



REGIONAL OFFICE FOR THE WESTERN PACIFIC  
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL

REGIONAL COMMITTEE

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ORIGINAL: ENGLISH

MINUTES OF THE FIFTH MEETING

Grantham Training College  
Tuesday, 10 September 1957 at 9.00 a.m.

CHAIRMAN: Dr. G. Graham-Cumming

	<u>CONTENTS</u>	<u>Page</u>
1	Resolution on malaria eradication .....	4
2	Method of appointing Regional Directors .....	5
3	Relations with UNICEF .....	12
4	Speech by representative of the United Nations Specialized Agency .....	13
5	Speeches by representatives of other inter-governmental organizations and non-governmental organizations .....	13
6	Speech by observer of Non-Member State .....	15
7	Technical Discussion report .....	16
8	Time and place of next two sessions .....	17
9	Resolution of appreciation .....	17
10	Other business .....	18

Fifth Meeting

Tuesday, 10 September 1957 at 9.00 a.m.

PRESENT

I Representatives of Member States

AUSTRALIA	Dr. H.E. Downes Mr. R.N. Birch
CAMBODIA	Dr. Phav Sany Dr. Ber Keng Hean Dr. Y. Danvoye
CHINA	Dr. Wu Ching Dr. C.H. Yen Dr. Y.T. Kuo
FRANCE	Médecin-Colonel P. Bernard Médecin-Colonel M. Demange
JAPAN	Mr. A. Saita Mr. Seiken Sasaki
KOREA	Dr. Yu Sun Yun
LAOS	Dr. Thongphet Phetsiriseng Dr. Phony Phoutthasak
NETHERLANDS	Dr. J. Bierdrager
NEW ZEALAND	Dr. H.B. Turbott
PHILIPPINES	Dr. Jesus A. Nolasco Dr. A. Ejercito
PORTUGAL	Dr. J. Paiva Martins
UNITED KINGDOM	Dr. G. Graham-Cumming Dr. P.W. Dill-Russell Dr. P.H. Teng Dr. G.M. Thomson Dr. L.J. Clapham Dr. W. Glyn Evans Dr. M. Doraisingham
UNITED STATES OF AMERICA	Dr. Richard K.C. Lee
VIET NAM	Dr. Le-Van-Khai Dr. Nguyen Tang Nguyen Dr. Tran Van Bang

II Observers of Non-Member States

FEDERATION OF MALAYA

Dr. Mohamed Din bin Ahmad

III Representatives of the United Nations and Specialized Agencies

UNITED NATIONS CHILDREN'S FUND

Mr. Brian Jones

IV Representatives of other Inter-Governmental Organizations and of Non-Governmental Organizations

INTERNATIONAL ASSOCIATION FOR  
THE PREVENTION OF BLINDNESS

Dr. G.C. Dansey-Browning

INTERNATIONAL COUNCIL OF NURSES

Miss Mary Chow

INTERNATIONAL DENTAL FEDERATION

Dr. Walter C. Allwright

INTERNATIONAL UNION FOR HEALTH EDUCATION  
OF THE PUBLIC

Miss C. del Rosario

LEAGUE OF RED CROSS SOCIETIES

Mrs. D.C.C. Trench

MEDICAL WOMEN'S INTERNATIONAL  
ASSOCIATION

Dr. Marie Hui-hsi-Feng

SOUTH PACIFIC COMMISSION

Dr. Thes. C. Lonie

WORLD FEDERATION OF SOCIETIES OF  
ANAESTHESIOLOGISTS

Dr. H.P.L. Ozorio

WORLD FEDERATION OF UNITED NATIONS  
ASSOCIATIONS

Dr. D. Engel

1 RESOLUTION ON MALARIA ERADICATION

The following resolution, as amended by the representative of France, was unanimously adopted:

"The Regional Committee,

Having considered the report on malaria eradication submitted by the Regional Director,

1. ENDORSES the recommendation of the Tenth World Health Assembly concerning the financing of the Malaria Eradication Special Account from governmental and extra-governmental funds,
2. REQUESTS the Regional Director:
  - (a) to continue the promotion of inter-country co-ordination of anti-malaria planning and operations;
  - (b) to collect from governments within the Region information as regards the development of their malaria control or malaria eradication programmes, so that up-to-date relevant data may be centralized in WHO and circularized to other interested governments;
  - (c) to undertake negotiations in order that the first of the malaria training courses is activated as soon as possible, taking into consideration the urgency of this question in view of the possible development of resistance of the vector species to insecticides and the great need for trained staff;
  - (d) to take steps in order that the courses may be held alternately in the various countries of the Region, where adequate facilities are available, and also where malaria control projects are in operation, in order that the training may be both theoretical and practical;
3. REITERATES the importance of intensifying government plans for malaria control so that malaria eradication may be achieved as soon as possible."

2 ITEM 14.4 OF THE AGENDA - METHOD OF APPOINTING REGIONAL DIRECTORS (WP/RC8/11)

Dr. H.B. TURBOTT (New Zealand) expressed the view that the present method of appointing regional directors had possibilities of disadvantages and, therefore, needed some revision. Article 52 of the Constitution provided that the regional director should be appointed by the Executive Board in agreement with the Regional Committee. In the present procedure it was the Regional Committee which selected candidates and not the Executive Board; it was possible that under this system there would be pressure groups operating, the Board having no power to deal with such a situation, and the results would be that the most qualified candidate might not be appointed. Further, Dr. TURBOTT stated that in view of the distance factor regional committee members might not possibly be well informed on the qualifications and suitability of applicants. The reason for emphasizing personal qualifications was that WHO was a very big body and its success depended upon the personality of its top controlling men who must be extremely capable and able to work together as a team. His Government would like to suggest that the Regional Committee select three or four names and submit these to the Executive Board which, with the advice of the Director-General, would make the final selection and then refer the name back to the Regional Committee for confirmation. Dr. TURBOTT referred to the statement made by Dr. Jafar (Annex I of document WP/RC8/11) that the existing procedure provided for all aspects of consultation and said that this was not well understood, since in most instances the members of the Board merely served as "rubber stamps" in approving the nomination made. He also drew attention to Dr. Siri's statement (also given in Annex I) that the proposal of the Government of New Zealand had undoubtedly been motivated by particular reasons, and remarked that this was not correct. His Government was happy with the existing arrangement, having in fact taken part in electing the present Regional Director,

and believed that the Regional Committee was a competent and well-organized body. It was feared, however, that if the system continued the best person might not always be selected for the position of regional director and his Government was, therefore, anxious that the Executive Board should play an effective part in this selection.

Dr. A. EJERCITO (Philippines) stated that the Philippine delegation, after studying the pertinent documents felt that the proposal was, in principle, a matter of the Regional Committee surrendering to the Executive Board and the Director-General its competency in selecting its regional director. Secondly, this would tend to centralize the selection instead of leaving it to the Regional Committee to do so, as opposed to the practice of decentralizing the activities of WHO from its headquarters to the various regional offices. He was of the opinion that since the selection of the regional director was a regional matter the initiative should strongly rest in the Regional Committee and not with the Executive Board. He believed, however, that the present method of the Board acting only on the basis of a single nomination was not a sound principle, as the action became ministerial, with no other alternative. Dr. EJERCITO made the following proposals:

(a) that the Regional Committee submit to the Executive Board at least two nominations so that the Board could play an effective part in the selection of the most suitable candidate;

(b) request that these comments be given consideration by the Committee and transmitted by the Regional Director to WHO Headquarters.

Dr. H.E. DOWNES (Australia) mentioned that his Government had had this year the pleasure of a visit from the Director-General and the Regional Director. In supporting the statement of the representative of New Zealand, he wished to make it clear that his Government was satisfied with the present Regional

Director and hoped that the procedure, if agreed on, would not take place in this region for years to come. He said that whatever techniques were involved, the important thing was that the best qualified person should be chosen as regional director.

Dr. LE-VAN-KHAI (Viet Nam) was of the opinion that the method of appointing regional directors should be studied together with the procedure adopted in the selection of the Director-General. Article 31 of the Constitution provided that the Director-General should be appointed by the Health Assembly on the nomination of the Board and, subject to the authority of the Board, should be the chief technical and administrative officer of the Organization. Likewise, Rule 49 of the Rules of Procedure of the Regional Committee stated that "for the nomination of the Director, the Committee, at a private meeting, shall establish a list of candidates whose names shall be submitted by secret proposals from representatives at that meeting and presented in alphabetical order. The Committee shall then elect its candidate by secret ballot". He expressed the view that the procedures used in the election of both the Director-General and regional directors were similar in that the regional directors were actually appointed by the Board and the Director-General by the Health Assembly. He agreed with the representative of New Zealand that it was rather difficult for Member States to know the qualifications of candidates before their names were submitted to the Regional Committee, and therefore suggested that before the Regional Committee appointed the regional director the personal files of individual candidates should be sent to the various governments to give them the opportunity to study the qualifications of the applicants. He agreed with the representative of New Zealand that the selection of the regional director was a very significant one and that WHO should have the best qualified persons at its disposal to carry on its important tasks. Article 52 of the Constitution

preserved the rights of the Regional Committee in permitting it to appoint people whom it considered most suitable. Dr. KHAI remarked that the selection of the candidate by the Executive Board might be detrimental to the Regional Committee, as it would take away from the latter some of its powers. The Rules of Procedure of the Regional Committee might perhaps be amended to include the provision that Member States should be given the opportunity to study in advance the personal files of applicants in order to select the most qualified candidate.

Dr. WU CHING (China) felt that the present method of appointing regional directors was satisfactory for this particular area and therefore suggested that the original method be continued.

Dr. C.H. YEN (China) supplemented the remarks made by Dr. Wu reiterating that there was no practical reason for changing the present method. He was happy to note that the New Zealand proposal did not reflect any dissatisfaction with the present situation and that it was merely to ensure that the most competent and qualified person would be appointed. However, the responsibility for making the choice was a very important one and should, he believed, rest with the Regional Committee. Referring to the statement previously made by the representative of New Zealand that the members of the Executive Board acted as "rubber stamps", Dr. YEN said that the Regional Committee similarly served as a "rubber stamp" in approving the choice made by the Executive Board. He further suggested that Rule 49 of the Rules of Procedure should be reviewed with a view to giving sufficient time for the study of the list of nominees. Before the office was vacated, the Director-General, the Executive Board or the Regional Committee could submit names of applicants which would be presented to the members of the Committee who would then make the selection. In this way the idea of acting as "rubber stamps" would be dispelled. He pointed out that depriving the Committee of the power of selecting candidates was against the WHO principle of decentralization, and in view of this the Chinese delegation did not support the New Zealand proposal.



Dr. TURBOTT explained that he was proposing that both the Executive Board and the Regional Committee should be concerned in the selection. He suggested that the names should come before the Regional Committee as usual, the Committee would select three or four names and submit these to the Executive Board which, together with the Director-General, would consider them, make the selection and refer the name back to the Regional Committee. His Government's proposal therefore retained the right of selection of the Regional Committee and brought the Executive Board into this matter also.

Dr. EJERCITO stated that in view of the last remarks of the representative of New Zealand guaranteeing the right of the Regional Committee to make the initial selection and should there be three or four candidates, instead of one, the Philippine delegation would support the proposal.

Médecin-Colonel P. BERNARD (France) said that whilst appreciating that the proposals of the representative of New Zealand attempted to obtain the maximum guarantees for the election of regional directors, it would be a return to centralization, and difficulty would arise if the Executive Board should select a candidate who had not obtained the majority of votes of the Regional Committee, and thus could not be said to have the full confidence of the Committee. He thought that the present system should be maintained, since it had proved to be efficient.

Dr. PHAV SANY (Cambodia) agreed that the present system should be maintained. Regarding selection of candidates, it was essential to decentralization that the regional director should be from the region, should know it well, and should be proved in public-health work in the region.

Dr. J. BIERDRAGER (Netherlands) said that while not supporting the principle that because a system worked satisfactorily there was no need for modification, his Government was of the opinion that there was no reason in support of such an amendment, but wished to support the suggestion of the Philippine delegation.

Dr. R.K.C. LEE (United States) said that his delegation desired that the initiative in selection of the regional director should rest with the Regional Committee, and since this was the present practice and was working well, was not in favour of the suggestion of the New Zealand representative.

The CHAIRMAN suggested that during the morning adjournment a resolution be drafted by the rapporteurs incorporating the views expressed.

Mr. A. SAITA (Japan) expressed doubt that such a resolution could be formulated in view of the divergence of opinion.

The CHAIRMAN requested that the representatives of New Zealand and the Philippines confer and endeavour to draft a compromise resolution.

(The Committee adjourned for a short time.)

The CHAIRMAN submitted the following draft resolution for consideration of the Committee.

"The Regional Committee,

Having considered resolution EBl9.R61 of the Executive Board on the method of appointing regional directors;

REQUESTS the Regional Director to transmit the following suggestion to the Director-General for consideration of the Executive Board:

- (1) the Director-General to request governments for the names of candidates which he will refer to the Regional Committee;
- (2) the Regional Committee to select three names which will be listed in priority;
- (3) these names to be submitted to the Executive Board which will select one candidate, due consideration having been given to the views of the Regional Committee;
- (4) the Executive Board decision will be final."

Dr. LE-VAN-KHAI suggested that in view of the divergence of opinion, which he doubted could be included in one paper, the minutes of the previous discussions should be submitted instead of a draft resolution.

Dr. WU CHING seconded the suggestion of the representative for Viet Nam, which was also supported by Médecin-Colonel P. BERNARD.

Dr. EJERCITO said that he feared that the Executive Board would not have enough time to analyse all the points contained in the minutes, and it might give the impression that the Regional Committee was afraid of forming a concrete suggestion. The New Zealand representative had suggested an alteration in the procedure, the Philippines had submitted a compromise suggestion, and the consensus of opinion seemed to be that the prerogative of selection should rest with the Committee, and the Philippines delegation was in favour of crystallizing the opinions expressed into some concrete suggestion for the consideration of the Executive Board.

The CHAIRMAN called for a vote to be taken as to whether the resolution, drafted by the representatives for New Zealand and Philippines, or the minutes, as proposed by the representative of Viet Nam and seconded and supported by the representatives of China and France, should be submitted to the Executive Board.

The following representatives voted in favour of the amendment that no resolution be taken and the minutes be submitted:

CHINA, FRANCE, JAPAN, KOREA, LAOS, NETHERLANDS, PORTUGAL, UNITED STATES,  
VIET NAM.

Against:

AUSTRALIA, NEW ZEALAND, PHILIPPINES, UNITED KINGDOM

Abstention

CAMBODIA.

The CHAIRMAN declared the amendment carried - that no resolution be taken on this matter and the full minutes of the discussion be submitted to the Executive Board.

3 ITEM 14.6 OF THE AGENDA - RELATIONS WITH UNICEF (WP/RC8/13)

The SECRETARY stated that this item had been placed on the agenda with a view to informing Member Countries of the UNICEF programme proposal to assist in the establishment and development of the departments of paediatrics, and the departments of preventive medicine, in selected medical schools which were prepared to undertake the strengthening of their activities, with particular emphasis on child health. Details were given of the assistance envisaged.

Dr. PHAV SANY (Cambodia) said that the Royal School of Medicine would like the services of an expert at his country's expense, if UNICEF could provide one. He would also like to send Cambodian doctors abroad for experience.

The SECRETARY replied that if the two field projects proved successful UNICEF might be prepared to consider Cambodia's request.

Dr. LE-VAN-KHAI wished to take the opportunity of thanking UNICEF for the assistance given in equipping the Children's Hospital in Saigon, and welcomed the decision to expand assistance in paediatrics.

Dr. M. DORAISINGHAM (United Kingdom) and Dr. WU CHING (China) expressed appreciation of the work of UNICEF.

Dr. LE-VAN-KHAI proposed the adoption of the following resolution which was seconded by Dr. A. EJERCITO (Philippines) and carried unanimously:

"The Regional Committee,

1. NOTES with satisfaction that UNICEF is prepared to assist in the establishment and development of the departments of paediatrics and the departments of preventive medicine in selected medical schools; and

2. RECOMMENDS that governments wishing to request assistance in this field from UNICEF should make full use of the advisory services of the Regional Office before formulating such requests."

4 SPEECH BY REPRESENTATIVE OF THE UNITED NATIONS SPECIALIZED AGENCY

Representative of the United Nations Children's Fund

Mr. BRIAN JONES spoke about the trends in UNICEF programme policies which had, in very large measure, been influenced by WHO meetings. UNICEF had recently decided to enlarge the range of assistance available for rural health training and services going far beyond the earlier limitation of equipment for maternal and child health training and services. As an example, Mr. JONES quoted the equipment provided for the development of integrated health services within the context of the community development programme in India. Related to this type of programme was that quoted in document WP/RC8/13. The third field of interest was that of tuberculosis control where UNICEF was now ready to provide equipment for tuberculosis survey programmes in consultation with WHO. It was hoped that such activities might later be broadened to take in domiciliary chemotherapy programmes.

Mr. JONES, in terminating, reminded the Committee of UNICEF's readiness to support leprosy and trachoma programmes.

5 SPEECHES BY REPRESENTATIVES OF OTHER INTERGOVERNMENTAL ORGANIZATIONS AND OF NON-GOVERNMENT ORGANIZATIONS

Representative of the International Association for the Prevention of Blindness

Dr. G.C. DANSEY-BROWNING drew attention to blindness as a public-health problem and stated that preventive ophthalmology did not feature to any appreciable extent in any of the Western Pacific Region governmental reports. He gave a summary of the situation in Hong Kong. Overcrowding facilitated the spread of the ophthalmias and malnutrition caused a lack of resistance to the ophthalmia. The role of tuberculosis and worm-infection in regard to phlyctenular diseases and the fact that syphilis in pregnant women resulted in congenital defects were also emphasized. Dr. DANSEY-BROWNING terminated his speech with a special plea that ophthalmology should take its place in all public-health measures.

Representative of the International Dental Federation

Dr. WALTER C. ALLWRIGHT noted with satisfaction that WHO was paying increasing attention to dental health. Dental health officers had been appointed to WHO Headquarters and the Regional Office for the Americas and it was hoped that all regional offices would soon have advisors in this field. Dr. ALLWRIGHT referred to the Australian request for an inter-regional seminar in Australia in 1959 which he strongly endorsed and hoped that full support would be given to the seminar by countries in the Region. The Committee was informed of the recommendations made by the Hong Kong Dental Society to safeguard and improve the dental health of overcrowded Hong Kong. The first related to the fluoridation of the water supplies which had already been approved by the Government, and the second, to the creation of a dental school. Dr. ALLWRIGHT stated that if at some time in the future a specific request was received from the Hong Kong Government for assistance from WHO, he hoped that this would be considered sympathetically by the Committee.

Representative of the International Union for Health Education of the Public

Miss CARMEN DEL ROSARIO stated that she brought greetings and good wishes from the International Union for Health Education of the Public and hoped that fruitful results would be yielded by the meeting.

Representative of the South Pacific Commission

Dr. THOS. C. LONIE stated that the Secretary-General of the South Pacific Commission and the Executive Officer for Health sent greetings to the Committee. He referred to the health education training course which had been jointly sponsored by WHO and the South Pacific Commission. This had been attended by some forty trainees from all the major islands in the Pacific and had lasted for two months. The course had been successful and pointed the way to further joint training ventures in the health field. The South Pacific Commission was grateful to WHO, both for its direct assistance and for its sponsorship of the

Commission's successful application to the United Nations Technical Assistance Board. A health educator would visit all the territories of the Commission in the next two years and would endeavour to counsel and assist the former trainees in the handling of their own health education duties. It might be necessary to request continuation of the services of the health educator for a further year and if this occurred he hoped the request would be supported by the Committee. Dr. LONIE stated that there was little danger of competition between the Commission and WHO but there were many ways in which they could perhaps co-operate and assist local health ventures.

Representative of the World Federation of United Nations Associations

Dr. D. ENGEL was concerned that the medical treatment of sailors travelling from port to port lacked continuity at present because of the absence of any adequate system of record keeping. This state of affairs might sometimes lead, especially in surgical cases, to very serious consequences. For the benefit of all parties concerned (the sailor, the shipping company and the insurance company), he proposed that every sailor should be supplied with a health booklet issued by the World Health Organization and of an international character similar to that of the vaccination booklets. Every doctor consulted should be under an obligation to enter into this booklet his diagnosis, treatment and recommendation to the doctor in the next port of call. He asked that members ventilate this proposal in their respective countries.

6 SPEECH BY OBSERVER OF NON-MEMBER STATE

Observer of the Federation of Malaya

Dr. MOHAMED DIN BIN AHMAD stated that Malaya had been an independent country for only six or seven days and formerly sent its representative as part of the United Kingdom delegation. He expressed his appreciation to the United Kingdom for past services in this respect and to the Chairman for his

remarks in his opening address. He thanked also those people who, in the past, had, through their skill, ingenuity and foresight, made Malaya a healthy country, and expressed his Government's intention of following in their footsteps. He gave an assurance that, when Malaya became a member of WHO, she would co-operate to the full in measures to promote better health in the Region.

7 TECHNICAL DISCUSSION REPORT (WP/RC8/19)

Dr. A. EJERCITO (Philippines) moved the adoption of the report.

Médecin-Colonel P. BERNARD (France) seconded the motion.

Dr. H.E. DOWNES (Australia) referred to the excellent technical discussions on a subject not too broad, and the excellent demonstration visit. With regard to the subject for 1958 the majority favoured "Malaria Control and Eradication" which he felt was a neat and confined subject. He felt that there was much to be said for the second choice of subject, "The Role of Nurses, Midwives and Sanitary Inspectors in the Development of Environmental Sanitation in Rural Areas". This, in regard to under-developed subjects, would give rise to a great interchange of views on a sub-medical level, and he proposed that this subject be substituted for that shown in the resolution.

Dr. LE-VAN-KHAI (Viet Nam) thought the Australian proposal interesting, but felt the original subject more important. The second subject might be suitable for the 1959 discussions.

Dr. J. BIERDRAGER (Netherlands), Dr. H.B. TURBOTT (New Zealand) and Médecin-Colonel BERNARD supported the Australian amendment.

Dr. LE-VAN-KHAI proposed a vote on the Australian proposal, and this resulted in the proposal being defeated seven to five.

Dr. R.K.C. LEE (United States) proposed the addition after section (f) of a section (g), "Research - intensification in this field is needed". The original (g) would then read "(h)".



Dr. M. DORAISINGHAM (United Kingdom) supported Dr. Lee.

The CHAIRMAN declared the resolution adopted with the correction proposed by Dr. Lee.

#### 8 TIME AND PLACE OF NEXT TWO SESSIONS

The CHAIRMAN advised that it was customary for the next meeting to be held in Manila and China had already extended an invitation for the meeting in 1959 to be held in Taipei.

Dr. LE-VAN-KHAI (Viet Nam) proposed a vote of thanks to China for the invitation to hold the meeting of 1959 in Taipei.

Dr. H.E. DOWNES (Australia) seconded and the motion was carried.

#### 9 RESOLUTION OF APPRECIATION

Dr. J. BIERDRAGER (Netherlands) proposed the following resolution of thanks. This was seconded by Dr. A. EJERCITO (Philippines) and approved.

"The Regional Committee,

Having received many favours and courtesies while in Hong Kong,

1. EXPRESSES its appreciation and gratitude to:

(a) His Excellency the Governor for having formally opened the eighth session of the Committee and for receiving the representatives, observers and members of the Secretariat at Government House,

(b) the Medical Department and other Government staff for the excellent arrangements made for the meeting,

(c) the Vice-Chancellor of the University, the Acting Director of Medical and Health Services, the Chinese Medical Association, the Tung Wah Hospital Group and other individuals who have kindly extended hospitality,

(d) the Director of the Leprosarium at Hay Ling Chau for the arrangements made in connection with the Technical Discussions,

(e) the press and radio of Hong Kong for the wide coverage of the meeting,

(f) the Chairman, Vice-Chairman and the Rapporteurs,

(g) the Regional Director and Members of the Secretariat for their work in the preparation and organization of the session,

2. REQUESTS the Regional Director to transmit copies of this resolution to the persons and organizations mentioned above."

#### 10 OTHER BUSINESS

Dr. LE-VAN-KHAI (Viet Nam) stated that he found the speeches by representatives of other organizations interesting and educational and felt that next year it would be of interest to have something on the application of atomic energy in the field of medicine. There had been considerable developments in recent years, both in diagnostic and therapeutic applications. He felt that either UNICEF or WHO should assist development in this region.

Mr. A. SAITA (Japan) referred to the Committee's decision on the questions of the method of appointment of regional directors not to forward any resolution but to ask that the minutes of the meeting be forwarded to the Director-General. He enquired if any resolution to this effect was required, since if that was so, this was a convenient time.

The SECRETARY advised that no specific resolution was required to ensure this action.

The meeting adjourned at 12.40 p.m.