Pre-WHO Years

The beginnings of international health activities

‘International’ health activities started with the imposition of quarantine on ships and sea-borne travellers to protect cities/states from the introduction of plague and other infectious diseases, particularly from the East. Way back in the 14th century, ports along the Adriatic Sea introduced a period of isolation for ships, including the passengers and goods, as a protection against the importation of plague. A period of 40 days or ‘quaranteneria’ became established later as the usual period of isolation for sea-borne travellers and goods suspected of harbouring infectious diseases. From this the word ‘quarantine’ was derived.

By 1448, the Venetian authorities had established a complete code of quarantine regulations. A large number of states followed the Venetian example. These regulations remained more or less intact until the second half of the 19th century when the causes of major diseases were discovered and their epidemiology clarified. Subsequently, the control measures became more rationalized.

Quarantine and commerce

From the very outset, quarantine of sea-going vessels as well as the passengers and crew was regarded with hostility by merchants. The quarantine measures were regarded as detrimental to the interests of international commerce. The fact that the causes of infectious diseases were not known also did not help. The ‘miasmists’ claimed that disease came from a poisonous exhalation in relation to climate and soil. The ‘contagionists’ claimed that disease was conveyed by direct or indirect contact and that the solution lay in isolation and quarantine.
## Milestones: Pre-WHO Years

<table>
<thead>
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<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1377</td>
<td>City of Ragusa (now Dubrovnik) introduced system of isolating ships coming from countries where plague was endemic</td>
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<td>1403</td>
<td>City-State of Venice established isolation station (Lazaretto) and codified measures for isolation of ships for 40 days</td>
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<td>1851</td>
<td>First International Sanitary Conference held in Paris</td>
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<td>1907</td>
<td>Agreement creating the Office International d’Hygiène Publique (OIHP) signed in Rome</td>
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<td>1920</td>
<td>Health Organization of the League of Nations established</td>
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<td>1943</td>
<td>United Nations Relief and Rehabilitation Agency (UNRRA) established</td>
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| 1945 | April: United Nations Conference on International Organization held in San Francisco  
August: UNRRA assumes responsibility of Office International d’Hygiène Publique  
October: UN Charter comes into force  
December: UN General Assembly adopts Universal Declaration of Human Rights |
| 1946 | February: UN General Assembly agrees to transfer functions of the Health Organization to the United Nations  
February: ECOSOC adopts resolution calling for International Health Conference  
March: Technical Preparatory Committee for International Health Conference in Paris  
June: International Health Conference held in New York with aim of establishing a single health organization within the framework of the United Nations  
July: First Meeting of the Interim Commission of WHO  
Constitution of the World Health Organization signed  
October: Functions and staff of the Health Organization of the League of Nations transferred to the Interim Commission  
December: UN International Children’s Emergency Fund (UNICEF) established. Now called UN Children’s Fund  
UNRRA terminates activities and hands over health activities to Interim Commission of WHO |
| 1947 | January: Epidemiological responsibilities and functions of OIHP transferred to Interim Commission of WHO |
International sanitary conferences

The business community took a keen interest in the First International Sanitary Conference, held in Paris in 1851 to prepare an International Sanitary Code. This would establish uniform policies for the inspection and quarantine of ships arriving at European ports. At the end of the Conference, an International Sanitary Code was agreed upon but it was never ratified.

By the time the 11th International Sanitary Conference was held in Paris in 1903, facts were available that made possible a scientifically valid international attempt to control cholera, plague and yellow fever. Already, because of this new understanding, the first International Sanitary Bureau was established by the republics of the Americas in 1902. (Its name was later changed to the Pan American Sanitary Bureau.) Five years later, delegates from 12 nations met in Rome and agreed to establish a permanent international agency which would be responsible for execution of the measures adopted by the international sanitary conferences. This agency was named as the Office International d’Hygiène Publique (OIHP).

Office International d’Hygiène Publique

The Office International d’Hygiène Publique (OIHP), was formally established at Rome in 1907 by an agreement known as the ‘Arrangement of Rome’. This was the first truly international health organization.

Among the functions of OIHP was conducting studies on epidemic diseases, holding periodic international sanitary conferences and implementing their conventions. For the next 40 years, OIHP carried out its functions until 1946 when these were taken over by the Interim Commission of the World Health Organization.

Health Organization of the League of Nations

After the First World War (1914-1918), when the League of Nations and its Health Organization
were formed, there was a proposal to establish a single international health organization. However, negotiations broke down and two international health organizations remained. The League of Nations Health Organization carried out activities covering a wide field of health issues.

**Second World War and health in the Region**

Before Second World War, most of the countries in the South-East Asia Region were under colonial rule. India, Burma (now Myanmar) and Ceylon (now Sri Lanka) were British colonies. Bangladesh was then a part of British India. By a treaty, Bhutan had agreed to accept British guidance in its external affairs. Nepal managed to avoid becoming a colony. So did Thailand. Maldives became a British Protectorate in 1887. The whole of the Indonesian archipelago was part of the Dutch empire. Korea had been annexed by Japan in 1910 and remained a colony till after the Second World War. Mongolia was a state of Manchu China till the early twentieth century. In 1921, after a revolution, it became an independent state known as the Mongolian People’s Republic.

The general level of health in the colonies, protectorates, as well as independent countries in the Region was poor. The hot and humid climate of the tropics in which most of the countries are situated, created a favourable environment for most of the infectious organisms of various diseases to survive and thrive. Coupled with this was the widespread poverty, leading to illiteracy, poor housing conditions, overcrowding and undernutrition or malnutrition. Epidemics of smallpox, cholera, plague and malaria sporadically swept through the populations whose resistance to diseases was already low. Mortality from these epidemics was naturally high. Medical care was limited to a small section of the population.

The health of the people in a number of countries, which was already not satisfactory, had considerably deteriorated by the end of the war.
Food shortages resulting in undernutrition and malnutrition, lack of health and medical services and acute shortage of medicines adversely contributed to this situation. Malaria was widespread in all countries. So were tuberculosis, venereal diseases and yaws. Infant mortality was also very high in most countries.

Origin of the United Nations

The term ‘United Nations’ was devised by President Franklin D. Roosevelt of the United States. It was first used in the ‘Declaration of United Nations’ of 1 January 1942 during the Second World War, when representatives of 26 nations pledged to continue to fight together against the Axis powers.

The proposal for a United Nations Organization was made at a meeting of representatives of China, the Soviet Union, the United Kingdom and the United States at Dumbarton Oaks, UK, in August-September 1944. This was followed by the United Nations Conference on International Organization, held at San Francisco from 25 April-26 June 1945. The United Nations Charter was signed on 26 June 1945. The United Nations officially came into existence on 24 October 1945 with the Charter ratified by China, France, the Soviet Union, the United Kingdom, the United States and by a majority of other signatories.

The word ‘Health’ in the UN Charter

Dr de Paula Souza and the Brazilian delegation to the United Nations conference must be given the credit for having insisted that the concept of ‘health’ be included in the Charter of the United Nations (see United Nations Charter, Articles 57 and 62). Its inclusion in this basic document represents an acknowledgement that social, economic and even political progress was conditional to improvement in the state of the health of the people.
Dr Szeming Sze, one of the co-authors of the Joint Declaration by the delegations of China and Brazil, relates this story in his personal memoir on the origins of the World Health Organization:

Before the United Nations Conference on International Organization opened on 25 April 1945, the US and UK delegates had consulted each other and had agreed that no questions in the field of health would be included on the conference agenda. Dr Szeming Sze from the Chinese delegation, Dr de Paula Souza from the Brazilian delegation and Dr Karl Evang from the Norwegian delegation, not knowing of the US-UK consultations, agreed that the question of establishing a new international health organization should be put on the conference agenda. Since China was one of the four sponsoring powers of the Conference, it was thought that Dr Sze should get the Chinese delegation to initiate the proposal for a proposed amendment to the draft Charter which had been prepared at Dumbarton Oaks. Unfortunately, there was not sufficient time left for submission of an amendment. So another approach was tried in the form of a resolution for Commission II, Committee 3, of which Sir Ramaswami Mudaliar of India was the Chairman, calling for an international health conference of Member States which would have as its aim the establishment of an international health organization. The draft resolution was formally submitted as a joint proposal of the Chinese and Brazilian delegations. The resolution got bogged down in the Committee. By another twist of fate,
Dr Sze one day found himself sitting next to Mr Alger Hiss, Secretary-General of the Conference, at an official dinner. Dr Sze asked Mr Hiss for his advice, who suggested rewriting the resolution in the form of a declaration, which would not be considered as being under the same interdiction as a resolution. This advice turned out to be very sound, and with overwhelming support the Declaration was adopted. This was the beginning of the future World Health Organization.

Joint declaration by the delegations of Brazil and China

“... The delegations of Brazil and China recommend that a General Conference be convened within the next few months for the purpose of establishing an international health organization. They intend to consult further with the representatives of other delegations with a view to the early convening of such a General Conference, to which each of the governments here represented will be invited to send representatives. They recommend that in the preparation of a plan for the international health organization, full consideration should be given to the relation of such an organization to, and methods of associating it with, other institutions, national as well as international, which already exist or which may hereafter be established in the field of health. They recommend that the proposed international health organization be brought into relationship with the Economic and Social Council.”

ECOSOC takes action

In February 1946, following up on the Joint Declaration which had been unanimously approved by the First General Assembly of the United Nations, the Economic and Social Council (ECOSOC), under the presidency of Sir Ramaswami Mudaliar of India, adopted a resolution calling for an international health conference. This was to be held not later than 20 June 1946. A Technical Preparatory Committee was established to arrange for the conference.

Technical Preparatory Committee

On 18 March 1946, barely a month after the ECOSOC decision, the Technical Preparatory Committee held its first meeting in the Palais d’Orsay, Paris. In 18 days, the Committee produced a draft constitution and was ready to call the International Health Conference. From the past experiences of having several ‘international’ health organizations, a number of important concepts emerged, notable among them being the following:

- that the new organization should be a single specialized agency with a high degree of independence, and
- that the organization should include as many Member States as possible, and that it should aim at universality.

The emergence of the World Health Organization

International Health Conference

The International Health Conference, which opened in New York on 19 June 1946, was inaugurated by Sir Ramaswami Mudaliar, President of ECOSOC. It had many ‘firsts’ to its credit. It was the first international conference with the word ‘health’ in it, all previous ones being
called ‘sanitary’ conferences. It was also the first conference to be called by the United Nations. It decided that the Office International d’Hygiène Publique (OIHP) be absorbed; that arrangements for transferring the League of Nations Health Organization’s functions be made, and that the Pan American Sanitary Organization be integrated with the World Health Organization.

The Constitution of the World Health Organization was approved and signed by the 61 nations represented. An Interim Commission was formed to prepare for the first World Health Assembly and to carry on the activities of the League of Nations Health Organization and the United Nations Relief and Rehabilitation Administration (UNRRA).

**WHO takes over from OIHP**

The International Health Conference, held in June 1946, approved the termination of OIHP and for its functions to be taken over by WHO. It was, however, only on 15 November 1950 that all signatories of the 1907 Arrangement of Rome had notified their denunciations. With that final act, OIHP ceased to exist.

**Transfer of functions**

The other major international health organization existing before the Second World War was the League of Nations Health Organization. It was formed by the Assembly of the League of Nations in November-December 1920, to serve as the foundation of the new health organization together with OIHP. But OIHP refused to be absorbed into the League of Nations Health Organization. The League of Nations Health Organization, however, successfully carried out its activities covering a wide area, including epidemiological services, technical studies and advice on subjects such as nutrition, rural health and promotion of medical and public health education.

The International Health Conference also approved the transfer of the functions of the
League of Nations Health Organization to the WHO Interim Commission, and, later, to the World Health Organization.

WHO Interim Commission

The International Health Conference formed the Interim Commission for the World Health Organization on 19 July 1946, pending the coming into force of the Constitution. The Commission was composed of representatives from 18 states, including Dr C. Mani from India, who later became the first Regional Director of WHO’s South-East Asia Region. The Commission held its first meeting immediately after its appointment by the Conference.

The functions of the Interim Commission were: (a) to prepare for the permanent organization; (b) to carry out the statutory functions of the previous health organizations, e.g. epidemiological intelligence, and (c) to carry out emergency international health work.

The Commission met under the chairmanship of Dr F.G. Krotkov (USSR). Later, Dr A. Stampar
(Yugoslavia) took his place. Dr Brock Chisholm (Canada) was elected the Executive Secretary of the Commission. Thereafter, the Interim Commission met in Geneva at approximate intervals of four months, holding five sessions in all, with an additional informal preparatory meeting just before the first World Health Assembly in June 1948.

It had been expected that the Interim Commission would complete its work in a matter of months, but delays in the ratification of the WHO Constitution prolonged its existence to nearly two years, from 22 July 1946 to 1 September 1948.

During this period, the Commission took over the duties of the earlier health organizations and became fully responsible for epidemiological services and for the administration of the International Sanitary Conventions. Work on biological standardization, international lists of diseases and causes of death, narcotic drugs and preparation of an international pharmacopoeia was resumed. It also took over UNRRA's health work in 15 countries involving relief and rehabilitation in the field as well as prevention of epidemics, malaria, tuberculosis, venereal diseases control and nutrition.

To guide its work, the Commission established nine expert committees. A number of specialists from the South-East Asia Region were members of some of these committees.

**The ‘Magna Carta’ of Health**

The Constitution of the World Health Organization has been called the ‘Magna Carta’ of health. In its final form, it constitutes one of the most powerful instruments for international collaboration to enable man to improve his condition of life.
The objective of the World Health Organization shall be “the attainment by all peoples of the highest possible level of health”.

(Article 1 of the Constitution of WHO)

Concept of ‘Health’ in the Bill of Human Rights

The United Nations Commission on Human Rights, which met in Geneva in December 1947, incorporated in the Charter of Human Rights the following article:

“Everyone, without distinction as to economic and social conditions, has the right to the preservation of his health through the highest standards of food, clothing, housing and medical care which the resources of the State and community can provide. The responsibility of the State and community for the health and safety of its people can be fulfilled only by provision of adequate health and social measures.”