

The World Health Organization*

THE ATTAINMENT of the highest possible level of health by all the people of the world is the challenging objective of the new World Health Organization, whose constitution was signed on July 22, 1946, by representatives of 61 nations.

This organization, established by the International Health Conference held in New York City, is the first fully empowered international agency in public health. The long-existing need for an agency of this kind has become even more pressing within recent years.

In the field of health, nations are interdependent. Epidemics anywhere in the world are dangerous to other nations. Low standards of health place a burden on prosperity and trade, imposing an economic handicap on every nation and on the world as a whole.

While the responsibility for health within its own borders is of primary concern to each nation, the success of each can be greatly enhanced through international teamwork. Disease must be attacked at its source everywhere. Malnutrition, which underlies so much ill health, must be eliminated wherever it exists. Health and medical services in each country must be progressively improved and made available to every citizen. More effective methods for preventing disease and improving health and longevity must be sought intensively through scientific research. An equal opportunity for health for everyone should be our goal. In particular, medicine and its related sciences must be brought to bear on the problems of mental and emotional ill health.

It is becoming clear that the health sciences can contribute to man's ability to live harmoniously in a changing total environment. Thus, improved health enhances standards of living, promotes economic prosperity, and contributes to our total objective, which is peace. The fundamental freedoms can be realized only when people are healthful and well nourished.

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The new World Health Organization is faced with tremendous and vital tasks whose accomplishment will bring great rewards.

Preliminary Steps

The history of the Organization begins at the United Nations Conference on International Organization, which met in San Francisco on April 25, 1945. At the instigation of Brazil, the word "health" was introduced in applicable sections of chapters IX and X of the Charter of the United Nations, dealing with international economic and social cooperation. The Conference also recognized the importance of health problems and their solution by approving unanimously a declaration proposed jointly by Brazil and China for the purpose of establishing an international health organization.

Plans for bringing into being an international health organization were started shortly thereafter in several nations. In the United States, the Surgeon General of the Public Health Service, Dr. Thomas Parran, established the Office of International Health Relations, and the Health Branch of the Division of International Labor, Social, and Health Affairs of the Department of State was staffed with Public Health Service officers to work on this problem. In October 1945, the plans developed by these groups were examined by an advisory health group of 30 leaders in public health and civic activities, called together by the Department of State under the chairmanship of Dr. Parran. The interest of the United States in this field was impressively emphasized by the Senate, which in December 1945 passed a joint resolution requesting the President to take immediate steps toward the early convening of a health conference and the formation of an international health organization.

Suggestions were made for calling the international health conference under the sponsorship of several nations, but it was decided that this action should come through the United Nations. As a result, on February 15, 1946, the Economic and Social Coun-

cil of the United Nations adopted a resolution calling for a Technical Preparatory Committee on Health to meet in Paris, and an International Health Conference to be convened in New York in June 1946.

The Technical Preparatory Committee on Health met in Paris on March 18. The Committee was composed of 16 experts¹ named by the Economic and Social Council, accompanied by alternates and advisors. The Committee elected Dr. René Sand of Belgium as its chairman. During a 3-week session, annotated agenda and proposals for an International Health Conference were prepared. Four basic documents, submitted by France, the United Kingdom, the United States, and Yugoslavia, were considered as a basis for the development of a constitution for a single new international health organization. The documents submitted by France and Yugoslavia served in the development of the preamble, and the United States document was used as the basis for the rest of the proposed constitution.

The proposals as agreed upon by the Technical Preparatory Committee were circulated among all members of the United Nations. A conviction was expressed that membership in the proposed World Health Organization should be open to all nations, and the Committee adopted a resolution recommending that nations not members of the United Nations should participate as observers at the International Health Conference. Dr. Parran, in concluding his official report, declared that the meeting was marked by a desire for the speedy development of a World Health Organization of broad scope and high purpose as a specialized agency to be brought into relationship with the United Nations.

¹Bermann (Argentina), Sand (Belgium), de Paula Souza (Brazil), Chisholm (Canada), King and Sze (China), Cancik (Czechoslovakia), Shousha (Egypt), Cavillon and Leclairche (France), Kopanaris (Greece), Mani and Katial (India), Martinez Baez (Mexico), Evang (Norway), Kacprzak (Poland), Jameson and Mackenzie (United Kingdom), Parran and Doull (United States), Stampar (Yugoslavia). The USSR was invited but sent no representative.

Previous International Health Agreements

The International Health Conference which established the World Health Organization was the first conference to be called by the United Nations. It is appropriate that this honor went to the field of public health and medicine and emphasized its role in the development of international peace and friendship. The World Health Organization is the first specialized agency of the United Nations to which every member of the United Nations has subscribed. More than that, nations not members of the United Nations were invited to the deliberations and were asked to join the organization, and 10 of them also signed the charter.

The speed with which this meeting was called, following the signing of the Charter of the United Nations in San Francisco a year ago, testifies to the thoroughness of preliminary foundations. It testifies also to the practical value of previous international experiences in health agreements, limited as they were. In 1851 the French Government called an international conference to discuss uniform quarantine codes. Soon after the turn of the century there came into existence the Office International d'Hygiène Publique and the Pan American Sanitary Bureau, which at the outset were concerned primarily with administering treaties dealing with the exchange of epidemic intelligence and preventing, through quarantine, the spread of disease from one country to another. Later these two organizations expanded their programs into other important fields. The League of Nations established a Health Organization, which was highly successful. At one time or another, it sponsored important studies in malaria, nutrition, rural hygiene, syphilis, and leprosy. It fostered international exchange of students and health experts, and made significant progress in the standardization of drugs and biologicals.

During the war, the functions of the Paris Office and the Health Section of the League of Nations were undertaken by the United Nations Relief and Rehabilitation Administration. The primary functions of

this organization were relief and supply of the countries stricken by war. Among its achievements in the field of public health was the revision of the outdated sanitary conventions regarding sea and air transportation. It has conducted an epidemiological service, has made a number of surveys, and has furnished several countries with missions that assisted them in problems of health.

There is thus a sound heritage of experience upon which the new international health organization will draw.

International Health Conference

The International Health Conference met in New York City on June 19, 1946, and continued its sessions until July 22, 1946. Delegations from all 51 United Nations² took part in the deliberations; representatives from 13 nonmember nations,³ 3 allied control authorities,⁴ and 10 international organizations⁵ attended the meetings as observers. Dr. Parran, chief delegate of the United States, was unanimously elected president of the Conference. Vice presidents were Sir William Jameson, United Kingdom; Dr. Fedor G. Krotkov, Union of Soviet Socialist Republics; Dr. James Kofei Shen, China;

² Argentina, Australia, Belgium, Bolivia, Brazil, Byelorussia, Canada, Chile, China, Colombia, Costa Rica, Cuba, Czechoslovakia, Denmark, Dominican Republic, Ecuador, Egypt, El Salvador, Ethiopia, France, Greece, Guatemala, Haiti, Honduras, India, Iran, Iraq, Lebanon, Liberia, Luxembourg, Mexico, Netherlands, New Zealand, Nicaragua, Norway, Panama, Paraguay, Peru, Philippine Republic, Poland, Saudi Arabia, Syria, Turkey, Ukraine, Union of Soviet Socialist Republics, Union of South Africa, United Kingdom, United States, Uruguay, Venezuela, Yugoslavia.

³ Albania, Austria, Bulgaria, Elre, Finland, Hungary, Iceland, Italy, Portugal, Siam, Sweden, Switzerland, Transjordan, Afghanistan, Rumania, and Yemen were also invited to send observers but were not represented.

⁴ Germany, Japan, Korea.

⁵ Food and Agriculture Organization, International Labor Organization, League of Red Cross Societies, Office International d'Hygiène Publique, Pan American Sanitary Bureau, Provisional International Civil Aviation Organization, Rockefeller Foundation, United Nations Educational, Scientific, and Cultural Organization, United Nations Relief and Rehabilitation Administration, World Federation of Trade Unions.

Dr. Geraldo H. de Paula Souza, Brazil; and Dr. André Cavaillon, France.

In addition to Dr. Parran, the United States delegation consisted of Dr. Martha M. Eliot, Associate Chief of the Children's Bureau, Federal Security Agency (vice chairman); Dr. Frank G. Boudreau, Director of the Milbank Memorial Fund; Edwin B. Fred, President of the University of Wisconsin and member of the National Advisory Health Council; Dr. James E. Paullin, past President of the American Medical Association; and Durward V. Sandifer, Chief of the Division of International Organization Affairs, Department of State.

The preparatory work done before the Conference greatly facilitated the progress of the meeting. There were, in effect, only two major unresolved problems. One—whether the Soviet Union would participate in the discussions and join the organization—was resolved by the arrival of delegates from the Soviet Union, ably led by the Deputy Minister of Health of the USSR, Dr. Krotkov. The second problem confronting the Conference concerned regionalization and the role of existing international organizations in the field of public health. It had been decided in Paris that the Office International d'Hygiène Publique should be absorbed by the World Health Organization, and the same action was agreed on in relation to the Health Section of the League of Nations and the epidemiologic intelligence of the Health Division of the United Nations Relief and Rehabilitation Administration. The Conference decided that the Pan American Sanitary Bureau should be integrated with the Organization through "common action based on mutual consent."

It is worthy of note that, although prolonged debate took place on several issues, particularly on regionalization and the admittance to membership of nations not members of the United Nations, and although close votes were recorded on some points of detail, the decisions reached on all matters were approved unanimously by the Conference. As a result, representatives of all the United Nations signed the charter at the end of the meeting, China and the United Kingdom without reservation and the

others "ad referendum," that is, subject to ratification by their Governments. Ten nations not members of the United Nations also affixed their signatures.⁶ Nations which did not attend the Conference will be admitted as members when their applications have been approved by a simple majority vote of the Health Assembly.

Interim Commission

The World Health Organization will come into being when 26 members of the United Nations ratify the signatures of their delegates. For the period between the Conference and the first meeting of the Organization, the Conference set up an Interim Commission to conduct the essential business of the Organization and to work out details of agreements between the World Health Organization and other international agencies. The Interim Commission consists of 18 nations.⁷ Its temporary chairman was Dr. Krotkov of the Soviet Union, and its present chairman is Dr. Andrija Stampar of Yugoslavia. The Conference selected Dr. G. B. Chisholm of Canada as the Commission's Executive Secretary. Officers of the permanent organization will be selected at the first meeting of the World Health Organization, which will probably convene within the forthcoming year.

At a meeting of the Interim Commission's committee on administration and finance, provisional budget estimates of \$300,000 for 1946 and of \$1 million for 1947 were adopted. The budget will be submitted to the Secretary General of the United Nations.

World Health Organization

The organizational framework of the World Health Organization thus has been laid. With ratification by 26 nations, the Organization will come into being and be ready to start its functions.

Under the terms of the Constitution, the work of the Organization is

⁶ Albania, Austria, Bulgaria, Elre, Finland, Italy, Portugal, Siam, Switzerland, Transjordan.

⁷ Australia, Brazil, Canada, China, Egypt, France, India, Liberia, Mexico, Netherlands, Norway, Peru, Ukraine, United Kingdom, United States, USSR, Venezuela, Yugoslavia.

to be carried out by the World Health Assembly, composed of delegates representing the member nations and chosen from among persons most qualified by their technical competence in the field of health. The Health Assembly is to meet annually. Each nation will have one vote. Territories which are not responsible for the conduct of their international relations may be admitted as associate members, and representatives from such areas should be chosen from technically qualified members of the native population.

An Executive Board, consisting of 18 persons designated by as many member nations and holding office for 3 years, is to act as the executive organ of the Health Assembly and give effect to the decisions and policies of the Health Assembly. The Secretariat is to comprise the Director General and such technical and administrative staff as the Organization may require. This staff includes the establishment of committees in various technical and other fields, as determined by the Board. The Director General is to have direct access to national health organizations, governmental or non-governmental.

The Health Assembly will define the geographical areas in which it is desirable to establish regional organizations to meet the special needs of such areas. Each regional organization will be an integral part of the Organization. The Organization is to be brought into relation with the United Nations as one of the specialized agencies referred to in article 57 of the Charter of the United Nations.

The health problems to be encountered—in fact those already being encountered—cut widely across the relations between nations. Many other international agencies touch the field of health. For example, the Food and Agriculture Organization is concerned, on a world-wide basis, with nutrition; the International Labor Office, with industrial hygiene and social insurance; the civil aviation agency, with the spread of disease through rapid transport; the Trusteeship Council, with the health of dependent peoples; the Narcotics Commission, with habit-forming drugs. It is to be expected that the world health agency will work with these

and other agencies in technical matters and join with them in reaching a common goal. It is contemplated also that the Economic and Social Council of the United Nations will act as the coordinator to prevent overlapping, and gaps, in those fields with which two or more specialized agencies are concerned.

What can the world expect this new health organization to achieve?

The nature and the purposes of the World Health Organization are clearly implied in its name. More restrictive names, such as the International Health Organization or the Health Organization of the United Nations, were deliberately rejected. For the first time, emphasis was laid not on quarantine and checking epidemics and other defensive measures, but on positive, aggressive action toward health in its broadest sense. The preamble of the constitution begins on this note, declaring that "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." And this standard of health is defined as one of the fundamental rights of every human being.

Further examination of the constitution will show that the International Health Conference created a document that is idealistic yet practical, broad in scope yet sufficiently specific, and has formed an organizational pattern that will enable it to go far toward the fulfillment of its purpose, "the attainment by all peoples of the highest level of health." The document is truly a Magna Carta for health.

Article 2 of this constitution defines the functions of the World Health Organization. "In order to achieve its objective, the functions of the Organization shall be:

(a) to act as the directing and coordinating authority on international health work;

(b) to establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate;

(c) to assist governments, upon request, in strengthening health services;

(d) to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of governments;

(e) to provide or assist in providing, upon the request of the United Nations, health services and facilities to special groups, such as the peoples of trust territories;

(f) to establish and maintain such administrative and technical services as may be required, including epidemiological and statistical services;

(g) to stimulate and advance work to eradicate epidemic, endemic, and other diseases;

(h) to promote, in cooperation with other specialized agencies where necessary, the prevention of accidental injuries;

(i) to promote, in cooperation with other specialized agencies where necessary, the improvement of nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of environmental hygiene;

(j) to promote cooperation among scientific and professional groups which contribute to the advancement of health;

(k) to propose conventions, agreements and regulations, and make recommendations with respect to international health matters and to perform such duties as may be assigned thereby to the Organization and are consistent with its objective;

(l) to promote maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment;

(m) to foster activities in the field of mental health, especially those affecting the harmony of human relations;

(n) to promote and conduct research in the field of health;

(o) to promote improved standards of teaching and training in health, medical and related professions;

(p) to study and report on, in cooperation with other specialized agencies where necessary, administrative and social techniques affecting public health and medical care from preventive and curative points

of view, including hospital services and social security;

(q) to provide information, counsel, and assistance in the field of health;

(r) to assist in developing an informed public opinion among all peoples on matters of health;

(s) to establish and revise as necessary international nomenclatures of diseases, of causes of death and of public health practices;

(t) to standardize diagnostic procedures as necessary;

(u) to develop, establish, and promote international standards with respect to food, biological, pharmaceutical, and similar products;

(v) generally to take all necessary action to attain the objective of the Organization."

Instrument Forged For Peace

The first tasks of the World Health Organization undoubtedly will concern themselves with the age-old scourges of man, accentuated by the devastation of the war. The need is urgent for caring for the sick and wounded, for feeding the hungry, controlling epidemic diseases, and providing basic environmental sanitation. By pooling the resources and the knowledge and skills of all nations, the day of elimination of such diseases as malaria, tuberculosis, and syphilis can be achieved.

Beyond the immediate needs, the World Health Organization looks forward to leading the struggle in each country, with the help and encouragement of all other countries, for long-term programs of health services to protect the people from the

ravages of disease and to ensure to every individual a standard of health compatible with the technical achievements of the medical sciences. And, using the broad definition of health, the goal of application of technical achievements to all men is not limited to physical well-being. Mental hygiene, in helping man to adjust to his environment, must be used in combination with education in preventing the insanity of another total war and destroying the basic causes of war.

Humane plans for world health go for nought unless the peoples of the world can learn to live together in peace.

Public health experts realize that our science may be used either to save life or to destroy civilization. Whether science is to be used for good or for evil is not determined by scientists themselves. The same type of research worker may discover penicillin or atomic fission. It is the mass conscience of mankind—the dominance of the moral or the amoral—which determines whether research is to be used for life or death.

In our Magna Carta for health we have ventured to declare that we have a contribution to make to the central world problem of our day, which is to help man learn to live harmoniously with his fellow man.

The World Health Organization is, therefore, a collective instrument which will promote physical and mental vigor, prevent and control disease, expand scientific health knowledge, and contribute to the harmony of human relations. In short, it is a powerful instrument forged for peace.

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welfare administrators and their deputies. A similar meeting had been called by the Social Security Board in 1935, after the passage of the Social Security Act. With the authorization of additional Federal funds for public assistance, available October 1 under the 1946 amendments to the act, and increases in appropriate

tions for maternal and child welfare programs for the current fiscal year, the conference was called to enable officials of the Social Security Administration to discuss with the State administrators how these additional Federal funds can be used to advance the fundamental obligation of Federal and State legislation for social security.