritime Sanitary Quarantine Board of Egypt directs quarantine activities in Egypt and in the northern part of the Red Sea, but its epidemiological information work extends to all countries in the Near East. Attempts made in 1926 to establish epidemiological centres for Africa, in either Algiers or Dakar, have failed.

Several African sanitary conferences have been held in the Union of South Africa in pre-war years, showing that the need of considering in common African problems was realised by local health administrations. They did not, however, bring about the creation of a regional health bureau.

The lack of a convenient geographical centre for Africa, a heterogeneous continent in which every country is turned, so to speak, outwards, and the fact that large fractions of its territories are administered from Western Europe, all concur to explain why no African regional health bureau has been set up so far.

The fact remains that there are regional health problems which are best dealt with locally by suitable regional organisations. These have much to gain by close relationship with world-wide organisations which may give them the benefit not only of general services that are unconceivable on a local plan - such as research, the loan of experts, international biological standards, pharmacopoeias, epidemiological information, etc.

Experience of the Panamerican Sanitary Bureau and of the League's Eastern Bureau show that national health administrations find it to their advantage to participate in both regional and central organisations. They show the possibility, and indeed the desirability, of the central organisation entrusting regional bureaux with notification duties under the international sanitary conventions.

The League of Nations' Eastern Bureau, although directed by Eastern administrations, had close administrative ties with Geneva, while the Panamerican Organisation had no administrative connection but only a personal link in the person of its Director with the Paris and Geneva institutions. It seems highly desirable to envisage for the future closer technical collaboration on the levels of the secretariats, the directing committees and the technical committees, (i.e., between the central and the regional committees respectively, for malaria, housing, nutrition, etc). These contacts would undoubtedly be of benefit to central as well as to regional organisations and might be realised whatever the status and degree of autonomy of the regional organisations.

The principle of regional study and attack of common problems may indeed be extended further; health administrations of the agricultural countries of Eastern Europe are faced with common difficulties, which they may find advantageous to tackle jointly; the same may be said of countries bordering on the Mediterranean.

In brief, one may envisage: (1) a single central health organisation with its main offices conveniently placed within easy reach of most health administrators and experts: there would be carried out the activities of a universal character;

) regional bureaux with directing committees and small secretariats of their own, which might be either mere branch offices of the central organisation, or comparatively autonomous institutions according to the wishes of the health administrations served by them - but which, in either case, would have close technical links with the central organisation.

Degree of autonomy required by the Health Organisation.

Should the single, world-wide, health organisation of the future be an independent body such as the Office International in the past, or merely the health element of a general, political organisation and secretariat as was the Health Section of the League, is a matter which was the object of much debate in recent months. Most members of the Economic and Social Council were of the opinion that the new Health Organisation must be a "Specialised Agency", i.e., a fairly autonomous institution - as far as can be judged from Chapter IX of the Charter of the United Nations and from the constitutions of such Agencies that are already in existence.

The comparative advantages and disadvantages of independence for the Health Organisation are briefly shown below.

(1) The main advantage of independence lies no doubt in a technical direction by delegates from Health Administrations instead of by non-technical government delegates, in a non-specialised body such as the Economic and Social Council.

Similarly, while the Director-General of an independent Health Organisation would in the selection and control of his staff be inspired by technical rather than political considerations, the Director of a mere Health Section would have to submit to the authority of a Secretary-General and Under Secretary-General, for whom technical health considerations would be secondary.

(2) Independence of the Health Organisation may allow participation of all nations - members of the United Nations, neutrals or others - which is highly desirable for the health interests of all countries, as disease knows no boundaries. A non-political complexion of the Health Organisation may facilitate its task - particularly in time of international crisis. The weakening of the Health Organisation of the League of Nations by the latter's loss of political power shows the danger of a political connection for a technical institution.

(3) An independent health budget may not only ensure survival in time of crisis, but, in peace time, may prevent undue compressions resulting from the needs of outside organisations. It is indeed conceivable that the normal development of economic and other technical activities might stifle the health fraction of a U.N.O. global and stabilised budget.

(4) If independent, the Health Organisation may place its seat and main offices where best needed to take care of health interests involved. This need not be the seat of the U.N.O.; the pre-existence of a regional health bureau such as the Panamerican Sanitary Bureau has a direct bearing on this question.

(5) As a Specialised Agency, the Health Organisation would be in a better position to defend public health interests when collaborating with other Specialised Agencies - such as the United Nations Food and Agriculture Organisation, the International Labour Organisation - to deal with subjects of common interest, i.e., nutrition, rural hygiene, social insurance, etc. Equality of rank and qualifications between representatives of Specialised Agencies seems to be a condition of successful dealing between them.

All the above considerations point to the wisdom of the Economic and Social Council in envisaging for the Health Organisation the status of a Specialised Agency. This does not mean, however, complete independence, which would be in itself undesirable.

The Charter of the United Nations provides specific relationship between Specialised Agencies and the Economic and Social Council, which are of value to all parties. The Council's duty to allot the fields of activities between the Specialised Agencies is of particular importance. Moreover, the United Nations Organisation may provide facilities, of which the Health Organisation should avail itself, with regard to staff (recruiting, grading, regulations, pensions fund, etc), finances (determination of scales of contributions and possibly collection of the latter) and the possible use, in common with the secretariat of the U.N.O. or other Specialised Agencies, of buildings and general services (translating, interpreting, printing, archives, library, etc).

The Health Organisation's charter should be so drafted as to allow the use of such facilities.

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Rather than build up an entirely new constitution which might be subject to controversy and debate, it is suggested to adapt to the special requirements of the Health Organisation the constitution of an already existing Specialised Agency, viz., the Food and Agriculture Organisation of the United Nations - as this constitution has already been discussed, adopted and finally ratified by a large number of nations. Of the existing United Nations Specialised Agencies, the Food and Agriculture Organisation appears to have the closest analogy with the Health Organisation with regard to its field and methods of work. It seems that, while special features should be introduced to fit special requirements, the general framework could be retained with advantage.

It must be emphasised that the constitution to be adopted should not be taken as a programme of work for the Health Organisation, but that it should cover all possibilities and give it freedom to undertake, in the manner its competent bodies may deem appropriate, any activity that may fall under its jurisdiction.

The proposed constitution being a mere framework for administrative action, it has been thought desirable to have it preceded by a Preamble in which a series of principles are enumerated for the guidance of the Health Organisation.

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For the drafting of the actual text of the Health Organisation's constitution, it will probably be found necessary to use as a guide the very wording of the F.A.O.'s constitution. The following text (Annex 1), however, being an abstract from it already adapted, in certain particulars, to the requirements of the Health Organisation, may facilitate the discussion.

ANNEX I

ABSTRACT FROM A

DRAFT CONSTITUTION

FOR THE

INTERNATIONAL PUBLIC HEALTH ORGANISATION

OF THE UNITED NATIONS.

P R E A M B L E

(basic principles)

Whereas health is a prerequisite to freedom from want, social security and happiness;

Whereas health is not only the absence of infirmity and disease but also a state of physical and mental well-being and fitness resulting from positive factors, such as adequate feeding, housing and training;

Whereas the extension to all of the benefit of preventive and curative medicine is the goal to be aimed at;

Whereas the generalisation of medical care would require not only a medical profession distributed according to actual needs but also a sufficient number of properly located institutions for cure and prevention;

Whereas facilities for the training and specialisation of medical, health and auxiliary personnel should be improved through proper co-operation between the institutions concerned both on a national and an international basis;

Whereas every effort should be made to further the welfare of the child, as the most precious but the most vulnerable capital of a nation;

Whereas health education would bring about better health and in turn raise the standard of living particularly in rural areas;

Whereas appropriations for the promotion of public health have proved to be a sound investment;

Whereas the control of pestilential diseases constitutes a problem of international solidarity and security;

Whereas recent, reliable and regular information on the nature, size and trend of epidemics is essential to prevent their spread;

Whereas prevention of tuberculosis, venereal diseases and malaria still remains an essential health problem in large areas of the world;

Whereas international standardisation of drugs, in facilitating production, control and comparison, has proved a necessity;

Whereas international co-operation through pooling of national experiences and concerted study by experts drawn from all parts of the world, greatly facilitates the solution of public health problems.

THE UNITED NATIONS HEREBY ESTABLISH THE INTERNATIONAL PUBLIC HEALTH ORGANISATION AS A SPECIALISED AGENCY THROUGH WHICH THE MEMBER NATIONS WILL CO-OPERATE FOR THE PROTECTION AND PROMOTION OF PUBLIC HEALTH THROUGHOUT THE WORLD.(1)

Article I. Functions of the International Public Health Organisation (I.P.H.O.).

1. The I.P.H.O. shall be the organ of co-operation in the fulfilment of its aims, between national health administrations and also between other agencies concerned with the health and the welfare of the peoples.

2. The I.P.H.O. shall collect, analyse, interpret, and disseminate information relating to public health.

3. The I.P.H.O. shall promote studies on the scientific, technical, social and economic aspects of public health and, where appropriate, shall recommend national and international action thereon.

4. It shall also be the function of the I.P.H.O.

   (a) To furnish such technical assistance as governments may request;

   (b) To organise, in co-operation with the governments concerned, such missions as may be needed to assist them to fulfil the obligations arising from their acceptance of the present constitution, and

   (c) Generally to take all necessary and appropriate action to implement the purposes of the I.P.H.O. as set forth in the Preamble.

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(1) While the field of activity of the International Public Health Organisation is world-wide, it does not in any way take the place or the responsibilities devolving upon national and local health administrations nor regional groups of these administrations.

5. In the I.P.H.O. shall be merged the Office International d'Hygiène Publique and the Health Organisation of the League of Nations and its various organs.

The I.P.H.O. shall assume the tasks entrusted to them by international treaties, conventions and arrangements, and, as soon as practicable, the health duties taken over temporarily by the Health Division of the United Nations Relief and Rehabilitation Administration.

Article II. The Health Conference.

1. There shall be a body of the I.P.H.O. known as the "Health Conference", which shall be the consultative organ of the ~~General International~~ United Nations Organisation for all questions relating to Public Health.

2. In this Conference each Member nation shall be represented by one member.

3. Each Member nation may appoint an alternate and advisers to its member on the Health Conference but they shall not have the right to vote except in the case of an alternate participating in the place of a member.

4. No member of the Health Conference may represent more than one Member nation.

5. Each Member nation shall have only one vote.

6. The Health Conference shall make arrangements with the Economic and Social Council for its representatives to participate without vote in the deliberations of that Council and for the latter's representatives to participate in its own deliberations.

7. The Health Conference may invite any public or private international organisation which has responsibilities related to those of the I.P.H.O. to appoint a representative who shall participate in one or more of its meetings on the conditions prescribed by the

Health Conference. No such representative shall have the right to vote.

8. The Health Conference shall meet at least once in every year.

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Article III. Functions of the Health Conference.

1. The Health Conference shall determine the policy and approve the budget of the I.P.H.O.

2. The Health Conference shall consider recommendations bearing on public health from the General Assembly, the Economic and Social Council, and the Security Council, and report to them on the steps taken to give effect to these recommendations. The Health Conference shall moreover report regularly on its activities to the Economic and Social Council.

3. The Health Conference may make recommendations to the Economic and Social Council concerning questions relating to public health to be submitted to Member nations for consideration with a view to implementation by national action.

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Article IV. The Health Committee.

1. The Health Conference shall appoint from among its members a Health Committee consisting of twelve members. The Health Conference shall in addition elect from among its members six substitute members who shall sit on the Health Committee on rotation in the place of members unable to attend a session. There shall be not more than one member from any Member nation. The tenure and other conditions of office of the members of the Health Committee shall be subject to rules to be made by the Health Conference.

2. Subject to the provisions of paragraph 1 of this article, the Health Conference shall have regard in appointing the Health Committee to the desirability that its membership should reflect as varied as possible an experience in the different fields of public health science and practice.

3. The Health Conference may delegate to the Health Committee such powers as it may determine, with the exception of the powers set forth in Article III, in paragraph 1 of Article VI and.....

4. The members of the Health Committee shall exercise the powers delegated to them by the Health Conference on behalf of the whole Health Conference and not as representatives of their respective governments.

5. To ensure unity of purpose and action between the Health Committee and the Health Conference, the Chairman and vice-chairmen of the Health Conference shall ex officio be Chairman and vice-chairmen respectively of the Health Committee. The Health Committee ~~shall appoint its other officers and,~~ subject to any decision of the Health Conference, shall regulate its own procedure.

6. The Health Committee shall act as the technical commission on health matters of the Economic and Social Council.

Article V. Other Committees and Conferences.

1. The Health Conference may establish technical and regional standing committees and may appoint committees to study and report on any matter pertaining to the purpose of the I.P.H.O.

2. The Health Conference may convene general, technical, regional, or other special conferences and may provide for the representation at such conferences, in such manner as it may determine, of national and international bodies concerned with public health.

Article VI. The Director-General.

1. There shall be a Director-General of the I.P.H.O., duly qualified in medicine and public health, with power and authority to direct the work of the I.P.H.O., subject to the technical supervision of the Health Conference and of the Health Committee.

2. The Director-General will be appointed by the Economic and Social Council, from a list of three candidates elected and presented in the order of preference by the Health Conference.

3. The Director-General's term of office shall be five years; this term may be renewed by a vote of the Health Conference, endorsed by the Economic and Social Council. Should the Economic and Social Council refuse to endorse the Health Conference proposal of renewal, the Conference will have to submit a list of three candidates as prescribed in paragraph 2.

4. Unless the Health Conference specifically decides otherwise, the administrative duties and rights of the Director-General (scale of pay, pension rights, age of retirement, etc.) shall be those prescribed for officials of his rank (Under-Secretary-General) in the staff regulations of the United Nations Organisation.

5. The Director-General or a representative designated by him shall participate, as ex officio Secretary, without the right to vote, in all meetings of the Health Conference and of the Health Committee.

6. The Director-General shall report periodically to the Health Conference and the Health Committee on the progress of the work entrusted to him and shall formulate for their consideration proposals for appropriate action in regard to matters coming before them.

7. The Director-General shall be ex-officio Secretary of all commissions and sub-commissions of the I.P.H.O. and of conferences convened by it. He shall be empowered to delegate these secretaryships to competent officials or experts.

8. The Director-General shall, in the discharge of his duties, have direct access to the heads of the national administrations dealing with public health.

Article VII. Staff.

1. The Staff of the I.P.H.O. shall be appointed by the Director-General of the I.P.H.O. who will establish staff regulations covering conditions of appointment, promotion, salaries, etc. Subject to adaptations

required by special circumstances which the Director-General may consider desirable the Staff Regulations of the I.P.H.O. should be those established for U.N.O.

2. The Staff of the I.P.H.O. shall be responsible to the Director-General of the I.P.H.O. Their responsibilities shall be exclusively international in character and they shall not seek to receive instructions in regard to the discharge thereof from any authority external to the United Nations ~~General~~ Organisation.

3. In selecting the staff, the Director-General shall pay due regard to the paramount importance of securing the highest standards of efficiency and of technical competence.

Article VIII. Regional and Liaison Offices.

1. There shall be ~~such~~ regional offices ~~as the~~ of the I.P.H.O to deal with regional health problems ~~Director-General subject to the approval of the Health Conference may decide~~.

2. The Director-General may appoint officials for liaison with particular countries or areas subject to the agreement of the governments concerned.

3. There shall be for the proper discharge of the functions of the I.P.H.O. such laboratories, study centres and other technical agencies as the Director-General, subject to the approval of the Health Conference, may decide.

Article IX. Reports by Member Nations.

1. Each Member nation shall communicate periodically to the I.P.H.O. reports of the ~~progress made~~ work undertaken towards achieving the purpose of the I.P.H.O. set forth in the Preamble and on the action taken on the basis of recommendations made and conventions submitted by the Health Conference.

2. ~~These reports shall be made at such times and in such form and shall contain such particulars as the Health Conference may request~~.

3. The Director-General shall submit these reports, ~~together with analyses thereof~~, to the Health Conference and shall publish such reports and analyses as may be approved for publication by the Health Conference.

4. The Director-General may request any Member nation to submit information relating to the purpose of the I.P.H.O.

5. Each Member nation shall, on request, communicate to the I.P.H.O., ~~on publication~~, all laws and regulations and official reports and statistics concerning public health.

Article X. Co-operation with other Organisations.

1. The I.P.H.O. shall co-operate with other United Nations specialised agencies with related responsibilities, according to agreements endorsed by the Economic and Social Council.

2. The I.P.H.O. may co-operate also with other organisations which are concerned with matters within its competence.

Article XI. Expenses.

The Director-General shall submit to the Health Conference, after its consideration by the Health Committee, an annual budget covering the anticipated expenses of the I.P.H.O.

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