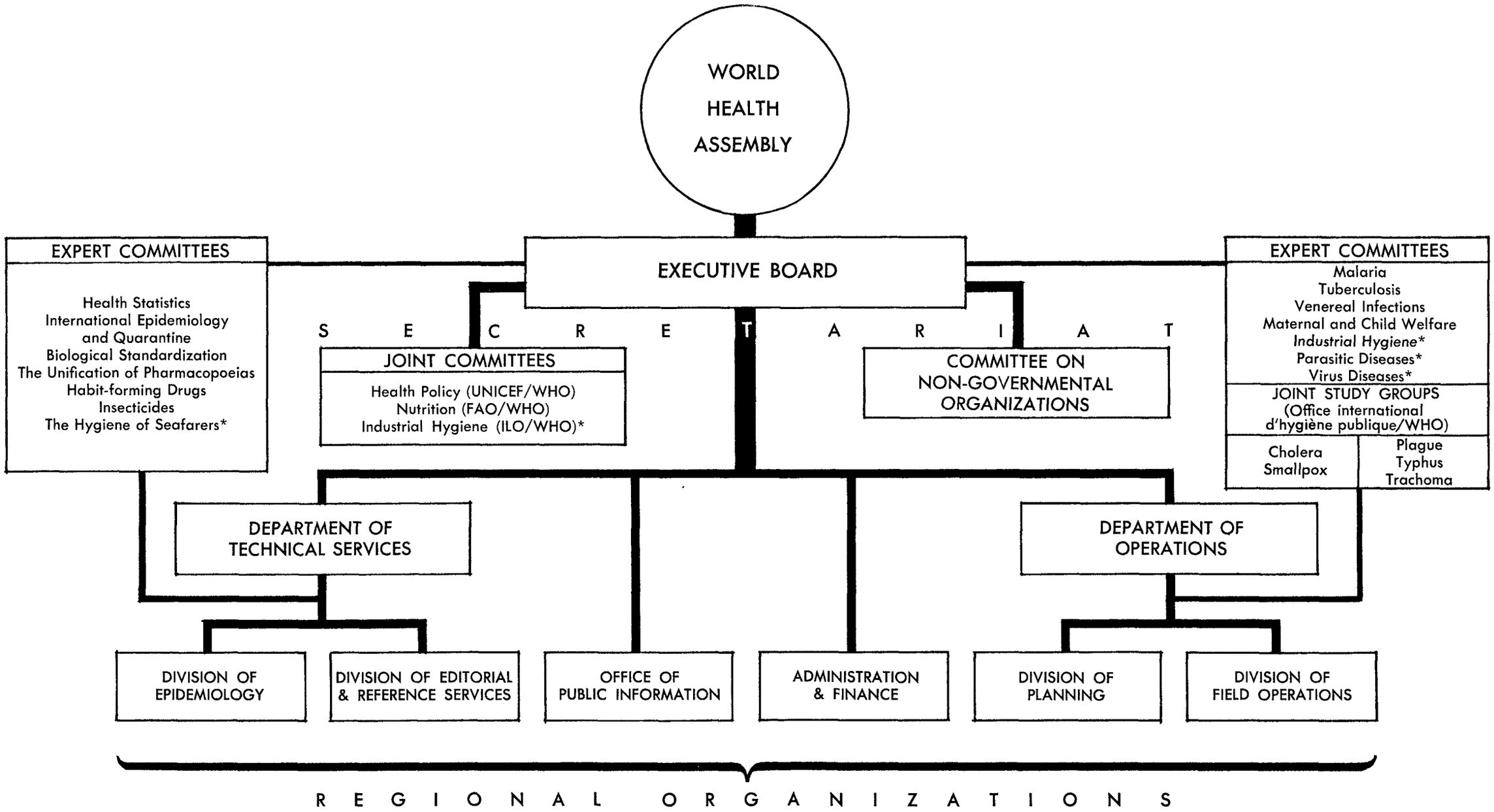
STRUCTURE OF THE WORLD HEALTH ORGANIZATION



*To be established

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VIII. The World Health Organization[1]

A. ORIGIN

The Constitution providing for the establishment of a World Health Organization (WHO)[2] was adopted on July 22, 1946, by the International Health Conference, called for the purpose by the Economic and Social Council. There were 64 states, the Allied Control Authorities for Germany, Japan and Korea, respectively, and ten international organizations represented at the Conference, which met in New York from June 19 to July 22, 1946.

The Conference also established an Interim Commission[3] to carry out essential international functions prior to the coming into being of the permanent Organization and to develop plans and proposals for the first World Health Assembly. The Interim Commission consisted of representatives of the following eighteen States elected by the Conference to act for all signatories to the Constitution: Australia, Brazil, Canada, China, Egypt, France, India, Liberia, Mexico, Netherlands, Norway, Peru, Ukrainian S.S.R., U.S.S.R., United Kingdom, United States, Venezuela and Yugoslavia. The Interim Commission held its first meeting on July 19, 1946, and continued to function until dissolved by resolution of the first World Health Assembly.

On April 7, 1948, WHO came officially into being, 26 Members of the United Nations having accepted its Constitution.

B. PURPOSES AND FUNCTIONS

The objective of WHO, as stated in Article 1 of its Constitution, is "the attainment by all peoples of the highest possible level of health". The preamble defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

The functions of the Organization necessary to attain this objective are enumerated in Article 2. In general, WHO is to serve as the co-ordinating authority on international health work, to maintain certain necessary international services, to promote and conduct research in the field of health and to promote improved standards of teaching in the health, medical and related professions. The following are among its other functions:

1. To assist governments, upon request, in strengthening health services;
2. To furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of governments;
3. To promote, in co-operation with other specialized agencies where necessary, the improvement of nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of environmental hygiene;
4. To promote maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment;
5. To foster activities in the field of mental health, especially those affecting the harmony of human relations;
6. To assist in developing an informed public opinion among all peoples on matters of health.

[1] For further details on the origin of WHO and the early activities of the Interim Commission, see Yearbook of the United Nations, 1946-47, pp. 789-93. See also the reports of the Interim Commission to the United Nations (E/593 and E/786), report of the Interim Commission to the First World Health Assembly, resolutions of the Health Assembly, reports of expert committees, and the report of the first session of the Executive Committee (EB2/1). See also Bibliography of this Yearbook, Appendix III.

[2] The text of the Constitution of the World Health Organization is reproduced in the Yearbook of the United Nations, 1946-47, pp. 793-800.

[3] For text of Arrangement Concluded by the Governments Represented at the International Health Conference (to establish the Interim Commission), see ibid., pp. 801-2.

C. ORGANIZATION

The main organs of WHO, as provided in its Constitution, are the World Health Assembly, the Executive Board and the Secretariat.

The World Health Assembly, in which all Members may be represented, meets at least once annually. It determines the policies of the Organization. It reviews the work of WHO and instructs the Executive Board in regard to matters upon which action, study, investigation or report may be considered desirable. Among its other duties, the Assembly is empowered to adopt regulations pertaining to international quarantine and sanitary measures, uniform standards and nomenclatures and various other questions of international importance in the health field.

New Members may be admitted into WHO, if they are Members of the United Nations, by accepting the Constitution. For other states to become Members the approval of their membership applications by a simple majority vote of the Health Assembly is required. The Constitution also provides that territories or groups of territories not responsible for the conduct of their international relations may be admitted as Associate Members by the Health Assembly upon application by the appropriate authority.

Decisions of the Organization on important questions, such as the adoption of conventions or agreements, the approval of agreements bringing WHO into relationship with other international organizations, and amendments to the Constitution, require a two-thirds majority of the Members present and voting. Decisions on other questions are taken by a simple majority vote.

The Executive Board consists of eighteen technically qualified persons designated by eighteen Members elected by the Health Assembly, taking into account an equitable geographical distribution. Members are normally elected for three-year terms, but to ensure continuity it is provided in the WHO Constitution that six of the Members elected by the first Assembly should hold office for one year, six for two and six for the full three-year term. The Board meets at least twice a year. Its chief function is to implement decisions and policies of the Assembly, but it may also take emergency measures within the functions and financial resources of WHO in order to deal with events requiring immediate action, such as epidemics.

The Secretariat is headed by a Director-General, appointed by the Assembly on the nomination of the Executive Board. The Director-General appoints the technical and administrative staff required and supervises their work.

Committees composed of experts were established to further the work of WHO in specific fields. There were, as of September 21, 1948, ten such Expert Committees, on: Malaria, Tuberculosis, Venereal Infections, Maternal and Child Welfare, Health Statistics, International Epidemiology and Quarantine, Biological Standardization, the Unification of Pharmacopoeias, Habit-forming Drugs, and Insecticides. The establishment of other expert committees — on industrial hygiene, the hygiene of seafarers, parasitic diseases and virus diseases — was authorized by the Health Assembly, but funds had not yet been provided. Study groups on cholera, smallpox, plague, typhus, and trachoma were jointly set up by WHO and the Office international d'hygiène publique. Joint Committees were operating — one on Nutrition with FAO and one on Health Policy with the United Nations International Children's Emergency Fund (UNICEF). The establishment of other joint committees was planned—for example with ILO on industrial hygiene and on the hygiene of seafarers. A standing Committee on Non-Governmental Organizations was established by the Board to carry out negotiations with such organizations.

The Organization has its headquarters in Geneva and maintains a technical liaison office in New York.

The following regional organizations were provided for by the first Health Assembly as soon as a majority of WHO Members in these areas agreed to participate: Eastern Mediterranean, Western Pacific, Southeast Asia, European, African and American. Regional organizations, each consisting of a regional committee and a regional office, are to keep informed of the various requirements in their respective areas and implement the health programs decided upon by WHO. Regional committees, composed of WHO Members and Associate Members in the area, are to formulate the policies and supervise the work of the regional offices.

A special temporary administrative office for Europe, to assist in the health rehabilitation of war-devastated areas, was authorized by the first session of the Executive Board. It was decided that

this office should be established on January 1, 1949, after a meeting of European Members of WHO.

Delegates from Afghanistan, Burma, Ceylon, India and Siam agreed to meet in New Delhi in October 1948, to discuss the establishment of the Southeast Asia regional organization and programs for raising the health standards in individual countries of the area.[4]

The existing Sanitary Bureau at Alexandria, which is to be integrated with WHO, is to serve as the WHO regional organization in the Eastern Mediterranean area.

The American area is to be served by the Pan American Sanitary Organization, which is to be incorporated as the WHO regional organization when fourteen of its 21 members have ratified the WHO Constitution.[5] The WHO regional oganization for the Americas is to co-operate with the United Nations Economic Commission for Latin America to ensure that adequate health measures are provided in the area concurrently with economic development. Similar co-operation is to be carried out by WHO with other regional United Nations organizations.

D. ACTIVITIES PRIOR TO JULY 1, 1947

The Interim Commission held three sessions during this period, in July and in November 1946, and during 1947 from March 31 to April 12.

On October 16, 1946, the Interim Commission assumed the responsibilities of the Health Organization of the League of Nations concerned with biological standardization and epidemiological reporting. In April 1947 it began operating the Singapore Epidemiological Intelligence Station. The epidemiological services of UNRRA in connection with the International Sanitary Conventions of 1944 for maritime and aerial navigation were transferred to the Interim Commission on December 1, 1946. Numerous technical responsibilities of the Office international d'hygiène publique, relating to the administration and revision of existing sanitary conventions, were also taken over by the Interim Commission.

As a result of the transfer of UNRRA's health activities in Europe as from January 1, 1947, and in the Far East as from April 1, the Interim Commission continued field service programs in Austria, Byelorussian S.S.R., China, Czechoslovakia, Ethiopia, Finland, Greece, Hungary, Italy, Korea, Philippines, Poland, Ukrainian S.S.R. and Yugoslavia. These services included funds for fellowships, visiting lecturers, and the acquisition of medical literature, as well as mission operations in Greece and Italy for the control of tuberculosis and malaria, and in China and Ethiopia to deal with special health problems in those countries.

Other activities undertaken by the Interim Commission before July 1, 1947, included, inter alia, preparatory work in connection with the international lists of diseases and causes of death, and special studies on venereal diseases, infant mortality and biological standardization.

E. ACTIVITIES FROM JULY 1, 1947, TO SEPTEMBER 21, 1948

During this period the Interim Commission held three sessions: its fourth, from August 30 to September 13, 1947; its fifth, from January 22 to February 7, 1948; and its sixth and final session, from June 18 to 23, 1948. At its fifth session, the Interim Commission felt assured that the required number of states would shortly accept the WHO Constitution, and therefore decided to convene the first World Health Assembly in Geneva on June 24, 1948.

The Health Assembly met in Geneva from June 24 to July 24, 1948. It elected the states to designate the members of the Executive Board, which then held its first session in Geneva, from July 16 to 26, 1948.

On the nomination of the Executive Board, the

[4] This organization was established in New Delhi on January 1, 1949.

[5] This condition was fulfilled early in 1949.

Assembly unanimously appointed Brock Chisholm (Canada) as Director-General of WHO for a five-year term of office. Dr. Chisholm had served as Executive Secretary of the Interim Commission since July 1946.

The Assembly approved on July 10, 1948, the agreement[6] establishing WHO's relationship with the United Nations. This action brought the agreement into force, since it had previously been approved by the United Nations General Assembly on November 15, 1947.

The Assembly considered reports prepared by the Interim Commission on its activities since its inception and on a program of work for the permanent Organization.

The Health Assembly decided on the regional organization of WHO (see above) and drew up a program for the full Organization.

The Interim Commission had recommended that the work of WHO be directed primarily to campaigns for reducing the incidence of malaria, tuberculosis and venereal diseases, which, it was considered, could be efficiently controlled through international action, and to the improvement of maternal and child health throughout the world. The Assembly added to these programs the improvement of nutrition and of environmental sanitation. It established the policies WHO was to follow in carrying out these six campaigns, which would be undertaken in 1949 and developed over succeeding years, and recommended in each instance that governments take preventive, curative, legislative, social and other measures necessary to their success.

The Assembly approved activities on a more limited scale to deal with other medical and health problems. These include: the organization of public-health administrations; the control of five parasitic diseases, including Schistosomiasis and filariasis; the control of four virus diseases — poliomyelitis, rabies, influenza and trachoma; and activities relating to mental health, alcoholism and drug addiction.

The Interim Commission had previously prepared a survey of the size and strength of public health services in various countries and on national resources for the training of staff for these services. It had also made a preliminary survey of alcoholism and in 1948 began preliminary work with respect to the incidence, control and treatment of Schistosomiasis, which incapacitates millions of persons annually in the agricultural regions of Africa, Asia and South America.

An outline of the principal activities of the Interim Commission and WHO from July 1, 1947, to September 21, 1948, is given below.

1. Malaria

The Interim Commission decided that malaria, which attacks hundreds of millions of persons each year, causing the death of approximately 3,000,000 annually, was of sufficient importance to warrant immediate international action for its control. It accordingly presented for the approval of the Health Assembly a general plan for world malaria control prepared by its Expert Committee on Malaria.

Assistance in carrying out programs begun by UNRRA for malaria control and for the eradication of the anopheline mosquito in Greece and Italy was continued by WHO missions operating in those countries. As a result of DDT spraying and other control measures carried out in Italy and Sicily since 1946, 93 deaths from malaria were recorded for 1947 as compared with 285 in 1946 and 386 in 1945; it was hoped that by the end of 1949, malaria would have been completely wiped out in Italy. In Greece the program has reduced the incidence of malaria, which had previously averaged one million cases annually, by more than 80 per cent. It is estimated that the malaria control program in Greece has saved more than 30,000,000 man-days in agricultural work alone.

At the request of UNICEF, WHO is providing technical assistance and guidance in connection with anti-malaria projects, financed by UNICEF, to be undertaken in certain Far Eastern countries, including Siam and Indo-China.

The Organization also supplies governments, on request, with medical literature and information concerning the latest scientific developments for the prevention and treatment of malaria and gives expert advice concerning national control programs.

In its world-wide campaign to control malaria, WHO will undertake similar measures. It is selecting the areas for its operation on the basis of : (1) the feasibility of effective control; and (2) the potential increase in food production, in co-operation with FAO, since the disease is one of the main factors affecting agricultural development. According to the policies laid down by the Executive Board at its first session, in July 1948, WHO is to assist governments on request, through its regional organizations, in setting up permanent malaria

[6] The text of the Agreement between the United Nations and WHO is reproduced on pp. 919-23.

control services suited to local needs. It is to provide individual experts and operational demonstration teams to advise and assist governments in developing local and national programs; these teams are to remain in the assigned areas for at least two years. The Board decided that WHO should form three such teams as soon as possible. The Organization is to assist in a training program by providing expert lecturers on request to established schools and fellowships for training in malariology. It is also to assist in educating the public, through various means, on the subject of malaria and its control.

In view of the effectiveness of DDT, the Board recommended that its production and distribution be stimulated. It requested the Director-General to refer to the appropriate body of the Economic and Social Council of the United Nations the questions of regional production and of the waiver of customs duties to permit wider distribution.

Finally, the Board made recommendations with respect to the treatment of malaria through drug administration and decided that additional research was required in both the treatment and eradication of the disease.

2. Tuberculosis

It is estimated that the annual mortality from tuberculosis is between four and five million and that between forty and fifty million persons annually contract the disease. The Interim Commission recognized that, since tuberculosis had reached epidemic proportions in many areas of the world, international measures were required for its control. At its fifth session in January and February 1948, the Commission decided on a program to provide fellowships to train medical officers in administration, epidemiology, and laboratory and clinical work; to provide demonstration field-teams to various countries on request; to assist in developing uniform procedures and techniques in both clinical and laboratory aspects of tuberculosis prevention and treatment; and to advise governments conducting campaigns against tuberculosis on the facilities they required. It was also decided that WHO might give financial grants to governments and distribute information on recent developments of special importance. In view of the prevalence of tuberculosis among immigrants, the Commission recommended that medical examinations be made at the point of departure.

A meeting of international experts, called by the Interim Commission, was held in July 1948 to study and report on the use of streptomycin in the treatment of tuberculosis. The conference indicated that this drug could be used to treat several forms of tuberculosis, but that the streptomycin regimen suitable in each case must be designed to meet individual requirements. The drug should be used only as an auxiliary in the general treatment of the disease, the conference pointed out, as its curative effect was partially dependent on other therapeutic measures, such as bed rest and pneumothorax. The conference recommended that streptomycin be distributed only to institutions, medical centres, and teaching hospitals regularly concerned with the study, diagnosis and treatment of tuberculosis, and that further research as to the use and effects of the drug be undertaken.

At the request of UNICEF, the Interim Commission began early in 1948 to provide technical assistance and guidance in a mass immunization program being carried out jointly by UNICEF and the Danish Red Cross and its Scandinavian associates.[7] Under this program, an estimated total of 50,000,000 children and adolescents in Europe alone were to be tuberculin-tested for tuberculosis infection. Those who registered negative to the tuberculin test, estimated at 15,000,000, were to be immunized by BCG (Bacillus Calmette Guerin) vaccination. UNICEF provided funds for the extension of this program of tuberculin testing and BCG vaccination to India, Morocco, Algeria and other countries outside Europe.

The Organization planned a large-scale medical research program on tuberculosis based on results obtained in conducting the mass immunization program. The cards kept on all persons tested and vaccinated were to be analyzed by WHO for the preparation of current and long-term studies on tuberculosis, especially as regards mortality and morbidity rates in different countries.

Several BCG laboratories were set up before September 1948 through the efforts of WHO. Since it was not practical to ship BCG to India, a team of WHO experts sent to that country in May 1948 set up a laboratory for the production of BCG, taught qualified Indian personnel how to produce the vaccine and began training personnel to administer it. The large-scale tuberculin-testing and vaccination program was put into operation by the Indian Government and WHO on August 11, 1948. Small teams of experts were sent to China and Greece in 1947 and to Ethiopia in May 1948 by the Interim Commission to demonstrate and to teach people in those countries how to

[7] See p. 622.

administer BCG. Each country receiving assistance from WHO teams must agree beforehand to continue the work of tuberculosis control when the teams leave that country.

Among other activities to further its world-wide campaign against tuberculosis, the Interim Commission, and later the permanent Organization, assisted in the establishment of mass radiography centres in China and of a chest hospital and sanatoria in Greece, and in the provision of X-ray apparatus, equipment for 152 dispensaries and thousands of hospital beds in Italy. It trained 250 nurses in Greece for work in tuberculosis. The Organization provided scholarships and fellowships to enable doctors from a number of these countries to train in other countries in the latest methods of treatment of tuberculosis, and in the technique of the preparation and use of tuberculin and BCG. It also provided, on request, visiting lecturers, literature on the different aspects of tuberculosis, and epidemiological data to governments and interested organizations, as well as advice to governments, hospitals and other institutions on their particular problems of control and treatment of tuberculosis.

3. Venereal Diseases

On the basis of a report of its Expert Committee on Venereal Diseases, which met in January 1948, the Interim Commission recommended to the first World Health Assembly an international venereal disease program, with primary emphasis on syphilis in its early stages. World mortality from late manifestations of syphilis is estimated at millions of cases yearly, and the annual rate of acquired infections is estimated to range from a minimum of 20 million upwards to 100 million cases and more. Estimates for gonorrhea are two to three times higher.

The international venereal disease program, as approved by the Assembly, is based on WHO assistance, which includes expert advice on various aspects of venereal disease control, fellowships for advanced study, initiation of local and national programs by demonstration teams, the furnishing of basic equipment and supplies and technical information, and co-operation with the United Nations and other international organizations on social and economic aspects of the venereal disease problem. By September 1, 1948, 28 countries had requested one or more types of assistance.

The Assembly also approved WHO medical guidance and technical responsibility in large-scale attacks on syphilis among children and expectant and nursing mothers, as requested by UNICEF early in 1948. Congenital syphilis continues to be a significant cause of mortality and of mental and physical handicaps of infants and children all over the world. In under-developed areas, infant mortality from congenital syphilis is estimated at more than ten per cent.

In view of the short supply of penicillin in many areas of the world, the Assembly authorized the Director-General of WHO to make a survey of penicillin requirements and production and to take the necessary measures to ensure its wider availability. Negotiations were undertaken with UNRRA for the transfer to WHO of funds to complete the UNRRA program of penicillin production and to rehabilitate UNRRA penicillin plants located in Byelorussian S.S.R., China, Czechoslovakia, Italy, Poland, Ukrainian S.S.R. and Yugoslavia.

As of September 1948, only two countries, the United States and Poland, had launched national campaigns for the treatment of syphilis based on large-scale use of penicillin. Under the Polish program, based on expert advice given by WHO, 540,000 persons had been examined and 43,000 cases of syphilis and 27,000 cases of gonorrhea treated between April 1 and August 31, 1948.

Similar campaigns were being planned in Yugoslavia and Bulgaria; venereal disease administrations in these countries were visited in June 1948 by WHO experts, who surveyed the problem and initiated control programs. Five European countries had signified, by September 1948, their intention to participate in this plan, with which UNICEF will collaborate with a $2,000,000 allocation for the prenatal and infantile syphilis program.

The epidemiological importance of transfer of venereal disease from one country to another via the maritime communications route led to the conclusion of the Brussels Agreement of 1924 concerning facilities to be accorded merchant seamen for the treatment of venereal diseases. Revision and extension of this Agreement were begun by the Interim Commission and are being continued by WHO. In consultation with ILO, the World Health Assembly decided that the Brussels Agreement should be expanded into an international health regulation for venereal disease. This regulation will cover displaced persons, foreign laborers, emigrants and other migrants.

Another aim of the international venereal disease program of WHO is the standardization of serodiagnostic techniques in syphilis, including es-

tablishment of an international reference centre for test performance evaluation and the holding of International Serological Laboratory conferences, following the traditions of the Health Organization of the League of Nations.

4. Health Statistics

The work of preparing the sixth revision of the international lists of diseases and causes of death, previously undertaken every ten years under the auspices of the French Government, was continued by the Interim Commission during 1947 and 1948. The Expert Committee established for the purpose completed the lists at its second session in October 1947 for final clearance by an International Conference for the Sixth Decennial Revision of the International Lists of Diseases and Causes of Death, which met in Paris in April 1948 on the invitation of the French Government.

The Conference approved, with minor reservations, the new classification as well as several recommendations of the Committee concerning other problems relating to the international comparability of morbidity and mortality statistics. The Committee met in May to incorporate the changes suggested by the conference. In the revised lists as drawn up by the committee, diseases and injuries are classified on the same basis as causes of death. The publication of the lists was approved by the Health Assembly. The final version of the lists was to be published in December 1948 as an international Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death, incorporating the classification, special lists for tabulation and the procedures to be followed in assigning the underlying cause of death.

The Manual was to come into effect on January 1, 1950, together with the Regulations adopted by the Assembly to ensure the compilation and publication of statistics according to the revised lists. The Regulations, which are to be binding on Members of WHO without the necessity of national legislation, represent the first health legislation ever adopted by an international organization. It is anticipated that with the use of these lists on a world-wide basis the relative frequency and seriousness, as well as the effectiveness of treatment, of a given disease can readily be determined.

The Expert Committee on Health Statistics, the establishment of which was authorized by the Assembly, is charged with advising, when necessary, on the practical application of the lists.

5. Epidemiological Services

The Interim Commission decided in 1947 that the entire field of the international control of epidemics should be re-examined in the light of modern scientific knowledge. An Expert Committee, therefore, began preparing the formulation of uniform sanitary Regulations to replace existing international sanitary conventions concerning cholera, smallpox, plague, typhus and yellow fever —the "pestilential" diseases. The Regulations, after approval by the Health Assembly, will become automatically binding on all countries which do not lodge an objection within a stated period.

The Organization continued to provide epidemiological intelligence services under the existing conventions, involving notifications to public health administrations on the incidence and spread of pestilential diseases. Epidemiological information from all over the world is collected in Geneva and sent to the Epidemiological Intelligence Station at Singapore, for the Far East; the Pan American Sanitary Bureau, for the Americas; and the Sanitary Bureau at Alexandria, for the Middle East. Information received from Geneva, together with that received from 334 Eastern seaports and airports, is redistributed from Singapore by twelve radio stations in daily and weekly bulletins. Beginning in January 1949, daily reports on epidemic diseases were to be broadcast, in addition, from WHO headquarters in Geneva; the Geneva station would reach Europe, Africa and the Americas, while the WHO Epidemiological Intelligence Station in Singapore would continue to cover Asia and the Far East.

The Expert Committee, in April 1948, decided to include louse-borne relapsing fever among the pestilential diseases, and to include cerebrospinal meningitis, dengue fever, influenza and poliomyelitis among the diseases for which immediate notification must be made in case of an epidemic.

The Organization advised national health authorities on the control and latest methods of treatment of the pestilential diseases, as well as on trachoma and psittacosis.

Telegraphic information sent out from Geneva is confirmed by the Weekly Epidemiological Record, airmailed to all countries of the world except Far Eastern countries. The latter receive the Weekly Fasciculus, issued by the Singapore Station to confirm and expand the information broadcast.

From June 1947 statistical information on infectious diseases, birth-rates, general and infant mortality, etc., has been published by WHO in the monthly Epidemiological and Vital Statistics Re-

port, and preparation of the former League of Nations series of Annual Epidemiological and Vital Statistics has been continued by WHO.

6. Technical Assistance

The Interim Commission, and later WHO, provided field missions, visiting lecturers, grants for fellowships or study tours and medical literature on request to a number of countries. The Interim Commission also provided emergency assistance to Egypt to control the cholera epidemic in that country.

Following an official notification from the Egyptian Government on September 27, 1947, of the outbreak of cholera, the Commission offered its assistance in the procurement of anticholera vaccine. It surveyed vaccine production facilities in Europe and the United States, and made arrangements for the special production of additional quantities sufficient to meet the emergency. As a result, more than 32 tons of cholera vaccine, blood plasma and other urgently needed supplies were shipped by air to Egypt, and, as a safety measure, to surrounding countries, from Afghanistan, Australia, Belgium, Brazil, China, Italy, Netherlands, Spain, Turkey, U.S.S.R., Union of South Africa, United States and the Control Authorities of Japan and Southern Korea, as well as the International Red Cross. All requests for supplies were consolidated to avoid competitive bidding. Air shipping arrangements for all supplies, generally dispatched within 48 hours of the receipt of requests, were made by the Interim Commission.

The Expert Committee on Quarantine, called by the Commission for an emergency meeting in October, charted a preventive campaign and advised on sanitary measures and treatment of cases. The WHO Weekly Epidemiological Record published, and the Singapore Station broadcast, summaries of previous cholera epidemics in Egypt, reminders to health administrations of relevant provisions of the international sanitary conventions and trends of the disease in Egypt. The Interim Commission repeatedly denied reports appearing in the press of the spread of the disease to countries outside Egypt and induced health authorities to repeal unwarranted quarantine restrictions against cholera-free countries. The Organization reported that not a single case of cholera occurred abroad as a result of the Egyptian epidemic. The epidemic was brought under control within six weeks, the first time in medical history that an epidemic which spread at a rate of more than a thousand cases a day was checked in so short a time, and mortality was seven times less than during the previous epidemic.

Missions of the Interim Commission, and later of WHO, were stationed in China, Ethiopia, Greece and Italy, and liaison officers were stationed in Austria, Hungary, the Philippines and Poland.

The largest of the missions provided assistance in emergency public health measures and the training of personnel in China. It consisted of 32 staff members of the Organization, eighteen of them in teaching positions. The emergency measures included, apart from tuberculosis control, the epidemic control of plague, cholera and kala-azar (black fever) and surveys of the port-quarantine service. Assistance was given to the National Institute for the production of biologicals and pharmaceuticals, and experts helped to organize the warehousing and distribution of medical supplies. The mission also assisted Chinese Health Authorities in neuro-psychiatry, child and maternal welfare and general problems of public health administration. Training was provided for medical personnel, hospital and public health nurses, sanitary engineers and X-ray and laboratory technicians.

The WHO medical mission to Ethiopia was mainly concerned with providing elementary training for nurses and sanitary engineers. As of September 1948, a total of 94 Ethiopian students had received certificates as dressers and primary certificates had been granted to approximately 40 sanitary inspectors. When the mission first went to Ethiopia, there was only one doctor, too old to practise full-time, one qualified Ethiopian nurse and one sanitary inspector. The mission completed a survey of environmental hygiene in Addis Ababa and made recommendations for emergency and routine measures. It was instrumental in establishing permanent delousing stations. It made surveys of tuberculosis, venereal diseases and malaria in the area and conducted extensive field trials for the control of mosquito larvae. The mission in addition advised on measures to prevent the spread of cholera from Egypt.

The missions to Greece and Italy were mainly concerned with the control of malaria and tuberculosis, as described above. Other operations in Greece included assistance in occupational therapy, the welfare of the blind and orthopaedic bursaries. In Italy the mission advised the Italian Government on the control of trachoma, the establishment of port and frontier quarantine stations, the creation of a national nutrition and orthogenetic centre, and maternity and child welfare.

Special medical teams in collaboration with the

Unitarian Committee of America were sent to Austria in July 1947, and to Finland and Poland in July and August 1948, to lecture and demonstrate the latest techniques in particular branches of medicine and surgery.

A WHO expert was sent to the Middle East in September 1948 to survey the health conditions among the Palestine refugees.

During the period from July 1, 1947, to September 21, 1948, the Organization supplied medical literature and periodicals to Austria, Byelorussian S.S.R., China, Czechoslovakia, Ethiopia, Finland, Greece, Hungary, Italy, Poland, Ukrainian S.S.R. and Yugoslavia.

It provided fellowships to 430 doctors and other health personnel from the following countries for specialized training and refresher courses in various fields of medicine: Austria, China, Czechoslovakia, Finland, Greece, Hungary, Italy, Korea, Philippines, Poland and Yugoslavia. Recipients of these fellowships were placed for training in the United States and Canada, the United Kingdom and other countries of Western Europe and in the U.S.S.R. All fellows must agree to return to their own countries to utilize the knowledge they have acquired through this fellowship program. As of September 21, 1948, 210 had completed their studies and 220 were still studying or awaiting transportation. WHO prepared a fellowship manual based on actual experience in the organization and rehabilitation of public-health and medical education in the war-devastated countries.

On the basis of a questionnaire on technical assistance sent to its Member countries, 30 Members, as of September 1948, had requested advisory and demonstration services; 30 had requested WHO fellowships to train medical and public health personnel in modern techniques; and 22 had requested medical literature, supplies and equipment.

7. Publications

In addition to the epidemiological publications mentioned above, the Organization issues several publications designed to place at the disposal of public health administrations, and the medical and related professions, technical information on current problems and on the development of the activities of the Organization and its expert committees. These include the Official Records of the World Health Organization, containing minutes of meetings and corresponding documents and reports; the Bulletin of the World Health Organization, the chief scientific publication of WHO, which has been published since January 1948, replacing the Bulletin mensuel of the Office international d'hygiène publique and the Bulletin of the Health Organization of the League of Nations; the International Digest of Health Legislation, containing reproductions, translations or extracts from the more important health legislation throughout the world; and the Chronicle of the World Health Organization, providing monthly information on the current activities of the Organization.

Specialized monographs are also published from time to time. A monograph on cancer treatment statistics and a monograph on modern methods of treatment of venereal diseases, as well as an international list of treatment centres for venereal diseases, were as of September 1948 being prepared for publication by WHO.

8. Other Activities

a. BIOLOGICAL STANDARDIZATION

The Organization continued its study and experimental research aimed at establishing international standards for a large number of biologicals, including various blood groups and the RH factor, cholera vaccine, whooping cough vaccine, scarlet fever antitoxin, diphtheria and tetanus toxoids, purified tuberculin and BCG.

It also considered replacing the existing standards for certain substances, including digitalis and vitamins A and D, with new standards which would result in purer preparations. Numerous laboratories in Europe, America and India collaborate in conducting the necessary research on these substances, and two laboratories, the State Serum Institute at Copenhagen and the laboratory of the Medical Research Council at Hampstead (London), distribute preparations of standardized biologicals to centres in various countries for storage and redistribution within each country.

b. UNIFICATION OF PHARMACOPOEIAS

In October 1947 an expert committee began working toward the establishment of a unified system of nomenclature of drugs, so as to provide that the same name should represent in all countries a preparation of the same strength and composition. The Expert Committee on the Unification of Pharmacopoeias reviewed and approved monographs on important drugs previously adopted by the League of Nations and adopted a large number

of draft monographs prepared by various members of the Committee.

The publication during 1949 of an international pharmacopoeia, similar in form to national pharmacopoeias, was authorized by the World Health Assembly. The monographs contained in the international pharmacopoeia will have authority in a country only after they have been approved by that country.

c. INSULIN PRODUCTION

Among its other activities the Organization made a survey of world requirements and production of insulin. To increase the supply of insulin, which the survey disclosed was far short of requirements, the Director-General, in August 1948, directed the attention of Member nations to a new method for producing insulin. This method, developed in Germany, makes possible the preservation of animal pancreas glands without the need for low refrigeration. Countries not producing insulin were asked to place their supplies of pancreas glands at the disposal of producing countries.

d. INFLUENZA CONTROL

As a protection against a recurrence of an influenza epidemic similar to that of 1918, the World Health Organization established a World Influenza Centre, located in the National Institute of the Medical Research Council, London. The Centre is to collect and distribute information on any influenza epidemics, to gather and diagnose strains responsible for these epidemics and to help train personnel in countries now lacking qualified workers. Twenty-seven countries, including Egypt, France, Italy, Sweden and the United States, subsequently established national influenza centres to collaborate with the Centre.

F. BUDGET

The program of the Interim Commission for 1947 was financed by: a loan of $1,300,000 by the United Nations for the period from the beginning of operations to the end of 1947; a grant of $1,500,000 from UNRRA residual funds for the continuation of the health assistance to governments formerly provided by that Administration; and the equivalent of $21,412 transferred from the Board of Liquidation of the League of Nations to constitute a working capital fund for the Epidemiological Intelligence Station at Singapore. Actual expenditures during these two years were as follows:

BUDGET
(In United States Currency)

	1947	1948[8]
Organizational meetings	$ 70,506.95	$226,217.15
New York Office	209,671.43	188,480.78
Geneva Office	420,627.00	570,855.78
Epidemiological Intelligence Station, Singapore	15,375.47	24,818.86
Field services	573,119.29	714,238.83
Technical services	269,036.94	54,127.12
Technical meetings	44,234.77	38,066.42

The first World Health Assembly approved a total budget of $5,000,000 for WHO operations during 1949 as follows:

Organizational meetings (World Health Assembly and Executive Board)	$ 264,000
Secretariat	2,411,105
Regional Offices	300,000
Epidemiological Intelligence Station, Singapore	59,365
Advisory and demonstration services to Governments	903,350
Technical services	862,500
Technical meetings	199,680
	$5,000,000

The Director-General is authorized to make transfers under certain conditions within all parts of the above budget, provided the total budget is not exceeded, and the Executive Board is authorized to make the necessary allocations of funds to give effect to the programs of WHO.

By decision of the Executive Board, Members of WHO are required to make contributions to the budget of the Organization in United States dollars or Swiss francs. Contributions to the budgets for 1948 and 1949 are assessed according to the criteria used by the United Nations in assessing its Members for 1948.[9] In the case of Members of

[8] To August 31, 1948, date of cessation of existence of Interim Commission and assumption of duties by WHO.
[9] See pp. 164-65.

WHO which are not Members of the United Nations, the Health Assembly determined assessments on the following unit scale:

Country	Units
Albania	5
Austria	22
Bulgaria	17
Ceylon	5
Finland	17
Hungary	24
Ireland	43
Italy	252
Monaco	5
Portugal	47
Roumania	42
Switzerland	120
Transjordan	5

ANNEX I

MEMBERS, OFFICERS AND HEADQUARTERS

(As of September 21, 1948)

MEMBERS OF WHO

Afghanistan	Ethiopia	Poland
Albania	Finland	Portugal
Argentina	France	**Roumania**
Australia	Greece	Saudi Arabia
Austria	**Haiti**	Siam
Belgium	Hungary	Sweden
Brazil	Iceland	Switzerland
Bulgaria	India	Syria
Burma	Iran	Transjordan
Byelorussian S.S.R.	Iraq	Turkey
	Ireland	Ukrainian S.S.R.
Canada	Italy	Union of South Africa
Ceylon	Liberia	
China	Mexico	U.S.S.R.
Czechoslovakia	Monaco	United Kingdom
Denmark	Netherlands	United States
Dominican Republic	New Zealand	Venezuela
	Norway	Yugoslavia
Egypt	Pakistan	
El Salvador	Philippines	

MEMBERS OF THE EXECUTIVE BOARD

For one year:	Appointed by:
G. M. Redshaw	Australia
S. F. Chellappah	Ceylon
M. H. Hafezi	Iran
K. Evang	Norway
M. Mackenzie	United Kingdom
H. van Zile Hyde	United States
For two years:	
G. H. de Paula Souza	**Brazil**
W. W. Yung	**China**
Sir A. T. Shousha Pasha	Egypt
J. Parisot	France
J. Zozaya	Mexico
N. A. Vinogradov	U.S.S.R.
For three years:	**Appointed by:**
N. Evstafiev	Byelorussian S.S.R.
Colonel Chandra Mani	India
C. van den Berg	Netherlands
B. Kozusznik	Poland
H. S. Gear	Union of South Africa
A. Stampar	Yugoslavia

OFFICERS

Director-General:
Brock Chisholm (Canada)
Chairman of the Executive Board:
Sir Aly Tewfik Shousha Pasha (Egypt)
Vice-Chairmen:
Karl Evang (Norway)
W. W. Yung (China)

HEADQUARTERS

Address: World Health Organization
Palais des Nations, Geneva
Telephone: Geneva 2800
Cable Address: UNISANTE GENEVA

NEW YORK OFFICE

Address: World Health Organization
Technical Liaison Office
350 Fifth Avenue
Telephone: CHickering 4-6000
Cable Address: UNSANTE NEW YORK

ANNEX II

AGREEMENT BETWEEN THE UNITED NATIONS AND THE WORLD HEALTH ORGANIZATION

Preamble

Article 57 of the Charter of the United Nations provides that specialized agencies established by intergovernmental agreement and having wide international responsibilities as defined in their basic instruments in economic, social, cultural, educational, health and related fields shall be brought into relationship with the United Nations.

Article 69 of the Constitution of the World Health Organization provides that the Organization shall be brought into relation with the United Nations as one of the specialized agencies referred to in Article 57 of the Charter.

Therefore, the United Nations and the World Health Organization agree as follows:

Article I

The United Nations recognizes the World Health Organization as the specialized agency responsible for taking such action as may be appropriate under its Constitution for the accomplishment of the objectives set forth therein.

Article II

RECIPROCAL REPRESENTATION

1. Representatives of the United Nations shall be invited to attend the meetings of the World Health Assembly and its committees, the Executive Board, and such general, regional or other special meetings

as the Organization may convene, and to participate, without vote, in the deliberations of these bodies.

2. Representatives of the World Health Organization shall be invited to attend meetings of the Economic and Social Council of the United Nations (hereinafter called the Council) and of its commissions and committees, and to participate, without vote, in the deliberations of these bodies with respect to items on their agenda relating to health matters.

3. Representatives of the World Health Organization shall be invited to attend meetings of the General Assembly for purposes of consultation on matters within the scope of its competence.

4. Representatives of the World Health Organization shall be invited to attend meetings of the main committees of the General Assembly when matters within the scope of its competence are under discussion, and to participate, without vote, in such discussions.

5. Representatives of the World Health Organization shall be invited to attend the meetings of the Trusteeship Council, and to participate, without vote, in the deliberations thereof with respect to items on the agenda relating to matters within the competence of the World Health Organization.

6. Written statements of the World Health Organization shall be distributed by the Secretariat of the United Nations to all members of the General Assembly, the Council and its commissions, and the Trusteeship Council, as appropriate. Similarly, written statements presented by the United Nations shall be distributed by the World Health Organization to all members of the World Health Assembly or the Executive Board, as appropriate.

Article III

PROPOSAL OF AGENDA ITEMS

Subject to such preliminary consultation as may be necessary, the World Health Organization shall include in the agenda of the Health Assembly or Executive Board, as appropriate, items proposed to it by the United Nations. Similarly, the Council and its commissions and the Trusteeship Council shall include in their agenda items proposed by the World Health Organization.

Article IV

RECOMMENDATIONS OF THE UNITED NATIONS

1. The World Health Organization, having regard to the obligation of the United Nations to promote the objectives set forth in Article 55 of the Charter, and the function and power of the Council, under Article 62 of the Charter, to make or initiate studies and reports with respect to international economic, social, cultural, educational, health and related matters and to make recommendations concerning these matters to the specialized agencies concerned, and having regard also to the responsibility of the United Nations, under Articles 58 and 63 of the Charter, to make recommendations for the co-ordination of the policies and activities of such specialized agencies, agrees to arrange for the submission, as soon as possible, to the Health Assembly, the Executive Board or such other organ of the World Health Organization as may be appropriate, of all formal recommendations which the United Nations may make to it.

2. The World Health Organization agrees to enter into consultation with the United Nations upon request with respect to such recommendations, and in due course to report to the United Nations on the action taken by the Organization or by its members to give effect to such recommendations, or on the other results of their consideration.

3. The World Health Organization affirms its intention of co-operating in whatever further measures may be necessary to make co-ordination of the activities of specialized agencies and those of the United Nations fully effective. In particular, it agrees to participate in and to co-operate with any body or bodies which the Council may establish for the purpose of facilitating such co-ordination, and to furnish such information as may be required for the carrying out of this purpose.

Article V

EXCHANGE OF INFORMATION AND DOCUMENTS

1. Subject to such arrangements as may be necessary for the safeguarding of confidential material, the fullest and promptest exchange of information and documents shall be made between the United Nations and the World Health Organization.

2. Without prejudice to the generality of the provisions of paragraph 1:

(a) The World Health Organization agrees to transmit to the United Nations regular reports on the activities of the Organization;

(b) The World Health Organization agrees to comply to the fullest extent practicable with any request which the United Nations may make for the furnishing of special reports, studies or information, subject to the conditions set forth in article XVI;

(c) The Secretary-General shall, upon request, transmit to the Director-General of the World Health Organization such information, documents or other materials as may from time to time be agreed between them.

Article VI

PUBLIC INFORMATION

Having regard to the functions of the World Health Organization, as defined in article 2, paragraphs (q) and (r), of its Constitution, to provide information in the field of health and to assist in developing an informed public opinion among all peoples on matters of health, and with a view to furthering co-operation and developing joint services in the field of public information between the Organization and the United Nations, a subsidiary agreement on such matters shall be concluded as soon as possible after the coming into force of the present agreement.

Article VII

ASSISTANCE TO THE SECURITY COUNCIL

The World Health Organization agrees to co-operate with the Council in furnishing such information and rendering such assistance for the maintenance or restoration of international peace and security as the Security Council may request.

Article VIII

ASSISTANCE TO THE TRUSTEESHIP COUNCIL

The World Health Organization agrees to co-operate

with the Trusteeship Council in the carrying out of its functions and in particular agrees that it will, to the greatest extent possible, render such assistance as the Trusteeship Council may request in regard to matters with which the Organization is concerned.

Article IX

NON-SELF-GOVERNING TERRITORIES

The World Health Organization agrees to co-operate with the United Nations in giving effect to the principles and obligations set forth in Chapter XI of the Charter with regard to matters affecting the well-being and development of the peoples of Non-Self-Governing Territories.

Article X

RELATIONS WITH THE INTERNATIONAL COURT OF JUSTICE

1. The World Health Organization agrees to furnish any information which may be requested by the International Court of Justice in pursuance of Article 34 of the Statute of the Court.

2. The General Assembly authorizes the World Health Organization to request advisory opinions of the International Court of Justice on legal questions arising within the scope of its competence other than questions concerning the mutual relationships of the Organization and the United Nations or other specialized agencies.

3. Such request may be addressed to the Court by the Health Assembly or by the Executive Board acting in pursuance of an authorization by the Health Assembly.

4. When requesting the International Court of Justice to give an advisory opinion, the World Health Organization shall inform the Economic and Social Council of the request.

Article **XI**

HEADQUARTERS AND REGIONAL **OFFICES**

1. The World Health Organization agrees to consult with the United Nations before making any decision concerning the location of its permanent headquarters.

2. Any regional or branch offices which the World Health Organization may establish shall, so far as is practicable, be closely associated with such regional or branch offices as the United Nations may establish.

Article XII

PERSONNEL ARRANGEMENTS

1. The United Nations and the World Health Organization recognize that the eventual development of a single unified international civil service is desirable from the standpoint of effective administrative co-ordination, and with this end in view agree to develop, as far as is practicable, common personnel standards, methods and arrangements designed to avoid serious discrepancies in terms and conditions of employment, to avoid competition in recruitment of personnel, and to facilitate interchange of personnel in order to obtain the maximum benefit from their services.

2. The United Nations and the World Health Organization agree to co-operate to the fullest extent possible in achieving these ends and in particular they agree to:

(a) Consult together concerning the establishment of an international civil service commission to advise on the means by which common standards of recruitment in the secretariats of the United Nations and of the specialized agencies may be ensured;

(b) Consult together concerning other matters relating to the employment of their officers and staff, including conditions of service, duration of appointments, classification, salary scales and allowances, retirement and pension rights and staff regulations and rules with a view to securing as much uniformity in these matters as shall be found practicable;

(c) Co-operate in the interchange of personnel when desirable on a temporary or permanent basis, making due provision for the retention of seniority and pension rights;

(d) Co-operate in the establishment and operation of suitable machinery for the settlement of disputes arising in connexion with the employment of personnel and related matters.

Article XIII

STATISTICAL SERVICES

1. The United Nations and the World Health Organization agree to strive for maximum co-operation, the elimination of all undesirable duplication between them, and the most efficient use of their technical personnel in their respective collection, analysis, publication and dissemination of statistical information. They agree to combine their efforts to secure the greatest possible usefulness and utilization of statistical information and to minimize the burdens placed upon national Governments and other organizations from which such information may be collected.

2. The World Health Organization recognizes the United Nations as the central agency for the collection, analysis, publication, standardization, dissemination and improvement of statistics serving the general purposes of international organizations.

3. The United Nations recognizes the World Health Organization as the appropriate agency for the collection, analysis, publication, standardization, dissemination and improvement of statistics within its special sphere, without prejudice to the right of the United Nations to concern itself with such statistics so far as they may be essential for its own purpose or for the improvement of statistics throughout the world.

4. The United Nations shall, in consultation with the specialized agencies, develop administrative instruments and procedures through which effective statistical co-operation may be secured between the United Nations and the agencies brought into relationship with it.

5. It is recognized as desirable that the collection of statistical information should not be duplicated by the United Nations or any of the specialized agencies whenever it is practicable for any of them to utilize information or materials which another may have available.

6. In order to build up a central collection of statistical information for general use, it is agreed that data supplied to the World Health Organization for incorporation in its basic statistical series or special reports should, so far as is practicable, be made available to the United Nations.

Article XIV

ADMINISTRATIVE AND TECHNICAL SERVICES

1. The United Nations and the World Health Organization recognize the desirability, in the interest of administrative and technical uniformity and of the most efficient use of personnel and resources, of avoiding, whenever possible, the establishment and operation of competitive or overlapping facilities and services among the United Nations and the specialized agencies,

2. Accordingly, the United Nations and the World Health Organization agree to consult together concerning the establishment and use of common administrative and technical services and facilities in addition to those referred to in articles XII, XIII and XV, in so far as the establishment and use of such services may from time to time be found practicable and appropriate.

3. Arrangements shall be made between the United Nations and the World Health Organization with regard to the registration and deposit of official documents.

Article XV

BUDGETARY AND FINANCIAL ARRANGEMENTS

1. The World Health Organization recognizes the desirability of establishing close budgetary and financial relationships with the United Nations in order that the administrative operations of the United Nations and of the specialized agencies shall be carried out in the most efficient and economical manner possible, and that the maximum measure of co-ordination and uniformity with respect to these operations shall be secured.

2. The United Nations and the World Health Organization agree to co-operate to the fullest extent possible in achieving these ends and, in particular, shall consult together concerning the desirability of the inclusion of the budget of the Organization within a general budget of the United Nations. Any arrangements to this effect shall be defined in a supplementary agreement between the two organizations.

3. Pending the conclusion of any such agreement, the following arrangements shall govern budgetary and financial relationships between the World Health Organization and the United Nations:

(a) The Secretary-General and the Director-General shall arrange for consultation in connexion with the preparation of the budget of the World Health Organization.

(b) The World Health Organization agrees to transmit its proposed budget to the United Nations annually at the same time as such budget is transmitted to its members. The General Assembly shall examine the budget or proposed budget of the Organization and may make recommendations to it concerning any item or items contained therein.

(c) Representatives of the World Health Organization shall be entitled to participate, without vote, in the deliberations of the General Assembly or any committee thereof at all times when the budget of the World Health Organization or general administrative or financial questions affecting the Organization are under consideration.

(d) The United Nations may undertake the collection of contributions from those members of the World Health Organization which are also Members of the United Nations in accordance with such arrangements as may be defined by a later agreement between the United Nations and the Organization.

(e) The United Nations shall, upon its own initiative or upon the request of the World Health Organization, arrange for studies to be undertaken concerning other financial and fiscal questions of interest to the Organization and to other specialized agencies with a view to the provision of common services and the securing of uniformity in such matters.

(f) The World Health Organization agrees to conform, as far as may be practicable, to standard practices and forms recommended by the United Nations.

Article XVI

FINANCING OF SPECIAL SERVICES

1. In the event of the World Health Organization being faced with the necessity of incurring substantial extra expenses as a result of any request which the United Nations may make for special reports, studies or assistance in accordance with articles V, VII, VIII, or with other provisions of this agreement, consultation shall take place with a view to determining the most equitable manner in which such expense shall be borne.

2. Consultation between the United Nations and the World Health Organization shall similarly take place with a view to making such arrangements as may be found equitable for covering the costs of central administrative, technical or fiscal services or facilities or other special assistance provided by the United Nations, in so far as they apply to the World Health Organization.

Article XVII

UNITED NATIONS "LAISSEZ-PASSER"

Officials of the World Health Organization shall have the right to use the laissez-passer of the United Nations in accordance with the special arrangements to be negotiated between the Secretary-General of the United Nations and the Director-General of the World Health Organization.

Article XVIII

INTER-AGENCY AGREEMENTS

The World Health Organization agrees to inform the Council of any formal agreement between the Organization and any other specialized agency, intergovernmental organization or non-governmental organization, and in particular agrees to inform the Council of the nature and scope of any such agreement before it is concluded.

Article XIX

LIAISON

1. The United Nations and the World Health Organization agree to the foregoing provisions in the belief that they will contribute to the maintenance of effective liaison between the two organizations. They affirm their intention of taking whatever further measures may be necessary to make this liaison fully effective.

2. The liaison arrangements provided for in the foregoing articles of this agreement shall apply, as

far as is appropriate, to the relations between such branch or regional offices as may be established by the two organizations, as well as between their central headquarters.

Article XX

IMPLEMENTATION OF THE AGREEMENT

The Secretary-General and the Director-General may enter into such supplementary arrangements for the implementation of this agreement as may be found desirable in the light of the operating experience of the two organizations.

Article XXI

REVISION

This agreement shall be subject to revision by agreement between the United Nations and the World Health Organization.

Article XXII

ENTRY INTO FORCE

This agreement shall come into force on its approval by the General Assembly of the United Nations and the World Health Assembly.