

CHAPTER 2

THE CONCEPTION AND BIRTH OF WHO

From 1946 to 1948, out of the ashes of the Second World War, there grew a vision of health and a new instrument for turning that vision into reality. The World Health Organization (WHO) was conceived in 1946 by a small group of farsighted people who appear, in retrospect, to have been daring idealists whose idealism was tempered by sobering realism. Then, at the end of the War the world was very different; more than one hundred of the Member States now constituting WHO did not even exist at that time. Yet the scene was set, for them and for the 64 States that became members at the very beginning in 1946, by the Technical Preparatory Committee in Paris, and the World Health Conference in New York, and in 1948 by the First World Health Assembly in Geneva. The new health organization was to be worldwide in scope and uniquely decentralized through its "regional arrangements". Starting as a largely medical establishment dedicated to reducing the burden of disease in all countries, the Organization grew to become a sort of "health cooperative" for its 165 Member States.

The greatest collective achievement of its Member States may not have been the eradication of smallpox from the planet, but a less spectacular event, albeit one more decisive for the well-being of over 5 000 million people: the unanimous decision of all member governments in 1977, at the Thirteenth World Health Assembly, to reorient their health activities and to engage in a "health for all" approach (see Chapters 10 and 12). This marked the end of the "health for some" period and the beginning of health for all.

United Nations Charter

Delegates from 50 nations participated in the United Nations Conference on International Organization, held in San Francisco, 25 April to 26 June 1945, and reached unanimous agreement on the Charter of the United Nations and the Statute of the new International Court of Justice. However, the first draft of the United Nations Charter made no specific reference to "health" as one of the concerns of the new international organization, a rather arresting omission that still awaits a plausible explanation by some future historian.

Fortunately, **Dr Geraldo de Paula Souza**, of Brazil, and **Dr Szeming-Sze**, of China, spotted the omission and immediately understood that if the word "health" failed to appear in the United Nations Charter, establishment of a health organization within the United Nations might be unnecessarily delayed,

which was not desirable in a rapidly changing and devastated world. Dr Karl Evang, of Norway, also noted the omission, but was called back unexpectedly to his country. Unfortunately, it was late in the day, with the conference only a few days ahead, and it was no longer possible to submit a draft resolution.

Good advice was provided by a highly experienced expert on procedure, Alger Hiss, Secretary General of the conference (who years later became a controversial figure when he was accused of espionage and convicted of perjury). The best solution, according to Hiss, was to present a proposal for an international health conference, in the form of a declaration rather than a more formal draft resolution. As a result, a memorandum suggesting the inclusion of the word "health" in the Charter was submitted by the delegate of Brazil, supported by the Chinese delegate, and was favourably considered by the San Francisco conference. "Health" was given a very broad interpretation, and a statement by Cardinal (then Archbishop) Spellman was quoted to make the point that "Medicine is one of the pillars of peace".

The memorandum led to a joint declaration by the two delegations (Brazilian and Chinese) calling for a conference to be convened to establish an international health organization, to be brought into relationship with the Economic and Social Council (ECOSOC) of the United Nations. This declaration was unanimously approved by the First General Assembly of the United Nations, and "health" was inserted in the Charter. In February 1946, the Economic and Social Council, under the presidency of Sir Ramaswami Mudaliar, of India, adopted a resolution convening an **International Health Conference**, to meet no later than 20 June 1946, and establishing a **Technical Preparatory Committee** of 16 experts from 16 countries. At last, events seemed to augur well for the future of an international health organization.

Paris Technical Preparatory Committee: blueprint for WHO

The achievement of the Technical Preparatory Committee was truly remarkable, and years later, one can render only honour to the members, who, in 18 days of what must have been sustained and concentrated labour, produced a draft constitution and proposals of great foresight, which with no radical alteration by either the Economic and Social Council or the International Health Conference, remain to this day the basic prescripts of WHO (WHO/SEARO, 1967).

Within one month of the Economic and Social Council resolution, the **Technical Preparatory Committee** held its first meeting in Paris on 18 March 1946. In addition to the 16 members present, there were alternates, advisers and observers from the Pan American Sanitary Bureau, the Health Organization of the League of Nations, UNRRA and the OIHP (see Box 2). Despite the fact that France, especially Paris, was still in the throes of recovery from the War and enemy occupation, the French Government did all in its

BOX 2

Participants in the Paris Technical Preparatory Committee

An essential preliminary to a meeting of such importance was the preparation of a draft constitution to be used as a basis for discussion. The Economic and Social Council (ECOSOC) entrusted this work to the Technical Preparatory Committee, consisting of :

- Dr Manuel Martinez Baez (Mexico)
- Dr Gregorio Bermann (Argentina)
- Dr Joseph Cancik (Czechoslovakia)
- Dr André Cavaillon (France)
 Dr Xavier Leclainche (alternate)
- Dr G.B. Chisholm (Canada)
- Dr Aly Tewfik Shousha (Egypt)
 Dr Wasfy Omar (alternate)
- Dr Karl Evang (Norway)
- Sir Wilson Jameson (UK)
 Dr Melville Mackenzie (alternate)
- Dr Martin Kacprzak (Poland)
- Dr Phokion Kopanaris (Greece)
 M. Jean Razis (alternate)
- Dr C. Mani (India)
 Dr Chuni Lal Katial (alternate)
- Surgeon General Thomas Parran (USA)
 Dr James A. Doull (alternate)
- Dr René Sand (Belgium)
- Dr Geraldo H. de Paula Souza (Brazil)
- Dr Andrija Stampar (Yugoslavia)
- Dr Szeming-Sze (China)

Representatives of the four international health organizations took part in the work of the Committee in an advisory capacity:

Office international d'hygiène publique (Paris)

Dr M.T. Morgan
Dr Robert Pierret

Health Organization of the League of Nations (Geneva)

Dr Jacques Parisot
Dr Yves Biraud

United Nations Relief and Rehabilitation Administration (UNRRA)

Dr Andrew Topping
Dr Neville Goodman
Dr Maurice Gaud

Pan American Sanitary Bureau (Washington, D.C.)

Dr Hugh Cumming
Dr Aristides A. Moll



(Szeming-Sze)

Drs Geraldo H. de Paula Souza and Szeming Sze.

power to facilitate the work of the Committee and its secretariat, which had come from London, then the site of the United Nations.

Among the committee members, three later were to hold high office in the WHO Secretariat and had outstanding roles in shaping the Organization's programmes and development. **Dr Brock Chisholm**, a Canadian psychiatrist, became later the same year Executive Secretary of the Interim Commission of WHO, and in 1948 was elected its first Director-General (see Box 3). **Dr Chandra Mani**, of India, attended all five sessions of the Interim Commission as a member from his country, and in 1948 was elected WHO's first Regional Director—of the South-East Asia Regional Office (see Box 4). **Dr Aly Tewfik Shousha**, of Egypt, also attended all the sessions of the Interim Commission, was the first Chairman of the Executive Board of the new Organization, and in 1949 became the first Regional Director of the Eastern Mediterranean Regional Office (EMRO), a position he held until 31 August 1957 (see Box 5) (WHO/SEARO, 1967).

Apart from those who later joined the WHO Secretariat, certain other members of this pioneer group were to occupy very eminent positions in the Organization: **Dr T. Parran**, of the United States, was elected Chairman of the International Health Conference, which was convened to establish the World Health Organization in June 1946 (see Box 6); **Dr Andrija Štampar**, of Yugoslavia, was Chairman of the Interim Commission and President of the First World Health Assembly (see Box 7). **Dr Karl Evang**, of Norway, also a member of the Interim Commission, was President of the Second World Health Assembly and was active in WHO affairs for many years (see Box 8). Among the alternates and advisers, Dr Melville Mackenzie, of the United Kingdom, and Dr Henry van Zile Hyde, of the United States, both served on the Interim Commission, and later each as Chairman of the Executive Board.

The Technical Preparatory Committee held 22 meetings between 18 March and 5 April 1946, at the *Palais d'Orsay* in Paris. At the first meeting, Dr André Cavaillon, of France, was proposed as Chairman, but declined the honour and suggested the name of **Dr René Sand**, of Belgium, who was unanimously elected (see Box 9). Dr Manuel Martínez Baez, former Director of Public Health of Mexico, was unanimously elected Vice-Chairman, and Dr Brock Chisholm, Rapporteur.

Dr Andrija Štampar had not yet reached Paris, finding himself in a stalled railway coach en route from Yugoslavia, as transportation was still disrupted in Eastern Europe as a result of the War. According to Dr Szeming-Sze (possibly the only surviving member of the Technical Preparatory Committee), Dr Štampar "arrived in a foul temper, to find Dr René Sand already chosen as Chairman, a post he had expected to fill himself". Dr Szeming-Sze said, "I believe this unfortunate incident played a large part in producing the only real difficulties the committee encountered in its deliberations" (Szeming-Sze, 1982).

The Committee had the advantage of finding on the table when it met, memoranda by members from France, the United Kingdom, the United States, and Yugoslavia, containing detailed proposals for the constitution of the new agency. These important memoranda are historical documents. As supplemented by statements from representatives of the then existing health organizations (the Pan American Sanitary Bureau, the OIHP, the Health Organization of the League of Nations and UNRRA), they provided a firm and comprehensive basis for discussion, and much of their substance was ultimately incorporated in the WHO Constitution. There, Dr Szeming-Sze proposed, with the support of Dr Brock Chisholm, that the preamble to the prospective WHO Constitution include the statement "Health is a state of physical fitness and of mental and social well-being, not only the absence of infirmity and disease"—an early version of the now-familiar WHO definition of health, which initially met with some criticism and resistance, but is now almost universally accepted and often quoted: **"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"**.

The Technical Preparatory Committee drew up an annotated agenda for the proposed health conference, with proposals for a virtually complete constitution for the new health organization, and a series of important resolutions. Of all the thousands of conferences and other formal meetings that WHO has held over the past 40 years, none would seem to equal in importance the sessions of the Technical Preparatory Committee; the most obvious contender for this honour being the **International Health Conference**, prepared by the Technical Preparatory Committee and held three months later in New York. But the Conference was a large gathering with a crowded agenda and little time for in-depth thinking and pondering.

"In the members of the Technical Preparatory Committee there was a driving force derived from the concept of the health of all peoples as [being] fundamental to social and economic advancement, and from a new confidence that science would provide the means to develop effective international cooperation in the promotion of health" (WHO/SEARO, 1967). Committee members were imbued with the realisation of the extent to which modern scientific discoveries could, through cooperative action, contribute to the well-being of the world as a whole. Two of the most outstanding of wartime discoveries—penicillin and DDT—had already transformed the outlook for the control of some communicable diseases, and were likely to be followed by others in future years.

This "world" outlook was largely responsible for the Committee's agreeing to Dr Chisholm's suggestion that the future organization be called the World Health Organization, rather than follow the pattern of the United Nations Educational, Scientific, and Cultural Organization (UNESCO) in being more closely identified with the United Nations and limited to its members. The Committee thought that membership in the new health organization should be open to every nation, and envisaged working relationships with

non-self-governing territories and with other intergovernmental and nongovernmental organizations (NGOs) concerned with health and related problems. It laid down principles that not only took present possibilities into account, but foresaw extension of the future organization's activities to problems that had never before been tackled by earlier health agencies. The spirit that governed its deliberations may be illustrated by these comments by members:

- There must be a fundamental change in the conception of the new Organization: it should be a single specialized agency with a high degree of independence.
- Medical science is going through a period of fundamental change. New needs are coming to light, and it is for the Organization to meet these needs and even to anticipate them.
- It is desirable that the Organization includes as many Member States as possible, and that it aims at becoming universal.



(WHO)

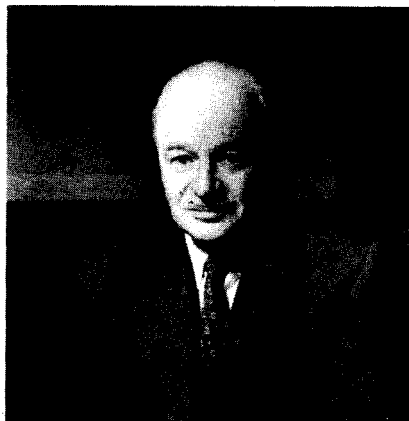
Dr Brock Chisholm (left), shortly to become WHO's first Director-General, greeting the pilot of a plane carrying medical supplies to check a cholera outbreak in Egypt.

The aim of universality was emphasized and explained in a way at once highly characteristic of the postwar period and evocative of Dr Brock Chisholm's presence among them: "Biological warfare", he stated, "like that of the atomic bomb; has become a fearful menace; and unless doctors realize their responsibilities and act immediately, humanity runs the risk of total annihilation. Such action cannot stop at international frontiers".

The draft constitution and the agenda for the International Health Conference that the Committee prepared were based, *inter alia*, on these principles and determined the destiny of the World Health Organization.

BOX 3

Dr Brock Chisholm (1896-1971) brought to WHO a dimension it might never have acquired without his personal contribution. It was he who was most responsible for setting the philosophical "tone" of its early days. A Canadian psychiatrist who had served as Director-General of Medical Services in the Department of National Defense in Ottawa from 1942 to 1944, and then as Deputy Minister of Health from 1944 to 1946, he then became a member of the Technical Preparatory Committee that drafted the WHO Constitution in 1946. If the WHO Charter is remarkable for its breadth of vision, much is then owed to this man.



(WHO)

Dr Szeming-Sze recalls that Chisholm supported his proposal to include in the preamble to the Constitution an early version of the now familiar WHO definition of health and that, as a psychiatrist, Dr Chisholm would have liked to have included as well the sentence, "satisfactory individual and collective emotional health is essential to the harmony of human relations". And in some interesting comments regarding that same definition in reminiscences in the Staff Association publication *WHO Dialogue* (No. 15, November 1973), Dr Chandra Mani, another member of the Technical Preparatory Committee, wrote:

...This was a new concept, quite beyond the old rut of "curative" and "preventive" medicine. This was a combination of the old savant René Sand and the psychiatrist Brock Chisholm. Chisholm's hand was at work again in the reference to "mental and social adjustment of the child in a changing and total environment". The definition of the objectives also shows the idealism of the authors in asking for the "attainment by all peoples of the highest possible level of health". This idealism was further carried into the composition of the Executive Board by insisting on "technically qualified" persons instead of the usual government representatives and also in refusing to have a privileged class of "permanent" members.

In all these battles and decisions in Paris, and a few months later in New York, Brock Chisholm was on the front line. "Every day", Dr Mani recounts, "Chisholm would march up to the rostrum, with his sleeves rolled up for battle, to preach universality".

Among the architects of WHO, none was so acutely aware as Dr Brock Chisholm that the new international health organization was coming into being on the eve of a new world, in which the human species would survive only if it had the capacity and will for *change* and *adaptation*. Dr Chisholm, in addressing the International Health Conference in New York, pointed out that the immediate environment of people had, until quite recently, been their only habitat—their village or town or, at most, their country; and that they had been able to live in peace with their own emotions and their instinctual drives by *cooperating* reasonably well with the locals. Now, however, the situation had changed completely. The *environment* of everyone was the whole world, and thus, it was essential for everyone's health (mental and physical) that they *adapt* and be able to co-exist with all kinds of people, whatever the locale. This, he stressed, was not a social or educational concept, but a health concept. Through the mass media, we are now brought into immediate contact with events throughout the world, and if we prove unable to adjust ourselves to our changing environment, we will follow the dinosaur into oblivion, he argued.

Like Karl Evang, Brock Chisholm was dauntless and uncompromising in adhering to and defending his convictions, which were sometimes far from popular. He was relatively unknown, a newcomer to the world of international health cooperation. His election as Executive Secretary of the Interim Commission at its first session, in New York, from 19 to 23 July 1946, was therefore somewhat of a surprise. Dr Szeming-Sze had described in his book some of the behind-the-scenes maneuvering that led to this election. Though Dr Chisholm had had a distinguished medical career, his credentials were not those one might have expected in someone chosen for this post. But the choice turned out to be a happy one. Dr Chisholm rapidly demonstrated a remarkable grasp of international health problems, administrative and organizational ability, and exceptional qualities of leadership. Within a short time he gained the full confidence and enthusiastic cooperation of his staff.

The First World Health Assembly, in June 1948, elected Dr Chisholm Director-General of the Organization, a post he held until 1953, when he was succeeded by Dr Marcolino G. Candau.

In a tribute to Dr Chisholm, published in *Canada's Mental Health*, following his death in 1971, Steward Sutton, a long-time personal friend and a professional colleague during the Second World War, very aptly and eloquently evoked another side of Brock Chisholm, one that remains to this day controversial: the visionary aspect that was so much a part of him. Brock Chisholm appears to have been, in the late 1940s, one of the

few public figures who fully understood that the problems which faced humanity in the years ahead were truly daunting:

Dr Chisholm was not only concerned with contemporary Man and his ability to destroy himself. He also often believed that he was close to doing so despite recognizing the implications of self-destruction. He maintained that Man would destroy himself as an effectively adapting creature by the feeling that, having gained domination over many other forms of animal life, he himself had become safe. He feared most that Man might ignore fear of himself as an almost compulsive destroyer of other men and therefore a creature of self-destruction (Sutton, 1971).

Such views challenged the prevailing political mood in the postwar euphoria preceding the Cold War period; but, as Sutton observed, Dr Chisholm "simply continued to reiterate his view that Man must learn to live in harmony, face the truth, or perish". In his view, "contemporary Man, for the first time in history, had the capacity to destroy all human life on this planet".

On these and on some other issues—the dangers of atomic energy and biological warfare, the need for a new type of "mature" individual, free of prejudice and superstition—Chisholm made "the uncomfortable more uncomfortable", said Sutton, adding:

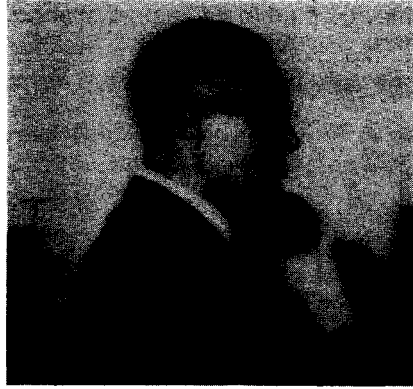
...Unfortunately, the Canadian press tended to confuse the man Brock Chisholm with inadequately founded myths. He was too seldom portrayed to the Canadian public as a man of vision, deep understanding, intense social concern and, outside his own country, a recognized world leader. With the exception of limited circles, Dr Chisholm tended in the Canadian mind to be more an annoying if not objectionable myth than a recognized force for reform (Sutton, 1971).

Almost the same could be said with equal justification about certain sectors of the international community. As a visionary and idealist, Brock Chisholm remained controversial and disconcerting to many. Some of the older and skilled proponents of the argument, that international health work should stick to established practices and traditions, even displayed insidious hostility and scorn. But then, it must be remembered that throughout history, there has not been a single individual who was ahead of his/her time who did not have to pay a price. And it can safely be said that as chief executive of an important United Nations agency, as administrator, public health figure and staff manager, Dr Chisholm was universally admired and liked by most, especially by the young.

There can be no doubt that Dr Brock Chisholm, the Canadian who came to international public health only in the mid-1940s, will remain a great name among the architects and builders of the World Health Organization. Whether his visionary outlook will have a bearing on the future welfare of humanity, which must have been his ultimate goal in life, only history will tell.

BOX 4

Dr Chandra Mani (1903-1975), of India, in 1946 was designated by the Economic and Social Council (ECOSOC) to serve on the Paris Technical Preparatory Committee, which was to draw up a constitution for the future international health organization. Dr Mani had then already served 18 years in the Indian medical services, long enough to have acquired a realistic grasp of the health needs of his country. With his outlook deeply anchored in South-East Asian



(WHO/SEARO)

realities, he strove for decentralization through the new concept of "regionalization" with unflinching determination and great effectiveness.

After intense discussions with Drs Shousha (Egypt) and Szeming-Sze (China), Drs Mani and Szeming-Sze presented a note, dated 27 March 1946, that turned the discussions on regional arrangements around, making it possible for the 16 members of the Technical Preparatory Committee to reach unanimity on the principle of intergovernmental cooperation within well-defined regions "to fix policies governing matters of an exclusively regional scope". No other architect of what was to be WHO played a more significant part in the quiet drama surrounding regionalization.

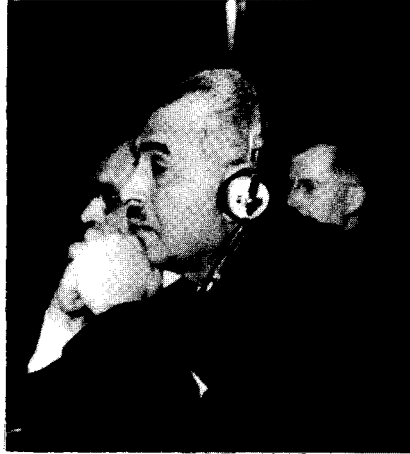
Dr Mani represented India at the International Health Conference in New York in June-July 1946, at which the draft constitution of WHO was adopted. On 15 December 1948, he became the first Regional Director of the first WHO Regional Office, located, as it turned out, in the South-East Asia Region. He held that position until 1968, when he was succeeded by Dr V. Gunaratne from Sri Lanka.

There was much support from leading figures in India for WHO during its formative stages, and for regionalization. Among those figures were: Sir A. Ramaswami Mudaliar, President of the Economic and Social Council at the time when it designated the members of the Technical Preparatory Committee and, later in that same year, when the International Health Conference was convened in New York; Rajkumari Amrit Kaur, who was Minister of Health of India and served as President of the Third World Health Assembly, in Geneva in 1950; and Prime

Minister Nehru, who said at the first meeting of the WHO Regional Committee for South-East Asia, in 1948, "I am happy that the regional system for tackling health problems is developing, so that more attention may be paid to these particular problems of particular regions".

BOX 5

Dr Aly Tewfik Shousha (1891-1964), of Egypt, was one of the most active among members of the Technical Preparatory Committee, working tirelessly on the concept of regionalization. When the plenary meeting broke up into eight subgroups, Dr Shousha served on four of them—a working performance equaled only by those of Drs Parran (USA), Cavailon (France) and Stampar (Yugoslavia).



(WHO)

At the International Health Conference in New York, Dr Shousha intervened in the debate to call attention to the then recently created Health Bureau of the League of Arab States, and to request that it be accorded the same consideration as the Pan American Sanitary Bureau (PASB).

Dr Shousha also played a key role at the First World Health Assembly, in 1948 in Geneva, at which the world map was divided into "WHO regions". The Assembly accepted Dr Shousha's proposal that the regional organization that already existed in the Eastern Mediterranean area, the former *Conseil sanitaire, maritime, et quarantenaire* (or Egyptian Quarantine Board) in Alexandria, be integrated with WHO as soon as possible. This was the direct origin and beginning of the WHO Regional Office for the Eastern Mediterranean.

Subsequently, Dr Shousha served as the first Chairman of the WHO Executive Board, presiding over its first three meetings during 1948-1949. On 1 July 1949, he became the first Director of the WHO Eastern Mediterranean Regional Office. Like Dr Mani, the first WHO Regional Director for South-East Asia, Dr Shousha, was to be the "obstetrician and pediatrician" of a WHO region.

There were only six Member States at the beginning. The needs and challenges of the area were tremendous, and it fell to Dr Shousha to advise the Regional Committee on the form of international cooperation that was likely to be of greatest value to Member States. Dr Shousha thus assumed the role of a builder of WHO's Eastern Mediterranean Region; he played that role until 1 September 1957, when he was succeeded by Dr A. H. Taba of Iran.

In February 1949, in Cairo, Dr Shousha delivered his first address to the newly established Regional Committee for the Eastern Mediterranean. He was restrained in his remarks, saying "Health is not something which can be done to the people; it must be done for themselves by themselves". This was indeed a prophetic view, anticipating the notion of community participation that 40 years later was to become one of the pillars of health-for-all philosophy.

BOX 6

Dr Thomas Parran (1892-1968)

was Surgeon General of the U.S. Public Health Service from 1936 to 1948. He entered the international health scene as a main protagonist in the historic meetings of the Technical Preparatory Committee, held in Paris in March/April 1946. He was among the participants who submitted a draft constitution for the new international health organization, other drafts being those of representatives of France, the United Kingdom and Yugoslavia. The four drafts proved to have much in common, but Dr Parran's was the most extensively used in preparing the final version of the WHO Constitution.



(SZEMING-SZE)

Dr Parran also played an important role in the establishment of the concept of regionalization. Though initially opposed to intergovernmental cooperation at the regional level throughout the world, he displayed great ability to weigh divergent points of view and was flexible enough to change his mind and make it possible for the Technical Preparatory Committee to reach unanimity on the crucial question of **regional committees** representing Member States.

On 22 June 1946, Dr Parran was elected Chairman of the International Health Conference, held in New York. As Chairman, he affirmed that "While the responsibility for health within its own borders is a primary concern of each nation, the success of each can be greatly enhanced through international teamwork". Towards the end of the Conference, there was a movement among delegates to nominate Dr Parran to the directorship of the new organization; but he cut short all speculations on that score by a statement to *The New York Times* that the position of Surgeon General, to which President Roosevelt, with the Senate's approval, had appointed him in 1936, represented, in his view, "the most important public health position in the world, present or prospective".

From 1948 to 1958, Dr Parran held the post of Dean of the Graduate School of Public Health of the University of Pittsburgh, Pennsylvania.

BOX 7

Andrija Štampar (1881-1958), of Yugoslavia, was a prominent figure in world public health. He was essentially a shy man who would not speak unless he could do so with authority. At the age of 31 he became Director of Public Health in the Ministry of Health in Belgrade, where he helped to establish some of the most modern and interesting of preventive medical services. By 1924 he was closely associated with the Health Organization of the League of Nations. He was assigned by the League to work in China, where from 1933 to 1936 he helped organize public health services. In 1937, at the League's headquarters in Geneva, he was instrumental in the development of schools of public health in Europe.



(WHO)

Following the Second World War, when the United Nations came into being, he was elected first Vice-Chairman of the Economic and Social Council (ECOSOC). In 1946, he served on the Paris Preparatory Committee, and officially submitted to it a draft constitution of what was to become the World Health Organization. As mentioned earlier, drafts were also submitted by Drs Thomas Parran (USA), A. Cavallion and X. Leclainche (France), and Sir Wilson Jameson (UK). Dr Štampar's plan would have made WHO more dependent on the United Nations than it ultimately turned out to be.

By now, highly respected and appreciated in international public health circles, Andrija Štampar participated in the International Health Conference held in New York and was one of the original signatories of the WHO Constitution. During 1946-1948, he was Chairman of the Interim Commission, and exerted great influence on both it and the development and activities of the secretariat, headed by Dr Brock Chisholm of Canada. In 1948, he was elected President of the First World Health Assembly. In his closing address, he commented: "An outstanding feature of the philosophy of public health so ably conveyed by many of the delegates present has been the trend towards regional activities and the establishment of regional offices".

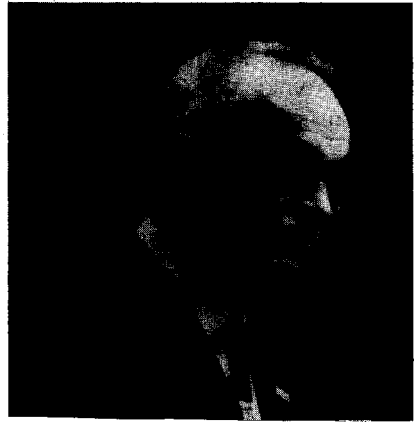
Dr Štampar visited Egypt in 1948, on behalf of WHO, to explore where the WHO office for the region might best be located, and what its scope should be. His findings and conclusions carried much weight in the

subsequent deliberations leading to the establishment of the WHO Eastern Mediterranean Regional Office (EMRO) in Alexandria, Egypt.

A second visit to Egypt permitted Dr Štampar to become acquainted with a vast programme of the Egyptian Permanent Council of Public Health, which he termed, "a real revolution in the field of the care of human health". That programme aimed to establish 860 health centres; contracts for the construction of 200 such centres had already been drawn up at the time of Dr Štampar's visit, and he was able to assess some of the results obtained. Reporting on the round of discussions in Cairo with the highest authorities, he concluded that "a successful issue of this attempt ... would not only represent a revolution in Egyptian public health, but would also set a wonderful example to other countries, especially those in the Mediterranean and North-East Africa" (Štampar, 1966).

BOX 8

Dr Karl Evang (1902-1981), of Norway, was a dominant figure in the history of WHO, one of the shapers of that history; yet he may not occupy the place he deserves, especially in the minds of younger generations. He became Director-General of Public Health in Norway in 1938 and actively participated in the Hot Springs International Conference on Food and Agriculture. He, as well as Drs Szeming-Sze and de Paula Souza, noted the omission of "health" from the draft UN Charter and he was about to take joint action with them, but had to leave the United States for Norway suddenly because his country had just been liberated from German occupation, and he was called back to his duties as head of Public Health Services.



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In Paris, in 1946, Evang played a key role in the drafting of the WHO Constitution. As a member of the committee appointed for that purpose, he joined forces with Drs Chisholm, Mani and Szeming-Sze.

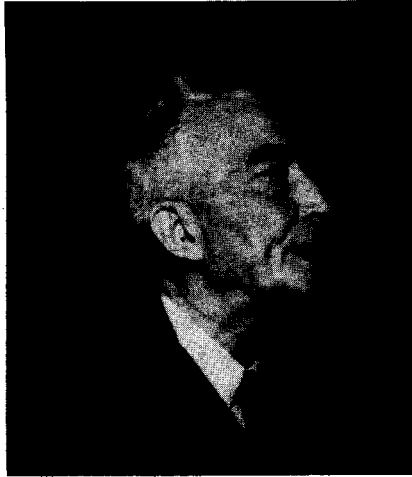
Dr Karl Evang was a born "freedom fighter". Dr Mani described Evang as "a dominating personality and uncompromising". In matters of public health, Evang was remarkably progressive, and he paid a price for his convictions. As Mani said, "his motives were above suspicion"; but he was very outspoken and unyielding when it came to issues about which he felt strongly. For example, he was outspoken on such highly sensitive issues as the population explosion in certain parts of the world and the need for birth control and family planning. This made him a highly controversial, if not outrightly unpopular figure among some of the Catholic Member States, especially in Latin America. He displayed unusual force of character in defending his convictions to the last, fully aware that they were costing him any chance of being a contender for the stewardship of WHO when Dr Brock Chisholm retired.

Throughout his many years of close association with WHO in various capacities, including serving as Chairman of the Thirty-sixth and Thirty-seventh Sessions of the Executive Board in 1965-1966, Dr Karl Evang remained a pillar of strength to the Organization.

BOX 9

Dr René Sand (1877-1953), of Belgium, served as Chairman of the Technical Preparatory Committee. It is widely recognized that much of the success of the Committee was due to his leadership and wisdom.

Dr C. Mani, who worked with Dr Sand on the Committee, referred to him as "the great sage and doyen of public health" and wrote: "René Sand was gentle and soft spoken, but full of wisdom and an extraordinary depth of public health experience which proved invaluable in our discussions".



(WHO)

Dr Sand was moved by a strong conviction that "... the World Health Organization would have to be established in such a way as to be readily adaptable to all situations"—a tall order on the eve of a 40-year period that was to change the world far beyond what he could possibly have anticipated.

A leader in social medicine at both national and international levels, René Sand subsequently participated in 1946 in the work of the International Health Conference in New York, to which he introduced the draft constitution that had been prepared by the Paris Technical Preparatory Committee. In 1951, the Fourth World Health Assembly honoured him with the Léon Bernard Medal and Prize, of which he was only the second recipient (the first award having been made in 1939 by the League of Nations to Dr Wilbur A. Sawyer of the United States, Director of the International Health Division of the Rockefeller Foundation).

International Health Conference: laying the foundations

During its May 1946 session, the Economic and Social Council not only invited all members of the United Nations to be represented at the **International Health Conference** (later to become known as the World Health Conference), but also, in conformity with the principle of universality enunciated at Paris, asked 16 non-Member States to send representatives to take part in the discussions, without the right to vote.

This was the first global conference to be called a *health* conference, as distinct from previous International Sanitary Conferences. It was also the first conference convened by the United Nations. Its organization was entrusted to the Health Division of the United Nations, under Dr Yves Biraud, who, it will be recalled, had, together with Dr Ludwik Rajchman, worked between the two World Wars at the Health Organization of the League of Nations.

The International Health Conference was inaugurated on 19 June 1946 by Sir Ramaswami Mudaliar, President of the Economic and Social Council. In his opening address, Mr Trygve Lie, Secretary-General of the United Nations, pointed out that the new health organization would be the first specialized agency to be established under the San Francisco Charter. All 61 Member States of the United Nations were represented. Moreover, owing to the foresight of members of the Technical Preparatory Committee, 12 non-members of the United Nations sent observers who signed the Constitution, subject to ratification by their governments or legislative bodies—Albania, Bulgaria, Ireland, Finland, Hungary, Iceland, Italy, Portugal, Siam (now Thailand), Sweden, Switzerland and Transjordan (now Jordan). The Governments of Afghanistan, Romania and Yemen had been invited, but sent no observers to represent them. Observers from the Allied Commissions in Germany, Japan and Korea were also present.

From what is now the WHO Eastern Mediterranean Region (EMR), six nations were among those who helped lay the foundations of the World Health Organization by participating in the conference: Egypt, Iran, Iraq, Lebanon, Saudi Arabia and Syria. The rest of the EMR's Member States (now totalling 22) had not yet obtained the status of sovereign and independent nations.

In a message of welcome at the inaugural meeting, U.S. President Harry Truman emphasized the importance of the Conference and pointed out the urgency of the tasks facing those present, stating: "Modern transportation has made it impossible for a nation to protect itself against the introduction of disease by quarantine. This makes it necessary to develop strong health services in every country, which must be coordinated through international action".

Dr Thomas Parran, U.S. Surgeon-General, was unanimously elected Chairman of the Conference. Elected Vice-Chairmen were: Dr André Cavaillon

(France), Sir Wilson Jameson (United Kingdom), Dr Fedor G. Krotkov (USSR), Dr James Kofou Shen (China), and Dr Geraldo H. de Paula Souza (Brazil).

The International Health Conference lasted four and a half weeks, during which time those present completed and approved:

- The WHO Constitution;
- A protocol terminating the Rome Agreement of 9 December 1907 by which *L'Office international d'hygiène publique* (OIHP) had been created, and turning the OIHP's duties and functions over to WHO or its Interim Commission; and
- An arrangement for setting up an Interim Commission to prepare for the First World Health Assembly, to carry on without interruption the surviving activities of the Health Organization of the League of Nations and the health activities of UNRRA, and to perform other urgent duties pending the formal establishment of WHO, which could take place only when the Constitution had been ratified by a majority of the signatory governments that were also members of the United Nations.

The greater part of the time of the International Health Conference was devoted to the Constitution, discussion of which was considerably simplified by the preliminary draft drawn up by the Technical Preparatory Committee. In its final form, this document, called by Dr Parran a "Magna Carta of health", constitutes a powerful instrument for international collaboration in improving the lot of humanity. Its essence is concentrated in its first two pages, that contains its preamble and defines the objectives and functions of the future WHO (**See Annexes 1 and 2**).

The Constitution turned out to be very broadminded and forward-looking, rather than anchored in the narrower ways of thinking that were still prevalent at the end of the Second World War. It was drafted with such care, wisdom and foresight that it has allowed WHO to advance from a largely medically-oriented establishment, providing advice and technical assistance to governments on request, to the present stage in which, through its regional offices, it has become a full partner in health throughout the world.

The common objective of WHO Member States is "the attainment by all peoples of the highest possible level of health". In this endeavour, the Organization is instructed by its Constitution to act as the directing and coordinating authority in international health work. This no longer means just preventing epidemic diseases from crossing national borders. New ideas, largely unfamiliar before the Second World War, have come to the forefront and are incorporated in the Constitution. For example:

- Health is not merely the absence of disease or infirmity, but a state of complete physical, mental and social well-being.

- Healthy development of children is of basic importance and implies the ability to live harmoniously in a changing total environment.
- Unequal development in the promotion of health and control of disease in different countries is a common danger.

The Final Acts of the International Health Conference were signed on 22 July 1946 by 61 States. China and the United Kingdom of Great Britain and Northern Ireland signed without reservations and thus became the first full Members of WHO.

Interim Commission: a period of transition

Until ratified by 26 Member States, the WHO Constitution could not enter into force, and thus, an Interim Commission was set up to make preparations for the First World Health Assembly. The Commission consisted of representatives of 18 States elected at the International Health Conference in New York (Australia, Brazil, Canada, China, Egypt, France, India, Liberia, Mexico, the Netherlands, Norway, Peru, the Ukrainian Soviet Socialist Republic, the Union of Soviet Socialist Republics, the United Kingdom, the United States, Venezuela and Yugoslavia).

During the first session, held in New York, 19-23 July 1946, U.S. Surgeon General Thomas Parran was proposed as temporary Chairman, but declined the honour and suggested Dr Fedor G. Krotkov, Deputy Minister of Public Health of the USSR, who was unanimously elected by the Interim Commission. However, pressure of other duties prevented him from accepting the post and finally Dr Andrija Štampar of Yugoslavia held that office throughout the Commission's existence (i.e., until June 1948). Vice-Chairmen were Drs Aly Tewfik Shousha (Egypt), Octavio S. Mondragon (Mexico) and Szeming-Sze (China). Dr Brock Chisholm, Deputy Minister of National Health and Welfare of Canada, who had served as Rapporteur of the Technical Preparatory Committee, was elected Executive Secretary (i.e., head of the secretariat of the Interim Commission).

The four other sessions of the Interim Commission were held in Geneva, where most of the staff was ultimately housed in the United Nations European Office (in the former League of Nations *Palais des Nations*), although the Commission's headquarters remained in New York. The Commission had been expected to function for only a few months, but actually served for almost two years, because of delays in ratification of the Constitution. It therefore had to undertake much technical work that could not await the establishment of the permanent organization, and to do so effectively within the limits of the available resources. Moreover, its work had to be adjusted to the complex machinery of the United Nations and its specialized agencies and of other

official and voluntary bodies. Its consequent policies and methods of operation influenced the structure, functions and growth of the Organization in its early years.

By the end of 1946, the Commission had assumed the duties of earlier health organizations, and working from its office in Geneva and another smaller one in New York, had become fully responsible for epidemiological services and for administering the International Sanitary Conventions. Previous work on biological standardization, international classification of diseases and causes of death, narcotic drugs and an international pharmacopoeia also had to be resumed. Moreover, UNRRA's health work in 15 countries was a huge responsibility, involving not only relief and rehabilitation in the field, but all kinds of public health problems such as nutrition, prevention of epidemics, and control of tuberculosis, malaria and venereal diseases.

To guide its work, the Commission established nine Expert Committees, to which the future Eastern Mediterranean Region contributed several members. Dr Mohammed Nazif, Under-Secretary of State for Quarantine, Ministry of Public Health, Egypt, served on the Expert Committee on Quarantine; Dr W. Omar, Director of the Pan Arab Regional Health Bureau, Alexandria, and Dr Y. Nasri, former Director of Health, Mecca, Saudi Arabia, were members of the Subcommittee of Experts for the Revision of the Pilgrimage Clauses of the International Sanitary Conventions. Dr Aly Tewfik Shousha, Under-Secretary of State, Ministry of Public Health, Egypt, was a member of both the Joint OIHP/WHO Study Group on Cholera and the Expert Committee on International Epidemic Control; on the latter, he served with Dr G. Blanc, Director of the Pasteur Institute of Morocco in Casablanca. Dr M. Abdel Azim, Director, Bilharzia Snail Destruction Centre, Ministry of Public Health, Egypt; Dr Mahmoud Erfan, Professor of Tropical Medicine, Fouad 1st University, Cairo; and Dr A. Halawani, Director, Fouad 1st Research Institute and Hospital for Tropical Diseases, Cairo, all participated in a meeting of schistosomiasis specialists. Lt.-Col. M. K. Afridi, Director, Malaria Institute, Karachi, Pakistan, was a member of the Expert Committee on Malaria, and Dr I. R. Fahmy, Professor of Pharmacology at the Fouad 1st University, Cairo, and Secretary of the Egyptian Pharmacopoeia Commission, served on the Expert Committee on the Unification of Pharmacopoeia (first and second sessions). Thus, from the earliest days of WHO, world-renowned health professionals from the Eastern Mediterranean Region contributed to the study of some of the most urgent scientific and public health problems.

But once again, cholera challenged international health cooperation: within 15 months of its existence, the resources of the Interim Commission were put to the test by a serious outbreak of cholera in Egypt. As emergency aid, the Commission helped in the procurement of vaccine, and substantial quantities were donated to Egypt by other countries; the Commission also assisted in obtaining transport and medical supplies and equipment. Two experts—Dr W. Yung, Director of the Department of Epidemic Control, National Health

Administration of China, and Dr P. M. Kaul, Director of the Singapore Epidemiological Intelligence Bureau—were sent to Egypt by the Commission. As the epidemic developed, quarantine action taken by other countries tended to exceed various provisions of international agreements, and the Commission had to use its influence to have the offending measures modified (WHO/SEARO, 1967).

The effectiveness of Egyptian authority efforts and outside help served to contain the epidemic and to reduce mortality, which was seven times less than it had been during Egypt's previous 1902 cholera outbreak. By the beginning of December 1957, the epidemic, which had involved 20 808 cases and 10 276 deaths, had disappeared from Egypt. The only transmission outside the country was possibly an outbreak in Syria, where there were 45 cases between 20 December 1947 and 3 January 1948. The experience of this epidemic revealed both the strong and the weak points of the existing machinery for international epidemic control and provided valuable material for subsequent action by the Interim Commission and WHO (WHO/SEARO, 1967).

First World Health Assembly: WHO becomes a reality

On 7 April 1948, the 26th of 61 UN Member States ratified the WHO Constitution, and thus it became possible to hold the First World Health Assembly. Since 1950, that date, 7 April, has been celebrated each year as World Health Day.

The First World Health Assembly was convened on 24 June 1948, at the *Palais des Nations* in Geneva, and was attended by delegations from all but two of the Organization's then 48 Member States; only Afghanistan and Transjordan (now Jordan) were absent. Observers from nine non-members, from the Allied Control Authorities of Germany, Japan and Korea, and from ten other international organizations also attended. Nations from what is now known as WHO's Eastern Mediterranean Region were represented by six countries, which by then had already become sovereign states:

- Egypt: Dr Aly Tewfik Shousha, Under-Secretary of State, Ministry of Public Health; Prof. H. A. Baghdadi, Professor and Vice-Dean, Faculty of Law, University Farouk I, Alexandria; Dr M. Nazif, Under-Secretary of State for Quarantine, Ministry of Public Health; and Dr G. Ghani, Ambassador of Egypt.
- Iran: Dr M. H. Hafezi, Director, Department of International Health, Ministry of Health, Deputy Adviser to the Minister of Health; and Dr J. Modjtchedi, President, Committee on Health, Parliament of Iran.
- Iraq: Dr S. Zahawi, Professor of Pathology, Director, Pathological Institute, Medical College, Baghdad.

- Pakistan: Mr M. M. Shah, Minister of Health; Lt.-Col. M. K. Afridi, Director, Malaria Institute and Bureau of Laboratories; and Lt.-Col. M. Jafar, Public Health Commissioner.
- Saudi Arabia: Dr R. Pharaon, Chief Medical Adviser and Counsellor to H. M. the King of Saudi Arabia; and Dr M. Khashokji, Inspector General of Public Health.
- Syria Dr R. Tarazi, Inspector-General of Health and Public Welfare.

Dr A. Štampar (Yugoslavia), Chairman of the Interim Commission, was elected President of the World Health Assembly; and Drs R. A. Kaur (India), A. T. Shousha (Egypt) and G. H. de Paula Souza (Brazil) were made Vice-Presidents. The Health Assembly proceeded to elect Member States to designate persons to serve on the Executive Board (an executive organ of the Health Assembly that meets twice a year). The Health Assembly also elected the chief technical and administrative officer of the Organization, Director-General Brock Chisholm, who served in that capacity until his retirement in 1953, when he was succeeded by Dr Marcolino G. Candau of Brazil.

The difficult task of drawing up a programme of work for the Organization and matching it with the expected revenue, involved consideration of continuing the obligations the Interim Commission had inherited from earlier organizations and deciding on priorities for other health work based on the Commission's recommendations. For the first year, 1949, with little experience to guide it, the World Health Assembly agreed to a budget ceiling of \$5 million. In its programme of work it gave top priority to malaria, maternal and child health, tuberculosis, venereal diseases, nutrition and environmental sanitation. Second priority was accorded to public health administration; third, to parasitic diseases; fourth, to virus diseases; fifth, to mental health; and sixth, to a miscellaneous collection of "other activities".

However, the most far-reaching decision of the First World Health Assembly was to establish the "regional organizations". But this is a story in itself, one that has not yet been adequately told elsewhere, and that will be the subject of the next chapter.

By a resolution of the First World Health Assembly, the Interim Commission ceased to exist on 31 August 1948. The Health Assembly also decided that as of 1 September 1948, the Interim Commission would transfer to WHO its property, records and staff. Hence:

WHO can be said to have definitely come into existence on 1 September 1948...the three years 1946, 1947 and 1948 together, marking as they do the Technical Preparatory

Committee—the first general post-war health meeting; the [International] World Health Conference—the most important health conference ever held; the work of the Interim Commission and, finally, the establishment of WHO on 1 September 1948...can fairly be said to be the three most formative and fruitful years in the history of international health (Goodman, 1971).