

WORLD HEALTH ORGANIZATION
FIRST MEETING OF THE ASSEMBLY

In an editorial in the Second Special War Number of THE JOURNAL [11 (1943) 64] the hope was expressed that, following the war, a new international health organization would be established upon a broader base and with greater financial support than its predecessors. A second editorial in the Fifth Special War Number [14 (1946) 110] reported great progress. On July 22, 1946, in New York, the delegates of fifty-one Members and ten non-Members of the United Nations, assembled at the first international conference to be called by the United Nations, signed the Constitution¹ of the World Health Organization (WHO). The constitution was to come into force when accepted by twenty-six Members of the United Nations in accordance with their constitutional processes. On the same date the delegates signed an Arrangement establishing an Interim Commission of eighteen States, with Dr. Brock Chisholm as Executive Director, to carry on essential international health activities pending the coming into operation of the WHO, and to make preparations for the first meeting of its Assembly.

The Interim Commission held six sessions. Operating on two million dollars borrowed from the United Nations, the Commission took over the functions of the Health Section of the League of Nations and of the Office Internationale d'Hygiene Publique, and executed the epidemiological responsibilities assigned to the UNRRA under the sanitary conventions of 1944. With three million dollars of residual UNRRA funds, the Commission provided fourteen countries receiving UNRRA aid with one or more of the following: health missions, fellowships, visiting lecturers, medical literature, and teaching materials. The most popular type of assistance proved to be the fellowships, 250 of which were awarded. The most dramatic achievement of the Commission was the part played in combatting the cholera epidemic in Egypt in 1947. Thirty-seven tons of cholera vaccine and medical and sanitation supplies were dispatched to Egypt.

The Commission laid the necessary groundwork for the Organization to establish and maintain effective relationships with the Economic and Social Council of the United Nations and

¹ The Spanish text of the constitution was reprinted in THE JOURNAL, 14 (1946) 74-95. See also DOULL, J. A. and KRAMER, M., The First World Health Assembly. *Publ. Health Rep.* 63 (1948) 1379-1403 (Oct. 22). Also the *Chronicle of the World Health Organization* 2 (1948) 161-214, Special Number, No. 8-9 (Aug.-Sept.)

certain of its commissions, the Food and Agriculture Organization, the International Labor Organization, the United Nations Educational, Scientific and Cultural Organization, the International Civil Aviation Organization, and the International Refugee Organization, and with various nongovernmental international groups which contribute to the advancement of health. Preliminary negotiations were commenced to effect integration of the Pan American Sanitary Organization and the Pan Arab Health Bureau with the WHO.

At the fifth session, in January 1948, the coming into force of the constitution appeared imminent. Twenty-one Members of the United Nations had deposited formal instruments of acceptance with the Secretary General of the United Nations, and eight others had enacted necessary legislation. It was therefore decided to convene the first World Health Assembly in Geneva on June 24, subject to the coming into force of the constitution. Detailed recommendations were made to the governments concerning a proposed program and budget. On April 7, 1948, the twenty-sixth and twenty-seventh Members of the United Nations ratified the constitution.

The First World Health Assembly was attended by delegates from 52 of the 54 Members of the Organization and by observers from 11 non-Member states, from the Allied Control Authorities for Germany, Japan and Korea, and from 10 other international governmental organizations.

The United States was represented by Dr. Thomas Parran, former Surgeon General of the Public Health Service, chief delegate, and Dr. Martha Eliot, Associate Chief of the Children's Bureau and Dr. James Ragland Miller, Trustee of the American Medical Association, delegates. There were also five alternate delegates and thirteen technical advisers. The Honorable Ivor D. Fenton, Representative from Pennsylvania, was the Congressional Advisor.

Within a period of thirty days—June 24 to July 24—the Assembly adopted a program for 1949 and a budget and scale of contributions, elected an Executive Board and a Director-General, selected its permanent headquarters, and reached agreement on various other matters essential to the efficient operation of the Organization.

Faced with limitations of budget and personnel, other activities which were proposed and considered desirable were grouped and given priority in the following order: (1) *Public health administration*, including hospitals and clinics, medical care, rehabilitation and medical social work, nursing, health educa-

tion, industrial hygiene and hygiene of seafarers; (2) *parasitic diseases*, including activities relating to hookworm, filariasis, leishmaniasis, schistosomiasis and trypanosomiasis; (3) *virus diseases*, including poliomyelitis, influenza, rabies, and trachoma; and (4) *mental health*, including alcoholism and drug addiction. For each of these activities there will be a minimum staff within the secretariat. Nuclear committees and panels of experts will be established to the extent which the budget permits.

A budget of \$5,000,000 was approved to carry out the program for 1949. Funds for the Organization will be provided by the Members in accordance with the scale of assessment adopted by the Health Assembly, which is that of the United Nations.

Geneva was selected as the permanent headquarters. It was the unanimous opinion that as far as possible the work of the Organization should be conducted through regional organizations. Six geographical areas were therefore delineated, in which regional organizations will be established as soon as the consent of a majority of the Members in each area is obtained. These areas are the Americas, the Eastern Mediterranean region, Southeast Asia, the Western Pacific, Europe, and Africa.

The Assembly approved draft agreements with the United Nations, the Food and Agriculture Organization, and the International Labor Organization, all of which have special interests in the field of health. In addition the Assembly agreed to increase the scope of cooperation between the WHO and the Economic and Social Council and its commissions. It also defined the relationship between the WHO and the International Children's Emergency Fund, which has undertaken welfare and medical projects for the benefit of children and adolescents of countries which were victims of aggression and for child health purposes generally. The most important cooperative program calls for tuberculin testing of 50,000,000 children and vaccination with BCG of an estimated 15,000,000 in Europe alone.

As outlined in the constitution, the functions of the WHO are broad and diverse. Manifestly it will be impossible for it to carry out a comprehensive public health program in its initial year, and perhaps not for many years. Selection was necessary, and the Assembly approached the matter in a practical manner. There are statutory duties, such as administration and revision of the sanitary conventions and making recommendations for international control of habit forming drugs, revision of international lists of causes of death, and unification of national pharmacopoeias. Certain other technical activities were inherited

from the League of Nations and have proven to be of great usefulness, notably the establishment of international standards for prophylactic and therapeutic agents which can be determined only by biological methods. The Assembly decided that activities which constitute a basic core of responsibilities and duties shall be carried on by sections of the secretariat and by expert committees.

Many suggestions were received by the Interim Commission as to the most profitable fields into which the Organization might enter in 1949. The Commission was unanimous in recommending first priority to malaria, tuberculosis, venereal diseases, and maternal and child health. The Assembly concurred, but added nutrition and environmental sanitation. For each of these fields an expert committee and a section in the secretariat will be established. For tuberculosis a special expert panel on vaccination with BCG was authorized. In each of these top priority fields the Organization will offer assistance to governments in the form of expert advice, field demonstration teams and visiting lecturers and fellowships.

The Assembly recognized the necessity that the Organization should establish and maintain effective collaboration not only with governments and governmental organizations but also with nongovernmental groups which contribute to the advancement of health such as the World Medical Association, the International Unions against Tuberculosis, Venereal Diseases and Cancer, the International Council of Nurses. It was decided that organizations to be brought into relationship with the WHO must be concerned with matters within the competence of the Organization, have aims and purposes consistent with its constitution, represent substantial portions of persons participating in the fields in which they operate, and have authority to speak for their members through their authorized representatives.

Normally such nongovernmental organizations must be international in structure, with members who exercise voting rights in relation to their policies and actions. Nevertheless, national organizations may be brought into relationship with the consent of the Member states concerned, if their activities are not covered by international organizations or if they offer experience upon which the World Health Organization wishes to draw. Applications for relationship may be submitted either voluntarily or upon invitation by the WHO, and will be considered by a five-member standing committee of the Executive Board. This committee will recommend to the Board those organizations to be admitted into relationship. Organizations, which are so

admitted will have the privilege of representation in meetings of the WHO and their committees without the right to vote, will have access to nonconfidential documentation of the WHO, and will have the right to submit memoranda to the Director General on pertinent subjects.

It will be recalled that the President and General Secretary of the International Leprosy Association were authorized, at the recent meeting at Havana, to negotiate with the WHO regarding recognition of the Association as the advisory body of the WHO on leprosy matters.

On November 2, 1948, at its second Session, The Executive Board of the WHO adopted a report of the standing committee on nongovernmental organizations recommending that the WHO establish relationship with, *inter alia*, the International Leprosy Association.

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