

At the Fourth World Health Assembly an effective working budget of \$7,677,782, slightly more than one fifth larger than the year before, was approved for 1952. This was intended to allow for increased prices, earned salary increases, and a moderate expansion of the WHO programme of work. In 1952 Canada believed that the budget for the following year should be about the same as that approved by the Fourth Assembly. It was explained by the Canadian Representative at the Fifth Assembly that to set the budget ceiling at this level would not mean that new and important work which was fully justified should not be undertaken, but that a close scrutiny of all proposed expenditures for 1953 should be made in order to eliminate any of a non-essential nature. However, the Assembly approved a budget level for 1953 of \$9,832,754, or an effective working budget of \$8,485,095.

The difference between the approved budget level and the effective working budget is accounted for by the assessments against non-active members which it is not expected will be paid. The non-active members are Albania, Bulgaria, Byelorussia, Czechoslovakia, Hungary, Poland, Roumania, Ukraine, and the U.S.S.R., all of which claim to have withdrawn from WHO. However, the Constitution does not provide for withdrawals, and the communist countries are still considered to be members.

At the Fourth World Health Assembly Spain, Japan, and the Federal Republic of Germany were admitted to membership in WHO. At the Fifth Assembly the United Kingdom of Libya became a member and Tunisia and Morocco were admitted to associate membership. WHO now has 78 members, 69 of which are active, and three associate members.

One of the significant features of the Health Assembly in 1951 was the adoption of a series of International Sanitary Regulations designed to control the spread, through international traffic, of six quarantinable diseases, namely, cholera, plague, smallpox, typhus, yellow fever and relapsing fever. The new Regulations will replace a series of about a dozen Sanitary Conventions and Agreements, some of which are mutually contradictory or out of date. The International Sanitary Regulations will come into force on October 1, 1952, for all members of WHO who did not reject them within the specified time limit or make serious reservations which the Assembly could not accept. Amendments at later World Health Assemblies will keep the Regulations up to date. In the past, it had not proved possible to keep the various Sanitary Conventions suitably amended.

At the 1952 Health Assembly Canada, Brazil, Denmark, New Zealand, Iran and the United Kingdom were elected as members authorized to name persons to serve on the Executive Board. In addition to representatives of these countries the Executive Board for 1952-53 will also include persons designated by Belgium, Ceylon, Chile, Cuba, El Salvador, France, Greece, Italy, Lebanon, Liberia, Pakistan and Thailand. Through membership of a Canadian Representative on the Executive Board Canada will be able to follow more closely the work of WHO and consequently to play a more active role at future Health Assemblies.