

# INTERNATIONAL JOURNAL OF LEPROSY

OFFICIAL ORGAN OF THE INTERNATIONAL LEPROSY ASSOCIATION

PUBLISHED WITH THE AID OF THE  
LEONARD WOOD MEMORIAL

Publication Office: School of Medicine, Tulane University,  
1430 Tulane Avenue, New Orleans 12, Louisiana  
Entered at the Post Office at New Orleans as second-class matter.

---

VOLUME 18, NUMBER 4

OCTOBER-DECEMBER, 1950

---

## EDITORIALS

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

### THE I. L. A. AND THE W. H. O.

The International Leprosy Association is one of the "international non-government organizations... active in the fields of medicine and public health" which are in relationship with the World Health Organization. The preliminary steps taken to effect this recognition of the Association as the consultant body of WHO regarding leprosy were related in the report of the general meeting held in Havana on April 11, 1948 [THE JOURNAL 16 (1948) 249], and later in more detail by Dr. J. A. Doull [THE JOURNAL 16 (1948) 468, editorial]. At the Havana meeting the Association officials were authorized to pursue the matter, and that was done. Subsequently the Interim Commission of WHO recommended the desired action to the First World Health Assembly, and that recommendation was approved [THE JOURNAL 16 (1948) 479; 17 (1949) 103].

In July of this year the director-general of WHO, Dr. Brock Chisholm, conveyed to the Association a copy of the revised "working principles governing admission of non-governmental organizations into relations with WHO" adopted by the Third World Health Assembly last June. They pertain to (1) the criteria of eligibility, (2) the procedure for admission, and (3) the privileges of such relationship. The following excerpts comprise all that is immediately pertinent.

(1) (i) The organization shall be concerned with matters falling within the competence of the World Health Organization.

(ii) The aims and purposes of the organization shall be in conformity with the spirit, purposes and principles of the Constitution of the World Health Organization.

(iii) The organization shall be of recognized standing and shall represent a substantial proportion of the persons organized for the purposes of participating in the particular field of interest in which it operates. . . .

(iv) The organization shall have a directing body and authority to speak for its members through its authorized representatives.

(v) The organization shall normally be international in its structure and scope, with members who exercise voting rights in relation to its policies or action.

(vi) (1) Save in exceptional cases, a national organization which is affiliated to an international non-governmental organization covering the same subject on an international basis shall present its views through its government or through the international non-governmental organization to which it is affiliated. A national organization, however, may be included in the list after consultation with, and with the consent of, the Member State concerned, if the activities of the organization are not covered by any international organization or if it offers experience upon which the World Health Organization wishes to draw.

(vi) (2) The [Executive] Board, through its Standing Committee on Non-Governmental Organizations, shall review the list biennially and shall determine the desirability of maintaining relations with the organizations on the list.

(vi) (3) [The privileges comprise:] (i) The right to appoint a representative to participate, without right of vote, in its meetings or in those of the committees and conferences convened under its authority, on the following conditions:

Whenever the Health Assembly, or a committee or conference convened under its authority, discusses an item in which a related non-governmental organization is particularly interested, such an organization, on the invitation of the chairman of the meeting or on his acceding to a request from the organization shall be entitled to make a statement of an expository nature, and may, with the consent of the meeting, be invited by the chairman to make, in the course of the discussion of the item before the meeting, an additional statement for purposes of clarification.

(ii) Access to non-confidential documentation and such other documentation as the Director-General may see fit to make available through such special distribution facilities as the World Health Organization may establish.

(iii) The right to submit a memorandum to the Director-General, who would determine the nature and scope of the circulation.

In the event of a memorandum being submitted which the Director-General considers might be placed on the agenda of the Health Assembly, such memorandum will be placed before the Executive Board for possible inclusion in the agenda of the Assembly.

In compliance with the requirement that the organizations in official relationship be reviewed every two years Dr. Muir, early this year, replied to a detailed questionnaire regarding the structure, purposes and other features of the Association. In

June the Executive Board of WHO resolved to continue the existing arrangement.

Shortly afterward Dr. Chisholm sent a document which comprised two other resolutions adopted by the Executive Board. Since these pertain in an essential way to the structure of recognized organizations, they are given here in full.

#### DEVELOPMENT OF RELATIONSHIPS WITH NON-GOVERNMENTAL ORGANIZATIONS

I. Considering that there is now established a structure of international non-governmental organizations in relationship with WHO, and that this structure has great potential value in promoting the world-wide application of the principles of the Constitution, and in particular in promoting informed opinion and active co-operation on the part of the public,

Considering that these international non-governmental organizations are already based on active national bodies capable of widespread activities,

Considering that it is the duty of the World Health Organization to strengthen this structure and encourage its greatest possible use, and

Considering that this co-operative relationship should become active and operative,

The Executive Board

1. CALLS UPON the international non-governmental organizations in official relationship with WHO to intensify their efforts in promoting the worldwide application of the principles of the Constitution, and in particular to stimulate the formation of national bodies in their particular fields in countries where these do not already exist; and

2. REQUESTS the Director-General to make full use of the facilities available to those international non-governmental organizations when implementing the programme of the World Health Organization.

II. Considering that the non-governmental organizations have an important part to play in the field of health, and that it is desirable that there should be a reasonably uniform pattern of such organizations;

Considering that several non-governmental organizations are in process of altering their Constitutions, and that other organizations which may be intending to apply for relationship would benefit by guidance from the World Health Organization on this point;

Believing that the non-governmental organizations will find this guidance helpful,

The Executive Board

1. RECOMMENDS that normally an international non-governmental organization should consist of the international federation of affiliated national bodies in a specific field;

2. REQUESTS the Director-General to encourage, so far as possible, non-governmental organizations to conform to such a pattern; and

3. INSTRUCTS the Standing Committee on Non-Governmental Organizations to take these recommendations into account when considering or reviewing applications for official relationship.

It will be seen that WHO now lays much emphasis on national bodies in the structure of recognized international organizations. In the first place, it views the latter as "based on" the former. On the other hand, it clearly recognizes that that is not always the case since it calls on international organizations to stimulate the formation of corresponding national bodies. It also appears that it is regarded as "desirable that there should be a reasonably uniform pattern of such organizations," and that several of them are changing their constitutions presumably to that end. Furthermore, it appears that such organizations should "normally. . . consist of the international federation of affiliated national bodies. . ." From the last paragraph quoted it is to be inferred that, in the future, organizations which do not do so are liable to lose their standing. This matter is one which, obviously, affects the International Leprosy Association.

When the Association was organized in 1931 there was no special national body of leprosy workers except in Japan, and nothing was known of that. Throughout most of the world such workers were so few and scattered that it was patently impossible to set up a structure based even in part on such bodies although the by-laws anticipated the future existence of local branches and societies affiliated with the Association [THE JOURNAL 1 (1933) 107]. On the other hand it was thought possible that, probably in connection with regional meetings of other organizations such as the Far Eastern Association of Tropical Medicine, members especially interested in leprosy could arrange for special sessions on leprosy; and so the Association was organized as of two divisions, called the Eastern and Western Sections. No Section meeting as such has ever been held. The nearest approach to what was envisioned have been the Pan-American Conferences, and they have not comprised the European element of the Association's Western Section nor has the Association as such played any part in setting them up. That feature of its structure would therefore seem to be without point.

Even at the time of the Association meeting at Havana, the situation had not changed greatly as regards national bodies. There were, of course, the Mission to Lepers (London) and what is now the American Leprosy Missions, and also the British Empire Leprosy Relief Association and the Leonard Wood Memorial, but they are special with regard to type and purposes. Apart from certain national organizations concerned with the social side of the leprosy problem, there were only a

few strictly local societies—the Culion Medical Society, founded in 1922 as a branch of the Philippine Medical Association, the Sociedade Paulista de Leprologia, founded in 1933, and the Sociedade Mineira de Leprologia, founded more recently. However, it had been intimated that the position of the Association before WHO would be made stronger “by means of affiliations of other voluntary groups interested in leprosy.” In consequence, the following resolution was adopted:

Whereas it appears that there may be mutual advantage in affiliation of the International Leprosy Association and various societies and organizations engaged in antileprosy work, it is resolved that the following paragraph be added to the constitution of the Association:

9A. *Affiliated Organizations.*—The Association shall seek affiliations of scientific and other societies and organizations working in leprosy which are approved by the Council.

In the following year Dr. Muir reported progress in the matter [THE JOURNAL 17 (1949) 457], and recently he has announced that six leprosy organizations of various kinds have indicated desire to affiliate [THE JOURNAL 18 (1950) 405]. This list includes two recently organized national bodies, the Hind Kust Nivaron Sangh (India Leprosy Association) and the Associação Brasileira de Leprologia, but not one organized in Mexico since 1948 nor the old one in Japan. Also not included are one organization which works on an international basis, and two national South American groups devoted to the social problems of leprosy.

In many countries and regions where leprosy constitutes a problem, the people especially concerned with it are so few and scattered that it cannot be expected that national societies could be formed in them. There are, however, other countries where there are enough workers of one kind and another to form such societies which might plan to hold at least annual sessions, perhaps in conjunction with or as sections of general medical meetings. Argentina comes to mind as one possibility, and Cuba and the Philippines as others. Speculatively one might also mention Colombia and Venezuela in South America, and the Union of South Africa and Nigeria in the African continent, and the list might be extended. Whether such societies should be entirely scientific in nature, as is the one in Brazil, or should also include social workers as does the one in Mexico, those concerned would have to decide in each case. Be that as it may, it is suggested that the possibilities should be explored wherever leprosy work is actively carried on.

—H. W. WADE