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## EDITORIALS

*Editorials are written by members of the Editorial Board and opinions expressed are those of the writers.*

### THE WORLD HEALTH ORGANIZATION

In an Editorial in the Second Special War Number and Volume XI of the Journal, the Acting Editor expressed the hope that following the war a new international health organization would be established, upon a broader base and with greater financial support than its predecessors.

It is gratifying to note that great progress has been made towards united action. On July 22, 1946, in New York, the delegates of fifty-one Members and of ten non-Members of the United Nations, assembled at the first general international conference to be called by the United Nations, signed the Constitution of the World Health Organization. The delegates of only two nations, however, China and the United Kingdom, signed without reservation; the others signed *ad referendum*. The Constitution will enter into force when accepted by twenty-four additional Members of the United Nations in accordance with their constitutional procedures. The date of actual establishment is therefore uncertain. Governments like individuals are apt to delay through pressure of other business or from oversight. Public health workers in

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The Spanish text of the Constitution is reprinted in this issue. The English text was published in the "Journal of the American Medical Association" for August 24, 1946, and in "Public Health Reports," U. S. Public Health Service, for August 30, 1946. Copies in these languages and also in Chinese, French, and Russian may be obtained from the Document Section of the United Nations.

various countries may hasten the inauguration of the Organization by urging upon their governments early acceptance of the Constitution.

The delegates signed at the same time an Arrangement establishing an Interim Commission and a protocol procedure for the transfer of the functions of the Office International d'Hygiene Publique at Paris to the World Health Organization.

Eighteen countries were selected to name representatives to the Interim Commission. These are: Australia; Brazil; Canada; China; Egypt; France; India; Liberia; Mexico; Netherlands; Norway; Peru; Ukranian Soviet-Socialist Republic; Union of Soviet Socialist Republics; United Kingdom; United States of America; Venezuela; and Yugoslavia. Dr. Feodor Krotkov of the U.S.S.R. was elected Chairman, but being compelled to relinquish the post because of pressure of his duties in Moscow, he was succeeded by Dr. Andrea Stampar of Yugoslavia. Dr. G. Brock Chisholm of Canada was elected Executive Secretary. A sum of \$300,000 was advanced by the United Nations for the remainder of 1946 and \$1,000,000 has been requested by the Commission for 1947. It has not yet been determined by the United Nations whether these advances shall be grants or loans.

The functions of the Interim Commission are as follows:

(a) To convoke the first session of the World Health Assembly as soon as practicable, but not later than 6 months after the date on which the Constitution of the Organization comes into force;

b) To prepare and submit to the signatories to this Arrangement, at least 6 weeks before the first session of the Health Assembly, the provisional agenda for that session and necessary documents and recommendations relating thereto, including:

(i) Proposals as to program and budget for the first year of the Organization,

(ii) Studies regarding location of headquarters of the Organization,

(iii) Studies regarding the definition of geographical areas with a view to the eventual establishment of regional organizations as contemplated in Chapter XI of the Constitution, due consideration being given to the views of the governments concerned, and

(iv) Draft financial and staff regulations for approval by the Health Assembly.

In carrying out the provisions of this paragraph due consideration shall be given to the proceedings of the International Health Conference.

(c) To enter into negotiations with the United Nations with a view to the preparation of an agreement or agreements as contemplated in Article 57 of the Charter of the United Nations and in Article 69 of the Constitution. Such agreement or agreements shall

(i) Provide for effective cooperation between the two organizations in the pursuit of their common purposes;

(ii) Facilitate, in conformity with Article 58 of the Charter, the coordination of the policies and activities of the Organization with those of other specialized agencies; and

(iii) At the same time recognize the autonomy of the Organization within the field of its competence as defined in its Constitution.

(d) To take all necessary steps to effect the transfer from the United Nations to the Interim Commission of the functions, activities, and assets of the League of Nations Health Organization which have been assigned to the United Nations;

(e) To take all necessary steps in accordance with the provisions of the Protocol concerning the Office International d'Hygiene Publique signed 22 July 1946 for the transfer to the Interim Commission of the duties and functions of the Office, and to initiate any action necessary to facilitate the transfer of the assets and liabilities of the Office to the World Health Organization upon the termination of the Rome Agreement of 1907;

(f) To take all necessary steps for assumption by the Interim Commission of the duties and functions entrusted to the United Nations Relief and Rehabilitation Administration by the International Sanitary Convention, 1944, modifying the International Sanitary Convention of 21 June 1926, the Protocol to Prolong the International Sanitary Convention, 1944, the International Sanitary Convention for Aerial Navigation, 1944, modifying the International Sanitary Convention for Aerial Navigation of 12 April 1933, and the Protocol to Prolong the International Sanitary Convention for Aerial Navigation, 1944;

(g) To enter into the necessary arrangements with the Pan-American sanitary organization and other existing inter-governmental regional health organizations with a view to giving effect to the provisions of Article 54 of the Constitution, which arrangements shall be subject to approval by the Health Assembly;

(h) To establish effective relations and enter into negotiations with a view to concluding agreements with other inter-governmental organizations as contemplated in Article 70 of the Constitution;

(i) To study the question of relations with non-governmental international organizations and with national organizations in accordance with Article 71 of the Constitution, and to make interim arrangements for consultation and cooperation with such organizations as the Interim Commission may consider desirable;

(j) To undertake initial preparation for revising, unifying and strengthening existing international sanitary conventions;

(k) To review existing machinery and undertake such preparatory work as may be necessary in connection with:

(i) The next decennial revision of "The International Lists of Causes of Death" (including the lists adopted under the International Agreement of 1934 relating to Statistics of Causes of Death); and

(ii) The establishment of International Lists of Causes of Morbidity;

(l) To establish effective liaison with the Economic and Social Council and such of its commissions as may appear desirable, in particular the Commission on Narcotic Drugs; and

(m) To consider any urgent health problem which may be brought to its notice by any government, to give technical advice in regard thereto, to bring urgent health needs to the attention of governments and organizations which may be in a position to assist, and to take such steps as may be desirable to coordinate any assistance such governments and organizations may undertake to provide.

Being established by intergovernmental agreement, the World Health Organization will be an autonomous body. It will not be a commission of the Economic and Social Council of the United Nations as was envisaged by many prior to the United Nations Conference on International Organization at San Francisco. It will belong to the group of "Specialized Agencies" which now includes the International Labor Office, the Food and Agriculture Organization, the United Nations Educational, Scientific and Cultural Organization, and the World Bank.

The Constitution shakes off one political limitation of the Charter of the United Nations by making membership open to all nations, a majority vote only being required for admission of a new Member. Territories or groups of territories which are not responsible for the conduct of their international relations will be admitted as Associate Members and it is recommended that the representatives sent to meetings of the organization by Associate Members should be chosen from the native populations. All this is as it should be in a health organization, and it is worth recording that delegates from nations which are not Members of the United Nations contributed much to the success of the New York Conference.

In addition to control over its membership, the Organization has the opportunity to spurn political considerations in making appointments to its staff. The first test will come in the selection of the Director General. Will he be actually the ablest health administrator available or will there be behind the scenes arrangements which will preclude this man from consideration because his nation already has its quota of important posts in the secretariats of the United Nations and of the specialized agencies?

It is hoped that in all specialized agencies salaries, tenure, and pensions will follow the pattern of the United Nations. This would tend to prevent competition and would give greater opportunity for transfers and promotions.

Under the Charter of the United Nations the administrative budgets of specialized agencies are subject to review and recommendation by the Assembly of the United Nations.

The governing body of the World Health Organization will be the Health Assembly, which must meet at least once annually.

Each Member will have but one vote but may send up to three delegates, one of whom shall be designated as Chief Delegate. Each delegation may include alternates and advisers. It is recommended that delegates shall be experts in health matters and shall be chosen preferably from national health administrations. There is to be an Executive Board which will meet at least twice annually.

The Health Assembly will have the authority to invite to participate in its discussions any organization, international or national, which has responsibilities related to those of the World Health Organization. This will offer an opportunity to the International Leprosy Association to bring the leprosy problem to the attention of the world's health forum. Limitations of space prevent discussion here of the potentialities which come immediately to mind when we reflect on one of the most serious and the most feared of all infectious diseases, which goes not only uncounted but, in many lands, practically untreated.

Membership in the World Health Organization will not result in any infringement of national sovereignty. There will be no interference with national systems of public health or medical practice. The most important function will be the strengthening of national health services. The elimination of serious preventable diseases at their sources, rather than attempts to prevent their spread from one country to another by quarantine barriers, is the objective of modern international health. The Organization can give advice or assistance only upon invitation. Obviously success will depend primarily upon the capacity of the Director General and his professional staff. If the right men are obtained there is little doubt that they will be in great demand by governments all over the world.

The Organization will be charged with broad responsibilities. It must establish and maintain epidemiological and statistical sources, stimulate and advance work to eradicate infectious diseases, and promote maternal and child health, prevention of accidents, and professional and lay education in the health field.

An interesting innovation in international health work is the technique adopted to obtain more active interest of Members in standards of safety and potency for drugs and biological moving in international commerce, in ethical labelling and advertising of such products and in sanitary regulations which may be made under various conventions. The Organization will have authority to adopt regulations regarding these matters which will become operative for all Members after due notice except for those which notify

the Director General of reservations or rejection within the period stated in the notice.

From the long list of functions which are permissible under the Constitution the Organization will have to select a few. As Dr. Thomas Parran, Chairman of the Conference, expressed it in his closing speech: "The World Health Organization therefore must be built for human service, must give practical help to the world's people, must undertake first things first."

Nevertheless sights must be set high. The material destruction which a relatively small number of parasites are inflicting upon the human family is to some extent determinable; the spiritual damage is indeterminate. Yet the tubercle bacillus, the plasmodia of malaria, the treponema of syphilis, and many other enemies of mankind can be eliminated. Others can be prevented from entering the human organism. And still others can be rendered innocuous by modern methods of immunization or early therapy. The goal of the Organization should be nothing short of eradication wherever science has provided the armamentarium.

So much for the goal! But what of the necessary means, of the money to provide trained personnel, institutions, equipment, and supplies? It is a very remarkable fact that even the most enlightened of the nations spend only a small fraction of their national incomes for health protection and medical services. People everywhere must be taught that these are worth having and must be paid for, if necessary, by the sacrifice of non-essentials. The Organization cannot take the position of an academic adviser to governments. It must assist national health departments to work out their problems on the ground, in the most economical manner likely to be effective, and must assist these departments in selling the solutions to the people. The staff of the Health Organization must be practical administrators as well as scientists.

The stakes are even higher than prevention of disease and promotion of health. The physician and the humanitarian see in greater expenditures for health, relief of suffering and increase in happiness. The economist may look upon these expenditures as wise investments leading to greater productivity and wealth. From the point of view of the statesman or the social scientist, increased expenditures for health purposes all over the world and the highest level of professional direction are further steps towards the objectives of the United Nations itself—a stable society devoted to the tasks of peace. And the philosopher reflects upon man's greater opportunity to enlarge the horizons of life, to attain a higher destiny.

—JAMES A. DOULL