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THE WORLD HEALTH ORGANIZATION

BY

BROCK CHISHOLM, C.B.E., M.D.

Director-General, World Health Organization

Constitution, Aims, and Scope of Its Work

In September, 1948, the World Health Organization, the youngest of the United Nations agencies, officially came into being. The date will undoubtedly go down as an important landmark in the history of international co-operation in the field of public health. Indeed, with the creation of W.H.O., various attempts, covering a span of more than 50 years, to establish a single world-wide system which would answer the world's critical health needs were brought to a successful conclusion.

The Constitution on which W.H.O. is built, and which was drafted at the International Health Conference in June-July, 1946, in New York, bears witness to the revolutionary character of the new agency.

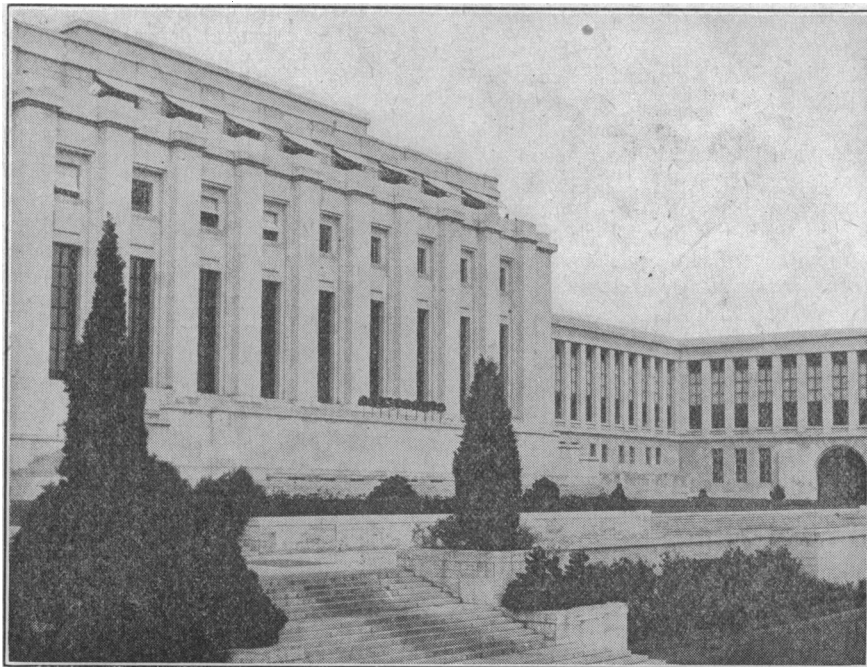
One of the basic features expressed in that document is the recognition of the facts that total solidarity and action are necessary to gain for all people "the highest possible level of health"; that health, like security and peace, is indivisible; and that no person, no nation, can be considered safe while disease still exists in any part of the globe. This concept of universality, reflected in the term "world" in the title of the Organization, is also one of the characteristics which distinguish W.H.O. from previous co-operative efforts to fight disease. Unlike them, W.H.O. intends to solve health problems on a world-wide basis, because the nations of the world should realize that in modern conditions only completely united action could provide adequate answers to those problems.

Another guiding principle of W.H.O. can be found in its definition of the word "health." "Health," the Constitution declares, "is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Such a statement provides a clear indication of the breadth and concept of public health which W.H.O. is called upon to translate into action. It opens new and larger avenues for the work of the experts joined together in the Organization to raise the health standards of the peoples of the world. There can be no longer any question of purely defensive and limited barricades in the fight against disease. Gone are the days when the activities of the international health officer were limited to quarantine

measures and immunization. His approach to-day must be a positive one, an aggressive one, which recognizes the close relationship between international health problems on the one hand and economic and social conditions on the other hand.

The specific inclusion in the Constitution of responsibility in the fields of mental hygiene, nutrition, medical care, and environmental sanitation, etc., demonstrates a wider conception of public health than has been promulgated heretofore. The

definition embodied in the Constitution cannot become a reality unless W.H.O. tackles with courage, and in co-operation with the U.N. and other agencies as well as various other non-governmental organizations, the basic problems responsible for maladies yesterday and to-day—namely, those of mental, social, and economic misery.



Headquarters of W.H.O.—A view of the Palais des Nations at Geneva. The part of the building shown is that used for conferences. The Palais des Nations is the Geneva Office of the United Nations, and houses not only W.H.O. but other international agencies. The First World Health Assembly in 1948 was held at the Palais des Nations, and the Third Assembly will open in this building on May 8 this year.

On the basis of this conception of health the scope of activities laid down for W.H.O. by its Constitution goes far beyond the work done by the previous organizations. Thus W.H.O. is empowered as follows :

To assist Governments, upon request, in strengthening health services.

To promote improved standards of teaching and training in the health, medical, and related professions.

To provide information, counsel, and assistance in the field of health.

To promote, in co-operation with other specialized agencies where necessary, the improvement of nutrition, housing, sanitation, recreation, economic or working conditions, and other aspects of environmental hygiene.

To promote co-operation among scientific and professional groups which contribute to the advancement of health.

To promote maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment.

To foster activities in the field of mental health, especially those affecting the harmony of human relations.

To promote and conduct research in the field of health.

To study and report on, in co-operation with other specialized agencies where necessary, administrative and social techniques affecting public health and medical care from preventive and curative points of view, including hospital services and social security.

The third principle essential for the understanding of W.H.O. is related to its role in the battle for better health. W.H.O. was not established as a supranational health administration to take the place of national health authorities in the carrying out of their normal functions. It was created to help those authorities directly, by putting at their disposal the knowledge and the skills needed for the improvement of their own health services, and, indirectly, by mobilizing all available resources for the solution of problems which lend themselves to international action. This double task, assigned to W.H.O. by its Constitution, is a logical sequence to the principle of universality it embodies, and should make it possible for all people to share in the benefits of medical and sanitary sciences, which until now have been provided to only a relatively limited number of nations.

Finally, the principle of regionalization, which guides the Organization in the carrying out of its role as "the directing and co-ordinating authority on international health work," must be regarded as a basic tenet of W.H.O.'s philosophy. Regionalization is, indeed, defined as the only practical way in which the Organization can adequately meet the differing health needs of the various areas throughout the world. The importance of establishing regional offices, through which the assistance given by the Organization can be adapted to the conditions prevailing in individual countries, as well as to their specific requirements, was emphasized at the very inception of W.H.O. The implementation of this principle was begun in 1949, and has been one of the main concerns of the Organization ever since.

W.H.O. Interim Commission

It is hardly possible to overestimate the importance of the work accomplished by the Interim Commission during the two years which intervened between the signing of the Constitution in July, 1946, and its coming into effect in the summer of 1948. By ensuring continuity of the functions of previous international health organizations, by giving assistance in the solution of urgent national health problems, and, finally, by preparing a framework for future international action in the field of health, the 18-member

Commission set a pattern for the permanent Organization. A few indications will suffice to show how effectively the Commission carried out the numerous tasks assigned to it.

Within a few months after its appointment the W.H.O. Interim Commission assumed responsibility for the epidemiological and advisory work of the Office International d'Hygiène Publique, and at the same time made arrangements to take over the library and archives of the O.I.H.P. Similar steps were taken for the transfer to the Commission of the Epidemiological Notification Service, previously administered by the Health Organization of the League of Nations. But the Interim Commission did more than simply assume these and other services of preceding organizations. An Expert Committee assigned by the Commission, taking advantage of modern scientific knowledge, began the task of drawing up a new code of sanitary regulations and at the same time introduced the revolutionary innovation that such regulations would be automatically binding on all countries unless specific objections were lodged within a stated period.

In regard to biological standardization, too, an important step forward was taken by an Expert Committee of the Commission which adopted new international standards for penicillin, heparin, and vitamin E, and which formulated recommendations on a wide variety of essential therapeutic, prophylactic, and diagnostic agents of animal and plant origin, including diphtheria and tetanus toxoids, cholera vaccines, tuberculin, B.C.G., streptomycin, and human blood groups. Still another Expert Committee tackled the task of establishing uniform rules of nomenclature and dosage for chemical drugs, with the ultimate aim of preparing an International Pharmacopoeia. While a further Expert Committee on Habit-Forming Drugs devoted itself to the study of the medical aspects of the control of narcotics, another group assumed the work of preparing the Sixth Decennial Revision of the International List of Diseases and Causes of Deaths.

This rapid survey of technical services rendered by the Commission would remain incomplete without mention of the publication of several journals (the *Bulletin* of W.H.O., the *Chronicle* of W.H.O., the *Weekly Epidemiological Record*, the *Monthly Epidemiological and Vital Statistics Report*) through which provision was made for the dissemination of scientific, legislative, and general information.

Spearheading the attack which the permanent Organization was going to lead against the major ills of mankind, Expert Committees prepared plans for the world control of malaria, tuberculosis, and venereal diseases. The work initiated by the Interim Commission on problems of maternal and child health is an excellent example of its interest in all measures for promoting health in a positive way, as well as of its co-operation with the U.N. and its specialized agencies. Technical aid was given by an Expert Committee to Unicef in developing standards for mass vaccination with B.C.G. A Committee on Child Nutrition formed jointly with F.A.O. advised Unicef on child-feeding programmes.

In taking over a major part of the field work carried out by Unrra for the health rehabilitation of war-devastated areas the Commission also developed patterns for a number of services which were later to become an integral part of the permanent Organization's efforts to strengthen national medical and public health services. In China alone, 32 experts helped national authorities in the control of the four diseases which have been undermining the strength of that country : plague, cholera, kala-azar, and

tuberculosis. In Greece, too, W.H.O. experts contributed to the training of medical personnel, as well as to the control of the two outstanding health problems of that country, which were malaria and tuberculosis. In Ethiopia, experts helped the government in establishing basic training courses for sanitary inspectors and "dressers" and gave advice on epidemiological and sanitary engineering problems, while a team of American and Swiss specialists, under the joint sponsorship of the Interim Commission and the Unitarian Services Committee, went to Austria to demonstrate new medical and surgical techniques and the use of modern drugs and sera. The Missions established in Italy, Poland, and Hungary were mainly concerned with advising national health administrations, arranging lectures by visitors and experts, the provision of medical literature, and the selection of Fellows.

The awarding of Fellowships could be regarded as a cardinal part of the Commission's effort to assist countries in the training of expert health personnel. By April, 1948, 250 Fellowships, of an average duration of six months, had been awarded to ten countries, most of them in public health and clinical subjects. In addition to putting techniques and skill at the disposal of countries which had needed Unrra aid, the interchange of students proved itself to be one of the most effective instruments in building up international understanding and good will, the ultimate aim of the U.N. and its specialized agencies.

The importance of international solidarity in the solution of emergency health problems and the effectiveness of many measures worked out by the Commission were dramatically demonstrated in connexion with the Egyptian cholera epidemic of 1947. The Commission advised neighbouring countries on the necessary quarantine procedures, studied the potency of the various vaccines employed, co-ordinated supplies donated, and undertook with maximum speed the bulk ordering of cholera vaccine and other supplies from many different sources, thus effecting a substantial reduction in cost to the interested governments. The value of all these measures was acknowledged by Egypt, whose government, through the admirable steps it had taken, succeeded in checking in record time an epidemic which in the past had caused untold havoc in Asia and Europe.

That the Interim Commission could accomplish so much in such a limited time was due mainly to the excellent support and co-operation which never ceased to prevail among its members. While opinions and attitudes were freely expressed in the five sessions of the Commission, decisions were taken unanimously on a basis of compromise without using the voting machinery. Moreover, the members were always able to forget the differences which unfortunately still divide the world, and concentrated on the need which is common to all countries—namely, the need for physically and mentally healthy citizens.

First World Health Assembly

The spirit of understanding and compromise characteristic of the work of the Interim Commission was carried over to the meetings of the First World Health Assembly in Geneva in June–July, 1948, and was chiefly responsible for the remarkable degree of agreement which was reached by the delegates and observers from 68 nations attending the session. This expression of good will was evident during the detailed discussions which took place on the establishment of the framework for the permanent Organization and on its programme of work for 1949.

In connexion with the former item, the regionalization of W.H.O. activities was thoroughly debated. While certain delegates expressed their doubts on the wisdom of imme-

States Members of W.H.O.

Afghanistan	Israel
Albania	Italy
Argentina	Jordan (The Hashemite Kingdom of)
Australia	Lebanon
Austria	Liberia
Belgium	Luxembourg
Bolivia	*Mexico
*Brazil	Monaco
Bulgaria	*Netherlands
Burma	New Zealand
*Byelorussian S.S.R.	Norway
Canada	Pakistan
Ceylon	Paraguay
Chile	Peru
*China	*Philippines
Costa Rica	*Poland
Czechoslovakia	Portugal
Denmark	Roumania
Dominican Republic	Saudi Arabia
Ecuador	South Korea
*Egypt	*Sweden
El Salvador	Switzerland
Ethiopia	Syria
Finland	Thailand
*France	*Turkey
Greece	Ukrainian S.S.R.
Guatemala	*U.S.S.R.
Haiti	*Union of South Africa
Honduras	*United Kingdom
Hungary	*United States
Ice'and	Uruguay
*India	*Venezuela
Iran	*Yugoslavia
Ireland	
Iraq	

The U.S.S.R., the Ukraine, Byelorussia, Bulgaria, Roumania, Albania, and Czechoslovakia have signified their wish to withdraw from the World Health Organization. No provision is made in the Constitution for the resignation of Member States, and the matter will be fully discussed at the Third World Health Assembly.

*States Members elected to designate a person to serve on W.H.O. Executive Board.

diately creating regional organizations before the central administration was solidly established, the majority of the Assembly felt that such a step would have to be taken at once in order to enable the Organization to deal effectively with the specific needs of the various regions. It was therefore decided to establish such organizations and encourage the handling of all questions of a local character through the regional offices.

Guided by sanitary and epidemiological criteria, the Assembly agreed on the creation of six regional organizations to serve the following areas: Eastern Mediterranean, Western Pacific, South-East Asia, Europe, Africa, and the Americas.

These decisions were followed by speedy action. Within one year after the Geneva Assembly, regional offices were firmly established in New Delhi and Alexandria, for South-East Asia and the Eastern Mediterranean area respectively, while the Pan-American Sanitary Bureau, following an agreement signed in Washington on May 24, 1949, began to serve as regional office for the Americas, pending the complete integration of that Organization with W.H.O. Furthermore, the establishment at headquarters of a special office for Europe has paved the way for the creation of a regional organization for this area. The remaining regional organizations will come into being as soon as the majority of the countries in the region so desire.

The drawing up of the programme of the permanent agency constituted a real challenge to the delegates. Faced on the one hand with a budget of only \$5,000,000 for 1949, and on the other with an imperative need for attacking a staggering number of health problems throughout the world, the First World Health Assembly had to decide not so much what to do but what not to do, or rather to agree on a system of priorities according to which the various activities planned by the Interim Commission would be carried out. The selection of the priority projects was made on the following principles: (1) First consideration

should be given to diseases which lend themselves to international action; (2) the programme of the Organization should aim at the solution of health problems which exist in large areas of the world.

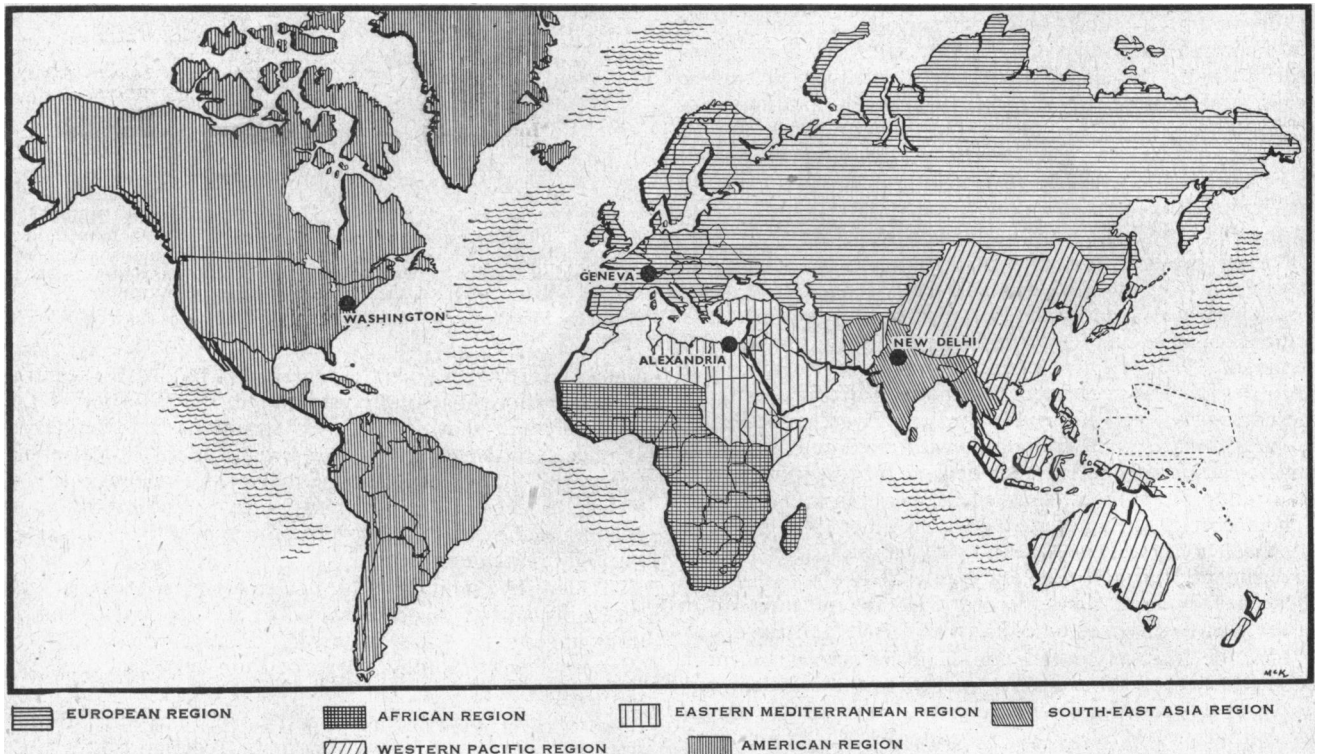
Accordingly the Assembly agreed on plans for international action on: (a) malaria; (b) tuberculosis; (c) venereal diseases; (d) the promotion of health by such positive means as concentration on measures aimed at raising the health of mothers and children; (e) the amelioration of environmental conditions which until now have been responsible for more than one-fifth of all deaths throughout the world; and (f) the improvement of nutrition—an essential condition to the betterment of health for both children and adults.

In addition to these six projects, the Assembly instructed W.H.O. to continue the functions taken over by the Interim Commission from previous international health organiza-

diverse problems, the results of the first regional conference in New Delhi which held a frank discussion of the needs of the South-East Asia area, and, finally, the first plans established by W.H.O. for technical assistance to underdeveloped countries, were of great benefit to the Organization.

Out of all these factors calling for a redefinition of both W.H.O.'s short-term and long-range work grew what was termed a "new outlook" in international health, according to which the "attaining by all people of the highest possible level of health" can be achieved only through a well-planned, integrated attack on world health problems which would put at the disposal of all nations the techniques, material, and knowledge now available for solving those problems.

Perhaps one of the best illustrations of this new approach to health can be found in the plan for "health demonstra-



Map Showing Regional Organization of W.H.O.—The black circles represent the headquarters of W.H.O. at Geneva, the Regional Office for the Americas at Washington, the Regional Office for the Eastern Mediterranean at Alexandria, and the Regional Office for South-East Asia at New Delhi. Regional Offices for the African, European, and Western Pacific Regions have not yet been established.

tions, to develop a large publications programme for the benefit of national health administrations, and to fight parasitic and virus diseases—with particular attention, in the former group, to schistosomiasis. Further, mental health was listed for special consideration, together with assistance to governments in the improvement of their own health services—especially in regard to hospitals, clinics, and nursing-homes, in medical rehabilitation, sanitary training, industrial hygiene, and hygiene of seafarers.

Second World Health Assembly

The meetings of the Second World Health Assembly in Rome in June, 1949, opened against a background of experience gained by the Organization through the extensive work accomplished in its first ten months of existence. Indeed, the three sessions of the Executive Board which were devoted to an exhaustive study of all aspects of world health, the recommendations of the various Expert Committees which during that period tackled a number of

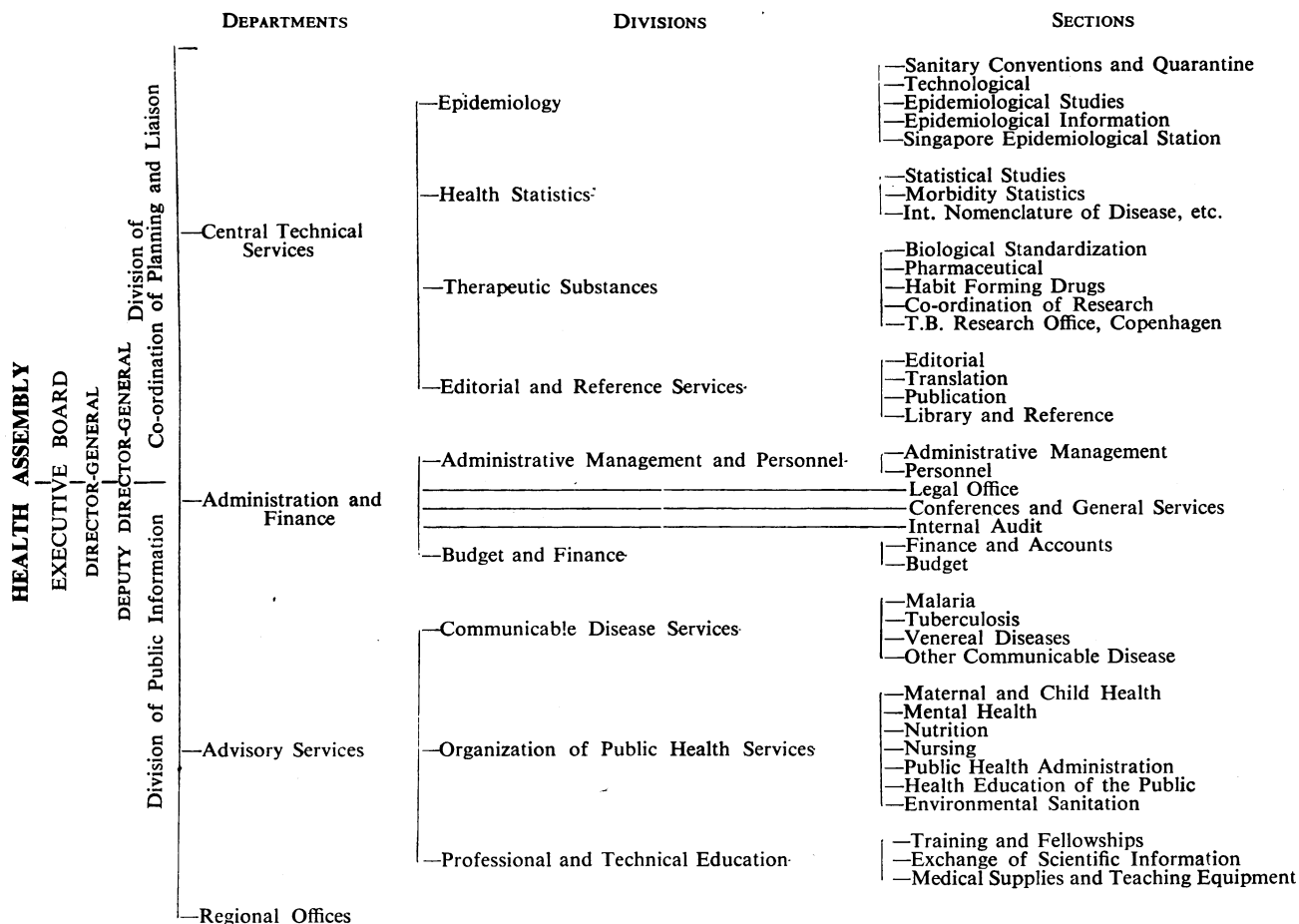
"areas" which was adopted by the Assembly as an effective method by which to raise the health standards of underdeveloped countries, and which is expected to become an essential part of W.H.O.'s share in the U.N. scheme of "technical assistance for economic development of underdeveloped areas." This method entails the selection of several areas where a combined attack can be made on a number of diseases and adverse environmental conditions, and where a programme of health promotion can be developed to illustrate the results which would ensue from a rational application of modern public health methods. It was agreed that in the choice of such areas preference would be given to regions where there is at least one large-scale problem, such as malaria, suited to the eradication approach. It was further agreed that in the establishment of plans for the health demonstration areas adequate attention will be given to maternal and child care, health education of the public, and all other measures for promoting health in a positive way.

Another example of the broad view taken by the Second World Health Assembly of the Organization's role in improving health throughout the world is reflected in the project approved for malaria control and rural rehabilitation, to be carried out in co-operation with F.A.O. to assist interested governments. The aim of this project, scheduled to be carried out over a period of five years, is to increase production in areas capable of agricultural development and in which ill-health, in particular endemic malaria, is the chief obstacle to such development. Thus the plan, in addition to bettering the health of millions of people, would

and will do much for the implementation of one of the W.H.O. fundamental principles—namely, that without mental health there can be no true physical health.

Among the controversial issues before the Assembly the question of medical supplies was the topic of lengthy discussions in the Committee on Programme. Some delegations felt that it was a function of W.H.O. in the present situation to provide essential medical supplies, such as D.D.T., penicillin, and streptomycin, to countries which do not produce these commodities and which, because of the lack of necessary currencies, are unable to import them in

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be a great step forward in bringing relief to a world suffering from the disastrous political and economic consequences of one of the most acute food shortages in history.

The emphasis placed by the "new outlook" on positive measures for health improvement was translated into action by the Assembly in approving expanded programmes for maternal and child care, nutrition, environmental sanitation, public health administration, and the technical training of medical and auxiliary personnel. In the latter field the Assembly favoured the use of national institutes, and where necessary the establishment of special centres for the group training of Fellows, but it also decided that the granting of individual Fellowships would not thereby be ruled out.

The adoption of a mental health programme must be regarded as a truly historic step taken by the Assembly to bring this new field of medicine into the area of inter-governmental action. The programme laid down for 1950 included mainly the assembling of mental health data with respect to rural areas, industrial units, and university groups,

the quantities required for carrying out national health projects. Other delegations stated that the time for emergency distribution of supplies by world agencies was over, and pointed out that the amount of assistance which W.H.O. could furnish in that field was infinitesimal compared with world needs, and held that medical supplies, like other commodities, should now be obtained through the normal peacetime economic machinery. A compromise solution put forward by the Executive Board was eventually adopted whereby the Organization will make supplies available to governments on an extremely limited scale and under special circumstances. It is to be expected that this basic problem of the great need for medical supplies and equipment will be raised again in future Assembly sessions.

As at the First Assembly, the question of financial means was widely discussed in Rome. The Second Assembly was required to face the situation in which the Organization found itself, owing to the fact that the Geneva Assembly, while limiting the budget for that year to \$5,000,000,

approved operations which by the end of that year called for the expenditure of about \$7,000,000 on an annual basis. The cost of the programme of work proposed for 1950 was estimated at about \$17,000,000. The Assembly agreed that the proposed programme should be financed from a regular budget of \$7,500,000 and from a supplemental budget of \$10,500,000, the latter to be raised by voluntary contributions from Member States willing to participate in the raising of health standards in underdeveloped countries through such an expanded programme. Later, through developments in the Economic and Social Council, this expanded programme was adapted to the U.N. scheme of technical assistance to underdeveloped areas.

Unfortunately, the envisaged expansion in activities provided by the regular budget approved during the Second World Health Assembly was considerably checked by the fact that towards the end of 1949 it appeared almost certain that the contributions of some States would not be forthcoming. Taking into consideration the failure of some States to contribute in 1949, the Executive Board at its fifth session in January, 1950, decided that, pending further consideration of this problem by the Third World Health Assembly, the regular budget for 1950 should be held to a level of \$6,300,000 rather than the original \$7,500,000, thus leaving the technical assistance programme as the only hope for the implementation of many plans badly needed for the solution of urgent world-wide health problems. The lack of funds adequate for the carrying out of an international public health programme continues to be one of the most serious handicaps.

The Structure of W.H.O.

The main lines of the structure of W.H.O., established by the First World Health Assembly, are laid largely on the basis of the Constitution of the Organization and on the recommendations made by the Interim Commission. However, in the light of experience gained during the last eighteen months, the organizational structure underwent essential modifications, particularly so far as the Secretariat was concerned. The most important of these changes were the ones approved by the Executive Board at its fifth session, as a result of a study undertaken by the Board of the whole organizational structure.

The organs of W.H.O. and their chief functions can be briefly summarized as follows :

The World Health Assembly, which is composed of delegates representing the States Members, meeting in regular annual session to determine the broad policies of the Organization, to decide on its annual programme and its budget, and to adopt such international health regulations as may be necessary.

The Executive Board, which consists of 18 persons from as many countries designated by the Assembly, meeting at least twice a year to give effect to the decisions and policies of the Assembly, to prepare the agenda for sessions of the Assembly, and to take emergency measures for dealing with events requiring immediate action.

The Secretariat, which comprises the organizational, technical, and administrative staff, carrying on the actual day-to-day work of W.H.O. in its various phases, in the Geneva headquarters as well as in the regional offices.

The accompanying Chart illustrates the departmental, divisional, and sectional grouping of the Secretariat. Broadly speaking, the Department of Technical Services is the fact-gathering arm of the Organization, and also has the task of administering international regulations passed from time to time by the Health Assembly on quarantine and other matters ; while the Department of Advisory Services deals

chiefly with applying, demonstrating, and furthering knowledge and techniques developed in any part of the world to other parts of the world having similar problems.

The Future of W.H.O. : Plans and Problems

By necessity the task of W.H.O., as conceived by the Constitution and outlined in the successive plans drawn up in the last three years, will be an arduous and long one. To carry it out will require much patience, as well as a degree of world-wide co-operation and a lack of concern for individual, local, national, or regional advantages or prestige that have never before been reached by any international organization.

We know that the job can be done. The means to fight and eventually eradicate most of mankind's scourges exist. So do the means through which we can raise a physically and mentally healthy generation. The issue of the *British Medical Journal* for January 7, 1950, devoted to "50 years of medicine," contains an exhaustive survey of the admirable weapons human genius has evoked to protect and promote man's health wherever he lives. What remains to be done is to ensure the widest application of the discoveries made in those last 50 years in all fields of medical science and public health techniques.

The very existence of W.H.O. proves that most nations have awakened to the necessity for making that progress available to all peoples of the world. They have become aware of the fact that to do this is their responsibility, not only for humanitarian reasons but also for their own self-interest. Indeed, in this shrunken universe of ours no further proof is needed to realize that, so far as health is concerned, our world will be one or none.

The Third World Health Assembly meeting in Geneva in May of this year will have before it concrete proposals for the implementation of both the short-range and the long-term plans of W.H.O. Detailed programmes have been worked out for 1951 for the expansion of the advisory services, the main aim of which will continue to be the strengthening of national health administrations, and to assist them to carry out malaria, tuberculosis, and venereal diseases control, and to develop maternal and child care, mental health, nutrition, environmental sanitation, health statistics, and medical training facilities.

In regard to the technical services, efforts will be made to obtain official recognition throughout the world of established international standards for biological products, as well as approval, and eventual inclusion in national pharmacopoeias, of the "International Pharmacopoeia" ; and, finally, the preparation of a new draft of International Regulations governing health measures in world trade and travel.

The Third World Health Assembly will also examine a programme to be financed through funds to become available under the U.N. programme of technical assistance for economic development, which will make possible a further development of the above-mentioned technical services and health campaigns, with particular emphasis on those related to diseases prevailing in tropical areas, such as malaria, bilharziasis, cholera, plague, etc.

Finally, the Executive Board will submit to the Third World Health Assembly a four-year programme designed as a framework within which annual programmes should be developed, starting in 1952. This programme, to be periodically reviewed in the light of new problems which might arise and new techniques which may be devised in the future, is limited to activities which are internationally feasible, universally important, and of such a nature that

results achieved at the end of the four-year period will be readily understood by governments and peoples. Under this heading, for example, come projects which will lead to a considerable decrease in the number of deaths from malaria or venereal diseases, or to a marked reduction in infant mortality in a given area.

Whether these plans will become a reality depends on whether we will be able to overcome several problems the successful solution of which is essential to the future of W.H.O.

For instance, it is obvious that in order to implement these plans over a number of years W.H.O. will have to avail itself of the services of men with experience and skill in the various fields of medical science and public health as well as with a real understanding of the international obligations incumbent upon the Organization. A maximum effort will have to be made by W.H.O. to recruit such experts and technicians on a world-wide basis so that its Secretariat would have the broadest possible geographical representation and so that progress made in various countries could be used for the benefit of all. This will often call for sacrifices on the part of the Member States in releasing, on a temporary or a permanent basis, medical and technical personnel whom they may need for the purposes of their own health administration.

To carry out our battle for world health will of course take money. It has been estimated that four of the worst diseases could be wiped out from the earth for less than it costs the world to finance a war for one week. Yet the amount of money put at the disposal of W.H.O. for one year's operations is not larger than that spent annually by many a large city for its own municipal health programme. It will be our responsibility, and the responsibility of each health administrator associated with the work of W.H.O., to convince governments that at a time when thousands of millions are allotted for rearmament purposes a few more millions must be invested by the people in the most precious values they have to protect—their own health and the health of their children.

An even more important prerequisite for the success of W.H.O. is the fullest participation of all nations in its work. Unfortunately, W.H.O. is still not the world-wide organization its planners meant it to be. Several countries have not yet joined it, others are not giving it the necessary support, while still others, some of whom played an important part in its creation, have ceased active membership. This situation cannot endure. Political, social, and economic differences have no meaning when the health of the people is at stake. If there are divergent opinions about how our common battle should be fought, they should be settled within the Organization, with the help of everybody.

It is obviously in the interest of all nations and all groups to participate in this crusade, the only aim of which is to alleviate the sufferings of man, and, in so doing, make the coming generation physically, mentally, and socially healthy.

Mr. G. E. Haynes, secretary of the National Council of Social Service, left London on April 30 for a nine weeks' lecture tour in Australia and New Zealand, arranged by the British Council. In Australia he will be the guest of the Australian Government, and his programme, arranged by the Department of Social Services, includes visits to Sydney, Canberra, Melbourne, Hobart, Adelaide, Perth, and Brisbane. He is lecturing on "Co-operation Between Voluntary and Statutory Bodies in Social Welfare" and "The Citizen and the State: Partners in Social Welfare." Mr. Haynes will go on to New Zealand on June 15.

ADVISORY SERVICES OF THE WORLD HEALTH ORGANIZATION

BY

MARTHA M. ELIOT, M.D.

Assistant Director-General, World Health Organization

In the century-old history of international health co-operation a changing emphasis in objectives and methods can be noted—a change from a negative to a positive approach. International co-operation began with the setting up of quarantine regulations to prevent the spread of communicable diseases from one country to another; to-day the objective is the control, even the eradication, of such diseases wherever they are prevalent. From dissemination of information on pestilential diseases we have progressed to pooling knowledge, experience, and resources to provide assistance to countries in promoting the health of their peoples. Instrumental in providing such assistance are the "advisory services" of the World Health Organization (W.H.O.), by means of which governments are granted aid of many types to build up health services which will continue to function after outside help is withdrawn.

The need for the W.H.O. to provide a programme of advisory services to governments is found in the fact that the countries of the world differ to a marked degree in the stage of development of their health, medical, and related services. The interrelation of the health status of a people and their economic and social development has long been recognized. W.H.O., through its advisory service programme and in collaboration with U.N. and other specialized agencies concerned with agriculture or industry, is developing the channels through which the nations of the world together can give the impetus necessary to advance the cause of world health.

The advisory services programme of W.H.O. is the place to which the U.N. and its specialized agencies will look for help in developing the health aspects of special activities, whether of an emergency character, as in the case of the United Nations International Children's Emergency Fund (Unicef) or the U.N. Relief for Palestine Refugees, or of a more lasting character, as in the case of the proposed U.N. programme of technical assistance for economic development. It is not an exaggeration to say that success in any programme of technical assistance for economic development in underdeveloped countries will require that health scourges such as malaria, tuberculosis, and venereal diseases be controlled, and that sources to promote the physical, mental, and social health of industrial and agricultural workers and their families go hand in hand with programmes for economic development.

Types of Service

The W.H.O. advisory service programme consists largely of: (1) assistance to professional and technical education, including: (a) assistance to educational institutions, (b) fellowships, (c) exchange of scientific information, and (d) distribution of medical literature and teaching materials; (2) consultation and advisory services, including general information on organization of health services and specialized advice on medical and related subjects as requested; and (3) demonstration projects and supplies for such.

These advisory services are provided to governments through the Regional Staff of the Organization. They are based on the best available knowledge in the different fields. This information is gathered from a wide variety of sources. It is evaluated and prepared for use at the headquarters of