CHAPTER III

THE WORLD HEALTH ORGANIZATION (WHO)
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For the past many years it is being increasingly recognized that international cooperative action and universal effort are the only feasible methods of dealing with innumerable problems in the field of health. As a consequence, a number of international health organizations were created from time to time before the establishment of the United Nations Organization. The Pan American Sanitary Bureau, the International Office of Public Health, the Health Organization of the League of Nations and the Health Division of the UNRA were the examples of such organizations. Although each one of them was able to make its respective contribution, none amongst them was able to fully satisfy the critical need and meet the demand for the world-wide eradication of the diseases. Actually what was needed was the building of a single world-wide health system within the broad framework of the UN.

In 1945, at the United Nations Conference on International Organization held at San Francisco, the idea of a single international health body with a mandate in the whole field of health was expressed.

1. Landmarks in International Cooperation, p. 67.
In February 1946, at its first meeting, the United Nations Economic and Social Council decided to call an international conference to consider the establishment of a single health organization under the aegis of the United Nations. Thus the International Health Conference, sponsored by the ECOSOC met in New York from June 19 to July 22, 1946. It was attended by 61 governments. Since the war had ended, it was the first time, when political considerations were thrust aside as States not members of the UN were invited to participate in the Conference. The Constitution of the WHO was adopted on July 22, 1946. The Conference also established an Interim Commission, composed of representatives of 18 governments, to function until the permanent organization came into being.

The Interim Commission continued to function until August 31, 1948, when it was dissolved in accordance with a resolution of the first World Health Assembly. WHO itself assumed the functions and assets of the Interim Commission and began operating on September 1, 1948, when 26 Governments had accepted its Constitution.

AIMS & OBJECTIVES

Article 1 of the Constitution of WHO defines the aims of the Organization as "the attainment by all peoples of the highest possible level of health." The Preamble defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." The Constitution of WHO declares that "the health of all peoples is fundamental to the attainment of peace and security."

WHO has a wide range of functions, such as: to act as the directing and coordinating authority on international health work; to assist governments upon request, in strengthening health services; to furnish appropriate technical assistance and, in emergencies necessary aid upon the request of governments; to promote the improvement of nutrition, housing, sanitation, economic and working conditions and other aspects of environmental hygiene; to promote maternal and child health welfare; to foster activities in the field of mental health and to promote and conduct research in the field of health.

STRUCTURE & ORGANIZATION

The principal organs of the WHO are the World Health Assembly, the Executive Board, and the Secretariat.

1. **World Health Assembly**

The World Health Assembly in which all members are represented, meets annually. It determines the policies of the WHO and deals with budgetary, administrative and similar questions. The Assembly is also empowered to adopt regulations pertaining to international quarantine and sanitary measures, uniform standards and nomenclatures and various other questions of international importance in the health field. Decisions of the Organization on important problems, for example the adoption of Conventions, the approval of agreements bringing WHO into relationship with other international organizations, and amendments to the constitution require a two-thirds majority of the members present and voting. On other questions, decisions are taken by a simple majority vote. Each member has one vote in the Assembly but may send three delegates.

2. **Executive Board**

The Executive Board acts as the executive organ of the Assembly. The Board is composed of 24 health experts.

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It regularly meets twice a year. It also advises the Assembly on questions referred to it by that body. Its main function is to implement decisions and policies of the Assembly, but it may also take emergency measures within the functions and financial resources of the WHO in order to deal with events requiring immediate action, such as epidemics.

3. The Secretariat

The Secretariat consists of a Director-General and such technical and administrative staff as is required. The Director-General appoints the technical and administrative staff and supervises their work.

Membership

Members of the United Nations can join WHO by unilateral, formal notification to the UN Secretary-General that they accept the WHO Constitution. Other States can be admitted if their application is approved by a simple majority vote of the Health Assembly.


ACTIVITIES

The range of the WHO's activities is vast. Not only has it combined the functions of earlier health agencies but also has expanded them a great deal.

WHO provides assistance for subjects like the coordination of medical research, the adoption of international standards for biological substances in medicine; the control of air, land and sea traffic from the point of view of health; and the exchange of scientific information.

WHO's efforts to alleviate the world-wide shortage of doctors, nurses, and other health workers, to improve professional education, and to stimulate the growth of health services are of basic importance.

WHO helps individual governments in tackling urgent health problems such as the control of communicable diseases, the improvement of environmental sanitation, the establishment of public health services and the training of medical and auxiliary personnel. Its most dramatic programmes are directed against mass communicable diseases, especially the world-wide eradication campaigns directed against malaria and smallpox.

1. Landmarks in International Cooperation, p. 68.
1. **COMMUNICABLE DISEASES**

1. **Malaria**

Since its inception, the WHO has recognized the importance of malaria as a public health problem. In 1947, malaria was estimated to affect some 300 million people yearly and cause about 3 million deaths. The micro-parasites that cause malaria are transmitted from human being to human being by the bite of the anophales mosquito.

The first World Health Assembly arranged to send malaria-control demonstration teams, usually a malariologist, to any malaria-infested country requiring such assistance. Malaria control work grew steadily. In 1961, 22 projects were undertaken in cooperation with UNICEF.

In 1955, the malaria control programmes assisted by UNICEF and WHO had met with significant success. The number of malaria cases annually reported had fallen to 250 million and the annual number of deaths from malaria had fallen to 2 million, a reduction of about one-third for each compared with the figures for 1947, before the control programme got underway.

**DDT** was discovered as the first insecticide. It offered great possibilities for widespread and economically feasible malaria control.

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But keeping in view the diminishing potency of DDT sprays, the Eighth World Health Assembly in 1965 resolved that WHO "should take the initiative to provide technical advice and coordinate resources in the implementation of a programme having as its objective the world-wide eradication of malaria."

Therefore in 1956, a world-wide malaria eradication programme was undertaken on the basis of successful campaigns in Greece, India, Lebanon and elsewhere. This Malaria Eradication Campaign launched by WHO is an effort to wipe out the disease all over the world. It is the largest health campaign ever undertaken on an international level.

In spite of difficulties progress was registered in eradicating malaria. By the end of 1961, malaria eradication programmes were in operation in 60 countries and territories. Another 25 countries were engaged in anti-malaria operations other than eradication programmes. The number of malaria cases in the world dropped from about 250 million to about 140 million in 1962. By the end of 1965, over 55% of the

2. Landmarks in International Cooperation, p.68.
population living in the world's original malarious areas had been freed from the threat of the disease. In 1966, it was certified by WHO that malaria had been eradicated in Bulgaria, in the Republic of China, in Jamaica, in Trinidad and Tobago. In the Republic of China, before the eradication programme started, more than 5,000 people died every year. In Bulgaria, there were more than 400,000 cases in the 10 years between 1946 and 1955.

In 1968, it was estimated that 70% (1.359 million) of the 1.716 million people of the originally malarious areas of the world had been protected against the disease. Towards the end of 1968, the WHO Assembly insisted that even where eradication did not yet seem feasible, control of malaria with the best means available should be encouraged as a necessary and valid step towards the ultimate goal of eradication.

The Malaria Eradication Campaign sponsored by the WHO has improved living conditions for about 80% of the population living in the originally malarious countries and territories in the world by the end of 1970.

During 1972, WHO gave assistance to 39 malaria eradication projects and 28 other types of anti-malarial projects.

In its malaria eradication programme, WHO helps in planning national campaigns. It provides expert advice to stimulate research. Malaria has been eradicated from large parts of America, Asia and from all parts of continental Europe. Difficulties remain in Africa and some other places where health services are insufficient to support eradication campaigns.

2. Smallpox

WHO has also adopted an all-out world-wide eradication policy against smallpox. In 1950, when WHO's assistance to national eradication programme was launched, 81,444 cases were reported. In 1964, only 50,000 cases of smallpox were reported throughout the world. The disease had greatly decreased in South America where nation-wide vaccination programmes had been carried out.

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In 1966, the World Health Assembly decided that smallpox eradication should be a major objective of the WHO. It called for a ten-year plan to completely eradicate the disease. In 1967, the first year of the intensified world-wide programme of smallpox eradication, programmes were initiated in 36 countries and plans were made to extend the eradication effort during 1968 to most of the remaining countries where smallpox was endemic.

Since the intensified world-wide smallpox eradication programme was launched in 1967, the number of cases of this disease reported annually dropped from 128,300 to 53,821, in 1969. The most marked progress had occurred in the countries of Western and Central Africa, where recorded cases in 1969 were only 10% of those in 1968. Smallpox had also declined in Southern and Eastern Africa and Asia. In 1970, the number of smallpox cases dropped to 31,000, the lowest ever reported to WHO, and only 23 countries were affected as against 42 when the campaign started in 1967.

3. Tuberculosis

Since 1948, WHO has helped governments to fight tuberculosis by providing expert advice and specialized personnel. Despite the fact that in economically advanced countries, tuberculosis has ceased to be a mass killer, but it still continues to be a major infectious disease of the human race.

It was under WHO's guidance that mass vaccination with BCG, the first vaccine to give protection against tuberculosis, was extended to most parts of the world. The protective value of vaccination with Bacillus-Calmette-Guerin (BCG) has been well recognized. Shortly after WHO's creation, when it was realized that international action is necessary to reduce the dimensions of the tuberculosis problem in underdeveloped countries, the initial step was mass BCG vaccination. Between 1951 and 1961, 345 million people were tested and 130 million vaccinated in over 41 countries. Through its experts on tuberculosis, WHO undertook to prepare and distribute BCG vaccine on a large scale. A number of laboratories were established in different parts of the world and teams for the preparation of the vaccine were sent out by the

WHO. While cooperating with the local medical personnel, these teams prepared the vaccine and helped to demonstrate its value and the manner in which it should be administered.

WHO has provided assistance to national tuberculosis programmes through a team comprising a medical officer, a statistician, a laboratory technician, an X-ray technician and a public health nurse. In a number of countries, the results of the BCG vaccination programme have been encouraging. In 1970, WHO sponsored inter-regional training courses in the epidemiology and control of tuberculosis were held in Prague, Czechoslovakia, and Rome, Italy, for directors of national tuberculosis programmes. Modern concepts and methods of tuberculosis control, with special reference to socio-economic conditions in the developing countries were discussed, and training in the field was provided.

4. Trachoma

Trachoma, which is an eye disease, is the main cause of loss of vision in the world. It is endemic in many regions. With the help from WHO, a large number of countries in Asia,

Africa, and South America have launched anti-trachoma campaigns. Mass treatment campaigns, assisted by WHO and UNICEF, in Morocco, India, Taiwan, Thailand, Tunisia, Turkey, and elsewhere, have had significant success.

**Quarantinable Diseases**

Health authorities around the world can take precautions to prevent the spread of such diseases as cholera, plague, yellow-fever, smallpox, relapsing fever and typhus, if warned in time. WHO is trying to do this through the International Sanitary Regulations adopted by the World Health Assembly in 1951.

In 1951, the World Health Assembly adopted a set of International Sanitary Regulations, which replaced earlier Sanitary Conventions. These regulations are now being applied throughout the world with few exceptions. These regulations cover all forms of international transportation: ships, aircraft, trains, and road vehicles. When cases or suspect cases of the quarantinable diseases occur, governments under the regulations are obliged to inform the WHO. The regulations

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3. Landmarks in International Cooperation, pp. 71-72.
are designed to afford maximum protection against epidemics. Their provisions include standards of sanitary conditions to be maintained in seaports and airports, measures for arrival and departure, and sanitary documents. National health administrations must notify WHO of the appearance of any quarantinable disease. To review the efficacy of the regulations and to propose any necessary amendments, a WHO Committee meets at least once in two years.

B. Medical Education & Training

Shortages of health personnel, such as, of doctors, nurses, sanitary engineers, laboratory technicians etc. are found in every country. This lack of staff is the greatest obstacle in the progress of health. WHO has devoted a large part of its resources to the education and training of health workers.

WHO encourages the creation of medical teaching institutions. It provides teachers to upgrade educational standards and organizes specialized training courses in such fields as human genetics or viral laboratory techniques.

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1. World Mark Encyclopaedia of the Nations, p. 165.
2. Landmarks in International Cooperation, p. 72.
Who helps in the advancement of schools for the health professions. It provides teaching staff and awards about 3,000 fellowships a year for study abroad. WHO fellowships are granted, on government request, to qualified health workers undertaking studies which are not available in their own country. WHO has also devoted a large part of its resources to professional education and training especially in the newly independent countries, with a view to overcome shortage of doctors, nurses and other health workers.

In 1966, WHO awarded 2,576 fellowships to nationals from 105 countries and territories. In order to meet the acute shortage of doctors in many parts of Africa, WHO continues to provide a number of fellowships to enable African students to go abroad for their full six years of undergraduate medical training.

During 1969, with the assistance of UNDP, a project for the establishment of the first University Centre of health sciences in Africa was started in Cameroon.

By providing teachers for limited periods, WHO encourages the creation of medical teaching institutions in the

developing countries. A visiting professor is supposed to train national staff so that at least one qualified person may take over when WHO assistance ends.

WHO is also concerned with the training of staff for mother and child health services, surveying children's health needs, and controlling children's diseases. WHO is also providing help to enable countries to meet the pressing demand for more and better trained midwifery personnel and to improve their nursing education programmes. WHO's work in nursing is directed mainly towards improving the quality of nursing care and the administration of nursing services. WHO is continuously assisting the development of educational facilities for nursing, midwifery and auxiliary staff. In 1962, 58 countries received assistance from WHO in the field of nursing. There were more than 50 WHO nursing projects in 1963 in 64 countries. The WHO has provided assistance in nursing to 102 countries through 223 projects, most of them focussed on education and training during 1970. During the same year it also provided some 90 nurses specializing in public health nursing to assist in over 40 projects involving education of the public, communicable disease control, care of sick and maternal and child health. Increased emphasis

was given to the role of nursing and midwifery personnel in family planning.

C. Public Health Services

WHO helps central health administration with planning, coordinating multilateral or bilateral aid, and training high-level public health staff in a number of countries. WHO is being called upon frequently to advise on the drawing up of health development plans.

In 1948, the Health Assembly laid emphasis on problems of environmental sanitation, maternity and child welfare and nutrition. WHO is also concerned mainly in assisting governments in the development of hospital services.

1. Environmental Health Services

"Environmental Sanitation" is the control of those environmental factors which result in diseases or which may affect health. According to the level of social and economic advancement and the general status of population, the programmes of environmental sanitation differ in each country. The countries which are economically advanced and where the

primary sanitation needs are being adequately met, the major
effort is directed towards some special fields, such as air
and stream pollution resulting from industrialization. In
the underdeveloped countries, the principal effort is direc­
ted towards supplying safe water and safe excreta disposal.
In both the cases, programmes of environmental sanitation
are closely related to the over-all public-health programme,
specially in the control of communicable diseases and in the
field of preventive medicine.

WHO has laid stress on the central problem of obtaining
safer and more adequate water supplies. The assistance
provided by WHO in this field involves training of national
personnel in the planning, financing, construction, and main­
tenance of water-works.

In 1963, 57 countries received assistance in the
field of community water supplies. The assistance covered
a wide range of activities, including the engineering and
management aspects of water supply improvement and the train­
ing of personnel. In 1964, 71 countries received assistance
from WHO in 114 projects in which the improvement of community
water supplies was the main or one of the main objectives.

1. International Survey of Programmes of Social Development
During 1967, over 80 countries received assistance from WHO in some aspect of the planning or development of community water supplies. In 1969, WHO assisted 89 countries and territories in establishing programmes for community water supply.

WHO is also giving assistance to governments in planning, organization, and strengthening of environmental sanitation services and the training of sanitation personnel.

2. Health Laboratory Services

In 1963, 23 countries received assistance from the WHO in the planning, organization, and expansion of health laboratory services, the establishment of blood banks, and the training of laboratory personnel. In 1965, WHO provided assistance to 43 countries for the development of their health laboratories.

3. Mental Health Services

WHO is also trying to help the developing countries to organize mental health services within the framework of

general health and welfare services. Assistance is also being provided by the WHO in the field of psychiatric training to several countries including Belgium, Ceylon, Denmark and Iran in 1963. In 1964, mental health was included in the WHO's programme of medical research, and a scientific group met to advise WHO on the lines to be followed. In 1965, on the basis of recommendations of the scientific group on mental health research which met in 1964, a ten year programme of research in social psychiatry and the epidemiology of mental disorders was drafted. Its aim was to obtain information on the prevalence and distribution of mental disorders, on the factors affecting their onset and evolution in different social and cultural settings. During 1964, WHO provided assistance in building up mental health services and improving training facilities in a number of countries, including Taiwan, the Philippines, Thailand, India, Israel and Portugal.

4. Maternity and Child Welfare Services

WHO is also involved with the training of staff for mother and child health services. It has surveyed children's

health needs and controlled their diseases. In cooperation with UNICEF, consultative services on various aspects of maternal and child care are being provided to a large number of countries. In collaboration with UNICEF, WHO has set up many model centres to promote maternal and child welfare. WHO's assistance to countries in strengthening maternal and child health includes increased activities in the three related fields of family planning, communicable disease control and nutrition.

5. Nutrition

In 1948, the First World Health Assembly gave nutrition high priority in its programme. WHO works together with FAO on nutrition and food hygiene. In the field of nutrition, WHO's aim is to prevent various nutritional diseases that are rife in many developing countries and at improving the general level of nutrition in these countries. WHO is also trying to train medical and health personnel in nutrition by means of courses, symposia, and seminars.

WHO is collaborating closely in the World Food Programme and gives advice on the health aspects of many related

projects. Since 1948 there has been close collaboration with FAO, notably in the establishment of food standards and of principles governing the use of food additives.

The wide-spread and increasing use of chemical substances to improve the appearance, flavor, or durability of food products presents a new health problem. WHO has discovered that many of these additives are used without previous testing. In 1966, a conference on this subject was convened by FAO and WHO. Since that time a joint FAO-WHO Expert Committee on food additives has kept the situation under review and has made many recommendations.

D. Technical Services

These services involve the computation of vital health statistics, biological standardization and medical research.

On both national and international levels, the absence of accurate and comprehensive vital statistics can be a serious deterrent to the improvement of health.

The determination of standards for various drugs and biological products is another task which the WHO has

successfully undertaken. This function is of great importance to all countries since, with the free flow of drugs from one country to another, it is necessary that there should be an international body to take on the responsibility for determining and standardizing drugs and biological products. This objective has been completed, to a very large extent, through the experts appointed by the WHO. Today most of the countries have adopted the international biological standards set up as a result of their deliberations.

Under the intensified medical research programme which was conceived in 1968, WHO has continued the developing, promoting and guiding role with emphasis on those aspects of medical research which are of international interest.

WHO has also set up a network of 191 regional and international reference centres in over 34 countries to provide services to medical research and to promote scientific cooperation at an international level.

WHO's medical research programme is providing knowledge to solve a number of problems that are still impeding

progress in controlling major communicable diseases and in preventing nutritional disorders, cardiovascular diseases, mental illness and many others.

3. Emergency Relief

One of the most useful activities of the WHO has been the readiness with which it has acted and the promptness with which it has given aid when grave emergencies arise in any part of the world. In 1947, there was an outbreak of Cholera in Egypt; in this connection the relief provided by WHO was of great importance. Again, in Afghanistan, when a Typhus epidemic broke out, WHO immediately sent trained personnel with drugs and equipment to assist the medical research authorities of the state in controlling the disease and preventing its spread.

All these activities of WHO represent a remarkable contribution toward meeting the many complicating problems in the field of health.

2. Ibid., p. 248.