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## CHAPTER II

### *The Regional Concept*

The pattern of the present regional organization of WHO is unique among the specialized agencies related to the United Nations. For this reason, as well as because of its now proven value, the precedents, discussions and actions leading to its development are worth studying.

#### **Early Regional Organizations for Health**

Of the regional inter-governmental health councils established in the nineteenth century in the Mediterranean area, the Egyptian Quarantine Board, later to be associated with the Pan-Arab League, was the most important. In active existence for over 100 years, the Board was responsible for various field operations. Its work consisted of port health administration in Alexandria, Port Said, Suez and the Suez Canal, and special sanitary control of pilgrims returning from Mecca. It controlled and maintained the quarantine station at El Tor in the Gulf of Suez, where its laboratory work included identification of the El Tor cholera vibrio—a type of cholera which is at present the subject of renewed interest and public health concern in South-East Asia (see page 164). In 1938, the Board's responsibilities were transferred to the Egyptian Ministry of Health, which continued a regional epidemiological intelligence bureau at Alexandria until July 1949, when the functions of this bureau (and its building) were handed over to the Regional Office of the World Health Organization for the Eastern Mediterranean.

The Pan American Sanitary Organization (now the Pan American Health Organization) was created in 1902, two years after the mode of transmission of yellow fever had been proved. Work towards eradication of yellow fever from the American Continent, which had started immediately in Havana, continued to be of primary importance in the programme of PAHO and its Secretariat, the Pan American Sanitary Bureau (PASB).

The PASB is an agency supported by all the American republics (except Canada), and its original purpose was clearly to foster and maintain co-operation in controlling epidemic communicable diseases.

From its early beginnings the PASB has gradually expanded, and since its confluence with WHO it has indeed become a very extensive undertaking; it has fully proved its usefulness as a central consultative agency able to advise on public health problems, to undertake special studies and investigations and to give expert technical assistance to the Member States of the Americas on a very large scale.

There were, of course—especially during the early years of the twentieth century—many examples of inter-governmental consultation at times when factors of common concern stimulated neighbouring countries to discuss mutual health problems. Such consultations were usually achieved by means of specially convened conferences or through a series of meetings. For example, in relation to trypanosomiasis and other endemic communicable diseases, a considerable degree of co-operation was achieved among the health authorities of territories in Africa, and one can cite similar examples from the Arab countries, from Asia and from Europe. However, most of such arrangements for regional co-operation proved to be ephemeral or, at best, irregular. Their history convinces one that a permanent office and secretariat are essential to continuity in the maintenance of collaboration. Where common health problems exist there can be no doubt as to the value of permanent regional health offices, to keep Member Governments in touch with one another and with every new development in the health sphere and to exploit such knowledge for mutual benefit.

### **Regional Arrangements for WHO**

By far the most controversial question before the International Health Conference of 1946 concerned the arrangements to be made for the establishment and functions of new regional offices or branches of WHO and, in particular, the relationship to WHO of existing regional health agencies.

The controversy during these meetings echoed earlier differences of opinion at the Technical Preparatory Committee, where, according to the official records, the subject was raised in the very first general discussions: "Any plan for a regional organization... should be flexible." "...the Secretariat... should consist of a strong central organization and of regional offices." "The idea of establishing health councils in each country... seemed like a sound one." "He

also was in favour of... the creation of regional offices." "It would be desirable to have regional offices to answer local needs..."<sup>1</sup>

Whereas there was general agreement that regional activities would be essential to the programme of WHO, some members felt that any regional organization should be confined, at least to begin with, to an epidemiological intelligence service on the lines of the Singapore Bureau set up by the League of Nations. It appears that there existed, also, considerable anxiety lest the establishment of regional committees and regional offices would weaken the authority and influence of the World Health Assembly and of the Director-General and so undermine the building of a single international health organization for the world as a whole.

The presence at the Technical Preparatory Committee, and later at the International Health Conference and First World Health Assembly, of UNRRA and PASB representatives ensured that the experience of these two organizations would be taken into account. For operations, UNRRA had found it necessary to establish "missions" in the countries receiving UNRRA aid. The health divisions of those missions had come under the administration and control of the chiefs of mission, but they received technical advice and direction from the health division at UNRRA headquarters. The operations of the Pan American Sanitary Organization and the value of the PASB as a regional office were fully appreciated also, so that, in the end, there was unanimity on the principle of having, sooner or later, regional committees and offices for WHO.

At the International Health Conference, the same arguments were exchanged all over again, until the difficult issue of determining the relationship of the new health organization to the Pan American Sanitary Bureau was finally solved<sup>2</sup>. The United States of America and most of the Latin American republics, "while recognizing the principle of a strong, united health organization with supreme authority to co-ordinate health services throughout the world, pointed to the desirability of maintaining a separate identity for the PASB". A special "harmonizing sub-committee" of sixteen members, including India, was formed. As a result, a new text for Article 54 of the Constitution was proposed and later approved by the Conference. The compromise wording reiterated the principle of integration "in due course" but provided for no immediate compulsion: "This integration shall be effected as soon as practicable through common action based on mutual consent of the competent authorities expressed through the organizations concerned"<sup>3</sup>.

<sup>1</sup> *Off. Rec. Wld Hlth Org.* 1, 9-12

<sup>2</sup> *Off. Rec. Wld Hlth Org.* 2, 23

<sup>3</sup> *ibid.*, p. 24

Although, at the time, this resistance from Member States of the Pan American Sanitary Organization to absorption by WHO appeared regrettable to many, in retrospect one can see that, in championing their cause and citing the great value of the international work of the PASB, which they wanted to retain under their own control, the American republics greatly influenced the International Health Conference—and also, later, the First World Health Assembly—in favour of the establishment of regional committees and strong regional offices for WHO.

The controversy as to the desirability of the early establishment of regional committees and regional offices was again very evident two years later at the First World Health Assembly, in 1948, when, for example, the delegate of Ireland, Dr J.D. MacCormack, expressed a view also held by others:

The setting up of regional services is an immediate necessity, but the setting up of regional bureaux is not. The World Health Organization is only a newborn child, and, in addressing an assembly of eminent medical men, I need not labour the point that one does not expect a child to produce a family until it has reached the age of maturity.<sup>1</sup>

On the other hand, representatives of countries in Asia, and among them the chief delegate of India, Rajkumari Amrit Kaur, argued strongly in favour of regional organizations as being immediately essential to an effective WHO programme. Their point of view is perhaps best exemplified in the speech of Dr S.F. Chellappah, delegate of Ceylon:

The application of the principles of modern health work has meant work in the field, and what has been instilled into our health worker in Ceylon is that... he should get into the field, where he will get to know the people and their needs. Our slogan is, "Know your area, know your people." What applies in a small way in intensive health work in a small country would no doubt apply equally well in a larger setting under similar conditions.

I have mentioned this to lead up to the subject of regional bureaux. Delegates who have spoken before me have laid special stress on this, and my purpose in seeking to address you is to add the small voice of Ceylon to urge the Assembly to give the matter its most careful and serious consideration.

The excellent programme outlined by the Interim Commission would not be possible to be carried out from a centre located at one spot in the world. The task, to be effectively done, is super-human, especially when it comes to work being intensively carried out. Even in national health work there is decentralization for effective investigation and execution of work. How much more would decentralization be necessary when the whole world is concerned. As an Asiatic, at this moment I am interested in Asia, where the need for intensive work is very great. There are most urgent problems that cry for attention. The solution that has been found for such problems in the West may not be the solution in the East. They need study as to proper action. These problems are not only in one part of Asia, but in many parts. Therefore, there is an urgent need for an international organization for this part of the world to see that its needs are met. It is only sons of the soil who will feel for their own people and who will know their needs, customs and habits, that can find the necessary solutions.

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<sup>1</sup> *Off. Rec. Wld Hlth Org.* 13, 58

In this matter we have the excellent work that has been done and is being done by the Pan American Sanitary Bureau. The Americas have found the work of the Bureau of the utmost use and importance in their problems. If a bureau of this nature has been found most useful in that part of the world, would not similar ones in other regions be found to be equally useful for the work of WHO?

It has been said that there would not be funds to set up these bureaux. There has been criticism of the proposed budget. When the subject is discussed, adjustments will no doubt be made. If it is considered that for the work of the World Health Organization regional bureaux are necessary, then I submit that they should be set up at the earliest possible moment. The work of WHO will have to be carried out with funds available. Let what could be set aside for the organization and functioning of regional bureaux be so done, and these bureaux will then have to shape their work according to the funds at their disposal, under a priority list of requirements based on urgency.

WHO has set out to accomplish a most high and noble task: to improve the health and happiness of the peoples of the world, regardless of where they are. The time for this is most opportune, especially in Asia, where newly formed governments of the people are greatly interested in this most vital matter and would assist in every possible way. Let not the opportunity be lost.<sup>1</sup>

Before the First World Health Assembly, the Interim Commission had made enquiries as to the views of governments on the "definition of geographical areas with a view to the eventual establishment of regional organizations", but, by the time of the Assembly, only twenty-one States had responded to the Commission's letters. (In her reply, India had already urged that "a regional bureau of the WHO should be established in India as soon as practicable...") With so little information to go on, the Interim Commission could make no proposal and had to refer the matter of delimitation of geographical areas to the Assembly.

The First World Health Assembly set up, *inter alia*, a Main Committee (i.e., a committee on which each delegation is entitled to be represented) on "Headquarters and Regional Organization". When the committee met to consider the delimitation of geographical areas, such was the strength of feeling that there appeared a tendency to discuss the principle of regional organization all over again. However, at its third meeting, the Committee set up five working parties to consider the delimitation of geographical areas and to study regional organizations for Europe; the Middle East, Near East and parts of North-East Africa; South-East Asia; the Far East, and Africa<sup>2</sup>.

An announcement had already been made that cablegrams had been received from Afghanistan and Burma supporting India's proposal for a regional organization based in India, and at the next meeting of the Committee, Sir Arcot Mudaliar (India) was able to report that the working party set up for South-East Asia, which had met on 2 July 1948, with delegates present from Australia, Burma, Ceylon, France, India, the Netherlands, New Zealand,

<sup>1</sup> *Off. Rec. Wld Hlth Org.* 13, 51

<sup>2</sup> The area for the Americas was considered later in discussions on the Pan American Sanitary Bureau

Pakistan, Portugal, Siam (Thailand) and the United Kingdom, had agreed unanimously that a regional organization, with India as its headquarters, should be set up "as first priority". The following countries agreed to join this regional organization forthwith: Afghanistan, Burma, Ceylon, India and Siam, and it was understood that other countries, such as Malaya, would be, in due course, in a position to express their opinion about joining the Region (see page 35).

At its eleventh plenary meeting, on 10 July 1948, the Assembly approved this recommendation. The chief delegate of India, Rajkumari Amrit Kaur, welcoming the Assembly's decision, stated:

...we have always felt that for a world health organization such as this to be successful it is essential that it should turn its attention far more to achieving practical results in the field than to concentrate solely on a central secretariat. After all, it is practical experiments and the knowledge, experience and results gained thereby that really count for most. <sup>1</sup>

Within a few days, the President read to the Assembly the cablegram he had received from Jawaharlal Nehru, Prime Minister of India:

On behalf of the Government of India, I wish to thank you and the World Health Assembly for unanimously deciding to locate one of the regional bureaux in India. The Government of India will gladly extend every help in promoting the work of the bureau. <sup>2</sup>

The Assembly's decision on the geographical areas<sup>3</sup> had not included any decision on how soon such regional organizations should be set up, and once again objections arose, based mainly on the possible difficulty of financing regional secretariats. It was finally agreed, and so resolved by the Assembly, that the Executive Board be instructed to establish regional organizations in the areas indicated "as soon as the consent of a majority of Members situated within such areas is obtained." <sup>4</sup>

At the first session of the Executive Board, held from 16 to 28 July 1948 (the Board had started its meetings while the First World Health Assembly was still in session), it was noted that a letter had been received from the Chief Delegates of Burma, Ceylon, India and Siam stating that their countries had agreed to join the regional organization for South-East Asia, with headquarters in India. Thus the way was open for the establishment of the first regional committee and the first regional office of WHO.

Study of the official records of 1946-1948 makes it very clear that, throughout, it was due to the persistence and the cogent arguments of the delegates from

<sup>1</sup> *Off. Rec. Wld Hlth Org.* 13, 81

<sup>2</sup> *ibid.*, p. 96

<sup>3</sup> Delineating six areas, later to become the WHO Regions for: I Africa, II the Americas, III South-East Asia, IV Europe, V the Eastern Mediterranean, and VI the Western Pacific

<sup>4</sup> *Off. Rec. Wld Hlth Org.* 13, 330-331, 344, resolution [WHA1.72.]

countries of South-East Asia that, within six weeks of the coming into being of the World Health Organization (1 September 1948), the first session of a regional committee was called and a regional organization created. This was indeed as it should have been; just as credit is due to the American republics for the creation of the first inter-governmental regional health agency, so credit must be given to the countries of South-East Asia for the vision and resolution which established the first regional organization of WHO.

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