

Constitutional, Administrative and Financial Developments

In administrative matters the first ten years of the Organization may be regarded as the formative stage. Because international administration was still a relatively new concept, work had to be carried on by trial and error, with much improvisation because of the necessity of dealing with new problems promptly. In the period which followed, systematic efforts were pursued to create an efficient and economic administrative machinery based on modern managerial concepts and tools, and suited to support the increasing programme activities of the Organization.

There were numerous elements involved in this process. The administration, its functioning and practices, as they emerge at the end of the second decade, are the results of a complex process which required constant awareness of the factors of growth, of financial problems, the development of human resources and the impact of evolving administrative science and technology on the established organizational structure and procedures.

Critical examination of the administrative performance has become a standard feature in the Organization's life. Numerous management surveys have covered headquarters and regional activities and many WHO representatives' offices. But it is not through these surveys only that the Organization's efficiency is being tested. Continuous scrutiny of the work is carried out at all levels of the secretariat to find shortcomings and introduce improvements (see also pages 275 to 277).

Constitutional, administrative and financial developments proceeded under the guidance and direction of the World Health Assembly and the Executive Board, which yearly review the financial position of the Organization and its administrative and managerial evolution.

The Executive Board, in addition to its regular consideration of the programmes of WHO, its financial policy and internal organization, continued to undertake organizational studies at the request of the Health Assembly in a search for the most efficient and effective operational and administrative functioning of the Organization. The subjects of studies by the Board during the last decade were: Publications (the second study on this subject, 1959-1960); Co-ordination with

the United Nations and the specialized agencies (1961-1962); Measures for providing effective assistance in medical education and training to meet the priority needs of the newly independent and emerging countries (1962-1963); Methods of planning and execution of projects (1962-1965); Co-ordination at the national level in relation to the technical field programme of the Organization (1964-1967).

Throughout the decade the financial situation of the Organization remained sound. This soundness was achieved and maintained owing to the deliberate policy and co-operation of Members in meeting their financial obligations. The annual collection of contributions to the total assessment of active Members has most often been approximately 96 per cent. The unpaid portions are collected subsequently (see Table 2, page 308). The yearly obligations against the effective working budget varied between 97.06 per cent. and 98.59 per cent.

Membership

On 31 December 1967 the membership comprised 126 Members and three Associate Members, compared with eighty-five Members and three Associate Members in 1957. The new Members came primarily from the African continent and more particularly from that part of Africa served by WHO's Regional Office in Brazzaville; the number of Member States in this region grew from three in 1957 to twenty-nine in 1967.

Of the present Members, Byelorussian SSR and Ukrainian SSR continue to be inactive; they do not participate in the work of the Organization nor do they pay their assessed contributions.

During the decade thirty-nine Members acceded to the Convention on the Privileges and Immunities of the Specialized Agencies together with its Annex VII, which relates specifically to WHO, thus bringing the total to sixty-two. The Convention defines the legal capacity and the privileges and immunities the Organization should enjoy in the territory of each Member in order to fulfil its objectives and to exercise its functions with the necessary degree of independence and freedom of action, thus enabling it to operate without interference or outside pressure.

Amendments to the Constitution

In October 1960, amendments to the Constitution increasing the number of Members entitled to designate a person to serve on the Executive Board from eighteen to twenty-four entered into force. From the Fourteenth World Health Assembly (1961) onwards, the Board has accordingly consisted of twenty-four persons designated by as many Members.

In view of the recent increase in the membership of the Organization, a further amendment to the Constitution designed to bring the number of persons serving on the Board to thirty was adopted by the Twentieth World Health Assembly, in 1967.

In 1965, the World Health Assembly adopted amendments to Article 7 of the Constitution, providing for the suspension or exclusion from the Organization of a Member ignoring the humanitarian principles and the objectives laid down in the Constitution by deliberately practising a policy of racial discrimination.

Neither of these two amendments has yet been accepted by two-thirds of the Members of the Organization, which is the constitutional requirement for them to enter into force.

International Regulations

No international conventions or regulations were adopted by the World Health Assembly during the second ten years, other than regulations modifying or supplementing the Nomenclature Regulations and the International Sanitary Regulations. Where it has been necessary to elaborate and promulgate international norms or standards, the tendency has been to rely on the procedure provided under Article 23 of the Constitution relating to recommendations. This procedure appears to be adequate where questions of reciprocity are not predominant, and it has the advantage of flexibility, since a recommendation may be modified or adopted without any formalities having to be observed. (See also pages 76 and 98.)

Structure of the Organization

The structure of the Organization as a whole and the details of the headquarters secretariat in December 1967 are shown in the charts on pages 296 and 300. For purposes of comparison the headquarters structure at the end of 1957 is also shown (in Chart 5, page 301). As will be seen, there are now five Assistant Directors-General as compared with three at the end of 1957. The number of divisions has increased from 11 to 15 and the number of units from 40 to 76. New units and divisions are established as required to allow the Organization to cope with new fields of activity or with increasing work resulting from a greater emphasis on specific aspects of ongoing activities.

In the allocation of units to divisions and in the assignment of divisions to Assistant Directors-General full flexibility is maintained. A redistribution of functions is undertaken whenever it is considered necessary in order to avoid duplication and to streamline internal procedures.

CHART 4. STRUCTURE OF WHO HEADQUARTERS AT 31 DECEMBER 1967

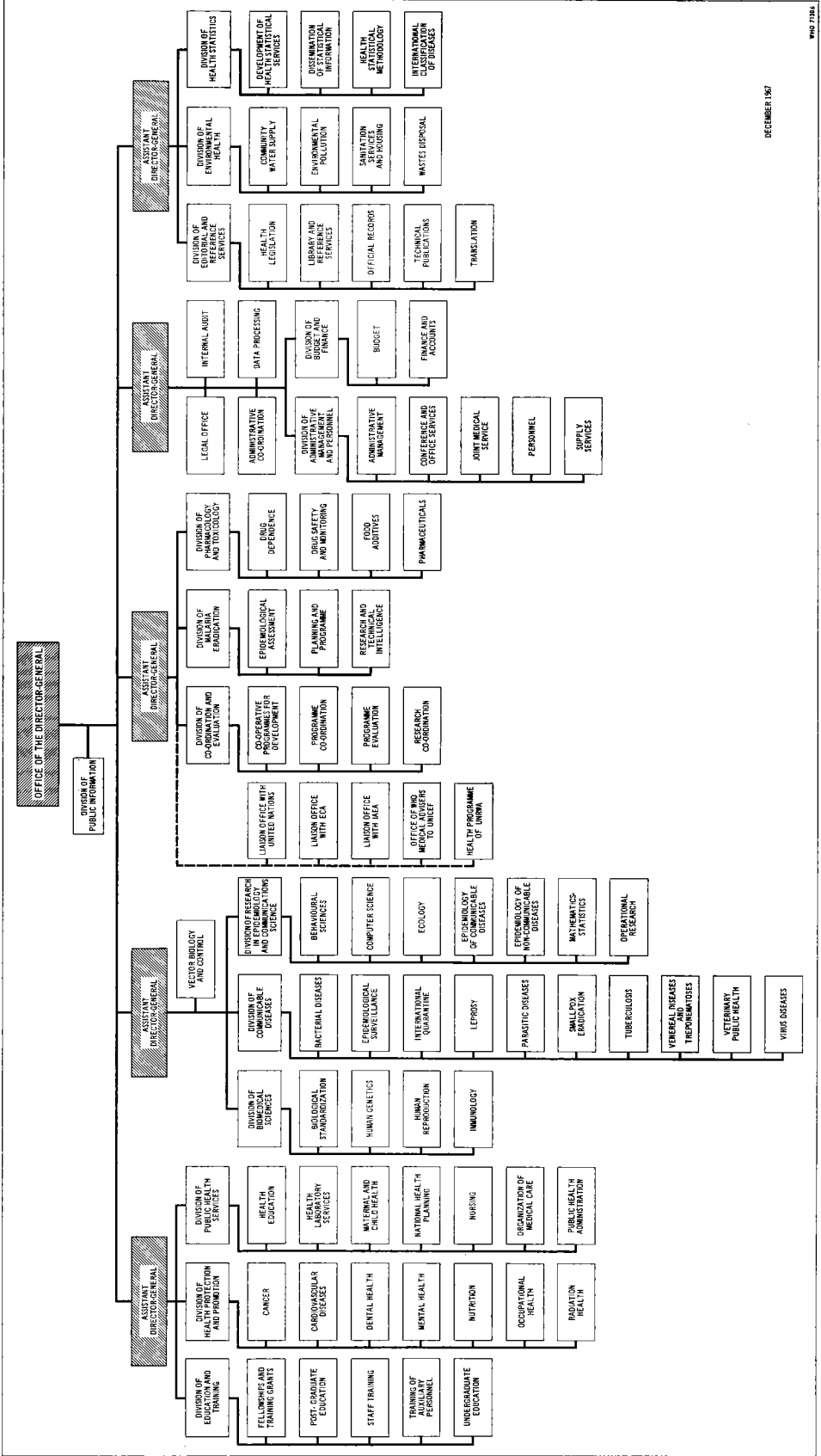
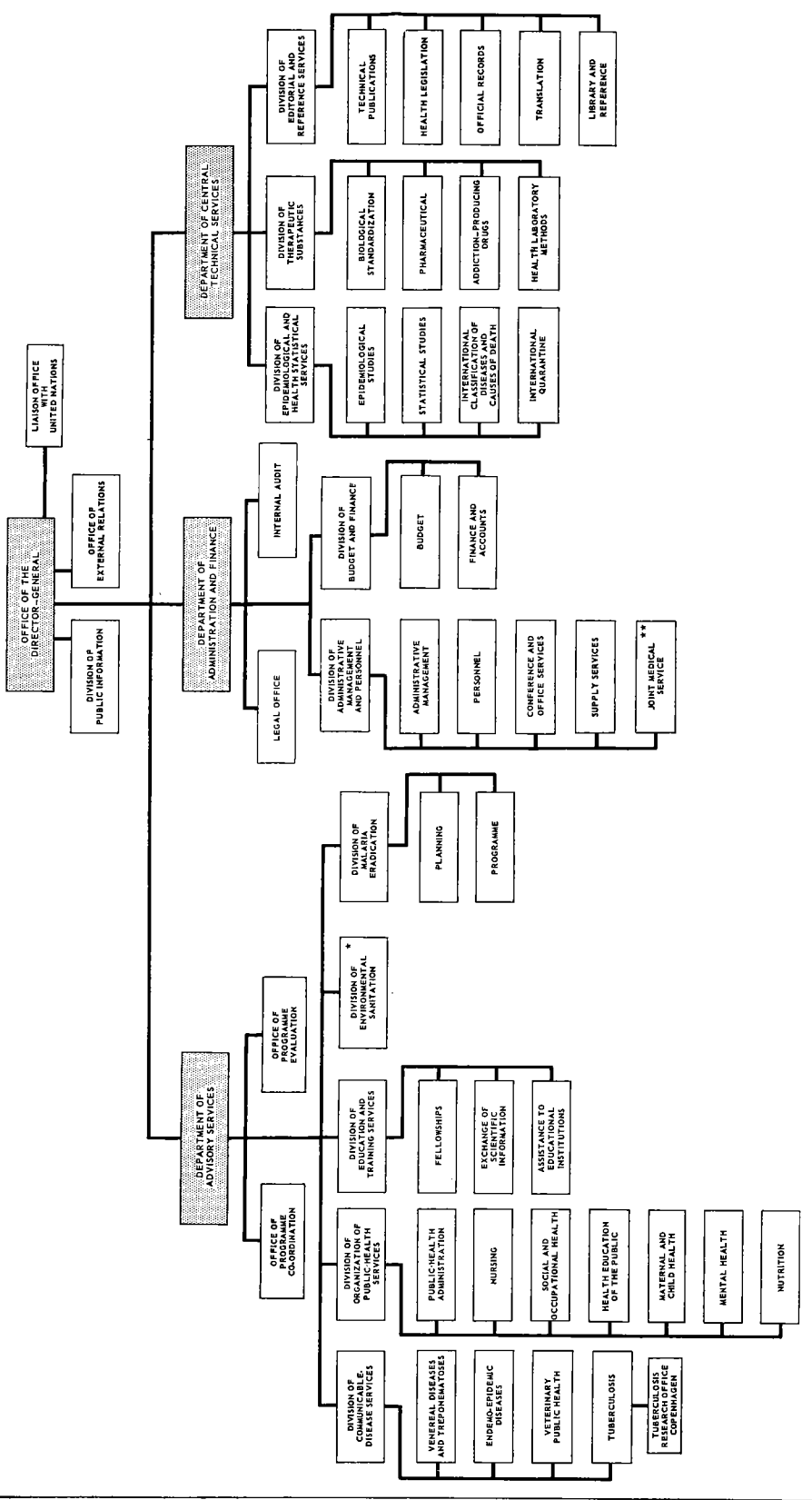


CHART 5. STRUCTURE OF WHO HEADQUARTERS AT 31 DECEMBER 1957



WHO 1958

* This division, which was not subdivided into sections, dealt with municipal and regional sanitation, rural and community sanitation, housing and town planning, vector control and insecticides, milk and food sanitation, environmental aspects of occupational health, and transport sanitation.

** As from 1 January 1958.

Regionalization remained one of the distinctive features of the Organization.¹ The role of the regional offices was reinforced by the appointment of WHO representatives with established offices in a number of countries. The specific functions of the WHO representative include assistance to the governments in reviewing health needs and resources, and in planning, co-ordinating, implementing and evaluating their national health programmes and policies. He is also required to co-operate with the Resident Representatives of the United Nations Development Programme and the representatives of other agencies and sources of assistance regarding the health aspects of assistance programmes. He represents, and sometimes acts on behalf of, the regional director at the country level; gives a certain amount of common servicing and liaison facilities to project staff; and keeps the regional director informed of all relevant actions and developments.

A WHO representative may be assigned to two or more adjoining countries. At the end of 1967 forty-eight WHO representatives' offices serving 109 countries and territories had been established.

Staff

Staff development required the tapping of new recruitment sources, the streamlining of existing recruitment procedures and the balancing of geographical distribution. Changes in the recruitment policy and procedures introduced in 1963 resulted in speeding up appointments of staff, particularly in field projects. Difficulties are, however, still encountered in finding suitable candidates for certain disciplines.

The increasing number of new Members, as well as the return to the Organization of the majority of inactive Members, could have created an unbalanced geographical distribution of staff had a special effort not been made to prevent it. On 30 November 1967, the number of Members which had one or more nationals employed by the Organization was ninety-five, compared with fifty-three at the end of 1957. Thus, nationals of 75 per cent. of Members were serving in the secretariat in 1967 as compared with 62 per cent. in 1957.

Details of the number and distribution of staff in 1957 and 1967 are given in Annex 16.

The concept of staff training has come to be accepted as a regular feature of the Organization's activities, having as objectives to enable staff members to achieve their full potential in the service of the Organization, to prepare them for international health work generally and to develop the special skills necessary to carry out the programme of the Organization (see Chapter 3, page 91). The briefing of staff was expanded and improved, including the introduction of a sys-

¹ See Map 1, facing p. 1.

tem of group briefing. Language courses, especially for clerical and secretarial staff, are a continuous feature.

Office Accommodation

Progress was made in providing adequate and permanent office accommodation at headquarters and at several of the regional offices, and in extending and adapting existing office buildings in other regions.

Headquarters. In 1966, for the first time in many years, the whole headquarters staff was brought together in one location, affording improved working facilities, and giving added vigour to the team spirit of the staff.

The development of plans for the construction of a permanent headquarters building in Geneva had been authorized by the Twelfth World Health Assembly in May 1959. An international competition was held in which fifteen well known architects from thirteen countries participated. The winning design was that of the late Jean Tschumi of Switzerland. The foundation stone was laid in May 1962 by the President of the Fifteenth World Health Assembly, the late Dr S. V. Kurašov, Minister of Health of the USSR, on a site made available by the Republic and Canton of Geneva. A major portion of the costs of construction was met by loans from the Swiss Confederation and the Republic and Canton of Geneva, the remaining costs being met from the regular budget of the Organization. Numerous gifts from Members were received in cash or in kind. The construction of the building was completed in the spring of 1966 and the inauguration ceremony took place on 7 May of that year, during the Nineteenth World Health Assembly.

The building is a pre-stressed concrete structure, encased in aluminium and glass façades, constructed on a modular basis with movable partitions, thus providing maximum flexibility. It provides some 550 offices, four medium-sized conference rooms, work areas, and a conference hall for the meetings of the Executive Board. The construction of an adjacent temporary building providing eighty-three offices was authorized by the Twentieth World Health Assembly in May 1967 and was completed by the end of the year.

Regional Office for Africa. The complex at the Cité de Djoué outside Brazzaville, which had been provided by the French Government as offices and living quarters since 1956, was ceded to the Organization in April 1962, including the land, all buildings and twenty-five houses for the staff.

An extension of the existing office building and the construction of a conference hall, financed from the budget of the Organization and by contributions from a number of Members of the African Region, were completed in September

1967. Houses were also constructed, providing forty-eight apartments of various sizes to accommodate the increased staff.

Regional Office for the Americas. In 1965 the Pan American Sanitary Bureau/WHO Regional Office for the Americas completed the construction of a new office building in Washington. The site was provided by the Government of the United States of America. The construction was very largely financed by a loan from the Kellogg Foundation to the Pan American Sanitary Bureau, with repayments provided for in the regular budget of the Pan American Health Organization, credited to a special fund to be used for increased programme assistance to Members of the Region.

Regional Office for South-East Asia. The Government of India undertook to construct a new office building in New Delhi to replace the provisional accommodation which the Organization had occupied. The new six-storey building, with a separate conference hall, was completed and occupied in 1962. In 1967 the Government of India offered to sell the building to the Organization and the Twentieth World Health Assembly, in May 1967, authorized the Director-General to accept the offer.

Regional Office for Europe. When the Regional Office moved to Copenhagen in June 1957 it occupied buildings specially constructed or bought by the Danish Government for that purpose. As from January 1962, the Government placed an adjacent house at the disposal of the Regional Office. To meet the long-term needs, the Government has acquired additional land and intends to construct a new building to be completed and occupied by 1970. In the meantime, the Government has had a temporary building constructed in the grounds of the Regional Office to meet the most pressing needs. All the buildings provided by the Government are at the disposal of the Organization rent-free.

Regional Office for the Eastern Mediterranean. The Regional Office has been housed since 1949 in a building previously occupied by the Egyptian Sanitary, Maritime and Quarantine Board in Alexandria and placed at the disposal of the Organization by the Government of the United Arab Republic at a nominal rent of 10 piastres per annum. The lease was renewed in 1958 for a period of twenty years. To accommodate the increasing staff of the Regional Office WHO has constructed an additional floor and made certain other structural alterations.

Regional Office for the Western Pacific. On land made available in Manila by the Government of the Philippines, the Organization constructed a three-storey office building with adjoining conference facilities which was occupied in 1959. The building was financed largely by contributions from the host Government and other Members of the Region, with about 28 per cent. paid from the budget of the Organization.

Electronic Computer Services and Data-Processing

Towards the end of 1963 an assessment of the potential use of modern computer facilities by the Organization was undertaken. This was followed in 1964 by a detailed feasibility study, the results of which indicated the benefits and great potentialities for the use of a computer in WHO. A delivery contract was signed in December 1964 and the computer was installed in June 1966. It was expanded to include more powerful equipment by the end of 1967. The technological conception of the computer allows further expansion to handle either higher volume or completely new applications.

The use so far made of the computer for biomedical research information services, for the processing and analytical studies of health statistics, and in other technical fields, has been mentioned in preceding chapters. Starting from June 1966, electronic data-processing was applied in the Organization's administrative services for payroll, pension fund, personnel records, budget, etc.

The computer is essential to the development of research which the Organization is undertaking in epidemiology and communications science. Plans for electronic data-processing in these fields are being developed.

There is ample evidence that the computer will make possible new approaches to many technical and managerial problems. Advanced equipment of this type makes it possible both to break new ground in data-processing, and to carry out activities which were hitherto excluded on grounds of cost.

Preparation and Form of Presentation of the Annual Programme and Budget Estimates

Under the Constitution, the Director-General is responsible for the preparation of the annual programme and budget estimates of the Organization. The budget cycle extends over a three-year period.

In the first year the Director-General, taking account of the general programme of work covering a specific period, approved by the Health Assembly, gives policy guidance and instructions on budget preparation to senior headquarters staff and to Regional Directors and indicates tentative allocations of funds to each region. These instructions include directives on programme trends and refer to decisions of the Executive Board and the World Health Assembly. Plans for projects of assistance are then developed in consultation with the requesting governments and in collaboration, to the extent possible, with interested agencies providing assistance under bilateral or multilateral arrangements. Following a review and consolidation by the Regional Director, each proposed regional programme is examined by the appropriate Regional Committee and subsequently transmitted to the Director-General with the comments and recommendations of these commit-

tees. All programme and budget proposals are then reviewed by the Director-General and consolidated into the annual programme and budget estimates of the Organization.

In the second year the proposed programme and budget estimates are examined by the Executive Board and its Standing Committee on Administration and Finance, submitted to the World Health Assembly, together with a report by the Board containing its comments and recommendations, and approved by the Assembly.

In the third year the programme as approved, but adjusted to take account of any subsequent changes in governments' priorities, is implemented by the Organization and the governments.

In order to present in one volume an integrated international health programme, the Director-General's proposed programme and budget estimates continue to include information on all activities financed from funds administered directly or indirectly by the Organization. In addition to the regular budget estimates, financed by assessments on Members of WHO, the volume shows the estimated costs of health programmes requested, or expected to be requested, by governments, under the Technical Assistance and Special Fund components of the United Nations Development Programme; of activities expected to be assisted jointly with UNICEF; and of activities to be financed by the Pan American Health Organization. The volume also includes, in separate annexes, cost estimates and relevant information on activities proposed under the various special accounts in the Voluntary Fund for Health Promotion; activities of the International Agency for Research on Cancer; and projects requested by governments, but which the Director-General could not include within the budget level proposed.

The form of presentation of the programme and budget has been under constant review. The annual programme and budget is now presented functionally,

TABLE 1. REGULAR BUDGETS, 1958-1967

Year	Total budget US \$	Undistributed reserve US \$	Effective working budget US \$	Actual obligations US \$
1958	14 769 160	1 203 030	13 566 130	13 236 820
1959	16 028 026	1 078 060	14 949 966	14 654 981
1960	18 113 760	1 195 060	16 918 700	16 623 517
1961	21 114 348	1 333 900	19 780 448	19 201 885
1962	26 546 940	1 683 140	24 863 800	24 164 650
1963	32 543 670	2 149 570	30 394 100	29 783 550
1964	36 765 880	2 223 130	34 542 750	33 869 165
1965	42 028 370	2 521 370	39 507 000	38 346 067
1966	47 097 390	2 615 590	44 481 800	43 439 677
1967	55 523 640	3 448 040	52 075 600	51 339 664

i.e. by subject, both in summary and in detail; by project, country and region; and is also summarized by major programme groups. In addition, it provides detailed and summarized information by purpose of expenditure. Table 1 shows the regular budgets for the ten years 1958-1967.

The Undistributed Reserve, which is part of the total budget appropriation, represents at present the assessments on two Members that are not actively participating in the work of the Organization, on China — for which special assessment arrangements have been approved by the Health Assembly — and on another Member which has not been paying its contributions since 1966. No obligations may be incurred against this part of the budget, as no income is expected to be derived from it. The Undistributed Reserve is therefore deducted from the total budget to arrive at the amount of the effective working budget, which is the amount within which the planned annual programme is implemented.

Procedure for Considering the Annual Programme and Budget Estimates

During the first years of the second decade the procedures for considering the annual programme and budget estimates remained essentially the same as they had been towards the end of the first decade. These procedures require the Executive Board and its Standing Committee on Administration and Finance to examine the Director-General's proposed annual programme and budget estimates in detail and to report thereon to the World Health Assembly.

The criteria governing the Executive Board's review of the annual programme and budget estimates were established by the Second and Fifth World Health Assemblies (1949 and 1952) and are still in force.

The Assembly's procedures for examining the annual programme and budget estimates were modified by the Fifteenth World Health Assembly. The Committee on Programme and Budget of the Health Assembly, before examining the main features of the proposed programme and recommending the budgetary ceiling, has to consider also whether the annual programme follows the general programme of work covering a specific period; the Committee on Administration, Finance and Legal Matters has also to consider the text of the draft appropriation resolution and recommend the amounts to be appropriated for activities other than the operating programme.

The Twentieth World Health Assembly decided to include in the terms of reference of the Committee on Programme and Budget the task of recommending the general order of magnitude for the budget for the second ensuing year, for the orientation of the Director-General in the preparation of his proposed programme and budget estimates for that year. It was clearly recognized that such recom-

mendations could be binding neither on the Director-General in the light of his constitutional responsibility, nor on future sessions of the World Health Assembly.

Assessed Contributions

The Organization's primary source of income consists of the contributions received from Members in accordance with a scale of assessment determined annually by the World Health Assembly. Table 2 shows the growth of the resources available to WHO from the assessed contributions of active Members for the years 1958 to 1967. It also shows for each year the amount collected, absolutely and as a percentage of the total, and the amount of contributions outstanding at the end of the year.

TABLE 2. ASSESSMENTS AND COLLECTIONS OF CONTRIBUTIONS, 1958-1967

Year	Assessments US \$	Collections		Outstanding at end of year US \$	Outstanding at 31 December 1967 US \$
		Amount US \$	Percentage		
1958	13 415 440	12 910 942	96.24	504 498	—
1959	13 943 710	13 328 221	95.59	615 489	—
1960	15 746 420	15 129 902	96.08	616 518	—
1961	17 713 430	16 632 041	93.90	1 081 389	—
1962	22 527 970	21 217 841	94.18	1 310 129	—
1963	28 985 140	25 310 040	87.32	3 675 100	—
1964	32 399 200	31 311 746	96.64	1 087 454	22 673
1965	36 882 880	35 310 592	95.74	1 572 288	81 978
1966	40 939 820	39 294 155	95.98	1 645 665	424 162
1967	49 878 590	47 767 365	95.77	2 111 225	2 111 225

Working Capital Fund

The main purpose of the Working Capital Fund is to finance the annual appropriations of the Organization pending receipt of contributions from Members. It may also be used by the Director-General to meet unforeseen and extraordinary expenses up to US \$250 000, or up to \$1 million with the concurrence of the Executive Board; and to provide emergency supplies to Members on a reimbursable basis, subject to a limit of \$25 000 for any one Member and a total of \$100 000 at any one time.

The Eighteenth World Health Assembly in 1965 changed the composition of the Working Capital Fund and the way in which it is financed in order to enable it to be increased from sources other than Members' advances. The Fund has two parts, Part I consisting of advances by Members and Part II of amounts transferred from casual income in order to supplement the amount provided in Part I, so that the total amount of the Fund will be equal to, but not exceed, 20 per cent. of the effective working budget for each financial year. This ratio had not been reached by the end of the second decade.

Pan American Health Organization (PAHO) Regular Budget and other Funds

International health activities in the western hemisphere are financed not only from the WHO regular budget and other funds administered by WHO, but also from the regular budget and other special funds of PAHO. The Pan American Sanitary Bureau (PASB) serves as the Regional Office of the World Health Organization for the Western Hemisphere and administers the regular budget and other funds of PAHO. The PAHO regular budget funds derive from assessments on Member governments and participating governments of PAHO.

Voluntary Contributions

Voluntary Fund for Health Promotion

As early as 1949 the World Health Assembly and the Executive Board recognized that, even to begin meeting the vast health needs of the world, considerable supplementary resources over and above the WHO regular budget would be required. In 1960 the Thirteenth World Health Assembly decided to establish a Voluntary Fund for Health Promotion to receive contributions from public and private sources, in any usable currency or in kind, to be used for such purposes as are necessary for the implementation of the programmes approved by the World Health Assembly to be financed from the Fund. At the same time the Assembly decided that the operations planned to be financed from this Fund should be presented separately both in the Director-General's annual proposed programme and budget estimates and in the Financial Report.

The Voluntary Fund for Health Promotion includes as sub-accounts all special accounts which were already in existence. By subsequent resolutions of the World Health Assembly and the Executive Board other sub-accounts were established, so that the Voluntary Fund for Health Promotion, at the end of 1967, consisted of the following sub-accounts:

- General Account for Undesignated Contributions,
- Special Account for Smallpox Eradication,
- Special Account for Medical Research,
- Special Account for Community Water Supply,
- Malaria Eradication Special Account,
- Special Account for Assistance to the Democratic Republic of the Congo,
- Special Account for Accelerated Assistance to Newly Independent and Emerging States,
- Special Account for the Leprosy Programme,
- Special Account for the Yaws Programme,

Special Account for the Cholera Programme,
Special Account for Miscellaneous Designated Contributions.

As at 31 December 1967 contributions had been pledged, mostly by governments, to the Voluntary Fund for Health Promotion to the value of US \$32 928 119, of which US \$30 876 461 had been received.

Studies were undertaken on the possibilities of obtaining more substantial contributions from private sources such as industry, commercial and financial circles, benevolent organizations and the general public. These studies showed that world health foundations established in individual countries as independent benevolent organizations could be appropriate instruments for raising private contributions for international health work. The Executive Board and the World Health Assembly manifested their interest in the plan and requested the Director-General to take such action as would encourage the establishment of such foundations.

So far, world health foundations have been set up in Canada, Ceylon, Switzerland, the United Kingdom of Great Britain and Northern Ireland, and the United States of America. In several other countries action has been initiated. The concept of world health foundations has been gaining support and it is expected that the movement will be further strengthened by the creation of the Federation of World Health Foundations (in January 1967).

United Nations Development Programme (UNDP)

As a participating and executing agency of the United Nations Development Programme, which is financed by voluntary contributions, the Organization obtains additional funds for health activities which form part of the total WHO programme. The United Nations Development Programme has a Technical Assistance component (previously known as the "Expanded Programme of Technical Assistance") and a Special Fund component. WHO has obligated or committed the following amounts under each of these components:

<i>Year</i>	<i>Technical Assistance Obligations</i>	<i>Special Fund Commitments</i>
	<i>US \$</i>	<i>US \$</i>
1958	5 326 970	—
1959	4 880 785	—
1960	4 819 213	—
1961	5 596 331	65 569
1962	7 334 842	432 223
1963	7 062 948	701 434
1964	8 430 281	422 474
1965	6 817 651	1 173 830
1966	9 071 814	2 076 083
1967	6 977 770	3 874 123

United Nations Children's Fund (UNICEF)

In accordance with the principles governing co-operation between the World Health Organization and the United Nations Children's Fund, WHO studies and approves plans of operation for health programmes which conform with the policies laid down by the UNICEF/WHO Joint Committee on Health Policy and for which countries may request supplies and equipment from UNICEF. A considerable amount of the annual resources of UNICEF obtained through voluntary contributions has been devoted to jointly assisted health projects. The amounts spent annually by UNICEF on health activities during these last ten years have varied, but have been of the order of US \$15 million to \$20 million.

Revolving Sales Fund

The original Publications Revolving Fund was credited with the receipts from sales of WHO publications and was used to finance the cost of printing additional copies of publications for sale.

The Executive Board in 1959 decided to extend the use of the Fund to include such items as films, film-strips and any other items which the Organization produced for sale, renaming it the Revolving Sales Fund. At the end of each financial year any credit balance in the Fund which exceeds US \$40 000 is transferred to miscellaneous income, which is used at the discretion of the Health Assembly.

Revolving Fund for Teaching and Laboratory Equipment for Medical Education and Training

Many Members have reported on the difficulties they have in purchasing teaching and laboratory equipment needed for medical education and training purposes, because of the delay encountered in obtaining the convertible currencies required.

In order to assist governments in this respect, the Nineteenth World Health Assembly, in 1966, established a Revolving Fund for Teaching and Laboratory Equipment for Medical Education and Training. Through this fund it became possible for Members to deposit with the Organization, in advance, the estimated costs of the needed equipment in their own national currencies, the Organization then making the purchases on their behalf.

Since the Organization has been able to use the currencies in its various programmes, the procedure has worked well and has been of considerable assistance to the Members concerned.

The Fund was originally established in the amount of US \$100 000 and will increase yearly by the same amount, in the annual budgets, until it reaches

\$500 000 in 1971, when the position will be reviewed by the Executive Board and the World Health Assembly.

Income and Obligations : All Sources of Funds

A detailed table showing income and obligations over the second ten years from all sources of funds is given in Annex 17.

Supply Services

Apart from the procurement of non-expendable administrative equipment, furniture and consumable administrative items, the Organization purchases technical supplies for the programme. It also makes available its supply services to Members, to the United Nations and the specialized agencies, and to non-governmental organizations in official relations with it.

The Organization normally provides a project only with such necessary supplies and equipment as are not locally available or are not contributed from other international or bilateral sources. Over the period 1958-1967 such purchases almost tripled, reaching 28 000 items in 1967. They include X-ray equipment, manufactured with WHO guidance and meeting the recommended standards for protection against radiation hazards, which was purchased on behalf of UNICEF for projects jointly assisted by UNICEF and WHO.

During the past ten years over forty Members have used WHO supply services for purchases totalling over US \$2.5 million. For all purchases on behalf of Members, except in cases of emergency, prior payment of the total estimated cost is required. A service charge of 3 per cent. is payable unless the purchases are made in furtherance of an activity planned or carried out with the assistance of WHO. In addition, by 31 December 1967, applications totalling \$300 000 had been approved for purchases out of the Revolving Fund for Teaching and Laboratory Equipment for Medical Education and Training.

The provisions governing the purchase of supplies and equipment for Members in emergency situations were modified after 1958 when the World Health Assembly authorized the Director-General to utilize the Working Capital Fund for this purpose (see page 308). No service charge is made on such purchases. Emergency purchases have been made on several occasions and consisted mainly of vaccines and medicaments. In meeting emergencies close co-operation has been maintained with the League of Red Cross Societies, while WHO supply services have been made available to the League.

Co-ordination in Administrative Matters with the United Nations and the Specialized Agencies

Co-ordination in administrative, budgetary and financial matters within the United Nations system is ancillary to the co-ordination of policies and programmes

already described in Chapter 9. As new responsibilities fell to the United Nations and specialized agencies in the economic and social fields, and as assistance activities expanded, the task of co-ordination in administrative matters increased also. It was accompanied by a strong tendency towards greater uniformity of procedures in the preparation and execution of programmes.

The Administrative Committee on Co-ordination has continued to be the central inter-secretariat body for administrative co-ordination, through the Consultative Committee on Administrative Questions and through special and *ad hoc* bodies. In a number of areas co-operation has been carried out through direct, daily secretariat contacts. For instance, in Geneva a single staff medical service is administered by WHO on behalf of the organizations in Geneva; the purchasing of paper and office supplies for the organizations located in Geneva is also carried out jointly; conference facilities and committee rooms are reciprocally shared.

Co-ordination on administrative matters has been facilitated by the strengthening of the International Civil Service Advisory Board to enable it to serve as an independent inter-organizational body and make technical judgements, free of external pressures, when problems arise in the administration of the common system of employment conditions for staff.

In 1966 the United Nations General Assembly established an *ad hoc* Committee of Experts to Examine the Finances of the United Nations and the Specialized Agencies. Following its recommendations, inter-agency studies and consultations on budget presentation and financial practices and procedures were undertaken with the object of achieving a greater measure of comparability and uniformity in these matters among the international organizations.

The growing importance of co-ordination within the United Nations system naturally increases the workload of the Organization and accentuates the need for safeguarding the Organization's own constitutional and technical responsibilities. As mentioned earlier, the Executive Board undertook an organizational study on co-ordination with the United Nations and the specialized agencies which was submitted to the World Health Assembly in 1962. The subject is again being studied by the Executive Board.

The International Agency for Research on Cancer

The Eighteenth World Health Assembly decided on 20 May 1965 to establish the International Agency for Research on Cancer in accordance with the provisions of a statute sponsored by five founding States. The Agency is financed by equal annual contributions from each participating State, of which there are now nine: Australia, the Federal Republic of Germany, France, Israel, Italy, the Netherlands,

the Union of Soviet Socialist Republics, the United Kingdom of Great Britain and Northern Ireland, and the United States of America.

The Agency is controlled by a Governing Council composed of one representative of each participating State and the Director-General of the World Health Organization.

There is a Scientific Council, composed of twelve scientists selected on the basis of their technical competence in cancer research and allied fields, and appointed on a rotating basis by the Governing Council. The Scientific Council recommends programmes and special projects to the Governing Council and reports on the scientific and technical aspects of the Agency's programme and budget; it also evaluates the activities and special projects sponsored by the Agency. Subject to the general authority of the Director-General of WHO the secretariat is headed by a Director selected by the Governing Council.

The Agency is at present housed in a building in Lyons, France, placed at its disposal free of charge by the city of Lyons. The French authorities have offered to construct a new building in Lyons at their expense as permanent accommodation for the Agency.
