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REPORT OF THE INTERIM COMMISSION
TO THE
FIRST WORLD HEALTH ASSEMBLY

Part I
ACTIVITIES

United Nations
WORLD HEALTH ORGANIZATION
Interim Commission

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FOREWORD

In presenting to the first Health Assembly this account of the stewardship of the Interim Commission of the World Health Organization, as called for in Article 10 of the Arrangement of 22 July 1946, I am moved by mixed feelings.

During the unexpectedly long life of the Commission, its members have eagerly looked forward to the day when the permanent organization should be established, but it is natural that they should feel some regret at the disbanding of a team that has consistently been inspired by the will to co-operate in pursuit of a common ideal.

Although there were, during the Commission's five sessions and two years of existence, conflicts of opinion on some issues, it was always ultimately found possible to harmonize discordant views and to formulate solutions acceptable to all members. All decisions taken were therefore unanimous.

The reason for this was to be found not only in the personal qualities of the members of the Commission, but also in the fact that they were drawn together by the conviction that health was pre-eminently a subject in which the necessity and the advantages of international co-operation were manifest and could be demonstrated to the full. The work of the Commission is described in the pages which follow. To the Health Assembly, and to the World Health Organization, will be entrusted the continuance and extension of that work.

The knowledge and the tools required for the improvement of health in all countries are available, and it is becoming increasingly possible to alter detrimental environments and to work towards a positive conception of health that will contribute immeasurably to the full enjoyment of life. Yet only a very small proportion of men, women and children of the world at present enjoy the benefits to health that science can bring.

To secure international agreement on the best means of applying available knowledge and resources to the prevention of avoidable suffering and the raising of standards of health will be the principal task of the Assembly.

May this task be undertaken in the spirit that has animated the work of the Interim Commission.

A. STAMPAR, M. D.

Chairman of the Interim Commission
NOTE

The period covered by this report on the activities of the Interim Commission dates from the establishment of the Interim Commission on 22 July 1946 to 30 April 1948.
# TABLE OF CONTENTS

## SECTION I
### GENERAL REVIEW

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration and staff</td>
<td>9</td>
</tr>
<tr>
<td>Relations</td>
<td>10</td>
</tr>
<tr>
<td>Technical questions : headquarters : priorities</td>
<td>10</td>
</tr>
<tr>
<td>Assimilation of earlier international health organizations</td>
<td>11</td>
</tr>
<tr>
<td>Special health problems</td>
<td>12</td>
</tr>
<tr>
<td>General services provided</td>
<td>14</td>
</tr>
<tr>
<td>Final task</td>
<td>14</td>
</tr>
</tbody>
</table>

## SECTION II
### SYNOPSIS

**Chapter 1. Historical Introduction**

- Pan American Sanitary Organization ..... 19
- Office International d’Hygiène Publique ..... 19
- Health Organization of the League of Nations ..... 20
- Other international organizations ..... 21
- United Nations Relief and Rehabilitation Administration ..... 23
- United Nations ..... 23
- International Health Conference ..... 25

**Chapter 2. Health Problems Considered**

- International Lists of Diseases and Causes of Death ..... 28
- Malaria ..... 30
- Biological standardization ..... 31
- Tuberculosis ..... 33
- Quarantine ..... 35
- Unification of pharmacopoeias ..... 37
- Venereal diseases ..... 38
- International epidemic control ..... 39
- Revision of the pilgrimage clauses ..... 40
- International control of habit-forming drugs ..... 41
- Other technical subjects:
  - Alcoholism ..... 42
  - Crime prevention ..... 42
  - Fonds Léon Bernard ..... 42
  - Housing and town-planning ..... 42
  - Influenza ..... 43
  - Insulin ..... 43
  - Medical examination of immigrants ..... 43
  - Public-health services ..... 44
  - Radiotherapy in uterine cancer ..... 44
  - Other problems ..... 44

**Chapter 3. Services Provided**

- Epidemiological services ..... 46
- Emergency services during the cholera epidemic in Egypt ..... 47
- Field Services (UNRRA funds) ..... 48
- Publications ..... 52
- Reference service and library ..... 53
- Public information ..... 54
Chapter 4. RELATIONS WITH OTHER ORGANIZATIONS

United Nations and its organs
Agreement between United Nations and WHO
General Assembly
Economic and Social Council
Commissions of the Economic and Social Council; related bodies: UNICEF
Other councils, commissions and committees

Specialized agencies of the United Nations
Food and Agriculture Organization (FAO)
International Civil Aviation Organization (ICAO)
International Labour Organization (ILO)
Preparatory Commission for the International Refugee Organization (PCIRO)
United Nations Educational, Scientific and Cultural Organization (UNESCO)

Pre-existing organizations
Office International d'Hygiène Publique (OIHP)
Pan American Sanitary Organization (PASO)
Sanitary Bureau at Alexandria

Non-governmental organizations

Chapter 5. ADMINISTRATION AND FINANCE

Organization
Budgetary and financial policy
External audit report and financial statement

Table I. Forms of service provided in the Field Service programme
Table II. Fellowships awarded, by countries of origin
Table III. Fellowships awarded, by fields of study
Table IV. Numbers of staff at different periods
Table V. Distribution of staff by nationality
Table VI. Budgetary comparisons by financial years
Table VII. Places and dates of sessions of the Interim Commission
Table VIII. Officers of the Interim Commission
Table IX. Representatives, alternates, and advisers attending sessions of the Interim Commission
Table X. Observers attending sessions of the Interim Commission
Table XI. Membership of internal committees and sub-committees
Table XII. Membership of expert committees
Table XIII. Ratifications of the Constitution

Index
SECTION I

GENERAL REVIEW
Eighteen countries were elected to membership of the Interim Commission of the World Health Organization: Australia, Brazil, Canada, China, Egypt, France, India, Liberia, Mexico, the Netherlands, Norway, Peru, the Ukrainian SSR, the USSR, the United Kingdom, the United States of America, Venezuela and Yugoslavia.

It was originally expected that the Commission would not remain in being for more than a few months. However, the unexpected happened, and delayed ratifications prolonged its life to almost two years. The Commission was accordingly faced with many important technical problems which could not await the establishment of the permanent organization, but, in spite of initial handicaps, a large variety of technical subjects was successfully dealt with and a firm foundation was laid for the handling of many urgent health problems.

A choice of problems had to be made, separating those which could await the formation of the permanent organization from those which were too pressing to permit of further delay. Moreover, in the selection of problems for immediate attention, the Commission had to consider not only their urgency and importance but also the extent to which available resources made it feasible to initiate effective action. It was also necessary to adjust the work of the Commission to the complex framework of the United Nations and its councils, commissions and specialized agencies, and of other official and voluntary bodies.

In all, the Interim Commission held five sessions. The first opened in New York, towards the end of the International Health Conference. Dr. F. G. Krotkov, Deputy Minister of Public Health of the USSR, who was elected Chairman, was unable to continue as such owing to the pressure of other duties. He was succeeded by Dr. Andrija Stampar, Professor of Public Health and Social Medicine at the University of Zagreb, who held the office for the remainder of the Commission's existence. As Executive Secretary, the Commission elected Dr. Brock Chisholm, Deputy Minister of National Health and Welfare of Canada.

The four remaining sessions were held in Geneva at intervals of about four months. For the execution of the Commission's tasks, an adequate administrative machinery was the first essential. A competent staff had to be found and appointed, a plan of activities had to be framed, and budgets had to be prepared.

Administration and Staff

The Commission's work was carried out largely through five internal committees. Budgetary and staff matters were the responsibility of the Committee on Administration and Finance, which was advised by a special Sub-committee on the Field Services Budget on the best way of allocating funds received from UNRRA.

It was to the Committee on Administration and Finance that the work of preparing the budgets for 1946-1948 was entrusted, as well as the proposed budget for the first year of activity of the permanent organization. The sum budgeted for 1948 was slightly over 3 million dollars, while the budget proposed for 1949 for the permanent organization amounted to $6,324,700. During the life of the Commission, funds were obtained from three sources — as loans from the United Nations, as funds transferred from the Board of Liquidation of the League of Nations, and, in respect of field services, as grants made by UNRRA; and in submitting its budget proposals to the Health Assembly, the Commission had to take into account the obligation to repay the sums obtained from the first

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1 See table VII, p. 78
2 For membership of internal committees and sub-committees, see table XI, p. 82
3 See p. 71
GENERAL REVIEW

of these sources. It was decided that provision for repayment of the United Nations loans should be made in a budget for the period of 1948 following the establishment of WHO.

It was natural that the Commission should at first be largely dependent on the United Nations for its personnel and administrative services, and that it should have been guided by United Nations precedents in regard to staff and financial regulations and procedures. It was soon necessary, however, to make considerable increases in the small staff with which the Commission had started, and in some cases it was possible to recruit experienced personnel from the pre-existing organizations which had been assimilated.

The bulk of the Commission's functions was concentrated in Geneva. The headquarters office in New York maintained liaison with the United Nations and with other agencies, and supervised the Commission's accounting and financial procedures. The New York office also took responsibility for public information and for the administration of field services in the Far East, and of fellowships awarded and materials procured in America.

In the appointment of staff, due regard had to be paid to equitable distribution by nationality. Between the second and the fifth sessions, the staff grew to a total of nearly 200, distributed between the New York and Geneva offices, the Singapore Station, and the field missions. Yet even this number was not at times adequate to deal with the growing volume of work.

Relations

The study of the relationships that should be established and of the degree and kinds of co-operation that should be effected with the United Nations and its specialized agencies and with non-governmental organizations was one of the special tasks of the Committee on Relations. This work was not of purely administrative significance. Many international bodies had a direct or indirect interest in health and medical science, and it was important that the field of activities of the World Health Organization should be so delineated as to render it an effective instrument for pursuing the aims embodied in its Constitution. Special sub-committees were sometimes appointed to carry on negotiations, as in the case of the United Nations itself and some of its specialized agencies. This aspect of the Commission's work reached final expression in the preparation of draft agreements for consideration by the first World Health Assembly.

It was also to the Committee on Relations that the Commission delegated the work of studying and advising on the form of relations with the Pan American Sanitary Organization and the Sanitary Bureau at Alexandria, and with the Office International d'Hygiène Publique.

Technical Questions: Headquarters: Priorities

The most urgent of the Commission's duties were to carry on the functions of previous international health organizations and to take action on pressing health problems. For guidance on the technical implications of these duties, the Commission appointed a Committee on Epidemiology and Quarantine. The title of this committee was later broadened to Committee on Technical Questions, with a corresponding extension of its terms of reference.

For examination of the question of the permanent seat of WHO, the Commission appointed a Committee on Headquarters, which prepared a report embodying the results of studies on New York, Geneva, Paris and the United Kingdom as possible sites. This report was approved by the Commission for submission to the first Health Assembly.

4 See p. p. 70, 72
5 See Chapter 4, p. 57.
Finally, a Committee on Priorities was appointed to give advice on the relative amount of attention to be given to the various problems which continued to arise during the extended life of the Commission.

**Assimilation of Earlier International Health Organizations**

In accordance with the duties laid upon it, the Commission early took steps to assume the functions of the three earlier international health organizations — the Office International d’Hygiène Publique (OIHP), the Health Organization of the League of Nations, and the Health Division of UNRRA.

To facilitate the transfer of functions from OIHP a special sub-committee on negotiations was appointed, and within a few months the epidemiological and advisory work of OIHP had become the responsibility of the Commission, and the notifications previously issued by OIHP were incorporated by the Commission in the *Weekly Epidemiological Record*. Responsibility for dealing with various technical questions and for publishing information hitherto included in the *Bulletin mensuel* of OIHP was also accepted, and preliminary arrangements were made for taking over its library and archives. The Commission also agreed to undertake the administration and investment of the pension fund of OIHP. By February 1948, the duties and functions of OIHP had passed to the Commission, although its assets could not be taken over until the termination of the Rome Agreement of 1907.

Less than four months after its appointment, the Commission had taken over the functions of the Health Organization of the League of Nations and continued without interruption its epidemiological notification services and its work on biological standardization. The Commission also took over the League’s Eastern Bureau at Singapore, as well as certain of its assets, and made plans for the eventual transfer of the Darling Foundation and the Fonds Léon Bernard. Arrangements were made to use the health and medical sections of the League’s library, pending a decision of the United Nations on the transfer of ownership to the permanent organization. Later, other health functions of the League which had been suspended during the war were resumed by the Commission.

The remaining international health agency to be superseded by the Commission was the Health Division of UNRRA, which, in addition to its rehabilitation work in war-devastated areas, had temporarily assumed responsibility for the essential work of administration of the international sanitary conventions and of epidemiological notification. These latter functions were transferred to the Commission on 1 December 1946 — a month before the Commission took over the functions of OIHP. A few days later, the Commission signed an agreement by which it became responsible for most of the field-service work of UNRRA’s Health Division, UNRRA providing a grant of $1,500,000 to finance the work in 1947. Countries which had formerly received aid from UNRRA were thus enabled to obtain from the Commission continued assistance, in the form of field missions, fellowships and other services, in building up and restoring their medical and public-health services. For this purpose, a Field Services Division was created in the Secretariat. Later, a second grant of $1,500,000 was received from UNRRA as a result of the extension of the Commission’s life.

It was clear that further work of the same kind would be necessary when the permanent organization came into being, and that assistance would be required by other countries which had not been eligible under the terms of the agreement with UNRRA. The Commission therefore included in its recommendations to the first Health Assembly provision for aid to governments in the form of missions, fellowships, visiting experts

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7 See p. 40, 45, 52
8 See p. 31, 37, 46, 52
9 See p. 46, 48
10 See p. 49
and lecturers, supplies of medical literature and teaching equipment, and certain other emergency services.

In April 1948, UNRRA authorized the transfer from its funds of $1,000,000 to help meet any need of the permanent organization for hard currency through mid-1949; it was understood that any uncommitted balances would be returned to UNRRA.

Special Health Problems

To assist in the discharge of its inherited statutory function of administering the international sanitary conventions, the Commission appointed an Expert Committee on Quarantine. Later a panel of experts was appointed to advise on yellow fever.

The Commission believed, however, that much more than the administration of existing conventions was required, and that the entire field of international epidemiological control should be re-examined in the light of modern scientific knowledge, although the conventions had, as an emergency measure, been revised by UNRRA as recently as 1944. It therefore set itself the task of formulating a uniform code of sanitary regulations, as visualized in Article 27 of the WHO Constitution. Such regulations, becoming automatically binding on all countries which did not lodge an objection within a stated period, would avoid the delays consequent on the necessity of separate ratification of conventions by each country.

The Commission accordingly appointed an Expert Committee on International Epidemic Control, giving it a mandate to propose a complete revision of international sanitary legislation. As the revision of the conventions by UNRRA in 1944 had not taken into account the provisions relating to the Mecca pilgrimage, an Expert Sub-committee for the Revision of the Pilgrimage Clauses was appointed to make appropriate recommendations, and this sub-committee prepared a report and a new draft text relating to the sanitary control of the pilgrimage.

The need to establish international agreement on technical problems was not limited to those fields in which the Commission had statutory obligations. The work of the Health Organization of the League of Nations in establishing international biological standards had come to an end during the war. In the meantime, new biological products had been developed and the need to establish international units of potency was urgent. Early in its life, the Commission decided to resume and extend this work by the appointment of an Expert Committee on Biological Standardization. In two sessions, this committee adopted new international standards for penicillin, heparin and vitamin E, and made studies and recommendations on a wide variety of essential therapeutic, prophylactic, and diagnostic agents of animal and plant origin, including diphtheria and tetanus toxoids, cholera vaccine, tuberculin, BCG, streptomycin, and the human blood-group substances.

It was not only in respect of biological products that international agreement was necessary. Many potent new chemical remedies were being made available and it was becoming increasingly urgent that rules of nomenclature and dosage should be the same in different countries, and that international authority should be created for establishing such uniformity. As a collateral activity to its work on biological standardization, the Commission therefore started preliminary work on the unification of pharmacopoeias, in continuation of the earlier work of the League’s Technical Commission of Pharmacopeial Experts.

An expert committee was appointed and, at its first session, divided all drugs in common use into three categories: those requiring immediate consideration, those which would require attention at a later stage, and those which could be disregarded. As an

11 See p. 35
12 See p. 39
13 See p. 40
14 See p. 31
ultimate solution to the problems arising from differences in national usage, the Commission recommended to the first Health Assembly the preparation of an international pharmacopoeia. 15

Medical aspects of the control of narcotics and other habit-forming drugs presented a related problem. The transfer of the international control of such drugs from the League of Nations to the United Nations imposed technical and advisory obligations on the Commission, for which it was necessary to appoint an Expert Committee on Habit-forming Drugs. 16

The Commission also undertook the work of preparing for the decennial revision of the International Lists of Causes of Death and establishing international lists of the causes of morbidity. For the execution of this work it appointed an Expert Committee for the Preparation of the Sixth Decennial Revision of the International Lists of Diseases and Causes of Death. 17 This committee, working in close cooperation with expert bodies in Canada, the United Kingdom and the United States, held three sessions, one in Ottawa and two in Geneva, and prepared the basis for a proposed international manual in several languages.

Apart from its more academic, but fundamental, work of international standardization of terminology and measures of activity, and the necessity for meeting its statutory obligations, the Commission was confronted with the task of initiating a direct attack on the diseases which were the principal causes of wastage of human life and effort. Of these, malaria, 18 tuberculosis, 19 and venereal diseases 20 were regarded as of paramount importance that the establishment of expert committees could not be deferred. The work of these committees was essentially to advise the Commission on the broad strategy of the respective problems and to assist in the framing of recommendations for action by the permanent organization.

The Expert Committee on Malaria was later asked by the Commission to advise on a general plan for the world control of malaria, as well as on such specific problems as the use of insecticides and chemotherapeutic drugs. The work of the expert committees on tuberculosis and venereal diseases followed essentially similar lines, including general assessments of the possibilities for international action in the light of scientific advances, as well as recommendations in relation to specific technical matters.

The Commission recognized the great importance of undertaking work on the problems of maternal and child health, and it was decided accordingly that assistance and services should be given to the United Nations International Children’s Emergency Fund, which was in a position to take immediate action. 21 Technical support was given to UNICEF’s campaign of mass inoculation with BCG, and the Commission appointed a pediatrician to work with UNICEF and also a full-time medical officer as adviser in public health and as liaison officer. Further, the Commission joined with FAO in forming a committee on child nutrition 22 to advise UNICEF, which used the committee’s report as a basis for its child-feeding programme.

An opportunity of testing the effectiveness of international measures for the control of an outbreak of disease in a particular country was given to the Commission by the Egyptian cholera epidemic of 1947. 23 In addition to the essential services of notification performed, the Commission undertook the bulk ordering of cholera vaccine and other supplies from many different sources, thus effecting a substantial reduction in the cost to the Egyptian and other governments. Lack of uniformity in batches of cholera vaccine from different sources, and infringement of sanitary conventions during the epidemic by several countries, presented the Commission with further problems urgently requiring solution.

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15 See p. 37
16 See p. 41
17 See p. 28
18 See p. 30
19 See p. 33
20 See p. 38
21 See p. 61
22 See p. 62
23 See p. 47
The Commission also undertook preliminary work on a number of other subjects, in some cases appointing expert members to the Secretariat to make inquiries and studies. Information was collected on the world supply of insulin with a view to estimating the extent to which present and future demands could be met. Arrangements were made for the establishment of an international influenza centre, and preliminary surveys on alcoholism and public-health services were undertaken. The Commission also agreed to co-operate in the preparation and publication of the Annual Report on the Results of Radiotherapy in Cancer of the Uterine Cervix and, at the request of the Venezuelan Government, to give technical advice in relation to the medical examination of immigrants. In response to a request from the United Nations Secretariat for co-operation in the preparation of a report on the prevention of crime and the treatment of offenders, the Commission made available the services of a consultant psychiatrist to the Social Commission of the Economic and Social Council.

General Services Provided

In addition to the notification services assimilated from pre-existing organizations, and the special services undertaken during the cholera epidemic, the Commission provided certain general services applicable to a multitude of subjects. Of these, by far the most important were the missions, liaison officers, fellowships, visiting lecturers and experts, and medical literature and teaching material provided in the field-services programme. By April 1948, 250 fellowships of an average duration of six months had been awarded, most of them in public-health or clinical subjects. Fourteen countries had received one or more of the forms of service provided for in the programme.

Another service undertaken by the Commission was the publication of several journals for the dissemination of scientific, legislative and general information. The Bulletin of the World Health Organization was designed to incorporate features both of the bulletin of OIHP and that of the Health Organization of the League of Nations. Material on sanitary legislation was published by the Commission as the International Digest of Health Legislation. For the general information of the medical and other interested professions, the Commission published the Chronicle of the World Health Organization, a month-by-month account of its activities. The Weekly Epidemiological Record was continued in a modified form, and a monthly supplement, the Epidemiological and Vital Statistics Report, was published.

In planning this service, the Commission attempted to provide only for the most essential needs without attempting to anticipate the views of the first Health Assembly on a definitive publishing programme. The attempt was also made to create a solid basis for the special library and reference services that would be required by the permanent organization, and a start was made with the provision of public information by Press, radio and film.

Final Task

When it became clear that the coming-into-effect of the Constitution of the World Health Organization would not be much longer delayed, the final task of preparation for the first World Health Assembly remained to be undertaken by the Commission. At

14
GENERAL REVIEW

its last session it decided to convene the Assembly on 24 June 1948. Under the terms of the Arrangement of 22 July 1946, the Commission was obliged to submit to the Assembly an account of its stewardship and also a provisional agenda complete with necessary documents and recommendations. It was decided that the documents called for should be presented as two parts of a report, part I of which would be a general account of the Commission's activities, while part II would contain the detailed proposals to be considered by the Assembly.

In making these proposals, the Commission recognized that the permanent organization would hardly be in a position during the first full year of its existence to develop definitive programmes for all the important health matters requiring international action. Special emphasis was therefore given to malaria, maternal and child health, tuberculosis and venereal diseases. The Commission also proposed a number of other subjects for action, and recommended that particular attention be given to alcoholism, drug addiction, hygiene of seafarers, influenza, nursing, nutrition, rural hygiene and schistosomiasis. Provision was made for continuing the essential work of earlier international health organizations which had now been superseded, and for maintaining the special and general services which would be indispensable to the new organization. The Commission's final task was not limited to the outlining of a programme, for it had also to consider and prepare detailed recommendations on the machinery by which such a programme would be implemented.

Proposals were accordingly made for the staff that would be necessary, and draft staff and financial regulations were prepared. Budget proposals for the year 1949 totalling nearly 86,500,000 were submitted, together with draft agreements with the United Nations and certain of its specialized agencies, and a statement of principles involved in the establishment of relations with non-governmental international organizations. Studies were also submitted on the location of the headquarters of the permanent organization. The question of adjusting regional organizations to geographical areas was discussed, and recommendations were made on collaboration with the Economic and Social Council, UNICEF, and other United Nations bodies.

Finally, the Commission recommended the adoption of regulations and rules of procedure for the Health Assembly and for the expert advisory committees to be appointed by WHO, and the acceptance of a draft resolution on its own dissolution.

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a Published as Off. Rec. WHO, 10

15
SECTION II

SYNOPSIS
CHAPTER 1

HISTORICAL INTRODUCTION

The first definite movements towards international co-operation in public health date from the earlier half of the nineteenth century, a period when a series of epidemics of cholera and plague from the East swept across Europe. Every country dreaded these scourges, and each attempted to protect itself by the methods which its officials judged to be possible and effective. The inconveniences of such unilateral action to rapidly expanding communications and commerce became so great that several attempts were made to arrange a meeting of representatives from the different interested nations. But nothing came of these until 1851, when an international conference was held in Paris to try to reach some mutual understanding on the sanitary requirements of shipping in the Mediterranean. The immediate results of the conference were negligible, but the first official contact had been made in international collaboration in the prevention of disease.

The cholera epidemics of 1853, 1854 and 1865 led to other conferences, in Paris in 1859, Constantinople in 1866 and Vienna in 1874. At these and subsequent conferences (Washington, 1881; Rome, 1885) the necessity for a common understanding based upon the sanitary requirements of shipping in the Mediterranean. The immediate results of the conference were negligible, but the first official contact had been made in international collaboration in the prevention of disease.

The cholera epidemics of 1853, 1854 and 1865 led to other conferences, in Paris in 1859, Constantinople in 1866 and Vienna in 1874. At these and subsequent conferences (Washington, 1881; Rome, 1885) the necessity for a common understanding based upon recently acquired knowledge became more evident; but it was not until 1892, at the International Sanitary Conference in Venice, that a formal international sanitary convention was first drawn up, resulting from the general desire to prevent the introduction of cholera into Europe from the East by way of the Suez Canal. Further international sanitary conferences followed: at Dresden in 1893, Paris in 1894 and Venice in 1897.

Four quasi-international bodies were already in existence at the time of the Paris Conference of 1851. These were the Conseil sanitaire international de Tangier, the Conseil sanitaire de Teheran, the Conseil sanitaire maritime et quarantenaire d'Egypte and the Conseil supérieur de Santé de Constantinople. Although they differed individually in certain important respects, they were on the whole similar in origin and development. All had originally been set up as local health boards, on the initiative of the rulers of Morocco, Persia, Egypt and Turkey respectively; but, owing to the paucity of competent native physicians, their membership was predominantly European. They all played an important role in the prevention of epidemics, especially, in the case of the Egyptian and Constantinople councils, in relation to the sanitary control of the Mecca pilgrimage; but, with the exception of the Egyptian council, their activities came to an end during the first World War.

The Conseil sanitaire maritime et quarantenaire d'Egypte, usually known as the Egyptian Quarantine Board, was the most important of these four bodies. It acted as a "regional bureau" of the Office International d'Hygène Publique for epidemiological intelligence from countries of the Near East, and continued to function until it was formally abolished by the Convention of 31 October 1938, which transferred its duties to the Egyptian Government.

Pan American Sanitary Organization

The first health agency to function over a wide area and on behalf of many governments was the Pan American Sanitary Bureau. The Bureau was formally organized by the first Pan American Sanitary Conference, Washington, 1902, following a decision of the second International Conference of American States, Mexico City, 1902. These Conferences and the Bureau were originally known as "International" instead of "Pan American", the names later being changed as a result of the creation of the Office International d'Hygène Publique.

A sanitary convention was drawn up, based upon the International Sanitary Convention of 1903, accepted in 1905, and subsequently revised at the seventh Pan American Sanitary Conference, Havana, 1924. This convention, later called the Pan American Sanitary Code, has been ratified by all the twenty-one American republics.

The Bureau acts as the executive organ of the Pan American Sanitary Conferences, of which twelve have now been held, and its status is fixed by Chapter IX of the Code. It is under the direction of a council of eleven, designated in rotation by the conferences. Its members are chosen by governments from "persons connected with the public health services of their respective countries", no government being allowed more than one representative on the
HISTORICAL INTRODUCTION

council. The Bureau, together with the Directing Council and the Conferences, constitutes the Pan American Sanitary Organization.

The Pan American Sanitary Bureau undertook the collection and dissemination of epidemiological information soon after its establishment, and in 1927 it became a "regional bureau" of the Office International d'Hygiène Publique under the provisions of the International Sanitary Convention of 1926. With its headquarters in Washington, the Bureau forms the central coordinating sanitary agency under the Code, and collects and distributes epidemiological information for all countries adhering to it. But the system of notification and collection of epidemiological information in the zone covered is wider than that of the international sanitary convention.

Proposals for the establishment of a permanent international health office had been discussed at earlier sanitary conferences, but it was not until 1903 at the International Sanitary Conference in Paris that a resolution was passed approving its creation. The proposal took definite shape at the Rome Conference of 1907, and the Office International d'Hygiène Publique (OIHP) was formerly established by the Rome Agreement of 9 December 1907. The OIHP was set up in Paris in January 1909, and functioned until the negotiations for its amalgamation with the World Health Organization which took place in November 1946. Its principal object as laid down by Article 4 of its Statutes was "to collect and bring to the knowledge of the participating States facts and documents of a general character which relate to public health, especially as regards infectious diseases, notably cholera, plague, yellow fever, smallpox and epidemic typhus, as well as the measures taken to combat them". Article 2 provided for the publication of a monthly bulletin (Bulletin mensuel de l'Office International d'Hygiène Publique) to contain: "1. Laws and general or local regulations promulgated in the various countries respecting transmissible diseases; 2. Information concerning the spread of infectious diseases; 3. Information concerning works executed or measures undertaken for improving the health of localities; 4. Statistics dealing with public health; 5. Bibliographical notes."

Office International d'Hygiène Publique

The OIHP was under the authority and control of the Comité permanent, comprising delegates of the 55 member governments, who were usually public health officials of their country, although others might be officers of the staff of the embassies in Paris. The Comité permanent, which normally met twice yearly, worked through Commissions dealing with current or occasional matters.

The establishment of the League of Nations after the first World War had repercussions on the activities of OIHP, for Article 24, paragraph 1, of the Covenant provided that "all international bureaux previously established under international agreement shall, subject to the consent of the contracting States, be placed under the authority of the League of Nations". But there were difficulties which prevented fusion. Some members of the League were not parties to the Rome Agreement, while certain governments which had signed the Rome Agreement were not members of the League. In 1923 a compromise was reached, which maintained the separate existence of the two organizations but defined their relationship and delimited their respective fields of activity.

The main concern of OIHP was the enforcement and the periodical revision of the international sanitary conventions. Two principal conventions were administered, the International Sanitary Convention of 1926 and the International Sanitary Convention for Aerial Navigation of 1933. The first required adhering governments to notify the appearances within their territories of the pestilential diseases — plague, cholera, smallpox, yellow fever and typhus — and dealt with the quarantine and other provisions to be observed, so far as land and sea transport were concerned, on their appearance and the measures to be adopted to prevent their spread. Co-operating with OIHP under the terms of Article 7 of the Convention were a number of autonomous regional agencies known as regional bureaux, the Egyptian Quarantine Board, the Pan American Sanitary Bureau, and the Eastern
Bureau of the Health Organization of the League of Nations at Singapore. The second convention dealt with the five diseases in their relation to air communication.

The epidemiological intelligence service thus required involved the circulation every two or three days of mimeographed sheets of notifications, which, with additional information, were incorporated in a weekly communiqué sent to health administrations throughout the world. Urgent information was cabled immediately to any country concerned. To ensure as wide a circulation as possible, the communiqué was printed in the Weekly Epidemiological Record, published by the Health Section of the League of Nations.

Health Organization of the League of Nations

During the first World War, many of the functions of OIHP were in abeyance. It possessed neither the machinery, the staff nor the funds to permit rapid action required by an emergency. But the immediate post-war years saw an attempt to establish an international health organization with greater resources and wider scope. Article 23 of the Covenant of the newly-formed League of Nations provided that member States would "endeavour to take steps in matters of international concern for the prevention and control of disease". The danger of epidemic typhus, which was raging in Russia and threatening to spread across Poland to the rest of Europe, stimulated immediate action. To meet the emergency, the Council of the League on 19 May 1920, authorized the establishment of a temporary Epidemic Commission.

The object was to secure, if possible, a single health agency, dependent upon the League of Nations. An international conference of experts convened by the Council of the League of Nations in London in April 1920, prepared a draft constitution of a public-health agency, which was accepted with some modifications by the first Assembly of the League in December 1920. It would have placed OIHP under the direction of the League and, made all health activities dependent on a general assembly consisting of technical delegates nominated officially by their respective governments; but to become effective, it required the assent of all the governments parties to the Rome Agreement of 1907, and this unanimous assent could not be obtained, the United States in particular not being a party. The immediate post-war years saw an attempt to establish an international health organization with greater resources and wider scope. Article 23 of the Covenant of the newly-formed League of Nations provided that member States would "endeavour to take steps in matters of international concern for the prevention and control of disease". The danger of epidemic typhus, which was raging in Russia and threatening to spread across Poland to the rest of Europe, stimulated immediate action. To meet the emergency, the Council of the League on 19 May 1920, authorized the establishment of a temporary Epidemic Commission.

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As modified in 1936, the Health Organization of the League of Nations comprised a General Advisory Health Council, a Health Committee, and a Health Section forming part of the Secretariat of the League. The Advisory Council consisted of the members of the Health Committee and those of the Comité permanent of OIHP. The Health Committee consisted of twelve members, including the President of the Comité permanent of OIHP, who was Vice-President ex officio, and eleven other members appointed for three years by the Council of the League. The Health Section formed the executive body of the Organization and carried out the programme of work decided by the Health Committee.

The presence in the Far East of certain epidemic diseases prompted the decision in 1925 to open an office in Singapore to collect and distribute epidemiological information by cable and wireless. The service eventually established covered all Far-Eastern countries and 186 ports in East Africa, Asia, and Australasia. The value of the Eastern Bureau of the Health Organization was recognized by Far-Eastern countries, which made special contributions to its upkeep and appointed an advisory council composed of technical representatives to meet annually and to supervise its activities.

The principles governing the work of the Health Organization have been summarized in the Report on the Work of the League during the War, Geneva, 1945: "To inform national health authorities on matters of fact, to document them on methods of solving their technical problems, and to afford them such direct assistance as they may require ".

An Epidemiological Intelligence and Public Health Statistics Service ensured the collection and publication of information on infectious diseases and vital statistics, and the rapid interchange of information. The service had two centres: Geneva and the Singapore Bureau. The former was started in 1927, with activity at first limited to Eastern Europe, but gradually extended to cover the world. The Singapore Bureau, in addition to its normal duties, acted as a "regional bureau" of OIHP. Information was published weekly, monthly and annually, and the weekly communiqué of OIHP was transmitted to Geneva for inclusion in the Weekly Epidemiological Record.

Technical commissions, composed of recognized authorities from various countries, were set up to study and advise on specific problems. They were responsible for some of the most important medical work performed by the Organization, and their findings were often adopted by national health-administrations. Some of them were permanent (malaria, biological standardization), others were set up for a particular purpose at a given time (nutrition, physical fitness, cancer, housing, typhus, leprosy, medical and public-health training, rural hygiene, unification of pharmacopoeias, etc.). Wherever necessary, joint committees and secretariats were established with the International Labour Organization, the Social and other committees of the League, and others.
The experience of the Health Section and of the experts of the technical commissions was at the disposal of governments to provide advice and to carry out specific tasks. Thus expert opinion was provided on anti-malarial measures (Albania), syphilis (Bulgaria), dengue fever (Greece). Ireland was helped in hospital reorganization and Chile in nutritional problems. The demands grew rapidly in number and importance, until advice was provided on the reorganization of the entire public-health administration of such countries as Bolivia, China, Greece, Liberia and Roumania.

Finally, one of the most important steps in stimulating international collaboration in public health was the provision of collective courses and study-tours, which included all the more important aspects of the control of disease and public-health administration.

Other International Organizations

It is impossible to consider international organization in public health without mentioning the work of the International Red Cross, the International Labour Organization, and the many international non-governmental organizations and congresses.

International Red Cross

The International Red Cross includes the national Red Cross societies, the International Committee of the Red Cross, and the League of Red Cross Societies.

The history of the Red Cross movement dates back to Dr. Henri Dunant, to whose initiative was due the first Geneva Convention of 1864 and the establishment of the International Committee of the Red Cross. The International Committee deals with major issues and with the international conventions from which it derives authority. The creation of national Red Cross or Red Crescent societies was almost contemporaneous with the founding of the International Committee. They undertake in each country the many activities of the Red Cross; but such activities are not confined only to wartime, in peace they operate wherever their help is needed to alleviate human suffering.

The League of Red Cross Societies forms the federation of the national societies, and represents them internationally. The League was founded in 1919 on the proposal of Mr. Henry P. Davidson, of the War Council of the American Red Cross, and the importance of this new organization was recognized by a reference to it in the Covenant of the League of Nations. The principal work of the League of Red Cross Societies, in addition to co-ordinating the activities of the national societies, lies in relief in times of disaster, popular health-education, and the training of nurses. The League was also instrumental in the establishment of the International Hospitals Association, and has taken special interest in matters affecting the welfare of the merchant seamen.

International Labour Organization

The activities of the League of Nations in industrial medicine were dealt with at first by the Health Organization, but by a medical section of the International Labour Office with a separate staff and budget, deriving authority from the general duties placed upon the Office by the Covenant of the League. The Organization had its own constitution and independent international obligations, and later became a specialized agency of the United Nations.

In the past, there was a joint committee on social medicine between the Health Organization of the League and the International Labour Organization. It dealt particularly with the means of avoiding overlapping between the medical service developed by the sickness-insurance institutions and the national health-administrations. Industrial medicine was exclusively the province of the International Labour Organization, except in the case of anthrax, which was the subject of a joint sub-committee. The medical service of the International Labour Organization was responsible for technical studies, which frequently led to the adoption of international labour conventions, and for the publication both of original work and of bibliographical information.

International Medical Congresses

International collaboration in medicine and public health was greatly assisted by the many congresses and conferences on medical subjects which were organized year after year by the profession itself. Sometimes even international medical organizations were established as a result of these congresses, to continue this work of international co-operation. The congresses ranged from small gatherings with a select membership to large meetings with a broad representation.
United Nations Relief and Rehabilitation Administration

During the second World War and the German occupation of large parts of Europe, the activities of OIHP and of the Health Organization of the League of Nations were necessarily curtailed. The extent of material destruction, of food scarcity and malnutrition, and the fear of widespread epidemics in the period immediately following the end of the war, led the Allies as early as 1941 to take steps for temporary international organizations to fill the gap until international health collaboration had recommenced.

Thus, in September 1942, the Inter-allied Committee on Post-war Requirements was set up, including a medical committee among its technical advisory committees. The work of this committee, together with official and voluntary work in the United Kingdom and the United States in connexion with postwar relief, led to the establishment in November 1943 of the United Nations Relief and Rehabilitation Administration (UNRRA).

The activities of UNRRA were limited in health, as in other matters, to relief and rehabilitation programmes. Its plans therefore provided for the sending of medical relief to occupied countries after their liberation, the medical supervision of displaced persons, and in general the provision of help to war-weakened national health-administrations. Supplies were collected and medical and auxiliary personnel formed for field missions in various parts of the world.

The Health Division, with the Division of Repatriation and Welfare, formed the Bureau of Services, one of the four principal functional bureaux of the Administration. A headquarters office was set up in London and a European regional office in Paris.

At the first session of the UNRRA Council in November 1943, a resolution was passed recommending that “Governments and recognized national authorities co-operate fully with the Administration in establishing at the earliest possible date regional and other emergency agreements and arrangements for the notification within the limits of military security, of diseases likely to become epidemic, uniformity in quarantine regulations, and for other measures of prevention”. In accordance with the powers granted by this resolution, an Expert Commission on Quarantine was appointed in May 1944 to draft emergency international sanitary conventions to take effect at the earliest possible date and to continue in force throughout the immediate postwar period. These conventions were prepared, and by their terms duties previously performed by OIHP, were transferred to UNRRA in January 1945. They were originally due to lapse on 15 July 1946, but were extended by a protocol until such time as the new international health organization should come into existence.

Early in its existence, UNRRA requested the help of the Health Organization of the League in epidemiological intelligence. Information received in Geneva was accordingly cabled weekly to Washington and London, and a Health Section unit formed the epidemiological information service of UNRRA in Washington. This unit was eventually absorbed by the Health Division of UNRRA. Liaison was also established between the European regional office and OIHP, after the latter had been freed from German control.

The epidemiological work and the administration of the conventions formed, however, only one part of the medical work of UNRRA. Extensive programmes of postgraduate fellowships for medical and auxiliary personnel were undertaken, and medical literature covering the war years and large quantities of drugs and essential chemicals were supplied. Health missions were sent to many European and Far-Eastern countries, certain diseases, such as tuberculosis and malaria, receiving special attention.

In accordance with its original statutes, UNRRA’s activities in Europe ended on 31 December 1946 and in the Far East on 31 March 1947, although certain functions were transferred to the Interim Commission.1

United Nations

The proposal to convene an international conference to establish a new and comprehensive international health organization originated at the United Nations Conference held in San Francisco in 1945. The Conference, recognizing the vital importance of health as a factor in the promotion of “conditions of stability and well being”, included health among the subjects with which the United Nations should be concerned. Articles 55, 57 and 59 of the Charter contemplated the creation by inter-governmental agreement of a specialized agency of the United Nations having wide international responsibilities in all matters relating to health.

Following this action, the States represented on Committee II/3 unanimously approved a declaration submitted jointly by the delegations of Brazil and China calling for an international conference to establish an international health organization.

“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.

1 See p. 48.
"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 relationship of such an organization 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."

The Governments of Brazil and China followed the declaration by suggesting that a conference be held before the end of 1945, but it was apparent that the deliberations in London would result in the establishment of the essential organs of the United Nations early in January 1946. The proposals, therefore, for convening the conference at the instance of one or other State were dropped in favour of the idea that such a conference should be held under the auspices of the United Nations.

The General Assembly was constituted on 10 January 1946, and a week later the Economic and Social Council was elected. One of its first tasks was to implement the terms of the San Francisco declaration and on 15 February 1946 it passed the following resolution:

"The Economic and Social Council, taking note of the Declaration proposed jointly by the Delegations of Brazil and China at San Francisco, which was unanimously approved, regarding an international health conference, and recognizing the urgent need for international action in the field of public health:

1. Decides to call an international conference to consider the scope of, and the appropriate machinery for, international action in the field of public health and proposals for the establishment of a single international health organization of the United Nations;
2. Urges the Members of the United Nations to send as representatives to this conference experts in public health;
3. Establishes a Technical Preparatory Committee to prepare a draft annotated agenda and proposals for the consideration of the conference, and appoints the following experts or their alternates to constitute the Committee:
   i. Dr. Gregorio Bermann (Argentina),
   ii. Dr. René Sand (Belgium),
   iii. Dr. Alejandro Leclainche (Alternate: Sir Wilson Jameson, Dr. Karl Evang (Norway),
   iv. Dr. Andrija Stampar (Yugoslavia),

4. Major-General G. B. Chisholm (Canada),
5. Dr. P. Z. King (China) (Alternate: Dr. Szeming Sze),
6. Dr. Josef Čančík (Czechoslovakia),
7. Dr. Aly TewfiK Shousha Pasha (Egypt),
8. Dr. André Cavaillon (France) (Alternate: Dr. Xavier Leclainche),
9. Dr. Phokion Kopanaris (Greece),
10. Major C. Mani (India)

11. Surgeon-General Thomas Parran (United States) (Alternate: Dr. James A. Douill),
12. Dr. Andrija Stampar (Yugoslavia),
13. and, in a consultative capacity, representatives of:
   The Pan American Sanitary Bureau,
   The Office International d’Hygiène Publique,
   The League of Nations Health Organization,
   The United Nations Relief and Rehabilitation Administration;
4. Directs the Technical Preparatory Committee to meet in Paris not later than 15 March 1946, and to submit its report, including the draft annotated agenda and proposals, to the Members of the United Nations and to the Council not later than 1 May 1946;
5. Decides that any observations it may make at its second session on the report of the Technical Preparatory Committee will be communicated to the proposed international conference;
6. Instructs the Secretary-General to call the Conference not later than 20 June 1946, and, in consultation with the President of the Council, to select the place of meeting."

Technical Preparatory Committee

The Technical Preparatory Committee held twenty-two meetings between 18 March and 5 April 1946 at the Palais d’Orsay, Paris.

Four preliminary draft constitutions, submitted respectively by Drs. Cavaillon and Leclainche, Sir Wilson Jameson, Dr. Parran and Dr. Stampar, provided a basis on which the committee prepared a set of draft constitutional proposals, as well as a provisional annotated agenda, for submission to the international health conference. The committee laid down certain principles which not only took present possibilities into account, but would enable the future organization to extend its sphere of action to problems which had never been tackled by the earlier bodies.

The proceedings of the committee are published in Off. Rec. WHO, i.
It decided to recommend to the Economic and Social Council that States not members of the United Nations, the Allied Control Authorities for Germany, Japan and Korea, and several inter-governmental and private international organizations concerned with health should be invited to send observers to the conference. The committee further proposed that all States invited to the conference should be requested to authorize their representatives to sign an inter-governmental agreement establishing a World Health Organization, together with a protocol designed to facilitate the absorption of OIHP into such an organization. The committee included in its report to the Council recommendations relating to the transfer to the World Health Organization of the functions of the Health Organization of the League of Nations, and the peacetime phase of the work of the Health Division of UNRRA.

In the meantime, on 12 February 1946, at the first meeting of the General Assembly, the United Nations had decided to take over the health functions of the League of Nations, a decision which was endorsed by the final Assembly of the League of Nations in April 1946. The principle had been recommended by the Technical Preparatory Committee in April and by the Economic and Social Council in June.

At its second session in New York (May-June 1946), the Economic and Social Council noted the report of the Technical Preparatory Committee, and on 11 June adopted a resolution approving its recommendations and transmitting to the International Health Conference various observations made by members of the Council on the draft constitutional proposals. The Council invited not only members of the United Nations to be represented at the conference, but also, in conformity with the principle of universality enunciated at Paris, asked sixteen non-member States to send representatives to take part in the discussions of the conference, without the right to vote.

**International Health Conference**

The International Health Conference, the first conference to be called by the United Nations, held its inaugural meeting at the Henry Hudson Hotel in New York City on 19 June 1946, with Sir Ramaswami Mudaliar (India), President of the Economic and Social Council, in the chair. Its organization was entrusted to the Health Division of the United Nations.

The Governments of the following States were represented at the conference by delegates:

- Argentina
- Australia
- Belgium
- Bolivia
- Brazil
- Byelorussian Soviet Socialist Republic
- Canada
- Chile
- China
- Colombia
- Costa Rica
- Cuba
- Czechoslovakia
- Denmark
- Dominican Republic
- Ecuador
- Egypt
- El Salvador
- Ethiopia
- France
- Greece
- Guatemala
- Haiti
- Honduras
- India
- Iran
- Iraq
- Lebanon
- Liberia
- Luxemburg
- Mexico
- Netherlands
- New Zealand
- Nicaragua
- Norway
- Panama
- Paraguay
- Peru
- Poland
- Republic of the Philippines
- Saudi Arabia
- Syria
- Turkey
- Ukrainian Soviet Socialist Republic
- Union of South Africa
- Union of Soviet Socialist Republics
- United Kingdom
- United States
- Uruguay
- Venezuela
- Yugoslavia

The Governments of the following States were represented by observers:

- Albania
- Austria
- Brazil
- Byelorussian Soviet Socialist Republic
- Canada
- China
- Colombia
- Cuba
- Czechoslovakia
- Denmark
- Dominican Republic
- Ecuador
- Egypt
- El Salvador
- Ethiopia
- France
- Greece
- Guatemala
- Haiti
- Honduras
- India
- Iraq
- Lebanon
- Liberia
- Luxemburg
- Mexico
- Portugal
- Poland
- Republic of the Philippines
- Saudi Arabia
- Syria
- Turkey
- Ukraine
- Union of South Africa
- Union of Soviet Socialist Republics
- United Kingdom
- United States
- Uruguay
- Venezuela
- Yugoslavia

The Governments of the following States were invited to send observers, but were not represented:

- Afghanistan
- Roumania
- Yemen

Observers represented the Allied Control Authorities for Germany and for Japan and Korea, and the following organizations:

- Food and Agriculture Organization (FAO)
- International Labour Organization (ILO)
- League of Red Cross Societies
- Office International d’Hygiène Publique (OIHP)
- Pan American Sanitary Organization
- Provisional International Civil Aviation Organization (PICAO)
- Rockefeller Foundation
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- United Nations Relief and Rehabilitation Administration (UNRRA)
- World Federation of Trade Unions

Dr. Thomas Parran, chairman of the United States delegation, was unanimously elected President.

Dr. Brock Chisholm (Canada), Rapporteur of the Technical Preparatory Committee, presented the report of that committee to the conference. Statements expressing the general...
views of the delegates on the work of the conference, the adoption of rules of procedure and of the agenda, and the establishment of five working committees and a general (steering) committee completed the preliminary business of the conference. From 23 June to 22 July, the closing day of the session, the meetings were held at Hunter College, then the interim headquarters of the United Nations.

The conference met eighteen times in plenary session. It had, first to consider, procedure by which the work of the former international or regional public-health organizations could be taken over by the organization being created, and secondly, to draft the Constitution of that organization.

The States represented at the conference decided to take steps to dissolve OIHP and to take over its functions immediately. As regards the Health Organization of the League of Nations, the conference adopted a resolution requesting the Secretary-General of the United Nations to make the necessary arrangements for transferring its functions to the future organization.

Although UNRRA had displayed considerable activity in providing assistance to public-health administrations, there was no need to take over its functions juridically because of its temporary nature.

Finally, the possibilities of integrating the Pan American Sanitary Organization with WHO were discussed at length. The States represented at the conference agreed to include in the Constitution itself an article under the terms of which the Pan American Sanitary Organization was to be integrated with WHO "through common action based on mutual consent of the competent authorities expressed through the organizations concerned".

The greater part of the time of the conference was devoted to drafting the Constitution. Although this work was considerably simplified by the preliminary draft prepared by the Technical Preparatory Committee, which was taken as a basis for discussion, it nevertheless required long and arduous efforts. In fact, it entailed drawing up a charter of international collaboration in health.

The detailed examination of the draft constitutional proposals was referred to five working committees, each of which elected a rapporteur and set up a small drafting sub-committee. The General Committee, composed of the President and Vice-Presidents of the conference, the chairmen of the five working committees, and three members elected by the conference, served as the co-ordinating and steering group for the conference and its various committees. During the latter part of the conference, the General Committee established a Central Drafting Committee to edit and co-ordinate the reports and recommendations of the working committees.

From 23 June to 19 July the five working committees held altogether forty-two plenary meetings. The various parts of the Constitution thus distributed were discussed point by point, and the resulting draft was submitted to the plenary meeting of the conference for final discussion. It was approved in general outline, though several changes of detail were made.

One of the fundamental questions with which plenary meetings of the conference had to deal was the admission to the organization of States not members of the United Nations. The Technical Preparatory Committee had stated that membership should be open to all States. The conference stipulated that non-member States invited to New York might become members of the organization by signing or otherwise accepting the Constitution before the first session of the World Health Assembly, whereas States not invited to New York might be admitted only by decision of the World Health Assembly.

The work of the International Health Conference concluded with the signature of four Acts designed to give legal force to the decisions taken for the establishment of the World Health Organization. The final Act summarizes the work leading to the creation of the organization, the remaining Acts being the Constitution of the World Health Organization, the Protocol concerning the Office International d’Hygiène Publique and the Arrangement establishing an Interim Commission.

Constitution of the World Health Organization

The Constitution was signed by the representatives of sixty-one States, two of which, China and the United Kingdom, signed without reservation, and was designed to come into force when twenty-six members of the United Nations had ratified their signature.

It establishes the World Health Organization as a specialized agency within the terms of Article 57 of the Charter of the United Nations, integrating all other international and regional inter-governmental health organizations. The structure of WHO as laid down by its Constitution resembles that of the Health Organization of the League of Nations, its organs consisting of a World Health Assembly, an Executive Board, and a Secretariat. But the functions and the powers of WHO are much wider than those of previously existing health organizations. Its activities extend broadly over medicine and public health, while, among other powers, the Health Assembly is invested with the power to adopt, by majority vote, regulations to come into force for all members after due notice has been given, except for those members which notify non-acceptance within a prescribed period.

Protocol concerning the Office International d’Hygiène Publique

The Rome Agreement of 1907 establishing OIHP provided for its renewal every seven years, and any State wishing to withdraw was
required to give prior notice of its intention at least a year before the expiry of a seven-year period. This means that OIHP cannot legally be terminated before the end of 1949, when the current seven-year period comes to an end, except by the agreement of all member States.

Those member States that took part in the conference, being convinced of the need for a single organization in the field of health, agreed that, although OIHP must continue de jure until 1949, its functions should be assumed by WHO as soon as the protocol to this effect came into force, that is, as soon as it had been accepted by twenty governments parties to the Agreement.

**Arrangement establishing an Interim Commission**

The New York Conference decided that, until the entry-into-force of the Constitution, an Interim Commission consisting of eighteen States should undertake the preparatory work for the establishment of the organization and assume the responsibilities and tasks which would devolve upon it — that is, the continuation of the functions of former international organizations and the consideration of urgent health problems.

The establishment of the Commission was the result of an Arrangement concluded by the governments represented at the conference, defining the nature and scope of its functions. The following eighteen States were entitled to designate persons to serve on the Commission:

- Australia
- Brazil
- Canada
- China
- Egypt
- France
- India
- Liberia
- Mexico
- Netherlands
- Norway
- Peru
- Ukrainian Soviet Socialist Republic
- United Kingdom
- United States of America
- Venezuela
- Yugoslavia

Its first duty was to prepare for the World Health Assembly, and its expenses were met from funds advanced by the United Nations.
CHAPTER 2

HEALTH PROBLEMS CONSIDERED

International Lists of Diseases and Causes of Death

The Commission was empowered by Article 2k of the Arrangement of 22 July 1946 "to review existing machinery and undertake such preparatory work as may be necessary in connexion with:

"(i) the next decennial revision of 'The International Lists of Causes of Death'... and

"(ii) the establishment of International Lists of Causes of Morbidity"."

To meet these obligations, the Commission appointed an Expert Committee for the Preparation of the Sixth Decennial Revision of the International Lists of Diseases and Causes of Death. The committee was given the following terms of reference:

(a) to review the developments as regards morbidity and mortality classification which have taken place since the fifth decennial revision in 1938;

(b) to formulate proposals to be submitted through the Interim Commission to governments;

(c) to consider suggestions from governments and agencies interested in the problem of morbidity and mortality classification;

(d) to prepare recommendations regarding the International Conference for the Sixth Decennial Revision of the International Lists of Diseases and Causes of Death.

At all stages of the work, cooperation was maintained with the United Nations Statistical Office and with the International Labour Organization. Dr. F. Linder was invited to represent the United Nations Statistical Office at the committee's second session, and Dr. L. Féraud attended the second session, as an observer of ILO.

Preparation of the Sixth Decennial Revision and Establishment of the List of Causes of Morbidity

Three sessions of the committee were held — the first in Ottawa from 10 to 22 March 1947 (in combined meetings with the United States Committee on Joint Causes of Death), the second in Geneva from 21 to 29 October of the same year and the third also in Geneva from 4 to 7 May 1948.

The committee concluded that a single classification applicable both to causes of sickness and of death would not only satisfy the urgent need for a uniform morbidity-classification but would also permit parallel presentation of morbidity and mortality statistics. In giving effect to this conclusion, the committee had the advantage of the very large amount of preparatory work accomplished by the United States Committee on Joint Causes of Death under the chairmanship of Dr. L. J. Reed, Vice-President and Professor of Biostatistics, Johns Hopkins University. This committee had been appointed in 1945 by the Secretary of State of the United States in accordance with a resolution of the fifth International Revision Conference in 1938, and included, among its members and consultants, representatives of the Canadian and British Governments and of the Health Section of the League of Nations.

In taking up the matter of joint causes, the United States committee decided to consider classification from the point of view of morbidity and mortality, since the problem of joint causes belongs to both types of statistics.

Utilizing the experience in morbidity classification accumulated in the last decade in Canada, the United Kingdom and the United States, and keeping to the framework of the International List, the United States committee prepared, in a series of working sessions, a single classification suitable for both morbidity and mortality statistics. This work was embodied in the Proposed Statistical Classification of

1 Off. Rec. WHO, 4, 164
2 For membership, see table XII, p. 83
3 Off. Rec. WHO, 8, 19
4 For report, see Off. Rec. WHO, 8, 17
5 For report, see Off. Rec. WHO, 8, 21
6 Report not yet published at the time of going to press
Diseases, Injuries and Causes of Death, consisting of two parts: I — Introduction and List of Categories, and II — Tabular List of Inclusions (Tentative Edition). This document was then submitted for criticism and review to various agencies and individuals in Canada, the United Kingdom and the United States. The British Minister of Health appointed for this purpose a special investigating body, the Medical Advisory Committee on the Sixth Decennial Revision of the International List of Causes of Death, composed of experts in medical statistics and in various branches of medicine.

After making further modifications based on the amendments suggested by the British committee and other bodies, the United States committee met in Ottawa on 10 March 1947 and approved a final draft of the proposed classification.

During its first session, the committee appointed by the Interim Commission reviewed the document of the United States committee and prepared a modified version under the title International Statistical Classification of Diseases, Injuries and Causes of Death.

On the recommendation of the committee, the Introduction and List of Categories of this classification was distributed to all governments as the preliminary proposal for the Sixth Decennial Revision. The replies received from governments were then considered at the second session of the committee, which drafted an amended version of the Classification constituting the committee’s definite proposal for the Sixth Decennial Revision of the International Lists of Diseases and Causes of Death.

In order to assure uniform assignment of causes of sickness and of death to individual category-numbers of the classification, the committee compiled, utilizing the preparatory work done by the United States committee, the Tabular List of Inclusions, a list of diseases and conditions to be classified in each of the detailed categories of the classification. The preparation of an Alphabetical Index of the inclusion-terms was entrusted to the Index Sub-Committee appointed on the committee’s recommendation.

The International Statistical Classification of Diseases, Injuries and Causes of Death, as resulting from the second session, represented in its List of Categories the standard list for obligatory use in the classification (coding) of causes of sickness and of death. This detailed list consists of 610 categories of diseases and morbidity conditions, plus 153 categories for the external causes of injury and 189 categories for injuries according to the nature of the lesion. A more extended code, consisting of subdivisions of the obligatory list, is provided in the Tabular List of Inclusions for optional use by countries and agencies interested in further detail. The Tabular List of Inclusions, indicating the content of the categories, and the Alphabetical Index assist in the uniform allocation of diagnostic statements found on medical records and death certificates.

Application of the International Lists

The committee gave detailed consideration to this subject, being well aware that only uniformity in application can assure the full benefit of the proposed system of classification. It studied the problem of joint causes of death as presented in the preliminary report of the United States Committee on Joint Causes of Death and endorsed the recommendations of this committee on the selection of the cause to be tabulated if multiple causes were stated on the death certificate.

In taking action on these recommendations, the committee drafted a form of medical certification of cause of death intended for international adoption, accepted the form of multiple-cause tabulation suggested by the United States committee, and formulated rules for the selection of the underlying cause of death.

Shorter Lists for Tabulation

The committee considered the need for shorter lists serving special purposes where the tabulation according to the detailed list would not be practical. Having defined the uses to be made of the detailed list and shorter lists in the tabulation of mortality statistics, two lists of selected causes were designed:

(i) Intermediate List of 150 Selected Categories for Tabulation of Diseases and Causes of Death; and

(ii) Abbreviated List of 50 Selected Categories for Tabulation of Causes of Death.

With regard to tabulation of morbidity statistics, the committee recommended that the detailed list or any convenient shorter list be used depending on the detail of the desired information. Using as a basis the proposal of the Inter-American Committee on Social Security, it prepared, as one example,


International Conference for the Sixth Decennial Revision

The last stage of international clearance of the proposed Classification was carried out by the International Conference for the Sixth Decennial Revision of the International Lists of Diseases and Causes of Death, convened by the French Government from 26 to 30 April 1948 in Paris. The conference, which was attended by 29 States, approved, with minor reservations, the new classification as well as several recommendations of the committee concerning other problems with a bearing on the international comparability of morbidity and mortality statistics. A third session of the committee was held immediately after the conference to incorporate changes in the Lists...
as suggested by the conference. The Lists resulting from the third session are to be submitted to the first Health Assembly with the recommendation that regulations be adopted to ensure the compilation and publication of statistics according to the revised lists.

The final versions of the Lists are to be published as an international manual in several languages incorporating the classification, special lists for tabulation, and the procedures to be followed in the assignment of causes of death.

Proposed Expert Advisory Committee on Health Statistics

The committee finally stressed the need for a permanent committee on health statistics to deal with problems arising from the practical application of the International Lists, to stimulate and co-ordinate studies contributing to the improvement in international comparability of health statistics, and to act as the consulting body on statistical methods to WHO and its various technical committees.

Malaria

The Interim Commission decided that malaria was sufficiently important to warrant immediate action, and accordingly, appointed an Expert Committee on Malaria, consisting of four members, to study and advise on this problem.

The initial terms of reference of the committee were to advise the Commission on the general problem of malaria and to make recommendations to the first World Health Assembly concerning the creation of a malaria committee and the programme of work of such a committee, but these terms were later extended to include advice on a general plan for world malaria-control and on the part that WHO could play in the execution of such a plan. Furthermore, the committee was asked to make recommendations on technical problems relating to the use of insecticides and chemotherapeutics in malaria control, and to consult with the Fourth International Congress on Malaria on these subjects.

The Commission responded to the interest which FAO showed in malaria control in a number of countries where the disease is regarded as one of the main factors affecting agricultural developments by inviting that organization to be represented in the Expert Committee on Malaria.

Technical Studies and Recommendations

At its first session in Geneva, from 22 to 25 April 1947, the committee prepared a report to the Commission, in which it was recommended that the first Health Assembly should appoint a malaria committee. The terms of reference, constitution and functions of this committee were outlined, and it was also recommended that the committee should draft the new statutes of the Darling Foundation and nominate the recipient of the Darling medal and prize to be awarded by the Assembly.

The report also contained technical sections on the chemotherapeutic control of malaria and on DDT. An experimental scheme of prophylaxis and treatment with paludrine and chloroquine was formulated and was put into effect during the summer of 1947, by Dr. M. Ciuca in Roumania. Dr. Ciuca later submitted a report on experiments with paludrine in the causal prophylaxis of infections induced with P. falciparum, and progress reports on treatment with paludrine.

The committee also recommended that assistance should be given to Roumania in controlling the malaria epidemic in the Tulcea region, and that the Secretariat should collect more complete information and should approach the League of Red Cross Societies on the question of supplies of antimalarials and insecticides. As a result of this approach, large supplies were sent to Roumania by several Red Cross and Red Crescent societies.

It was decided that the second session of the committee would be held in Washington, D.C., in connexion with the Fourth International Congresses on Tropical Medicine and Malaria.

An exhaustive account of the eradication of Anopheles gambiae from Upper Egypt was received from Dr. Shousha Pasha.

Advisory Visits and Inquiries

In May–June 1947, the secretary of the committee visited Greece and Italy, where missions of the Interim Commission were functioning, in order to study the programme that the respective governments have adopted for malaria control or for eradication of anophelines (as in Sardinia). A report on this mission was circulated to members of the committee.

In March 1948, following a request from the Government of Poland, the secretary went to Warsaw to discuss, with relevant authorities of the Ministry of Health and with the specialists of the State Institute of Health, a plan for malaria control in Poland, where malaria has spread over most of the country since the second World War.

The Secretariat also undertook inquiries on malaria incidence and malaria-control programmes in various countries, and made a survey of methods of testing residual toxicity

8 Off. Rec. WHO, 4, 167
9 For membership, see table XII, p. 84
10 Off. Rec. WHO, 5, 52
11 Ibid. 7, 254

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and of results obtained in malaria control by residual indoor spraying with DDT.\footnote{To be published in Bull. WHO, 1948, 1} Documents on malaria-control operations in Italy, Greece and Cyprus, and memoranda on contemporary malaria-conditions and on experiments being carried out in various countries were prepared by the Secretariat for the committee.

On the invitation of the United States Government, the Commission decided to be represented at the Fourth International Congress on Malaria in Washington. Dr. A. Gabaldón, chairman of the committee, and Dr. E. Pampana, its secretary attended. Dr. Pampana prepared an address to the Congress on the subject of "Malaria as a problem for the WHO". The Executive Secretary of the Congress kindly agreed to organize an informal meeting of all the malariologists attending, so that the committee might have the benefit of their views on the problems entrusted to it by the Commission.

\section*{Field Services (UNRRA Funds)}

The missions of the Interim Commission in various countries gave support, including technical assistance, to anti-malaria programmes. In Greece, Colonel D. E. Wright, a sanitary engineer lent by the Rockefeller Foundation to the Commission, closely collaborated, with the assistance of another sanitary engineer and an aircraft mechanic, in the campaign undertaken with DDT on a national scale.\footnote{Ibid. 4, 164} Reports received by the end of 1947 indicated that all villages in malarious areas to which access was possible had been treated by residual spraying, and that marshy areas had been similarly sprayed by the seventeen aircraft specially equipped for the purpose.\footnote{Ibid. 5, 32} Reports also indicated a progressive lowering of malaria-incidence. The campaign for 1948 began well, in spite of disturbed conditions.

In Italy, the mission maintained close contact with governmental agencies with a view to ensuring, from the "Lira Fund" budget resulting from the sale of UNRRA goods, the necessary funds for the five-year anti-malaria programme and for the anopheles-eradication scheme in Sardinia.\footnote{For membership, see table XII, p. 84} A three-months fellowship was offered to an Italian malariologist of the State Institute of Health, Rome, who visited Belgium, France and the United Kingdom.

In Ethiopia, a sanitary engineer specially trained in malariology organized a preliminary investigation on spleen and parasite-rates of children in Addis Abeba.

\section*{Biological Standardization}

In 1921, the Health Organization of the League of Nations decided to study the possibilities of establishing international standards for certain substances which could be assayed only by biological methods. A permanent commission was appointed in 1924 to adopt international standard preparations and to define units of activity. In 1935, an inter-governmental conference was attended by members from 24 countries, and the obligatory use by all countries of international standard preparations and units was recommended. A year later, no less than 36 countries had officially adopted these standards. The conference also considered it essential that each country should possess an officially recognized centre with a trained staff in charge of the storage and distribution of the international standards. The burden on the two central laboratories, the State Serum Institute, Copenhagen, and the National Institute for Medical Research, London, was, in this way, to be relieved, since they would need only to maintain stocks of standard preparations at a single agency in each country. By 1939, 57 such centres had been created in 36 countries.

Biological standardization proved useful in three respects: it placed in the hands of clinicians weapons of well-defined calibre and range; it supplied health authorities with measures of the value of biological products placed on the market; and it enabled manufacturers to express the potency of products marketed in different countries in the same units.

At the outbreak of war, 31 substances assayed by biological methods had been thus standardized. They comprised the principal sera, tuberculin, four of the vitamins, pituitary and steroid hormones, insulin, digitoxin, oesumamine and the arsenic derivatives. During the war, three new substances — heparin, vitamin E and penicillin — were added to the list.

The International Health Conference having resolved to continue the technical work of the Health Organization of the League, the Interim Commission decided to establish an Expert Committee on Biological Standardization, composed of a maximum of eight members.\footnote{For membership, see table XII, p. 84} The committee was to advise the Commission on the international standards and units which were most urgently required.

In December 1946, the Secretariat sent to the members of the committee a note reviewing the existing international standards and containing proposals for future action. The necessity was emphasized for reaching some degree of standardization of vaccines and toxoids and of establishing an international standard for streptomycin. Amongst other subjects considered worthy of review were tetanus and gas-gangrene antitoxins, antivenins, antianthrax and antityphoid sera, tuberculin, neoarsphenamine,
vitamins A, D and K, and the anterior-pituitary-lobe hormones. On the basis of this note, the agenda of the first session of the committee, held in Geneva, 9 to 13 June 1947, was framed. A second session was held from 18 to 23 March 1948.

**National Control Centres**

The committee re-emphasized the principle that each country should have a single national centre for the storage and distribution of international standards.

The results of an inquiry made by the Secretariat showed that 26 of the national centres existing before the war were still functioning. It was agreed that, in countries where no centre existed, health authorities would have to be approached with a view to establishing such centres.

**Toxoids**

A highly purified diphtheria toxoid has been obtained by a new method involving the use of benzoic acid. It was agreed that a toxoid sample so prepared should be distributed to various laboratories in order to determine its suitability as a reference preparation. Should these tests prove the material to be satisfactory, its adoption as the international standard would be considered.

A similar procedure would in all probability be followed with regard to tetanus toxoid. In view of the accumulated evidence of the heterogeneity of tetanus toxin, a property of significance in the assay of the sera, it seemed desirable that this toxin should be further analysed from a chemical, physical, physiological and immunological standpoint.

**Cholera Vaccine**

The consideration of the possible establishment of a standard for this vaccine was referred to the committee by the Expert Committee on Quaran-
tine during the Egyptian cholera epidemic in October 1931. Before endeavouring to establish a standard vaccine, the committee considered that further information was required regarding the relation between immunizing potency in animals to that in man. The hope was therefore expressed that the health authorities in India would provide all facilities to Sir Sahib Singh Sokhey, for the carrying-out of the inquiries on this subject that he was about to undertake.

In the meantime, the committee entrusted Dr. M. V. Veldee with the preparation of vaccines from the Ogawa and Inaba strains which, after having been examined for stability in different laboratories, would be held for distribution by the State Serum Institute, Copenhagen, for comparative tests. In order to facilitate the use of these vaccines in assays of activity, the Kasauli Institute would hold freeze-dried living Ogawa and Inaba cultures at the disposal of interested workers. Following the cholera epidemic in Egypt, Dr. Shousha Pasha requested that anticholera agglutinating sera should be made internationally available as an aid to diagnosis. It was, however, considered more expedient to establish a preparation of 0 antigen, suitable for the immunization of rabbits, in order to produce antiserum capable of distinguishing the true cholera and the El Tor strains from other cholera-like vibrios. Furthermore, to facilitate the differentiation of Inaba and Ogawa strains, monospecific agglutinating sera of the two types should be prepared in India and held by the State Serum Institute, Copenhagen, for distribution.

**Tuberculin**

In 1931, an international standard for old tuberculin was adopted — the unit being left undefined. The moment seemed opportune for assigning a unit of activity to this preparation, and this accordingly proposed that this unit be defined as the activity contained in 10 micrograms of the international standard preparation.

The committee, at its first session, had recognized the necessity for establishing a separate international standard for the Purified Protein Derivative (PPD), obtained from Mycobacterium tuberculosis. A batch of PPD preparation had been previously selected and retained to serve as the standard, should it prove suitable. Comparative assays, however, showed that this material possessed excessive sensitizing properties, and, at its second session, the committee therefore rescinded its previous decision to establish a PPD standard. Nevertheless, it entrusted the State Serum Institute, Copenhagen, with the distribution of a new preparation as free as possible from sensitizing properties for the purpose of comparative tests.

**BCG**

The committee considered the establishment of a BCG standard premature, but, in view of the necessity for uniformity with regard to the vaccines in current use, it recommended that the original BCG strain kept at the Institut Pasteur, Paris, should be made available to all countries, and that the preparation and utilization of the vaccine in each country should be centrally co-ordinated.

**Other Antigens**

It was considered impracticable as yet to standardize pertussis, plague, smallpox and yellow-fever vaccines. Nevertheless, progress would be greatly facilitated by exchange of the relevant strains. As regards yellow-fever vaccine, the committee felt that close consultative liaison should be established between the Yellow Fever Panel and the committee, particularly with regard to standardization of pertussis, plague, smallpox and yellow-fever vaccines.

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Footnotes:

44 For report, see Off. Rec. WHO, 8, 5; and Bull. WHO, 1948, 1, 7

45 Report not yet published or considered by Commission at the time of going to press

46 See pp. 33, 48

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HEALTH PROBLEMS CONSIDERED

to the minimum requirements for yellow-fever vaccine intended for use in conformity with the international sanitary regulations.

**Streptococcus Antitoxin**

An attempt to standardize this serum had to be abandoned in 1928, owing to lack of a sufficiently accurate test-method and the existence of patent rights covering production. Today these patents have expired and a satisfactory method of assay has been evolved, enabling a further review of this question. Samples of sera possessing high immunizing and flocculating potency would be examined in different laboratories with regard to their suitability to serve as international standard preparations.

**Digitalis**

The stock of international standard of *digitalis purpurea* being almost exhausted, the department of biological standards of the National Institute for Medical Research, London, had collected samples of powdered digitalis leaf from Switzerland, the United Kingdom and the United States. As the mixture had proved suitable for use as a standard preparation, it would be distributed to seventeen laboratories in the following countries: Canada, France, Hungary, India, Netherlands, Sweden, Switzerland, the United Kingdom and the United States, for collective assay to determine the unitage to be assigned to this new standard preparation.

**Penicillin**

The penicillin standard established in 1944 consisting of crystalline penicillin G (II) had shown itself to be satisfactory from all points of view. In spite of recent progress achieved in the identification of the different penicillins, any modification of the present standard was considered unjustifiable. On the other hand, the committee recommended that a substantially pure sample of penicillin K (IV) should be set up as a reference preparation.

**Streptomycin**

In view of the impossibility of adopting as yet a standard, the committee limited itself to setting up a reference preparation. The activity was to be expressed both as milligram-equivalent of pure streptomycin, and in provisional units, which should have substantially the same value as the S unit originally proposed by Dr. S. Waksman.

**Vitamins**

Recent progress in research would necessitate the future replacement of existing standards for fat-soluble vitamins A and D by purer preparations (esters of vitamin A and vitamin D3). This task was entrusted to a sub-committee which was to meet in the autumn of 1948.

**Blood-groups**

*ABO system.* The committee having decided to establish international standards for anti-A and anti-B agglutinating sera, large batches of pooled natural and stimulated material for each group had been collected in the United Kingdom and the United States. The pooled preparations, if proved suitable by concerted tests in different laboratories, would serve as international standards for these two sera.

*Rh system.* It was arranged that the problem of the Rh antigens should be examined by a sub-committee which would advise on the selection and designation of the sub-groups for which international standards were required.

**International Salmonella Centre**

The committee recommended that the Centre established in 1938 at the State Serum Institute, Copenhagen, should be taken over by WHO. If so desired, its field of activity could be extended at very little extra cost to cover other species of enteric bacteria.

**Tuberculosis**

As in the case of malaria, the Commission early decided that an expert committee should be appointed to advise on tuberculosis.28 Two sessions of this committee28 were held, the first in Paris from 30 July to 2 August 1947, and the second in Geneva from 17 to 20 February 1948.29

**An International Campaign**

The work of the Expert Committee on Tuberculosis was based on the recognition that tuberculosis had reached epidemic proportions, and that international measures were urgently needed in addition to national efforts. There were not enough trained doctors and other medical workers in the wide areas where tuberculosis was rampant, and no substantial improvement in the situation could be expected without an increase in their numbers. It was therefore agreed that one of the important functions of WHO should be to provide travelling fellowships, principally to train medical officers in administration, epidemiology, and laboratory and clinical work. The number of fellowships which should be provided by the organization during the first year was estimated at fifty, fellowships for experts and senior workers being given priority. In this connexion, the need was stressed for impressing national health-administrations with the great advantages of releasing key-workers for relatively short periods of time for study.

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27 Off. Rec. WHO, 5, 137
28 For membership, see table XII, p. 84
29 For report on first session, see Off. Rec. WHO, 8, 49; report on second session, not yet published or considered by Commission at time of going to press
HEALTH PROBLEMS CONSIDERED

In every case, there should be assurance that selected candidates would return to positions of responsibility in tuberculosis control in their own countries.

Another function of WHO, serving the same purpose, would be to provide demonstration field-teams to various countries on request. Their size and the length of their stay should always be kept to a minimum, and such teams should, in the opinion of the committee, be replaced on their departure by national training-centres.

An important problem considered was the lack of uniformity in procedure and technique in both clinical and laboratory aspects of anti-tuberculosis work. There was urgent need for standardization, and the committee believed that WHO could help to develop uniform procedures in the preparation and use of tuberculin and BCG, the classification of tuberculosis, x-ray interpretation and mass radiography, the laboratory identification of tubercle bacilli, and, finally, in the evaluation of new chemotherapeutic agents such as streptomycin. This last subject was considered of particular urgency, and the committee recommended the holding of a conference to consider problems of the clinical use of the new antibiotic.

It was agreed that the one means by which WHO could help national campaigns against tuberculosis was by giving advice on the number, type and location of facilities needed.

Mass-radiography equipment should not be procured until there was definite provision for full clinical investigation of those persons with abnormal radiographic findings. In some countries it would be necessary to provide cheap temporary buildings for housing beds for the treatment and isolation of the tuberculous.

Tuberculosis among immigrants appeared to be another important international problem, and the committee urged that medical examinations be made at the point of departure. Such examinations should include a chest radiogram to be interpreted by a medical officer acceptable to the government receiving the immigrant. If other forms of participation of WHO in the common fight against tuberculosis might be financial grants to governments and distribution of information on recent developments of special importance. The committee strongly recommended the intensification and extension of laboratory and field-studies in different countries to determine the main nutrition factors influencing susceptibility to tuberculosis.

The report on the first session of the committee was accepted, with minor reservations, by the Commission. The proposed conference on streptomycin was approved, and it was decided that it should be held in New York in July 1948. It was also agreed that a special committee on tuberculin and BCG should be established.30 Arrangements were initiated for the appointment of specialists to act, in co-operation with the Expert Committee on Biological Standardization and with representatives of the United Nations International Children's Emergency Fund (UNICEF), in the large-scale tuberculin-testing and BCG campaign now being carried on in several European countries, involving the tuberculin-testing of approximately 50 million children and the BCG vaccination of about 15 millions in Europe. As an interim body, the Commission did not feel able to accept any responsibility for the field-work, but it agreed to supply expert statistical and technical advice to UNICEF and to other bodies involved in the programme.31

Studies and Visits

Memoranda were prepared by the Secretariat on the following subjects:

i. Mortality-rates and other data concerning tuberculosis in different countries;

ii. Race and nativity in tuberculosis;

iii. Morbidity; tuberculin-testing, mass radiography and epidemiological surveys;

iv. The role of certain environmental factors in the causation of tuberculosis: climate, density of population, employment; economic position of the people;

v. Organization of tuberculosis services: finance and administration, bovine tuberculosis, notification, propaganda and education, dispensary services;

vi. Institutional care and rehabilitation.

At the same time, a questionnaire for investigation of the problem of tuberculosis in any given community was prepared, and data were received from several countries.

The secretary of the committee visited Prague in September 1947 and discussed with several officials some aspects of the tuberculosis problem in Czechoslovakia. Literature was supplied to the Czechoslovak Government.

In December 1947, a visit was made to the Italian National Conference on Tuberculosis, and an interview held with Professor A. Cocchi in Florence on streptomycin.

Epidemiological data were supplied to the Association suisse contre la tuberculose, and articles on different aspects of tuberculosis were provided to the League of Red Cross Societies, the Jewish Organization for the Care of Children (OSE), and to the Preparatory Commission for the International Refugee Organization (PCIRO).

Contacts were maintained with the International Union against Tuberculosis, and the secretary of the committee attended a meeting in Paris in July 1947 to discuss possible methods of co-operation.

30 Off. Rec. WHO, 7, 226

31 Albania, Austria, Bulgaria, Czechoslovakia, Finland, France, Greece, Hungary, Italy, Poland, Roumania, and Yugoslavia

HEALTH PROBLEMS CONSIDERED

Field Services (UNRRA Funds)

An epidemiological unit was set up in Shanghai, China, with mass-radiographical examinations, tuberculin-testing, and BCG vaccination to be undertaken by Interim Commission experts in association with Chinese medical officers. Arrangements were initiated for the establishment of similar units in Peiping, Tientsin and Ningpo. Lectures were given to groups of doctors and students. An anti-spitting campaign was initiated and a national anti-tuberculosis league founded.

Chinese doctors were given scholarships to study in the United Kingdom, and a team of three doctors was sent to Copenhagen to be trained in the technique of preparation and use of tuberculin and BCG. There was sufficient equipment in China to establish eight mass-radiography centres in 1948.

In Greece, the Commission's medical and technical services were used in opening a sanatorium for 267 patients in the Peloponnesus. The scheme was originated by UNRRA but was supervised by officers of the Commission. The foundation of a new sanatorium for 267 patients in the Peloponnesus was anticipated that seven more mass-radiography sets would soon be in use in Greece and Italy.

In Poland, a scheme for tuberculosis control in the city and province of Lodz was prepared by the Secretariat and accepted by the Polish Government and other interested organizations. This project was intended to serve as a model for the country as a whole, and included provision for dispensaries, more-accurate statistical services, health insurance, etc. An x-ray technician was lent to the Polish authorities.

Arrangements were made for a small team to proceed to India in May to begin tuberculin-testing and BCG vaccination at the request of the Indian Government, which agreed to send Indian tuberculosis workers for special study in Europe, so that, when the Commission team had finished its work, the Indian team would be able to continue on the same lines.

At the request of the Ethiopian Government, arrangements were made for a member of the Secretariat to visit that country in May 1948 to give advice and assistance.

Quarantine

The administration of the International Sanitary Conventions of 1926-1938, of 1933 and of 1944 was vested in July 1946 in the Interim Commission, in virtue of Article 28 and 29 of the Arrangement of 22 July 1946, and the Commission appointed an Expert Committee on Quarantine to advise on questions arising out of the interpretation and application of the conventions.

The committee consisted of eight members drawn from countries particularly interested in maritime and aerial traffic.

The committee's first session, convened urgently because of the cholera epidemic in Egypt, was held in Geneva from 15 to 16 October 1947.

For the international control of cholera, the measures prescribed in existing sanitary conventions were considered to be adequate. The apparently considerable differences in the concentration of organisms in the anticholera vaccines supplied to Egypt from abroad resulted in the committee's referring the matter of cholera-vaccine standardization to the Expert Committee on Biological Standardization.

The forms of international certificates of inoculation and vaccination and the question of their endorsement were referred to the Expert Committee on International Epidemic Control.

Although in the International Sanitary Conventions of 1944 a period of 10 days is regarded as sufficiently long for the development of immunity after yellow-fever inoculation, certain countries base their quarantine requirements on a shorter period.
HEALTH PROBLEMS CONSIDERED

on a period of 15 days. The committee therefore decided to request the Commission to entrust the Yellow Fever Panel with the task of making the studies necessary to determine objectively the time required for obtaining effective immunity.

The committee further recommended approval by the Commission of the ten laboratories already approved by UNRRA for testing the activity of yellow-fever vaccines, and also recommended that the yellow-fever vaccines produced by the seven UNRRA-approved institutes should continue to be so recognized ad interim, but that the measures already decided upon by the Commission for systematic international testing should be put into force as soon as possible, so as to ensure maintenance of the activity of all yellow-fever vaccines in international use.

In addition, the committee recommended methods for the disinfection of aircraft, the use of D vaccine in the case of infants transported from areas of yellow-fever endemicity to non-endemic areas, and the abolition of bills of health and consular visas. It also reaffirmed the undesirability of issuing deratization-exemption certificates to ships with loaded holds.

In connexion with the administration of the sanitary conventions, the Secretariat received complaints lodged by 17 countries against restrictive measures taken by 25 other countries in excess of the provisions in any of the conventions in force.

These complaints were immediately made known to the governments concerned, and in certain cases the result was an alteration of the measures imposed.

International inquiries were also instituted by the Secretariat on the following subjects related to quarantine: significance of the "immune reaction" after revaccination against smallpox, prevention of post-vaccinal encephalitis; list of ports accepting quarantine messages by wireless; list of ports qualified to carry out deratization of ships and to issue deratization-exemption certificates; authorities for the issue of valid international certificates of inoculation against yellow fever; quarantine measures taken by governments to avoid the introduction and spread of psittacosis within their territories; aircraft-disinsectization procedure followed by governments; methods of estimating rat-infestation on ships; sanitary conditions of the 1946 Mecca pilgrimage.

Yellow Fever Panel

As the terms of reference of the Expert Committee on Quarantine included work relating to yellow fever and its control under the International Sanitary Convention for Aerial Navigation, 1944, a special Yellow Fever Panel was appointed to assist the committee in this respect.

The panel consisted of eight members and included experts on matters relating to the production and testing of yellow-fever vaccine, and others with special experience in fieldwork and in the delineation of yellow-fever endemic areas.

It was not intended that the panel would meet as a body except in special circumstances, but that each member would be available for consultation on problems coming within his special competence.

Matters on which the panel was consulted by the Secretariat included: the practicability of having regular tests carried out on all yellow-fever vaccines approved for international use, thereby ensuring maintenance of the standard degree of activity in such vaccines; the initiation of studies necessary to determine objectively the time required for obtaining effective immunity after protective inoculation against yellow fever; the need for a revision of the endemic yellow-fever areas in Africa and in South America as delineated by UNRRA in 1946; and the application made by the governments of Singapore Colony and the Malayan Union for recognition, by the Commission, of the Institute for Medical Research, Kuala Lumpur, as an institute approved for the carrying-out of potency-tests on yellow-fever immunizing vaccines, under Article 36 (xi) of the International Sanitary Convention for Aerial Navigation, 1944.

In addition, the Secretariat circulated governments concerned in the administration of territories in Africa and on the north-east coast of South America (British Guiana, Surinam and French Guiana) which were situated within the boundaries of the yellow-fever endemic areas, on the question of revising the delimitation of these areas. Similarly, the advice of the Director of the Pan American Sanitary Bureau was sought as regards endemic areas in the western hemisphere.

Post-vaccinal Encephalitis

At its session in October 1946, the Comité permanent of the Office International d’Hygiène Publique decided to pass to the Interim Commission a number of urgent items on its agenda among these items was post-vaccinal encephalitis.

The Secretariat was instructed by the Commission to dispatch to all governments a circular letter containing a request for recent data and publications on the complication in respect of their territories. The results of this inquiry up to 31 December 1947 were published, together with the information originally in the possession of the Secretariat.

41 Off. Rec. WHO, 6, 186
42 Off. Rec. WHO, 4, 39
43 See below
44 See pp. 30, 48
45 See Bull. WHO, 1948, 1, 29
46 See Bull. WHO, 1948, 1, 63
47 See p. 40
48 Off. Rec. WHO, 4, 38
49 For membership, see note XII, p. 84
50 Off. Rec. WHO, 4, 128
51 Ibid., 5, 129
52 Bull. WHO, 1948, 1, 36
In view of the fact that its etiology remained obscure and that infallible methods of prophylaxis and treatment were lacking, post-vaccinal encephalitis continued to be the subject of investigation by the Commission.

Psittacosis

As psittacosis is usually contracted from recently imported birds, a number of countries, in consequence of its prevalence in 1929/30, took quarantine measures to avoid the introduction and spread of this disease, either by prohibiting or regulating the importation of birds of the order Psittaci — parrots, parakeets, budgerigars, macaws, cockatoos, lories, etc. From an inquiry made in 1936 by the Office International d’Hygiène Publique, it emerged that at that time 16 countries had taken such measures.

The Interim Commission considered a memorandum prepared by the Secretariat, referring to the history, occurrence and cause of psittacosis, and, based on the results of the 1936 inquiry, indicating the nature of the quarantine restrictions then imposed by various countries.

Thereafter, the Commission, with a view to ascertaining the existing situation as regards psittacosis, instructed the Secretariat to communicate the memorandum to all governments and to request from them data concerning the incidence of the disease within their territories and the regulations in force against the importation of birds capable of carrying the virus. Analysis of 32 replies received on or before 1 April 1948 showed that 20 countries enforced quarantine restrictions. In only three territories had human incidence been reported in recent years, although the disease continued to be enzootic in several countries in psittacine birds, finches, and pigeons.

Unification of Pharmacopoeias

A unified system of nomenclature of drugs, providing that the same name should represent in all countries a preparation of the same strength and composition, is an urgent need which could best be filled by the establishment of an international pharmacopoeia. This idea was expressed for the first time in the preface to the French Codex of 1866 and steadily gained ground until the first Convention for the Unification of the Formula for Potent Drugs was finally adopted in 1906.

A second international agreement was signed in 1929 at Brussels by 26 countries. Article 35 of this agreement stipulated that the Belgian Government should enter into negotiations with the League of Nations for the constitution of a permanent secretariat for pharmacopoeias, the Belgian Pharmacopoeia Commission being provisionally entrusted with the work of the proposed secretariat.

In 1937, negotiations between the Belgian Government and the League of Nations resulted in the appointment by the latter of a Technical Commission of Pharmacopoeial Experts to deal with general rules of nomenclature, usual and maximal doses, and monographs on important drugs.

To continue the work of the League’s commission, the Interim Commission appointed an Expert Committee on the Unification of Pharmacopoeias. The committee held its first session in Geneva from 13 to 17 October 1947. Its object was to review the work of the League’s technical commission and to produce a draft international agreement for the unification of pharmacopoeias, modifying and extending the existing Agreement for the Unification of the Formula of Potent Drugs, and to present the draft agreement as an international pharmacopoeia, similar in form to national pharmacopoeias. It was understood that such an international pharmacopoeia could have no authority in any country until it had been adopted officially by that country.

Thirty draft monographs were discussed and accepted at the first session of the committee, and a list of 543 drugs was divided into three categories: 248 drugs were deemed of primary importance for immediate attention, 90 drugs did not need immediate attention, and 205 needed no further consideration.

The drafting of the monographs for the drugs warranting immediate attention, and the experimental investigations, thereby necessitated, were allocated among the members. The Secretariat was entrusted with the task of obtaining legal advice on the inclusion of proprietary drugs and the use of trade names in the international pharmacopoeia.

The committee also recommended that the Executive Secretary be empowered by the Commission to enter into negotiations with the Belgian Government for the establishment of a single international secretariat for pharmacopoeias, under the aegis of the World Health Organization. The report of the first session of the committee was accepted by the Commission.

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52 Off. Rec. WHO, 6, 186
53 Ibid. 5, 137
54 For membership, see table XII, p. 85
55 Ibid. 7, 253
56 Off. Rec. WHO, 8, 54
HEALTH PROBLEMS CONSIDERED

Venereal Diseases

The Commission, having decided that the problem of venereal diseases required urgent attention, established an Expert Committee on Venereal Diseases, requesting that "a survey with regard to scientific, practical and other aspects of the problem be pursued with a view to developing practical plans for international combating of venereal diseases" and that it should prepare a report for consideration by the Commission for eventual recommendation to the first World Health Assembly.

Programme recommended

At the committee's first session, held in Geneva from 12 to 16 January 1948, it was recognized that, although venereal diseases had been the subject of international discussions and action before the second World War, there was urgent need for further international measures in the light of new aspects of the problem. The first of these was the greatly increased prevalence of venereal infections as a consequence of the second World War, which intensified the need for vigorous measures of control on an international scale. The second was the effectiveness of the treatment of some venereal infections with recently introduced drugs, especially with penicillin.

The committee recommended that priority in an international venereal-disease programme should be given to syphilis, particularly in its early stages. The measures advocated may be summarized under five main headings.

Serological standardization and other laboratory procedures. There was an urgent need for standardization of the several serodiagnostic methods in common use, and it was recommended that an international conference on serological standardization and laboratory aspects of syphilis be called under the auspices of WHO in 1950 or later. A special sub-committee on serology and other laboratory procedures was suggested, to undertake the preliminary work for such a conference. At least one first-class central serological reference laboratory should be at the disposal of WHO, and the potential services of existing laboratories should be explored with a view to developing regional reference-laboratories.

Treatment and availability of drugs. The committee also stressed the need for the international evaluation of methods of treatment and for the adoption of reasonably accurate therapeutic techniques, but it recognized that the effectiveness of any large-scale plan for the control of venereal diseases would be limited by the quantities of medicaments available. While sulphonamides were recognized to be the most widely available of all drugs used in the treatment of venereal diseases, the production of penicillin was limited to a few countries, and current requirements could not be met.

The committee recommended that measures should be taken to encourage production of penicillin and to ensure its equitable distribution to all countries. It recognized that penicillin was often wastefully used, and stressed the need for discriminating use of the drug.

Fellowships and demonstration units. In view of the shortage of trained personnel, WHO should provide a number of fellowships for training in various branches of venereal-disease control, as well as field-units to visit countries on request for demonstrations and consultation.

Grants, advice and information. The committee recommended that financial support by WHO of research in venereal diseases should be confined to the study of significant problems. Information on venereal diseases should be provided to health administrations, public-health and venereal-disease control officers, specialists, and the medical profession in general. At a later stage, the requirements in regard to information on venereal diseases for the general public might be studied.

Finally, WHO should be prepared to give expert advice on various phases and methods of the control of venereal diseases, drawing on the experience of individual countries.

International regulations. The committee endorsed the principle of replacing diplomatic conventions in technical fields by international regulations, which would not require the slow and complicated machinery necessary for the ratification of conventions.

Several governments had already suggested the revision and extension of the Brussels Agreement of 1924 respecting facilities to be accorded to merchant seamen for the treatment of venereal diseases, and the committee supported these views. It was agreed that the new international regulations should be expanded to include displaced persons, foreign labourers, emigrants and other migrants, but it was recognized that seafarers were particularly exposed to risk of infection.

The committee decided that the new international regulations should embody the following basic principles:

1. Medical examination, treatment and drugs, and hospitalization, where necessary, should all be free.

2. Services provided should be of the highest professional quality, and treatment applied should, wherever possible, follow such optimal treatment-schedules as might be recommended from time to time by WHO.

For membership, see table XII p. 85

For report, see Off. Res. WHO, 8, 106
3. An individual treatment-book should be provided free of charge to the patient.

4. An international list of treatment centres, including facilities available in inland towns as well as ports, would be advantageous.

5. The epidemiological necessity for treatment of venereal diseases in their infectious stages is in the interest of the community concerned. A system of international contact-tracing should therefore be established, such that each country would agree to communicate confidentially, directly to the public-health authorities of other countries, the names and addresses of venereal-disease contacts, thus facilitating rapid epidemiological investigations.

6. A social-welfare worker should be available in every large port.

In accepting the committee’s report, the Commission reaffirmed its belief that venereal diseases deserved a high priority among the essential activities of WHO, and that, while it might be desirable to concentrate initially on the public-health aspects of the problem, activities should be gradually widened and co-ordinated with social programmes of the United Nations and other international organizations. It also recommended the establishment of an expert advisory committee on venereal infections.

**Studies and Visits**

The Secretariat collected information on the nature and extent of venereal diseases, particularly syphilis. The views of governments and of individual experts in various countries were obtained, as well as documents on the incidence and control of venereal disease.

The secretary of the committee visited Paris and attended the first post-war assembly of the International Union against Venereal Diseases and attended the first post-war assembly of the International Union against Venereal Diseases.

**International Epidemic Control**

Article 2 of the Arrangement of 22 July 1946 authorized the Interim Commission “to undertake initial preparations for revising, unifying and strengthening existing international sanitary conventions”.

The Commission accordingly appointed an Expert Committee on International Epidemic Control, with the request that it should examine the circumstances underlying the spread of the major epidemic diseases and re-study the principles which should serve as a basis for their international control.

**Preliminary Inquiries and Studies**

Before the Committee’s first session in Geneva on 12 to 17 April 1948, the Secretariat consulted three legal experts on proper procedure for the replacement of existing international sanitary conventions by sanitary regulations.

Governments were also invited to put forward such amendments as they might wish to see introduced in existing sanitary conventions and to make any suggestions which might guide the committee in its work of revision. As, during the 1947 cholera epidemic in Egypt, the measures prescribed in the conventions were not considered by certain countries to be sufficiently comprehensive, the Secretariat was instructed to ask the governments of those countries to discuss possible methods of co-operation.

A visit was also made to the U.S. Zone of Germany and to Berlin, to study methods of venereal-disease control in these areas.

At the request of the Polish Government, the secretary of the committee visited Warsaw to discuss with specialists of the Ministry of Health a proposed plan for a mass attack on syphilis. This plan was approved by the committee and is now in operation.

At the request of the Ethiopian Government, the secretary of the committee visited Ethiopia to discuss the introduction of legislation and venereal-disease control methods in that country.

Liaison was maintained with the International Union against Venereal Diseases, the Preparatory Commission for the International Refugee Organization (PCIRO), and the International Labour Organization (ILO), with special reference to seamen, displaced persons, and migrants respectively. Discussions were carried out with and advice given to the United Nations International Emergency Children’s Fund (UNICEF) regarding its programmes for combating prenatal and infantile syphilis in several countries.

**Field Services (UNRRA Funds)**

The Commission’s field missions gave support or technical assistance to venereal-disease control programmes. In Italy, a programme to be financed by the UNRRA “Lira Fund” was proposed, but was not included in the finally approved expenditures from UNRRA sources. In Poland, educational and other material was supplied to the Ministry of Health in connexion with the Polish anti-syphilis plan.

Fellowships provided under the field-services programme in 1947 included eight grants for the study of dermato-venereology in Europe and the United States.

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39
HEALTH PROBLEMS CONSIDERED

state the scientific grounds on which they had exceeded the conventions.

The first session of the committee was also preceded by the meeting of three study-groups set up jointly by the Office International d'Hygiène Publique and the Commission to provide expert advice on the pestilential diseases. These groups made observations on recently established facts which, in their opinion, should be taken into consideration in the drafting of international sanitary regulations, and undertook or recommended investigations on points which, in this respect, still required elucidation.

As early as April 1947, a special sub-committee had met in Alexandria to study the revision of clauses in the international sanitary conventions relating to the Mecca pilgrimage.

Recommendations of the Committee

The committee agreed with the study-groups that protective measures taken by countries at their respective borders under existing international sanitary conventions were palliatives, as effective international control of epidemics required, first, the delimitation of endemic areas whence epidemics of the pestilential diseases originated and, secondly, an attack on these endemic foci, with the technical help of WHO if needed.

The committee considered the simplification and improvement of the present system of dissemination of urgent information on pestilential diseases and particularly the possibility of extending the system of broadcasting telegraphic epidemiological bulletins.

The committee also considered at length each of the pestilential diseases, and decided on principles to be followed in their control. Yellow fever was referred for later discussion by the Yellow Fever Panel. The views of experts on each disease were examined, proposed investigations which bore directly on quarantine practice were selected, and other lines of research suggested both for the study-groups and for the Secretariat.

The committee decided to include louse-borne relapsing fever among the pestilential diseases and to include cerebrospinal meningitis, dengue fever, influenza and poliomyelitis among the diseases for which immediate notification must be made in case of an epidemic.

It decided to refer to the Expert Committee on Biological Standardization questions relating to standards of vaccines against cholera and smallpox, and to the Expert Committee on Malaria the request made by the Italian Government for special protective measures against the re-introduction of anopheline mosquitoes into Sardinia, an island from which the malaria vectors had been eradicated.

The committee recommended that active studies with a view to establishing international standards for the disinsectization of aircraft should be pursued.

Revision of the Pilgrimage Clauses

On this occasion, however, the representative of Saudi Arabia made observations and suggestions of a fundamental nature, and in 1939 the delegate for the United Kingdom forwarded certain preliminary proposals. These documents were referred by the Comité permanent of OIHP to its Commission du Pèlerinage, but the outbreak of war interrupted the preparatory work of that Commission.

On the resumption of the meetings of OIHP in April 1946, the delegate from Egypt, supported by the delegates from Saudi Arabia and Syria, presented new proposals, which were referred by OIHP to the international organization destined to replace it.

Thus, the matter became the concern of the Interim Commission, and, as it was urgent, the

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66 Aid. 7, 184.

67 See below.
HEALTH PROBLEMS CONSIDERED

Commission established, pending a meeting of the Expert Committee for the Revision of existing International Sanitary Conventions, an Expert Sub-Committee for the Revision of the Pilgrimage Clauses of the International Sanitary Conventions. The sub-committee consisted of six members, drawn from the countries directly concerned (Egypt, France, India, Netherlands, Saudi Arabia, and the United Kingdom) to consider the clauses relating to the control of the Mecca pilgrimage.

The terms of reference given to the sub-committee, of a technical nature only, were thus summarized:

"(a) Need for taking, in respect of all pilgrims leaving their country of origin, every possible measure to ensure individual and collective protection against disease (inoculations and vaccinations, disinfection, disinsectization, biological examination, etc.) and the need for official certification that such measures have been adequately carried out;

(b) Determination whether the sanitary installations and equipment of the Hejaz are capable of carrying out the measures proposed by Egypt and Saudi Arabia;

(c) Decision as to what sanitary authority will declare the pilgrimage 'clean' or 'infected';

(d) The matter of the Red Sea sanitary stations mentioned in the Conventions now in force;

(e) Sanitary measures to be taken in regard to pilgrims travelling by land or air."

Work of the Expert Sub-Committee

On the invitation of the Egyptian Government, the sub-committee met in Alexandria on 16 April 1947 and continued to meet twice daily between 16 and 22 April; on 21 and 22 April it examined the sanitary installations and equipment of the port of Jeddah; on 23 April it reassembled at Alexandria and continued its work there until 26 April.

The sub-committee examined, article by article, Part III of the Convention, deleting or modifying such provisions as did not appear to be adapted to modern conditions and adding new articles where necessary. The sub-committee's work, summarized in its final report, permitted the drawing-up of draft regulations for the control of the pilgrimage, revising the provisions contained in Part III of the 1926 Convention and intended to form an annex to the future general convention. The draft regulations contained not only articles governing the sanitary control of transport by sea, but also special sections on the sanitary measures to be taken in connexion with transport by air and by land.

The provisions adopted by the sub-committee had for their principal aims the following:

(i) to secure the sanitary defence, not only of Western countries, but of the Hejaz itself, against the danger of spread of epidemic disease, consequent on the movement of pilgrims of such diverse origins:

(ii) to save the pilgrims from undergoing unnecessary or obsolete formalities, such as periods of observation, the value of which was questionable;

(iii) to improve the condition of pilgrims' transportation, particularly by the installation of berths on board ship;

(iv) to contemplate the making of special arrangements for pilgrims travelling by air or by land.

Generally speaking, the sub-committee endeavoured to reduce to the minimum consistent with security the measures for the protection of the health of the pilgrims.

The sub-committee's report and the draft regulations were accepted by the Commission for further submission to the first World Health Assembly.

On 21 July 1947, the Secretariat forwarded to all governments copies of the report and draft regulations together with a request for observations on the draft regulations, on sanctions and sanitary dues, and on the type of instrument to be prepared for the control of the Mecca pilgrimage. Analysis and synthesis of the replies received were made by the Secretariat in January 1948 and submitted for consideration by the Commission.

International Control of Habit-forming Drugs

The Conventions on Narcotic Drugs signed at Geneva on 19 February 1925 and on 23 July 1931 empowered the Health Committee of the League of Nations to propose to the Council of the League of Nations, after consultation with the Office International d'Hygiène Publique (OIH), that any drug not yet falling under these conventions and which might prove habit-forming should be submitted to international control. Those substances, however, which "are compounded and which in practice preclude the recovery of the said drugs" were exempt. This system ensured that any new habit-forming drug could be placed under international control. The Conventions on Narcotic Drugs signed at Geneva on 19 February 1925 and on 23 July 1931 empowered the Health Committee of the League of Nations to propose to the Council of the League of Nations, after consultation with the Office International d'Hygiène Publique (OIH), that any drug not yet falling under these

Medical Services, Khartoum; Dr. E. D. Pringle, Medical Counsellor, British Embassy, Cairo; and H.E. Youssef Yassin, Minister for Foreign Affairs, Saudi Arabia

For membership, see table XII, p. 85

To assist the sub-committee, the following advisers were called from time to time: Dr. M. Khalil Bey, former Under-Secretary of State for Quarantine, Ministry of Public Health, Cairo; Dr. A. E. Lovrenzen, Director of

78 Ibid. 8, 42
79 Ibid. 7, 179
80 Ibid. 7, 144
81 Ibid. 8, 32
82 Ibid. 8, 135
83 Ibid. 8, 42
international control. When the League of Nations was dissolved, there was no organ left to exercise these functions. On 12 December 1946, a protocol was signed by the governments represented in the General Assembly of the United Nations, which provided for the transfer of the functions and powers of the Health Committee of the League of Nations and of OIHP to WHO or its Interim Commission. Similarly, the authority previously held by the Council of the League was transferred to the Economic and Social Council of the United Nations, which set up a Commission on Narcotic Drugs.

The amendments introduced into the Conventions of 1925 and 1931, in virtue of the Protocol of 12 December 1946, came into force in 1947 for the Convention of 1931, and in the spring of 1948 for the Convention of 1925.

Others Technical Subjects

**Alcoholism**

The Interim Commission decided to undertake a preliminary study of the problem of alcoholism, and Dr. A. Cavaillon was entrusted with the task of preparing a report. Simultaneously, the Secretariat undertook inquiries to obtain information on work in progress on the various aspects of alcoholism.

The Secretariat also established unofficial relations with several organizations and with a large number of specialists, in Switzerland and elsewhere, who were studying the problem of alcoholism.

Early in 1947, Dr. Cavaillon submitted a detailed report, and on the basis of this the Commission decided to draw the attention of the first World Health Assembly to the problem of alcoholism.

**Crime Prevention and Treatment of Offenders**

The United Nations Secretariat requested the co-operation of the Interim Commission in certain aspects of the preparation of a report on the prevention of crime and the treatment of offenders, "showing which suggestions are suitable for international action, and how they should be carried out". The plan had been initiated by the Social Commission of the Economic and Social Council, which requested that this report be submitted to one of its future sessions.

The Commission agreed to meet the request and Dr. M. S. Guttmacher, Chief Medical Officer, Medical Service of the Supreme Bench of Baltimore City Court House, was appointed psychiatric consultant to the Commission.

**Fonds Léon Bernard**

The Fonds Léon Bernard was established by international subscription in 1947, in perpetuation of the memory of Professor Léon Bernard, a member of the Health Committee of the League of Nations, to award an international prize for practical achievement in social medicine. The Léon Bernard Foundation Committee, composed of the President and Vice-Presidents of the Health Committee of the League of Nations, awarded the Léon Bernard Foundation Prize, consisting of a medal and the sum of 1,000 Swiss francs. Candidates were proposed by members of the Health Committee of the League of Nations or by any national health administration.

The Interim Commission instructed the Executive Secretary to take the necessary steps with the Secretary-General of the United Nations, the Economic and Social Council, and the General Assembly of the United Nations, for the transfer of assets of the Fonds Léon Bernard to the WHO.

**Housing and Town Planning**

Since the war, several United Nations bodies, as well as certain specialized agencies, have endeavoured to assist in the solution of the problems of housing and town planning. The Emergency Economic Committee for Europe (EECE), in August 1946, set up a sub-committee to study urgent housing problems. The Economic Commission for Europe (ECE), a section of the Economic and Social Council of the
United Nations, later carried on EECE's task. A Housing Group was formed under its aegis with instructions to make recommendations to ECE. This group, which consists of representatives of 28 States, met in Geneva on 1-3 October 1947. During this session, a permanent body was formed to direct ECE's attention to the technical and economic means required to supply effective aid to member States. Although the discussions were mostly concerned with economic action to further the rapid building of dwellings in Europe, a special session was devoted to co-operation with other institutions, and an observer of the Interim Commission formally offered the closest co-operation.86 This offer was made on the authority of a resolution passed by the Commission instructing the Executive Secretary "to endeavour to obtain adequate representation of the Interim Commission in any international scheme for town planning or for the improvement of housing."87 A report on the steps taken was presented to the Commission, which recommended the closest co-operation with the United Nations, and, in view of the importance of housing for the health of people, placed the question on the agenda of the first Health Assembly.88

Influenza

The Interim Commission considered the measures that might be taken in the event of an influenza pandemic, and instructed the Executive Secretary to arrange for attendance of an observer at the Fourth International Microbiological Congress in Copenhagen in 1947, to obtain from experts attending as complete information as possible on influenza.89 An informal meeting of forty-five interested experts from 15 countries was held outside the Congress, on 25 July 1947, and a small committee was chosen to consider how the views expressed could be best put into practice. At the request of the committee, Dr. C. H. Andrewes, National Institute for Medical Research, London, prepared a memorandum80 on international collaboration for the control of influenza, in which he proposed the setting-up of a world influenza centre. The Commission approved this proposal and decided to contribute a sum not to exceed $3,000 yearly to the centre. Such a centre could obviously be established only in a scientific institute already engaged in research on influenza, and the Commission proposed to the British Medical Research Council that the centre should be placed in the Council's National Institute for Medical Research.81

Early in 1948, the Commission was informed that a favourable answer had been received from the Medical Research Council and that the services of Dr. C. H. Andrewes had been placed at the disposal of the Commission as Director of the centre.82 It was intended that the functions of the centre should be threefold:

- i. collection and distribution of information;
- ii. collection, preservation and study of strains;
- iii. education of a small number of visiting workers in techniques.

In addition to the international centre, regional centres would be required, capable of making:

- i. serological diagnosis of strains;
- ii. isolation of strains in fertile eggs or ferrets;
- iii. desiccation of virus strains and filling of ampoules.

The National Institute for Medical Research agreed to accept one foreign worker, as from July 1948, for a course lasting one month and, when the new building of the Institute was completed in 1949, two foreign workers.

The Secretariat also received, as a result of the Copenhagen Conference, offers of co-operation from various institutions in Ceylon, Denmark, France, Iceland, the Netherlands, Norway and the United States.

Insulin

In recent years the demand for insulin has increased, while supplies have in some countries diminished. The Interim Commission authorized the Executive Secretary to approach the health administrations of all governments for information on needs and supplies of insulin in their respective countries, as well as for a statement on needs and supplies in the future.83 The information received from 47 States, although not complete in all cases, enabled the Secretariat to make a study,84 which showed that the difficulties encountered in obtaining insulin supplies remained acute.

The Secretariat also obtained information on a discovery, made in Germany, of a new method for the collection of pancreas glands without refrigeration, by means of which the glands could be collected even in the smallest and most remote places, thus making it possible to increase the production of insulin.

Medical Examination of Immigrants

A request was received from the Government of Venezuela for assistance by the Interim Commission in the issue of medical certificates to immigrants to that country. It was explained that, while the Government of Venezuela was anxious to receive immigrants, it was highly desirable that they be medically examined before leaving their countries of origin, a task which the Government was unable to fulfil.
as it could not send doctors and equipment to Europe.\textsuperscript{96}

The Commission instructed the Secretariat to give advice and the assistance of its technical services to governments interested in the medical examination of immigrants, without incurring any special expense for this purpose.\textsuperscript{96}

It also drew attention to the necessity for representation on the proposed United Nations Consultative Committee on Migration.\textsuperscript{97}

**Public-health Services and Training of Staff**

A proposal for the appointment of an expert committee "to make a preliminary comparative study on the organization, size and strength of the Central Public Health Services in various countries" was discussed by the Interim Commission,\textsuperscript{98} together with a similar proposal regarding the training of public-health staff.\textsuperscript{99}

The Commission decided that, during the interim stage of the World Health Organization, action should be limited to a preparatory study on these subjects, but agreed to recommend their inclusion as a joint item on the agenda of the first Health Assembly.\textsuperscript{100}

To give effect to this decision, Dr. E. Grzegorzek, Professor of Hygiene at the University of Gdańsk, Poland, was appointed to the Secretariat. Preparatory material was collected, and introductory notes on the subject, including a review of previous work done, a brief study of some recent international and national trends, and an outline for future activities, were prepared.

In view of the interest displayed by several governments and institutions in the present organization of central health-authorities, an inquiry into this problem was undertaken by means of a questionnaire circulated to all member governments.

The Secretariat provided information on public-health administration and medical and public-health education at the request of various institutions, and problems of common interest were discussed with several specialized agencies of the United Nations and with other institutions. Of these, the International Labour Organization and the International Social Security Association showed a special interest in the international aspects of problems of public-health services and in the relations between health administration and medical-care services. Informal views were also exchanged with the World Medical Association as to the necessity for recent information on medical education.

Field activities in relation to health services and the training of public-health workers were undertaken in the form of missions and fellowships.

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**Radiotherapy in Cancer of the Uterine Cervix**

A formal request for the publication, under the sponsorship of WHO, of the *Annual Report on the Results of Radiotherapy in Cancer of the Uterine Cervix*, formerly issued by the Health Organization of the League of Nations, was submitted to the Interim Commission by the British Empire Cancer Campaign, London, the Cancerföreningen, Stockholm, and the Donner Foundation, Inc., Philadelphia.\textsuperscript{101}

The matter was discussed by the Commission, which decided that the request be granted to the extent of co-operation by the Secretariat in the statistical work required, and expenditure in connexion with the publishing of results.\textsuperscript{102}

**Other Problems**

The terms of reference given to the Interim Commission by the International Health Conference restricted its activities to the preparatory work for the establishment of the organization proper, the continuation of the functions of former international organizations, and assistance in the solution of urgent health problems.

These terms of reference, as well as financial limitations, prevented the Commission from taking action in a number of fields which would be of direct interest to the permanent organization. A selection of subjects which might require action during the first year of existence of WHO was nevertheless deemed necessary, and the Commission devoted some time to a discussion of these.

Maternal and child health was recognized as a subject of sufficient importance to share with malaria, tuberculosis, and venereal diseases the highest priority in the provisional agenda for the first World Health Assembly,\textsuperscript{103} although the Commission had not itself been able to undertake a programme on this subject apart from the support given to UNICEF.\textsuperscript{104}

Six other subjects on which no action had been taken were thought sufficiently important to be submitted to the first Health Assembly with specific recommendations for the appointment of expert committees: nursing, hygiene of seafarers, schistosomiasis, industrial hygiene, nutrition, and rural hygiene.\textsuperscript{105} The last three were expected to be joint responsibilities of WHO and other specialized agencies of the United Nations. Schistosomiasis was brought to the attention of the Commission early in 1947,\textsuperscript{106} by Dr. A. T. Shousha Pasha, the representative from Egypt, who had presented a study bearing on the general problem and on measures taken in Egypt against the disease.

The problem of radioactive isotopes was discussed by the Commission at a late stage of...
its existence.\textsuperscript{107} The Executive Secretary was authorized to appoint an official in the headquarters office in New York to act as "designated representative" of those countries which had no scientific attaché in the United States, provided that the United States Atomic Energy Commission agreed to this arrangement.\textsuperscript{108}

Finally, a number of other subjects was considered to require only preliminary study by the Secretariat, before other steps were taken. These were acute anterior poliomyelitis, ankylostomiasis, filariasis, hospitals and clinics, leishmaniasis, leprosy, medical care, medical rehabilitation, medical social work, mental health, natural resources, public-health administration, rabies, rheumatoid diseases, sanitary engineering, technical health education, trachoma, tropical hygiene and trypanosomiasis.

\textsuperscript{107} Off. Rec. WHO, 6, 221

\textsuperscript{108} Ibid. 7, 254
CHAPTER 3
SERVICES PROVIDED

Epidemiological Services

The Interim Commission's Epidemiological Services were initiated by the transfer to the Commission, on the dates given in parentheses, of the several epidemiological responsibilities previously shared by the Health Section of the League of Nations (16 October 1946), the Health Division of UNRRA (1 December 1946), and the Office International d'Hygiène Publique (1 January 1947).

The functions of the Epidemiological Services consisted essentially in the collection and the distribution to national health administrations of information regarding the occurrence of pestilential diseases — i.e., notifications under the international sanitary conventions and data on the prevalence of other communicable diseases of public-health importance and on the general trend of morbidity and mortality. Epidemiological information from all quarters was collected in Geneva and thence distributed. This centre was directly related to the Epidemiological Intelligence Station at Singapore, which served the countries bordering on the western Pacific and Indian Oceans. It operated in close collaboration with the Pan American Sanitary Bureau in Washington, which serves the Americas, and the Sanitary Bureau at Alexandria, which serves countries bordering on the eastern Mediterranean and the Red Sea.

Urgent notifications of pestilential diseases were received by telegram. From Geneva they were redistributed, also by telegram. From Singapore the redistribution was made by means of telegraphic epidemiological bulletins, which were broadcast by a comprehensive network of wireless stations operating in Batavia, Hong Kong, Karachi, Labuan, Madras, Saigon, Shanghai, Singapore, Tananarive, and Tokio.

The bulletins were issued "in clear" or in the special AA Epidemiological Telegraphic Code drawn up in 1926, the third edition of which was issued in January 1948. The Batavia and Saigon wireless stations issued daily the Singapore bulletin, brought up to date when necessary.

This telegraphic information was confirmed and completed by the Weekly Epidemiological Record, issued at Geneva and distributed by airmail to all countries of the world except those of the Far East, which received the Weekly Fasciculus issued by the Singapore Epidemiological Intelligence Station. The Fasciculus contained information received weekly by cable from 282 Eastern sea- and airports.

The Weekly Epidemiological Record was for over 20 years published by the Health Section of the League of Nations. As from 3 January 1947, it consolidated information formerly published in the weekly and fortnightly periodicals of OIHP, the League of Nations and UNRRA. As from 14 May 1947, its subject-matter was confined to pestilential diseases, including quarantine notifications concerning them and other information relating to international sanitary conventions; and its circulation was therefore restricted to national health administrations and health officers of sea- and airports, and frontier towns. Since June 1947, statistical information on infectious diseases, birth-rates, general and infant mortality, etc., has been published in the monthly Epidemiological and Vital Statistics Report, which is sent not only to health services but also to medical institutes and schools, and technical libraries. The statistical tables in the Report have been supplemented by articles on both communicable diseases and vital statistics. Up to the present, articles have appeared on recent trends in birth-and-death rates, stillbirths, diphtheria, poliomyelitis, and cholera.

The need for more comprehensive and accurate data than those which can be published in a monthly report resulted in the publication by the League of Nations of a series of Annual Epidemiological Reports. Preparation for the resumption of this series, interrupted by the war, began in 1943 and has been continued. A special volume is now being prepared which will cover the period 1939-1946. The next regular issue, covering 1947, is also in course of preparation.

1 This station, the Eastern Bureau of the League of Nations from 1925 to 1942, was reopened by the South-East Asia Command on the liberation of Singapore, and transferred to the Interim Commission on 1 April 1947 by His Britannic Majesty's Special

Commissioner for South-East Asia. The Director of the Singapore Station is Dr. P. M. Kaul

2 Off. Rec. WHO, 6, 101

3 Ibid. 6, 101

46
Collaboration was established between the Epidemiological and Statistical Services of the Commission and the statistical services of the United Nations, and spheres of activity were delimited to avoid overlapping, particularly as regards population and vital statistics. The Secretariat was represented at the meetings of the United Nations Statistical and Population Commissions by Mr. K. Stowman, expert consultant of the Commission.

With a view to improving the Epidemiological Services, the Commission asked governments for their views and suggestions. From the 32 replies there emerged a general desire for speedier communication of urgent epidemiological data, and proposals that telegraphic broadcasts might be used for this purpose. Suggestions were also received that a uniform reporting period might be instituted and that grid maps for indicating the precise location of infected areas might be used in connexion with the revised and completed version of the WHO Epidemiological Telegraphic Code.

Emergency Services during the Cholera Epidemic in Egypt

The epidemiological and emergency services provided by the Commission are well illustrated by the action taken with regard to the 1947 cholera epidemic in Egypt.

The story shows in a concrete way both the good points and the present weaknesses of the machinery for international epidemic control.

Epidemiological Intelligence

The first news of the outbreak was a Press communiqué which appeared on 25 September 1947. A telegram was at once sent to Egypt asking for denial or official confirmation with details. On the next day, confirmation was received and telegraphed to 36 directly interested countries, including all neighbours of Egypt, to the Singapore Station for relay to Eastern countries, and to the Pan American Sanitary Bureau for relay to the Americas.

On 1 October, the Weekly Epidemiological Record contained, in addition to the first telegraphic report on the outbreak, a note summarizing the previous epidemics of cholera in Egypt and, a reminder to health administrations, the text of relevant provisions of the international sanitary conventions. The subsequent issues of this periodical included telegraphic information on the trend and distribution of the disease in Egypt, together with occasional commentaries, graphs, and maps.

Although the Record was airmailed to them, health authorities of a number of countries requested daily or semi-weekly telegrams on the development of the epidemic, and it was necessary to arrange for a voluntary sending of this information by the Egyptian authorities, as its issue was not required from them at this rhythm or speed under the sanitary conventions.

The Singapore Station incorporated the data thus obtained in its regular epidemiological broadcasts, but the Geneva centre was not then authorized to use wireless telegraphy for the routine distribution of epidemiological information to all health authorities concerned, and had to telegraph information repeatedly to meet requests.

In December 1947 a comprehensive article was published in the monthly Epidemiological and Vital Statistics Report (Vol. 1, No. 7) describing the course of the epidemic, indicating its probable origin, and showing its episodic character, in contrast with the permanency of the disease in a few endemic foci in Asia.

Quarantine

The Weekly Epidemiological Record published regularly the quarantine measures that were adopted in the various countries and notified to the Commission under the terms of the international sanitary conventions.

It was soon apparent that many of the measures taken did not conform with the provisions of these conventions but were very much in excess of them. This fact, as well as the desirability of obtaining first-hand information on the situation within Egypt, and possibly of providing that country with technical advice, led to an emergency convening of the Expert Committee on Quarantine, the first session of which was advanced from late November to 13 October.

The meeting was attended by Dr. Nazif Bey, Under-Secretary of State for Quarantine, Ministry of Public Health, Egypt, who brought comprehensive information on the epidemic and the measures taken to stay its spread.

The effectiveness of the measures prescribed by the existing sanitary conventions was discussed by the committee in the light of the actual situation and of recent knowledge of the bacteriology and epidemiology of cholera, and it considered that these measures were adequate. This view was conveyed to health administrations through the Weekly Epidemiological Record. In order that countries might be kept adequately informed, the committee also stressed the need for prompt notification to the Commission of any further outbreak of cholera.

As events proved, the Commission, after obtaining official information, had repeatedly to deny reports appearing in the Press of the spread of the disease to countries outside Egypt, and to induce the health authorities.
which had given credence to false reports to repeal unwarranted quarantine-restrictions against cholera-free countries.

As the epidemic developed, measures taken by countries tended to exceed more and more the provisions of the conventions, and to interfere seriously with Egypt's foreign trade and with the food situation in several other countries. The Commission was officially called upon to take steps to have such measures modified. The attitude adopted by several countries showed, however, the necessity for modifying either the sanitary conventions themselves, or the machinery for their enforcement.

Emergency Assistance

On 27 September, following receipt of the official notification of cholera, the Commission made a telegraphic offer to Egypt to help in the procurement of anticholera vaccine. Subsequently, the Geneva and New York offices asked various commercial and non-commercial laboratories how much vaccine they would be able to supply, special attention being given to the time required and to the cost. The concentration by the Commission of the placing of orders for vaccine prevented the rise in prices which had already become manifest as soon as the epidemic became known, owing to competitive buying by threatened countries. This resulted in a considerable saving, both to Egypt and to those countries.

Partly as a result of the action taken by the Commission, substantial quantities of vaccine were donated to Egypt by a number of countries, including Afghanistan, Australia, Belgium, Brazil, China, Czechoslovakia, France, Iran, Iraq, Italy, the Netherlands, Spain, Turkey, the United States of America and the Union of Soviet Socialist Republics, as well as by the International Red Cross.

Field Services (UNRRA Funds)

At the fifth session of the Council of UNRRA in August 1946, it was decided in principle that UNRRA's activities should end on 31 December 1946. Fears were expressed that such a sudden cessation of its health activities would be detrimental not only to the aided countries but might endanger the health of others. Consequently a resolution was adopted in the following terms:

"Whereas the functions of UNRRA in the field of health are necessarily of a temporary character; and

"Whereas the Council has taken note of

the fact that the establishment of a World Health Organization is in process and that an Interim Commission thereof has been established and is functioning:

"It is therefore resolved

"1. That the Director-General consult with the Interim Commission of the World Health Organization with a view to the transfer as soon as practicable to the Commission of the duties and functions entrusted to the Administration... as well as such other functions of UNRRA in the field of health as the World Health Organization or its Interim Commission may be willing to undertake."

8 See p. 39
8 See also Off. Rec. WHO, 7.,78; Chronicle WHO, 1947, i. 157

9 See p. 32
The resolution also dealt with the transfer to the interim Commission of the duties and functions entrusted to UNRRA under the International Sanitary Conventions of 1944, and with the transfer of records, equipment, materials and personnel.

The Director-General of UNRRA was authorized to take steps to effect the transfer of such functions and, in addition, "(b) subject to the approval of the Central Committee, to transfer to such Organization or Committee, from the available resources of UNRRA, such funds as may be necessary for the performance of the transferred functions, provided that the Organization or Commission has not available other resources for financing the performance of these functions."

Just previously, the Agreement setting up the interim Commission of the World Health Organization had been signed in New York, and the Commission was therein empowered under Article 2m,

"to consider any urgent health problem which may be brought to its notice by any government, to give technical advice in regard thereto, to bring urgent health needs to the attention of governments and organizations which may be in a position to assist, and to take such steps as may be desirable to co-ordinate any assistance such governments and organizations may undertake to provide."

A small committee was appointed to negotiate these transfers,11 and, with the assistance of members of the Secretariats of the Commission, UNRRA and the United Nations, concluded its work by 22 October 1946 with the drawing-up of a draft agreement,12 under which $1,500,000 was made available by UNRRA to the Commission for 1947. This agreement was adopted by the Commission, with an additional clause that any services provided would be in consultation with the governments and organizations concerned.13 Special mention was made of the needs of China and Ethiopia and of the urgent health problem of tuberculosis and malaria. The need to continue UNRRA's programme of fellowships and other educational activities was also stressed.

The original grant from UNRRA was based on the assumption that WHO would be constituted in 1947. When it became clear that the life of the Interim Commission would be extended, a request for a further grant was made, and in September 1947 a sum of $1,500,000 was again voted by the Central Committee of UNRRA,14 to be paid in three quarterly instalments, provided that the third instalment would lapse if WHO were independently and adequately financed before the end of the second quarter. Otherwise, the grant was on the same terms as that for 1947.

The Commission's main consideration in its Field Services activities was the need to bridge the gap between UNRRA's short-term work of medical relief and rehabilitation and the time when WHO could review the health needs of the world as a whole.

Forms of Service

Early in 1947, a small Field Services Division was established at Geneva with the former Director of the Health Division in the European Regional Office of UNRRA as director, and a Deputy Director, with special charge of the fellowship programme. Later in the year, an Assistant Director in charge of the programmes in the Far East was appointed to the New York office.

The governments of the countries concerned were asked in what form they wished to receive aid from the Commission,15 and it was agreed that, inter alia:16

i. nationals of professional status should not be paid by the Commission if they worked in their own country

ii. no direct subsidy should be paid for operations within a country by its own health services

iii. any sums saved by a reduction in the cost of providing missions should be transferred to the fellowship programme

iv. savings made by the provision of any necessary local currency by the government would be credited for additional aid to the country concerned

v. at the request of the United Nations International Children's Emergency Fund (UNICEF), governments should be asked to include in their fellowships programmes as least 10 per cent of specialists in child health

vi. UNRRA staff regulations should continue to be applied to field staffs transferred to the Commission.

The programme of aid requested by governments and approved by the Commission was

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11 Off. Rec. WHO, 4, 104
12 Ibid. 4, 113
13 Ibid. 4, 26
14 Albania, Austria, Byelorussia, China, Czechoslovakia, Ethiopia, Finland, Greece, Hungary, Italy, Korea (Northern and Southern), the Philippines, Poland, Ukraine, and Yugoslavia
15 Off. Rec. WHO, 7, 155
16 Ibid. 5, 87
17 Ibid. 5, 89
of four types: (a) continuation of missions of technical experts or a medical liaison officer as established by UNRRA (for seven countries); (b) grants for fellowships or study-tours (for eleven countries); (c) provision of visiting lecturers or experts (for nine countries); (d) supply of medical literature (for twelve countries). Of the fifteen countries concerned, all save Albania asked for one or more of these forms of aid. Budget allocations to meet these requests during 1947 were $708,000 for field missions, $483,000 for fellowships, $30,000 for visiting lecturers and $40,000 for medical literature. In addition, approximately $381,000 was made available in local currency by the countries receiving missions, for the local expenses of those missions. Provision was also made for the administration costs of the Field Services Division in the Geneva and New York offices, for a share in the cost of certain specialists in these offices whose work was partly concerned with UNRRA-aided countries, and for a small contingency reserve — the total for 1947 amounting to the total of the UNRRA grant — i.e., $2,500,000.

**Services provided**

The forms of service provided to devastated countries in 1947-1948 are summarized in Table I.  

**Table I**

**FORMS OF SERVICE PROVIDED IN THE FIELD SERVICES PROGRAMME**

<table>
<thead>
<tr>
<th>Country</th>
<th>Missions, Liaison Officers</th>
<th>Fellowships or Study-Tours</th>
<th>Visiting Lecturers or Experts</th>
<th>Medical Literature and Teaching Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Byelorussian SSR</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>China*</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Czechoslovakia</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Finland</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Greece</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Hungary</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Italy</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Korea, N. and S.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Philippines</td>
<td>-</td>
<td>+</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Poland</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Ukrainian SSR</td>
<td>-</td>
<td>+</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Yugoslavia</td>
<td>-</td>
<td>+</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

* China had no visiting experts or lecturers. The experts are full-time and attached to mission operations.

The notes below give additional information on the operations undertaken.

19 Albania has not been included as no reply was received.

20 The Commission later extended the definition of "medical literature" to include special teaching-apparatus (Off. Rec. WHO, 6, 78).

21 Albania has not been included as no reply was received.

**Missions, Liaison Officers, Visiting Lecturers and Experts, Medical Literature and Teaching Materials, and Other Services**

**Austria.** By arrangement with the Preparatory Commission for the International Refugee Organization (PCIRO), its chief medical officer in Austria acted as medical liaison officer for the Commission until he was taken over by the Commission for the last quarter of the year. The local expenses of his office were paid by the Austrian Government. In conjunction with the Unitarian Service Committee, a group of eminent specialists — eight American and two Swiss — gave lectures and demonstrations at Vienna, Graz and Innsbruck during July 1947. Medical literature requested was sent.

**China.** The Commission’s China Mission began to operate on 1 April 1947. Out of 29 experts, 25 had been recruited by UNRRA and carried on their services without interruption. The UNRRA office in China also continued to assist in the operation of the mission. The Chinese Government, through its Ministry of Health, appropriated a sum of 3,880,000,000 Chinese dollars to cover the local expenses of the mission.

Two main interlinked fields of UNRRA’s health activities in China were emergency public-health measures and the training of personnel. The emergency public-health measures included epidemic control and port-quarantine, a demonstration of tuberculosis control, and certain uncompleted obligations taken over from the UNRRA Health Division.

Special attention was given to the epidemic control of plague, cholera and kala-azar. The Commission’s expert in charge of plague control in the field dealt with outbreaks in Nanchang and Yunnan. The incidence of cholera was gratifyingly low in 1947, but work was done on human subjects on the standardization of cholera vaccine and other research problems. Kala-azar is in some ways perhaps the most important epidemic disease in China, with an estimated incidence of three to five millions. Unfortunately, the area involved was disturbed by military operations, and work was found to be impossible after September 1947.

A survey of the port-quarantine service was made by a quarantine expert loaned by the United States Public Health Service. Nine seaports were surveyed, and a valuable report with recommendations was submitted.

Uncompleted UNRRA-obligations which were continued consisted of work for the National Institute for Biological, Chemical and Pharmaceutical Production in the survey of suitable sites for plants for penicillin, DDT, etc., of assistance in the installation and maintenance of x-ray equipment, and advice on the assignment of medical supplies.

**50 Off. Rec. WHO, 5, 48; 6, 47; 7, 155** **Chronicle WHO, 1947, 1, 73, 173**

**51 Chronicle WHO, 1947, 1, 133**
As regards training of personnel, a group of teachers in the fields of clinical medicine, surgery, ophthalmology, pediatrics, gynecology and obstetrics, radiology, psychiatry and orthopaedics, and also in sanitary engineering, hospitals and public-health nursing and bacteriology, were either continued from UNRRA or recruited. Of a total of 32 mission members in China, 19 were engaged in this training work, ten being based at Nanking, while the other nine were assigned to regional training-centres, including Formosa and the communist-controlled areas.

Considerable quantities of books, journals, and other teaching materials such as films, projectors and museum material, have been provided.

Ethiopia. The chief object of the mission was to give elementary training for nurses (chiefly male) and sanitary officers. Five courses were completed and others initiated in the provinces. Eighty-five dressers received certificates after examination, and training-manuals were prepared in Amharic.

Eighty-five dressers received certificates after examination, and training-manuals were prepared in Amharic. Two courses were given for sanitary inspectors. In addition, advice was given on many subjects to the Ministry of Health at its request, and also assistance in the control of epidemics in the provinces and in the sanitation problems of Addis Ababa.

The mission consisted on 1 January 1947 of two doctors and three nurses, and later of one doctor, two nurses, one sanitary engineer, and one sanitary inspector. A formal agreement covering the activities of the mission from 1 January 1947 was signed with the Ethiopian Government in March, and was terminable at three months’ notice on either side.22

Greece. The Commission’s Field Services programme was concentrated on the control of malaria and tuberculosis, and the operations undertaken are described elsewhere.23 The mission consisted at the beginning of 1948 of two medical officers, two sanitary engineers, one nurse, one x-ray technical adviser, and one chief aircraft-mechanic, and by the end of the year numbers of two medical officers, one sanitary engineer and one nurse. The activities of the mission were covered by a formal agreement with the Greek Government, terminable at three months’ notice on either side.24

Hungary. A medical liaison officer was stationed in Budapest in March, with local expenses paid by the Hungarian Government. The Government indicated that his services would not be required in 1948, as the programme was to be administered by the Ministry of Social Welfare.

The Commission made arrangements for a Unitarian group of visiting lecturers to visit Hungary during August 1947, but, as that time was not convenient to the Hungarian Government, the proposal was abandoned. Suggestions for the visits of other named experts were received and considered.

Italy. A small mission of two medical officers was established in Rome by the beginning of 1947, under a formal agreement under which the Italian Government paid the local expenses of the mission. The agreement was terminable at three months’ notice on either side. An expert in sea- and airport sanitation and quarantine visited Italy, and arrangements were initiated for visits by other experts. The main task of the mission was to advise the Italian Government on the health projects established from the fund derived from the sale of UNRRA goods. These included malaria control, tuberculosis, trachoma, quarantine stations, a national nutrition and orthogenetic centre, and maternity and child welfare.

Poland. A medical liaison officer was taken over by the Commission in Warsaw in the middle of 1947: he had previously been acting as the Commission’s agent whilst with UNRRA. His local costs were paid by the Polish Government, through an exchange of letters at the end of May.

Other services. Among other activities of the Field Services Division in 1947 may be mentioned liaison with departments of the United Nations, and with specialized agencies and non-governmental organizations, both centrally and in the field. For example, talks on the Commission’s work were given to four groups of fellows coming to Geneva for orientation before taking up fellowships from the United Nations Social Affairs Department. Liaison with this department’s field representatives was established by the missions of the Interim Commission. The same applies to FAO, PCIRO, UNICEF, and non-governmental organizations. Consultations with UNESCO and the Rockefeller Foundation and the United Nations Social Affairs Department were held on fellowships, and joint work was done with PCIRO on the resettlement of doctors and nurses. It was agreed that the technical work undertaken by the Commission for UNICEF should be financed and administered by Field Services Division.25 All the missions were visited once during the year by the Director of Field Services. Czechoslovakia and Finland were also visited.

Fellowships

The fellowship programme began in the early spring of 1947 in the first few months of the Geneva office, and it expanded to the New York office in the early summer. Of the fifteen countries formerly aided by UNRRA, eleven applied for assistance from the Commission in the organization and financing of fellowships—Austria, Czechoslovakia, Finland, Greece, Hungary — and the Italian Government paid the local expenses derived from the sale of UNRRA goods. These included malaria control, tuberculosis, trachoma, quarantine stations, a national nutrition and orthogenetic centre, and maternity and child welfare.

22 Off. Rec. WHO, 5, 93
23 Malaria, see p. 31; tuberculosis, see p. 35
24 Off. Rec. WHO, 5, 95
25 Ibid. 6, 123; 7, 158. Chronicle WHO, 1947, 1, 75.
Hungary, Italy, Poland and Yugoslavia in Europe, and China, Korea, and the Philippines in the Far East. From these countries, an unceasing flow of specialists in public health, clinical medicine, and the medical sciences, as well as sanitary engineers, hospital architects, and nurses, visited the United States of America and Canada, Denmark, France, Sweden, Switzerland, the United Kingdom, and other European countries, to refresh their knowledge.

Considering the difficulties and crowded post-war conditions in the medical schools and institutions, the response to requests for acceptance of prospective fellows was excellent. The placement of fellows was arranged in co-operation with the national health-administrations, teaching institutes and foundations, and with the assistance of members of the Commission. All the fellows were proposed by their respective national administrations, usually by small selection-committees including representatives from the educational body and universities. The chiefs of the missions were helpful links in the fellowship programme and usually sat on the selection committees in an advisory capacity. A fellowship manual was prepared which was founded on actual experience in the organization and rehabilitation of public-health and medical education in the war-stricken countries. For the countries which lost many of their physicians and qualified teachers during the war, the fellowships were a welcome assistance in the rebuilding of a nucleus of specialists and teachers in health; for others it meant the resumption of prewar relations and the raising of standards.

Many type of training and varied periods of study were required. Some countries were in a position to send a small number of selected specialists for long-term fellowships, whereas others were more urgently in need of a larger number of fellowships for short periods. In practice, short-term fellowships often had to be extended, as they were rarely long enough to enable the fellows to take the best advantage of the opportunities offered. In view of this experience, the Commission ruled that normally fellowships of less than six months, especially for junior workers, would not be approved. Only men of senior status would be awarded grants for shorter study-tours, usually of not less than three months, with the possible exception of fellows visiting neighbouring countries.

On the whole, the fellowship programme proved to be the most popular of the forms of service provided to governments by the Field Services programme.

Tables II and III show the number and average duration of fellowships, the countries assisted, and the main fields of study.

### Table II

**FELLOWSHIPS AWARDED, BY COUNTRIES OF ORIGIN OF FELLOWS**

*(January 1947 to April 1948)*

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of fellowships</th>
<th>Number of fellowships</th>
<th>Average duration of fellowship in months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>11</td>
<td>51</td>
<td>5.5</td>
</tr>
<tr>
<td>China</td>
<td>58</td>
<td>500</td>
<td>8.6</td>
</tr>
<tr>
<td>Czechoslovakia</td>
<td>35</td>
<td>153</td>
<td>4.4</td>
</tr>
<tr>
<td>Finland</td>
<td>10</td>
<td>68</td>
<td>6.8</td>
</tr>
<tr>
<td>Greece</td>
<td>4</td>
<td>28.5</td>
<td>7.1</td>
</tr>
<tr>
<td>Hungary</td>
<td>12</td>
<td>59</td>
<td>4.9</td>
</tr>
<tr>
<td>Italy</td>
<td>6</td>
<td>24</td>
<td>4.0</td>
</tr>
<tr>
<td>Korea, Northern</td>
<td>2</td>
<td>24</td>
<td>12.0</td>
</tr>
<tr>
<td>Korea, Southern</td>
<td>2</td>
<td>24</td>
<td>12.0</td>
</tr>
<tr>
<td>Philippines</td>
<td>3</td>
<td>16</td>
<td>5.3</td>
</tr>
<tr>
<td>Poland</td>
<td>63</td>
<td>305</td>
<td>3.2</td>
</tr>
<tr>
<td>Yugoslavia</td>
<td>44</td>
<td>345</td>
<td>7.8</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>250</strong></td>
<td><strong>1,305.5</strong></td>
<td><strong>6.0</strong></td>
</tr>
</tbody>
</table>

### Table III

**FELLOWSHIPS AWARDED, BY FIELDS OF STUDY**

*(January 1947 to April 1948)*

<table>
<thead>
<tr>
<th>Field of study</th>
<th>Number of fellows *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public health</td>
<td>132</td>
</tr>
<tr>
<td>Clinical subjects</td>
<td>136</td>
</tr>
<tr>
<td>Medical sciences</td>
<td>30</td>
</tr>
</tbody>
</table>

*Some fellows were studying in more than one field

### Publications

The objects of the Commission's publication programme were: to fulfil statutory obligations inherited mostly from the Office International d'Hygiène Publique (OIH); to place at the disposal of public-health administrations and the medical and related professions technical information on current problems, and on the development of the activities of the Commission and its expert committees; to initiate, during the interim stage, only such essential publications as might be later continued by WHO.29

Owing to shortage of specialized staff, this programme was not fully implemented during the interim period. The publication of the *International Health Yearbook* had to be deferred.28 The publication of abstracts relating to public health and tropical medicine was considered by the Commission, and it was decided to refer this matter to the first World Health Assembly.29

**Weekly Epidemiological Record**

The inherited obligation to supply up-to-date epidemiological information necessitated the continuance of a weekly epidemiological publication. The publication of the *Record* under

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27 Off. Rec. WHO, 4, 170; 5, 64; 6, 101
28 Ibid. 6, 34
29 Ibid. 5, 138
30 See p. 46
the auspices of the Commission began on 25 December 1946, and, as from 14 May 1947, it was devoted exclusively to notifications and information relating to the "conventional" diseases.

Epidemiological and Vital Statistics Report

Information on non-conventional diseases and on vital statistics was transferred from the Record to the monthly Epidemiological and Vital Statistics Report, the first number of which appeared in June 1947. Both of the above publications are bilingual.

Weekly Fasciculus

The Weekly Fasciculus of the Singapore Epidemiological Intelligence Station, which confirmed and amplified any epidemiological information broadcast by its network of wireless stations, was published as from 1 January 1948.

Official Records of the World Health Organization

This periodical contains minutes of the sessions of the Interim Commission, and documents considered. No. 3, the minutes of the first session, was the first to appear, in June 1947. No. 1 was the Report of the Technical Preparatory Committee for the preparation of the International Health Conference, and No. 2 dealt with the discussions and Final Acts of the International Health Conference itself. Nos. 4-7 contain minutes and documents of the second to fifth sessions of the Interim Commission, and No. 8 the reports of all the expert committees submitted to the Interim Commission up to the time of the fifth session. The Provisional Agenda, with Documents and Recommendations, was published as No. 10 of the Official Records. Separate editions were published in English and in French.

Bulletin of the World Health Organization

By agreement with OHIP, the last number of the latter's bulletin was issued with the help of the Secretariat of the Interim Commission and under the names of both organizations. The last two numbers of the Bulletin of the Health Organisation of the League were also issued by the Commission. The first number of the Bulletin of the World Health Organization was published in January 1948. Its title intentionally recalls that of its two predecessors, the Bulletin mensuel of OIHP and the Bulletin of the Health Organisation of the League of Nations. The Bulletin was intended to be the chief scientific publication of the organization and to bring to the knowledge of governments, health administrations, and the medical profession communications submitted by the representatives of member States, reports of expert committees, and original articles by experts and specialists. Separate editions were published in English and in French.

International Digest of Health Legislation

The Bulletin of OIHP contained a section dealing with public-health legislation, which proved of the greatest value to administrations. The Commission decided to publish such information separately, and in considerably extended form, as the International Digest of Health Legislation, to contain the original texts, translations, and, where necessary, extracts, of all the more important health-legislation promulgated throughout the world. It was decided to publish separate editions in English and in French.

Chronicle of the World Health Organization

The chief purpose of the Chronicle was to provide public-health administrations and members of the medical and scientific professions with monthly information on the current activities of the Commission and of its expert committees. The first issue (Nos. 1/2) appeared in June 1947. Eight numbers in all were published during 1947, the first four being double numbers. The Commission decided that it should appear not only in English and French, the two working languages, but also in Chinese, Russian, and Spanish.

AA Epidemiological Code

Pending the preparation of an epidemiological code covering the whole world (Cod epid), the AA Epidemiological Code, originally adapted for the use of the Singapore Epidemiological Intelligence Station, was brought up to date and reprinted to meet an urgent need.

Reference Service and Library

The need for an adequate reference service and for a technical library, forming an essential adjunct to the technical work of the Commission and its Secretariat, was recognized at an early stage. Documentation on problems handled by the organizations preceding the Commission, current bibliographical work on subjects of immediate interest and on activities of other bodies and specialized agencies connected with the Commission's work, were dealt with by the

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\(^{22}\) See p. 46

\(^{23}\) Off. Rec. WHO, 5, 60
documents, avoiding duplication with those received by the library of the Office International d'Hygiène Publique (OIHP) and those available in the health and medical series of the former League of Nations library, which was included in the United Nations library; and to prepare a library organization which would permit future expansion.

An additional responsibility was also assumed by the library in procuring medical literature under the Field Services programme. This involved obtaining some 10,000 volumes and subscribing to 400 periodicals for eleven countries.

Progress was made in obtaining new books, and a regular supply of medical and other technical periodicals, mostly by exchange with the Commission's publications. Efforts were also made to obtain current government reports.

Arrangements were made to adapt the classification of the United States Army Medical Library to the needs of WHO. A systematic inventory of the library of OIHP was undertaken, and the completion of the period for the 1940-1946 series of periodicals received by the health and medical sections of the League of Nations library before the war was actively pursued.

The location, far away from the Secretariat, of the Commission's library in Geneva hampered full utilization of its services. On the other hand, its proximity to the United Nations library to some extent facilitated access to the health and medical sections of the former League of Nations library. In spite of staff limitations, the reference service and the library were able to deal with a growing volume of requests for information and literature from the technical officers of the Secretariat.

The importance for WHO of free access to the health and medical sections of the former League of Nations library, as well as to the archives of the Health Organization, and of ownership of the stock of publications of the Health Organization, was recognized by the Interim Commission, and the Commission took note of the decision of the United Nations on this subject.

**Public Information**

Bringing the aims and functions of WHO to the knowledge of the public has been one of the responsibilities of the Commission. This long-range task, which requires an adequate machinery and programme, has only been initiated during the interim period, and during the early months the public-information activities of the Secretariat were strictly limited to provision of Press material distributed by the machinery of the Department of Public Information of the United Nations. The development of the Commission's activities and of a steadily growing interest in them prompted the establishment of a public-information unit under a professional public-information officer.

The guiding principles in the development of its programme were to publicize the aims of the organization by taking full advantage of the facilities at the disposal of the United Nations for information activities intended for the general public throughout the world, and to supply material on the Commission's technical activities to the technical Press, to special writers and periodicals, and to international, national and professional organizations interested in public health.

Collaboration with the Department of Public Information of the United Nations was considered by the Commission, and close working relations with this department were maintained in order to realize fully the advantages of the machinery for world-wide distribution of information. The channels for distribution included:

i. Press releases at Lake Success and Geneva, and through the existing United Nations Information Centres in various countries

ii. World-wide radio broadcasts through United Nations news and reports programmes in various languages

iii. *United Nations Bulletin*. This publication of wide circulation in English, French and Spanish languages gave attention to the Commission's work and published several articles on its activities

iv. Features Service. This clip-sheet (English, French, Spanish) utilized various items about the Commission

v. Co-operation with non-governmental organizations, through a special section maintaining contact with such organizations at Lake Success, provided a useful means of reaching many bodies having their own publications, newsletters and speakers

vi. Speakers and lecturers. The United Nations Section for Lecture Services and Educational Liaison prepared material on all specialized agencies, including WHO. The Commission was represented on the Consultative Committee on Information composed of the Information Officers of the United Nations and the specialized agencies. The meetings of this committee afforded the opportunity for discussing common problems and learning views on informational practice and procedure of other specialized agencies.

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38 See p. 50
39 Off. Rec. WHO, 5, 125
40 Ibid. 7, 95
41 Ibid. 4, 136
42 Ibid. 5, 61
43 Ibid. 4, 135

SERVICES PROVIDED

The material prepared for distribution through the above-mentioned channels and other outlets included:

(a) Fact Book on WHO, a mimeographed publication available in English and French, which was repeatedly revised to include newest data.

(b) WHO Information Folder, a condensed printed publication suitable for answering briefly simple questions about the organization, which was issued in English and French. A Spanish version was published by the Pan American Sanitary Bureau in its bulletin.

(c) A Condensed Fact Sheet, which provided background information on the work of each session of the Commission.

(d) Frequent Press releases.

A monthly News Letter, containing condensed items of public information, was circulated to health administrations, to publications of health services, to associations having their own journals, and to a number of general publications. The mailing list of the News Letter steadily increased. It did not duplicate in any way the Chronicle of the WHO, which was circulated mainly to medical journals and associations, health authorities, and university and medical-faculty libraries.39

The public-information unit also provided ideas and suggestions for writers and for periodicals; it prepared special data for numerous news services, mainly in the United States, both of a general and technical character.

Motion and still pictures. Arrangements were made to provide material and facilitate the production by the United Nations Film Board of a film on some aspects of the Commission's activities. Still-photographs on its field-activities were collected and made available to the Press.

An exhibit on the aims and work of the Organization was prepared, and was used at the biennial meetings of the American Public Health Association in Atlantic City, October 1947.

Radio broadcasts. Taking advantage of the United Nations radio facilities, a successful series of broadcasts was arranged, and recordings by members of the Commission were utilized in United Nations radio programmes in different languages.

39 See p. 53
Chart 1

**STRUCTURE OF THE GENERAL ASSEMBLY**

**SHOWING BODIES WITH WHICH THE INTERIM COMMISSION WAS IN RELATION**

**MAIN COMMITTEES**

- **First Committee**
  - Political and Security

- **Second Committee**
  - Economic and Financial

- **Third Committee**
  - Social, Humanitarian, and Cultural

- **Fourth Committee**
  - Trusteeship

- **Fifth Committee**
  - Administrative and Budgetary

- **Sixth Committee**
  - Legal

**GENERAL ASSEMBLY**

**PROCEDURAL COMMITTEES**

- General Committee

- Credentials Committee

**STANDING COMMITTEES**

- Advisory Committee on Administrative and Budgetary Questions

- Committee on Contributions

**AD HOC BODIES**

Established at the first part of the first session:

- Permanent Headquarters Committee
- League of Nations Committee
- Committee on U.N.R.R.A.
- Committee on Negotiations With U.S.A.
- Committee on Negotiations for the Transfer of League of Nations Assets, and the Premises of the Peace Palace at the Hague

Established at the second part of the first session:

- Committee on Rules of Procedure Governing the Admission of New Members
- Committee on Transmission of Information Under Article 73 (b)
- Advisory Committee on Headquarters Special Technical Committee on Post-U.N.R.R.A. Relief
- Committee on Progressive Development of International Law and Its Codification
- Committee on Procedures and Organization
- Board of Auditors

Established at the first special session:

- Special Committee on Palestine

*At the opening of its second regular session*
CHAPTER 4

RELATIONS WITH OTHER ORGANIZATIONS

United Nations and its Organs

In accordance with Article 2C of the Arrangement of 22 July 1946 and with the principles expressed in the United Nations/WHO Agreement, the Interim Commission maintained effective liaison with the United Nations through representation at meetings and by other means. Representatives of the Interim Commission attended as observers and, when appropriate, participated in meetings of the several bodies of the United Nations when matters of concern to the Commission were under discussion. The reports prepared on these meetings are summarized below. In addition, the Secretariat of the Interim Commission took part in the work of the various co-ordination committees and consulted with the relevant divisions of the Secretariat of the United Nations. Reports were submitted and documents exchanged. In a few cases, the Commission appointed expert consultants or seconded staff to United Nations bodies.

The principal organs of the United Nations with which relations were maintained are those shaded in charts 1 and 2 (pp. 56, 58), showing the structure of the General Assembly and of the Economic and Social Council.

Agreement between the United Nations and WHO

After preliminary discussions between the Executive Secretary and representatives of the Secretariat of the United Nations, this agreement was negotiated at a joint meeting on 4 August 1947 of the Sub-Committee on Negotiations of the Interim Commission and of the Committee of the United Nations on Negotiations with Specialized Agencies. It was approved by the Economic and Social Council on 13 August 1947, by the Interim Commission on 14 September 1947, and by the General Assembly on 15 November 1947. It has been used, as far as possible, by both parties, pending final approval by the first World Health Assembly, in accordance with letters of agreement exchanged between the Executive Secretary of the Interim Commission and the Acting Secretary-General of the United Nations on 28 November 1947 and 23 January 1948. The Commission decided to submit this agreement to the first Health Assembly for its approval.

General Assembly of the United Nations

The General Assembly approved the establishment of WHO at its first session, and thereafter the granting of two loans to the Interim Commission, the transfer of the functions and assets of the Health Organization of the League of Nations, and the agreement with WHO. At its second session, the Assembly approved a Convention on the Privileges and Immunities of the Specialized Agencies and urged member States to apply this convention as far as possible, pending their formal acceptance of it.

The Interim Commission later approved the reports on the convention submitted by its Panel of Legal Experts, which expressed certain reservations regarding its terms.

General provisions for the co-ordination of programmes and administrative procedures were incorporated into the agreements of the United Nations with the specialized agencies. In a series of recommendations to member States, the Secretariat of the United Nations, and the specialized agencies, the Assembly has outlined in some detail the mechanism of co-ordination. Notably, it has requested the specialized agencies to submit periodic reports and budgetary estimates, to consult with the Secretariat of the United Nations, and to work with the co-ordination committees of various United Nations bodies on means of achieving greater uniformity in administrative, financial, and budgetary procedures. The Interim Commission decided to transmit to the first Health Assembly documents containing these recommendations of the General Assembly.

The General Assembly approved at its first session the Protocol of 11 December 1946, which, by amending the previous international agreements for the control of narcotic drugs, provided for the transfer to the United Nations of the powers and functions of the League.
International Labor Organization
Food and Agriculture Organization of the United Nations
United Nations Educational, Scientific and Cultural Organization
International Civil Aviation Organization
International Bank for Reconstruction and Development
World Health Organization
Interim Commission
International Monetary Fund
International Refugee Organization
International Trade Organization (revised)
Universal Postal Union
International Telecommunications Union

General Assembly

Economic and Social Council

Committee on Negotiations with Specialized Agencies
Committee on Arrangements for Consultation with Non-Governmental Organizations

Economic and development
Transport and communications
Statistical
Fiscal
Population
Social
Human rights
Status of women
Narcotic drugs
Economic Commission for Europe
Economic Commission for Asia and the Far East
Economic Commission for Latin America
Committee on the Proposed Economic Commission for the Middle East

Regional Commissions
International Children's Emergency Fund
International Children's Emergency Fund
UN الأمم المتحدة
Prevention of Discrimination and Protection of Minorities
Drafting Committee on the Bill of Rights

Non-Governmental Organizations

Chart 2

Structure of the Economic and Social Council
Showing bodies with which the interim commission was in relation

Specialized Agencies

Coordination Committee

* Relations pending
of Nations in this matter. The Protocol, which came into effect on 3 February 1948, placed certain technical responsibilities upon WHO (see p. 60), and the Interim Commission adopted the report of the Committee of Legal Experts on responsibilities with respect to the Narcotics Conventions.9

At its first session, the General Assembly established the International Children’s Emergency Fund (UNICEF) “for the benefit of children and adolescents of countries which were victims of aggression and... for child health purposes generally...”.10

The Assembly adopted at its first and second sessions a series of resolutions implementing Article 73e of the United Nations Charter, which relates to the transmission of information on non-self-governing territories. It appointed an ad hoc committee (see p. 61), which was invited to collaborate with the specialized agencies, where appropriate, and directed the Secretary-General, in consultation with the specialized agencies, to study this question.

**Economic and Social Council**

Since the Council is responsible for co-ordinating the work of the specialized agencies with that of the United Nations, it took steps to fulfill the decisions of the General Assembly on the establishment of WHO. At its third session, the Council recommended measures for co-ordination subsequently approved by the Assembly, and requested the Secretary-General to set up a Co-ordination Committee composed of himself as Chairman and the corresponding officers of the specialized agencies (see below).

At its sixth session, held in February-March 1948, the Council considered in detail, for the first time, reports of the specialized agencies. It set up a Committee on Matters relating to Co-ordination and adopted five resolutions which supplemented its previous recommendations with respect to co-ordination (see below). The Interim Commission resolved to draw to the attention of the Council its view that co-ordination was essential and that “each specialized agency should be encouraged to operate as far as possible in its own field, independently of political influences “.10

Much of the Council’s work has been concerned with the establishment of its functional commissions and the discussion of their reports and recommendations. In this connexion, the Council reviewed the activities of the League of Nations and of UNRRA in social welfare and directed the Secretariat of the United Nations to continue certain of these activities, including field advisory-services and fellowships in social welfare. At its fourth session (February-March 1947), the Council directed UNICEF to give priority to child-feeding programmes, restoration of institutions and services, and the enlisting of the co-operation

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9 Off. Rec. WHO, 6, 207
10 Ibid. 7, 182
11 Ibid. 6, 145
12 Ibid. 4, 139
13 Ibid. 6, 217
14 Ibid. 4, 139
15 Ibid. 7, 183; see also p. 60
16 Ibid. 6, 217
Assembly should take place in February or March.\textsuperscript{16} It agreed to participate in an international civil service advisory board.\textsuperscript{16}

The detailed work of co-ordination is carried on by three consultative committees subordinate to the Co-ordination Committee of the Secretary-General; these in turn have set up sub-committees and working parties. The consultative committees are those on administrative questions (including personnel and administrative and budgetary problems), public information (including the Film Board), and statistical matters. The Secretariat of the Interim Commission worked as closely as possible with the pertinent co-ordination bodies.

\textit{Commissions of the Economic and Social Council.} The Economic and Social Council has created nine commissions whose work is generally concerned with statistical and economic matters, and four which deal primarily with social matters. The first group consists of the Economic Commissions for Europe, for Asia and the Far East, and for Latin America, and an ad hoc Committee on the proposed Commission for the Middle East; the Fiscal Commission, the Population Commission, the Statistical Commission, the Transport and Communications Commission, and the Economic and Employment Commission, which has two sub-committees. In social affairs, the Council has established the Social Commission, the Commissions on Human Rights and on the Status of Women, and the Commission on Narcotic Drugs. UNICEF is responsible to the Council (see p. 6x). In addition, the Council has sponsored several international conferences and investigating bodies whose work is of interest to WHO.

Representatives of the Secretariat of the Interim Commission attended the pertinent meetings of these commissions and other bodies, and informed them of the services which WHO could, or might be expected to, render in their respective subjects. Furthermore, close working-relationships were maintained with the divisions of the Secretariat of the United Nations which serve the commissions. This work has been valuable not only from the point of view of mutual advice and assistance, but also as a means of avoiding overlapping and of assuring adequate attention to health aspects of the problems dealt with by these commissions.

In statistical and economic matters, the principal activities which concern WHO, and the commissions or other bodies responsible for them are as follows:

\textit{Statistical Commission and Population Commission (also World Statistical Congress).} Development of an international statistical system and an integrated plan for the various statistical yearbooks of the United Nations, and co-ordination of statistical questionnaires sent to member States. The interest of WHO in data on causes of death and infant mortality, and in the vital statistics in the \textit{Demographic Yearbook} has been recognized, as well as the sole responsibility of WHO for annual epidemiological reports. The Interim Commission was represented at the World Statistical Congress.

\textit{Economic and Employment Commission and its Sub-Commissions and Regional Economic Commissions.} Studies by several commissions and by the Secretariat of the United Nations on housing and town and country planning; preparations for the proposed Scientific Conference on the Conservation and Utilization of Resources, which may be concerned with the concurrent development of health services and economic resources; the application of this same principle in the work of the regional commissions; a proposed inquiry on economic reconstruction in North Africa; and preparations for a Conference on Passports and Frontier Formalities.

The Interim Commission recommended the closest co-operation with the United Nations in housing, and decided that the hygiene of housing should be placed on the agenda of the first Health Assembly.\textsuperscript{17} It also recommended close co-operation with the United Nations in preparation for the Resources Conference, in order that the views of WHO might be presented at this conference.\textsuperscript{18} Upon receiving the report of its observer to the Conference on Frontier Formalities, the Interim Commission decided to inform the United Nations that WHO was the sole body competent to establish the sanitary measures applicable to international traffic.\textsuperscript{19} The Commission also authorized the appointment of a specialist to take part in the field-survey in North Africa;\textsuperscript{20} the survey, however, has been postponed.

In social affairs, the following commissions have taken action of concern to WHO:

\textit{Narcotics Commission and Permanent Central Opium Board (also Drug Supervisory Body).} The Narcotics Commission replaces the corresponding Advisory Committee of the League of Nations, and advises the United Nations with respect to the administration and revision of the agreements for international control of narcotics. Under the Protocol of 11 December 1946, WHO, aided by its relevant expert committee, is to advise the Interim Commission on any narcotic drugs referred to it.

In response to requests from the Narcotics Commission, the Interim Commission referred to its Expert Committee on Habit-forming Drugs the question of the new synthetic drug "amidone" and agreed to appoint a member to serve on a commission of inquiry on the effects of chewing coca-leaf in Peru and neighbouring countries. In accordance with the terms of the Protocol, the Interim Commission

\textsuperscript{16} Off. Rec. WHO, 7, 182
\textsuperscript{16} Ibid. 7, 182
\textsuperscript{17} Ibid. 7, 183
\textsuperscript{18} Ibid. 7, 183
\textsuperscript{19} Ibid. 6, 183
\textsuperscript{20} Ibid. 6, 190
of staff and collaboration in the BCG programme were approved by the Interim Commission. The Polish Government submitted to the Expert Committee on Venereal Diseases in January 1948 the plan for syphilis control for which it has requested UNICEF aid.

Other Councils, Commissions and Committees

Trusteeship Council. The Council has drafted a questionnaire concerning the trust territories, which calls for information on, inter alia, health conditions and mortality statistics. The Interim Commission was represented at the Council's second session, at which the discussion of that questionnaire was deferred; this document was later formally transmitted to the Interim Commission for its comments.

Ad Hoc Committee of the General Assembly on the Transmission of Information under Article 73 of the Charter. This committee has prepared a draft outline to serve as a guide to the administering powers in the preparation of their reports. The Interim Commission was represented at those meetings in which vital statistics, infant mortality, and other matters of concern to WHO were discussed, and recommended that co-operation with this ad hoc committee be continued.

Palestine Commission. This commission, established in accordance with a General Assembly resolution of 29 November 1947 on the future government of Palestine, had the task of implementing the proposed partition, but was unable to do all that the resolution required. It did not establish formal relations with the Interim Commission, but its Secretariat sought and accepted the advice of the Secretariat of the Commission on the establishment of working relations with the Arab and Jewish health authorities. The Palestine Commission indicated that it would "request the WHO to send an expert to Palestine to undertake a general inspection of the situation", but no such request had been received at the time of going to press.

Specialized Agencies of the United Nations

During the International Health Conference, the need for co-operation between WHO and other specialized agencies of the United Nations was repeatedly stressed. It was pointed out that proper provision for technical advice and collaboration in matters of common interest, besides being of mutual benefit, would prevent duplication and overlapping of work. The Charter of the United Nations had recognized this principle in giving to the Economic and Social Council the task of defining and co-ordinating the work of the specialized agencies.

The Interim Commission accordingly initiated collaboration in varying degrees with appropriate specialized agencies, and, in pursuance of Article 26 of the Arrangement of 22 July 1946, entered into negotiations with four of them for the conclusion of agreements as contemplated in Article 70 of the WHO Constitution. These relationships and negotiations are outlined below.
Food and Agriculture Organization (FAO)

It was early recognized that, in view of the several common interests of WHO and FAO, particularly in nutrition, an obvious case existed for the setting-up of a joint committee. Observers from the Interim Commission who attended the second session of FAO's annual Conference, held in Copenhagen in the autumn of 1946, suggested that a joint committee on nutrition be formed to advise both FAO and WHO.31

The Commission subsequently appointed a Sub-Committee on Negotiations with FAO 32 its terms of reference being to negotiate a draft agreement between FAO and WHO for ultimate submission to the first World Health Assembly, and to represent the Commission on a joint advisory committee on nutrition to FAO and to the Interim Commission.

A joint FAO and Interim Commission negotiating committee met in Geneva on 9 September 1947, and drew up an agreement 33 which was accepted by the FAO Conference on 11 September 1947 and approved by the Commission on the following day. The Commission decided that relations should be established on the basis of this draft agreement, subject to an exchange of letters between the secretariats.34 The Commission later approved the text of the draft agreement 35 for submission to the first Health Assembly.36

The FAO Standing Advisory Committee on Nutrition, in September 1947, stressed the necessity for close co-operation in the regional activities of FAO and the Commission (and WHO itself when it should come into existence). It was also of the opinion that collaboration should be arranged with WHO, in accordance with the report of the joint Negotiating Committee and the agreement, for the revision of the international standards for vitamin A and vitamin D, and for other similar purposes.37 The Commission decided that a representative from FAO should be invited to attend meetings of the Expert Committee on Biological Standardization. It also authorized the Executive Secretary to consult the Director-General of FAO as to practicable means of initiating collaboration in various projected undertakings designed to increase world food-production.38


The assistant head of FAO Nutrition Division was appointed to serve in Europe as liaison officer between FAO and the Commission.

International Civil Aviation Organization (ICAO)

According to Article 2k of its Constitution, WHO has, as one of its functions, "to propose conventions, agreements and regulations, and make recommendations with respect to international health matters..." In regard to such regulations as concern air traffic, it was clear that close co-operation with ICAO was required, and representatives from the Provisional International Civil Aviation Organization were invited to be present as observers at the International Health Conference held in New York in June-July 1946.

Further, in order to establish effective relations with ICAO, the Interim Commission instructed the Executive Secretary to initiate discussions with the Secretariat of that body with a view to the preparation of a draft agreement between ICAO and WHO for submission to the first World Health Assembly.40

The draft agreement prepared by the secretariats of ICAO and the Commission was sent to the United Nations Secretariat (Division of Liaison and Co-ordination), which suggested only minor modifications. This draft agreement 41 was approved by the Commission for transmission to ICAO, on the understanding that negotiations would be undertaken with a view to developing an agreed text suitable for submission to the first Health Assembly, such text to be approved by the Commission before the opening of the Assembly.42 On 27 February 1948, the draft text was forwarded to the Secretary-General of ICAO, and correspondence continued between the secretariats.

A further instance of co-operation was the attendance of ICAO observers at the third and fourth sessions of the Commission. The Commission was represented at the first Assembly of ICAO in Montreal during May 1947, by Dr. F. Soper, Director of the Pan American Sanitary Bureau.

A representation from ICAO was invited to attend, as observer, the first session of the Expert Committee on Quarantine, in October 1947, and a representative was invited to participate ex officio in the discussions of the Expert Committee on International Epidemic Control, which met in April 1948 to consider the revision of the international sanitary conventions. There was co-operation between the secretariats in regard to the disinfection and disinfection of aircraft.

International Labour Organization (ILO)

A close relationship between the Interim Commission and ILO began in September 1946, when the Executive Secretary wrote to the Director-General of ILO suggesting the creation

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31 Off. Rec. WHO, 4, 92
32 Ibid. 3, 108; for membership of sub-committee, see table XI, p. 83
33 Off. Rec. WHO, 6, 135
34 Ibid. 6, 145
35 Ibid. 10, 68
36 Ibid. 7, 183
37 Ibid. 7, 200
38 Ibid. 7, 183
39 Ibid. 6, 145
40 Ibid. 5, 142
41 Ibid. 10, 71
42 Ibid. 7, 183
of two joint technical committees, one on industrial hygiene, the other on medical care and health services.\textsuperscript{43}

The Director-General, in his reply, informed the Executive Secretary that, on 17 September 1946, the Governing Body of ILO had noted with satisfaction the provisions contained in the Constitution of the WHO that the Health Organization would act in co-operation with other specialized agencies in respect of a number of matters of direct interest to the ILO, notably the prevention of accidental injuries; the improvement of nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of environmental hygiene; the promotion of maternal and child health and welfare; and the study of administrative and social techniques affecting public health and medical care from preventive and curative points of view, including hospital services and social security.\textsuperscript{44}

He recalled that the International Labour Conference had already, by the terms of the declaration of Philadelphia, pledged the full co-operation of ILO with such international bodies as might be entrusted with a share of the responsibility for the promotion of the health of all peoples.\textsuperscript{45}

The Governing Body of ILO approved in principle the creation of joint committees, but the Commission at that time had not available the qualified personnel necessary to put the proposal into effect.\textsuperscript{46} The Commission instructed the Executive Secretary to continue discussions with the ILO Secretariat with a view to the formulation of a draft agreement between the two bodies.\textsuperscript{47}

The draft agreement\textsuperscript{48} was approved by the Governing Body of ILO in December 1947 and was adopted by the Commission, which decided to submit it to the first World Health Assembly.\textsuperscript{49}

An observer from the Commission attended the sessions of the Governing Body and of the International Labour Conference, both held in June-July 1947. In his report, he suggested the desirability of including in the Secretariat of WHO, when the latter should be definitively established, a section on industrial medicine.

The ILO was represented by an observer at sessions of the Commission and of the Expert Committee for the Preparation of the Sixth Decennial Revision of the International Lists of Diseases and Causes of Death.

On behalf of the Commission, the representatives from India and Brazil respectively attended the Preparatory Asian Regional Conference held at New Delhi from 27 October to 8 November 1947 under the auspices of ILO, and the Inter-American Conference for Social Security held at Rio de Janeiro in November 1947.

A representative of the Commission attended the session of the Permanent Committee on Migration, held in February-March 1948. That committee approved the suggestion of the Commission that countries concluding bilateral agreements on migration should undertake to observe the provisions of the existing international sanitary conventions.

At the session of the Governing Body in March 1948, during the discussion of the report of the Permanent Committee on Migration, the observer from the Commission emphasized the importance to WHO of migration questions, not only from the epidemiological point of view but also in respect of the establishment of medical criteria for the selection of immigrants, and the furnishing of immigrants with information on health conditions in the country of immigration.\textsuperscript{50} He spoke also of the interest of WHO in medical aspects of social security.

At the same meeting, the Director-General of ILO expressed the hope that WHO would be able to advise on the problem of pneumoconiosis and to take an active part in the preparatory work for the International Conference of Experts on Pneumoconiosis to be held in 1949.

**Preparatory Commission for the International Refugee Organization (PCIRO)**

As one of the successor agencies to UNRRA with an interest in health questions and as a prospective specialized agency of the United Nations, the Preparatory Commission for the International Refugee Organization was invited, from the time of its establishment in Geneva, to send an observer to the sessions of the Interim Commission. Dr. R. L. Coigny, Director of Health, PCIRO, attended the fourth and fifth sessions. Previously, liaison had been established between the secretariats on a number of matters, including the dietary scales laid down for displaced persons. Since PCIRO was responsible for all aspects of the care of displaced persons, as officially defined, including health, it possessed its own medical service, and the Commission was not asked to assume any direct or indirect responsibilities, except in connexion with one question: the resettlement of displaced persons who were doctors, nurses, dentists, etc.

This problem was brought to the attention of the Interim Commission by the observer from PCIRO, who stated that nearly 1,500 doctors, 1,000 dentists and 4,000 nurses were then available among the displaced persons for resettlement.\textsuperscript{51} In answer to a request for help in solving this problem, the Commission decided to circulate the PCIRO observer's statement to all member governments of

\textsuperscript{43} Ibid. 5, 142
\textsuperscript{44} Ibid. 4, 93
\textsuperscript{45} Ibid. 4, 92
\textsuperscript{46} Ibid. 5, 142
\textsuperscript{47} Ibid. 5, 93
\textsuperscript{48} Ibid. 5, 42
\textsuperscript{49} Ibid. 5, 43
\textsuperscript{50} Off. Rec. WHO, 4, 162
\textsuperscript{51} Ibid. 10, 73
\textsuperscript{52} Ibid. 7, 183
\textsuperscript{53} See also p. 43
\textsuperscript{54} Off. Rec. WHO, 6, 162
PCIRO, with a covering letter asking for details of the conditions under which foreign doctors, dentists and nurses could be admitted to those countries and exercise their professions.1 The Commission stressed the urgency and importance of the problem. The replies received were sent to PCIRO, which adopted a resolution thanking the Interim Commission for its action.

An Advisory Committee on the Resettlement of Specialists was set up by PCIRO, with a medical sub-committee. The Director of Field Services of the Commission was nominated as a member both of this committee and of the medical sub-committee, and was invited to attend a conference on the question.

United Nations Educational, Scientific and Cultural Organization (UNESCO)

UNESCO, as the specialized agency dealing with education and science, has a common or allied interest in many subjects of concern to WHO, and the Interim Commission early came into relation with UNESCO in an attempt to distinguish as clearly as possible the respective fields and lines of approach of the two organizations. The general principles of co-operation were outlined in a note which was approved by the Commission.2 A Sub-Committee on Negotiations with UNESCO was appointed,3 met jointly with the Negotiating Committee of the UNESCO Executive Board and produced a report containing principles which were subsequently incorporated into the final text of the UNESCO / WHO draft agreement.

The draft agreement4 was accepted by the Interim Commission, noted by the Executive Board of UNESCO and, in accordance with UNESCO procedure, circulated to all member States. The agreement will come into force when officially approved by the Executive Board of UNESCO and the World Health Assembly.

The agreement provides (in Article 2) for close co-operation and regular consultation between WHO and UNESCO on matters of common interest, and broadly indicates which aspects of such matters are proper to each organization. It recognizes that "WHO shall have the primary responsibility for the encouragement of research, education, and the organization of science in the fields of health and medicine, without prejudice to the right of UNESCO to concern itself with the relations between the pure and applied sciences in all fields, including the sciences basic to health".

In order to facilitate close co-operation on current issues, the negotiating sub-committees at their joint meeting in April 1947 concluded a provisional working arrangement, outlining methods of co-operation on a number of projects of mutual interest, and providing for reciprocal representation at meetings.5

Guided by these principles, the collaboration between the organizations developed in several practical ways. A representative of the Commission took an active part in a meeting organized by UNESCO on the Hylean Amazon project. Fellowship programmes were co-ordinated in such a way as to prevent duplication and overlapping of work, the Commission granting fellowships in medicine and health, UNESCO in all other sciences.

Collaboration was also established in work for the improvement of scientific documentation and abstracting: on the invitation of UNESCO, members of the Secretariat of the Commission attended meetings of the Interim Co-ordinating Committee on Medical and Biological Abstracting and of the Expert Committee on Scientific Abstracting.

The Commission agreed, in principle, to a request by UNESCO that the co-ordination of international medical science congresses — which had been initiated by UNESCO — should become a joint activity of the two bodies.6 An organizing committee composed of representatives of several international associations was set up in April 1948 to undertake the planning and preparatory work for the creation of a bureau for the co-ordination of such congresses.

The Commission also agreed in principle to collaboration in the UNESCO field-projects in the Hylean Amazon basin and in Haiti.7

Pre-existing Organizations

The importance of unifying international health work under the auspices of one worldwide organization was recognized by the International Health Conference, which drew up a Protocol providing for the assumption by WHO of the duties and functions of the Office International d'Hygène Publique.

The relationship to WHO of existing regional health agencies, particularly of the Pan American Sanitary Bureau, the oldest and most important of them, was discussed by the conference at length. The debates resulted in Article 54 of the Constitution, which provides for the integration in due course with WHO of the Pan American Sanitary Organization — represented by the Pan American Sanitary Bureau and the Pan American Sanitary Conferences — and all other inter-governmental regional health organizations in existence prior to the signing of the Constitution.

64

1 Off. Rec. WHO, 6, 146
2 Ibid. 4, 94
3 Ibid. 6, 146; for membership of sub-committee, see table XI, p. 83
4 Ibid. 7, 203
Article 29 of the Arrangement of 22 July 1946 empowered the Interim Commission to enter into negotiations with the bodies concerned, in pursuance of the Protocol and of Article 54. These negotiations, undertaken with the Office International d'Hygiène Publique, the Pan American Sanitary Organization, and the Sanitary Bureau at Alexandria, are summarized below.

Office International d'Hygiène Publique (OIH) 59

The Protocol concerning the Office International d'Hygiène Publique, adopted by the International Health Conference in July 1946, provides for the taking-over of the duties and functions of OIH as soon as possible by WHO or its Interim Commission. 60

On the basis of a resolution adopted in October 1946 by the Comité permanent of OIH, negotiations were accordingly undertaken for the transfer of its assets, liabilities and functions; and by the end of that year the Interim Commission had already provisionally taken over the epidemiological notification service.

In February 1947, a sub-committee appointed by the Commission took part in a meeting of the Commission des Finances et du Transfert of OIH, and subsequently recommended that the Commission should discharge, as from 1 January 1947, the obligations of OIH to governments under the Rome Agreement of 1907, as long as that instrument should remain in force.

The recommendation was adopted by the Commission, and OIH ceased publication of its Bulletin mensuel. 61 The various publications 62 of the Commission collectively inherited the function of publishing the information formerly contained in the Bulletin.

On the basis of the report of the Commission des Finances et du Transfert it was agreed that, pending completion of the transfer arrangements, the members and staff of the Interim Commission should have the use of the library, technical archives, and certain other material of OIH. It was also agreed that OIH should retain its premises in Paris and the attaching rights, with a view to their eventual assumption by WHO. 63

On the recommendation of the Committee on Relations, the Interim Commission undertook to be the agent of OIH in respect of the OIH pension-funds. 64 The matter was accordingly taken up by the Executive Secretary, and the new pension-arrangements for former staff of OIH came into effect in October 1947.

The Comité permanent of OIH had further decided in October 1946 to pass to the Interim Commission the study of a certain number of questions on its agenda, and these were taken over by the Committee on Epidemiology and Quarantine. 65 The subjects included post-vaccinal encephalitis; immune reaction after smallpox vaccination; abolition of bills of health and consular visas; the issue of a revised edition of the International Quarantine Directory; a list of ports accepting quarantine messages by radio; the vaccination of children against yellow fever; disinsection; and the drawing-up of an index of rat infestation of ships. With one exception (for financial reasons), all these subjects were studied and discussed and the results in some cases published. 66

Another question passed to the Interim Commission by the Comité permanent in October 1946 was that of the revision of those clauses of the international sanitary conventions concerning the Mecca pilgrimage. The matter was urgent, as concrete proposals had been received from several governments of the Middle East, and the Commission appointed an expert sub-committee to undertake this task. 67

When the entry-into-force of the Protocol of 22 July 1946 became imminent, the Commission instructed the Executive Secretary to co-operate with OIH representatives in the preparation of a draft agreement for the transfer of the duties and functions of OIH and of the necessary funds for their execution. 68 Accordingly, a committee of both bodies met in Geneva, and on 27 January 1948 adopted and signed a text which came into force the same day. 69 Under the provisions of this agreement, the duties and functions of OIH were forthwith assumed by the Interim Commission pending the definitive establishment of WHO, in so far as the countries parties to the protocol were concerned, the other countries being still served through OIH. Furthermore, OIH placed at the disposal of the organization a financial contribution towards the expenses incurred through the taking-over from 1 January 1947 of the regular duties and functions of OIH under the Rome Agreement.

With regard to the obligations of OIH in quarantine and epidemiology, a joint committee was set up to establish a programme of work, and a financial contribution was also made for that purpose. Finally, the agreement provided for reciprocal representation of the two organizations at meetings. It was to remain in force until the termination of the Rome Agreement.

The Commission subsequently noted the entry-into-force of the Protocol and decided to recommend to the World Health Assembly that it take note of the agreement, approve

65 For an account of the history of OIH, see p. 20
66 Off. Rec. WHO, 2, 90
67 See p. 20
68 Ibid. 5, 128
69 Ibid. 6, 63
70 See p. 40
71 Ibid. 6, 206
72 Ibid. 7, 203
65 RELATIONS WITH OTHER ORGANIZATIONS
66
it in so far as might be necessary, and continue, on the basis of that agreement, to take all necessary measures for the transfer of the assets and liabilities of OIHP to the Organization at the moment of expiry of the Rome Agreement.  

A joint committee of OIHP and the Commission examined methods by which OIHP could provide the organization with technical aid in epidemiology and quarantine, and decided to assist in the work of the Expert Committee on International Epidemic Control by furnishing views of experts on cholera, smallpox, plague, typhus and on some other diseases against which quarantine measures are or might be taken.  

That decision was put into effect, and meetings were held in April 1948 at the headquarters of OIHP in Paris, by three joint groups of experts. The results of these consultations were presented to the Expert Committee on International Epidemic Control at its first session, held in Geneva shortly afterwards.  

Pan American Sanitary Organization (PASO)  

In application of Article 54 of the WHO Constitution, which provides for the integration of the Pan American Sanitary Organization with WHO, and of Article 2g of the Arrangement of 22 July 1946, giving to the Interim Commission the duty of entering "into necessary arrangements with the Pan American Sanitary Organization", the Interim Commission set up a sub-committee on Negotiations with the Pan American Sanitary Organization. The sub-committee drew up a tentative draft agreement, designed to serve as a basis for negotiations with the Twelfth Pan American Sanitary Conference at Caracas in January 1947. This conference included in its "Final Act" a resolution on the Agreement between PASO and WHO, and an "annex" containing a statement of principles for the guidance of the Directing Council of PASO, which was empowered to conclude the agreement without the necessity of approval by the governments or by a subsequent inter-American sanitary conference.  

The matter was further studied by the Commission along with additional proposals, and negotiations continued. The Directing Council of PASO, in October 1947, specifically considered relations with WHO and adopted resolutions thereon.  

The Commission, in the light of the progress achieved and of further proposals, recommended that negotiations between the sub-committees of the two bodies should continue with a view to obtaining, in the draft agreement with WHO as approved by the Directing Council of PASO, the removal of that paragraph which referred to revision or annulment after one year's notice, and further recommended that inter-secretariat collaboration should continue pending the production of a revised draft agreement acceptable to both parties. Attention was also drawn to the fact that the membership of WHO at the moment in the region served by the Pan American Sanitary Bureau would be insufficient for the establishment of a regional committee.  

Sanitary Bureau at Alexandria  

In 1946, the Pan Arab Sanitary Bureau, successor to the Regional Bureau of Epidemiological Information at Alexandria, which had functioned under the former Conseil sanitaire maritime et quarantenaire d'Egypte, was fulfilling the functions of regional bureau of the Office International d'Hygienne Publique in the Near East, under the terms of Article 7 of the International Sanitary Convention of 1926. After the setting-up in Geneva by the Interim Commission of an epidemiological notification service comprising the activities formerly carried on by OIHP, UNRRA and the Health Section of the League of Nations, relationship was maintained between the Commission and the Sanitary Bureau at Alexandria.  

Hence, since 1946, the Bureau has continued to operate vis-à-vis the Commission as a local organ for the collection and dissemination of information, as its predecessor had done under the arrangement concluded on 9 November 1927 between the Comité permanent of OIHP and the President of the Egyptian Quarantine Board, and ratified by the latter on 7 February 1928. The functions entrusted to the Bureau are detailed in a memorandum of 26 July 1947 from the Egyptian Ministry of Public Health, and mainly consist in ensuring a regional notification service in accordance with the provisions of the sanitary conventions and in keeping the Commission informed on the health aspects of the Mecca pilgrimage.  

On the invitation of the Egyptian Government, the Expert Sub-Committee for the Revision of the Pilgrimage Clauses of the International Sanitary Conventions met in Alexandria in April 1947, and was aided by the Sanitary Bureau both through the loan of staff and in the making of all material arrangements. The possibility of attaching the Bureau to WHO as a regional office was examined by the Commission, but appeared to require more detailed study, as difficulties of a legal nature might arise from the fact that the Bureau was under the jurisdiction of a national government and had no real autonomy. The Commission

66
RELATIONS WITH OTHER ORGANIZATIONS

therefore decided to appoint a small sub-committee to study, along with the competent authorities, the question of the relations of WHO with the Bureau, in the light of Chapter XI of the Constitution and of the provisions of the International Sanitary Convention of 1938.

The Chairman of the Interim Commission visited Egypt and prepared a report on the Sanitary Bureau, which has been circulated to members of the Commission.

Non-governmental Organizations

Article 2b and j of the Constitution specifies, as one of the functions of the World Health Organization, the establishment and maintenance of "effective collaboration with... professional groups and such other organizations as may be deemed appropriate", and the promotion of "co-operation among scientific and professional groups which contribute to the advancement of health".

As a number of professional and technical non-governmental organizations, both international and national, desired to establish official relationships with the Interim Commission and with the World Health Organization, it became essential at an early stage to adopt a policy for dealing with their requests. The Commission accordingly approved a set of guiding principles. In doing so, the Commission, while feeling that it was not in a position to extend help to such organizations under satisfactory conditions, nevertheless fully recognized the desirability of co-operating with them, and contemplated co-operation when WHO should have come into existence. Consequently, although it accepted invitations to be represented at certain meetings, the Commission did not create any formal links between such organizations and WHO.

The Commission appointed a special Sub-

84 Off. Rec. WHO, 6, 146
85 Any international organization not established by inter-governmental agreement was considered as a non-governmental organization
86 Off. Rec. WHO, 4, 97
87 Ibid. 5, 109; for membership, see table XI, p. 83
88 Ibid. 6, 761
89 Ibid. 10, 82
CHAPTER 5

ADMINISTRATION AND FINANCE

Organization

On 1 April 1948, the Interim Commission had a total staff of 204, of whom 39 were at headquarters in New York, 115 in Geneva, 41 in the field, and nine at the Singapore station.

From a nucleus of 15 on 1 October 1946, the staff had grown, three months later, to 79, a sharp advance reflecting the Commission’s taking-over of the functions of earlier bodies. With the development and expansion of activities in 1947 the increase continued, and by the end of that year the staff total had reached 180.2

The broad allocation of functions — outlined in the first section of this report — between the New York and Geneva offices, under the supervision of the Executive Secretary, followed upon a resolution adopted by the Commission. Certain responsibilities, such as general planning and the preparation of documents for sessions, were shared by the two offices. Other functions are indicated below.

Headquarters, New York

Senior officials of the New York office included the Director and Assistant Director, Director of Financial and Administrative Services, Director of Public Information, and Assistant Director of Field Services.

The office had extensive liaison responsibilities: it maintained constant contact with the United Nations, particularly on matters of administrative policy and in connexion with the loan made to the Commission; and a similarly close relationship existed with UNRRA, Washington, with regard to the UNRRA grants for field services to governments.

The office was responsible for the representation of the Commission at conferences concerned in various degrees with health, and for general contact with the Economic and Social Council, the Pan American Sanitary Organization, FAO and the International Bank in Washington, ILO and ICAO in Canada, and numerous medical institutions and organizations.

1 Including seven specialists or consultants employed temporarily for specific duties
2 See table IV
3 See p. 10
4 See "WHO, 4. 57
5 The Director of Financial and Administrative Services was transferred to the Geneva office in May 1948

Table IV.

NUMBERS OF STAFF AT DIFFERENT PERIODS

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<thead>
<tr>
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<td>Headquarters</td>
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<td>Geneva office</td>
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<td>Singapore Station</td>
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<td>9</td>
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<tr>
<td>Field missions</td>
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<td>23</td>
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<td>41</td>
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<td>Totals</td>
<td>15</td>
<td>70</td>
<td>180</td>
<td>204</td>
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* Consultants and "while actually employed" staff.

Table V.

DISTRIBUTION OF STAFF BY NATIONALITY ON 1 APRIL 1948

<table>
<thead>
<tr>
<th>Countries of origin</th>
<th>Headquarters, New York</th>
<th>Geneva office</th>
<th>Singapore Station</th>
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<td>Roumania</td>
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<td>of America</td>
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<td>Unknown</td>
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<td>39</td>
<td>175</td>
<td>9</td>
<td>41</td>
<td>204</td>
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</tbody>
</table>
The New York office also directed part of the programme of the Field Services Division. Its functions in this respect included supervision of the China mission, operation of the fellowship programme in the Far East and the western hemisphere, and the procurement of large quantities of medical literature and teaching equipment. The responsibilities of the Director of Financial and Administrative Services and the Director of Public Information embraced all offices and activities of the Commission.

**Geneva Office**

In addition to supervising administration, staff, and liaison with the United Nations in Geneva, the Head of the Geneva office directed the work on biological standardization and on the unification of pharmacopoeias. Directly responsible to him were the legal officer, experts on malaria, tuberculosis, venereal diseases, public-health administration and training, and alcoholism, and the chief medical editor. The office had responsibility for the meetings of the several expert committees, and for liaison with UNICEF and UNESCO in Paris, FAO in Rome, PCEHR, ILO, and the United Nations in Geneva, and correspondence and relations with various medical bodies.

The Division of Epidemiology and Public Health Statistics performed many functions, which are described elsewhere in this report, and was responsible for the Singapore Epidemiological Intelligence Station.

The Division of Field Services was responsible for planning, supervising and operating the field programme, which included policy-making for China and the Far East and fellowships, missions, visiting lecturers, and medical-literature programmes in Europe and Africa. The division also maintained relations with UNICEF through two medical officers attached to that organization in Paris. The procurement of a considerable amount of medical literature on behalf of the division was undertaken by the Library of the Reference and Library Service, the main functions of which are described elsewhere.

The Editorial Service was mainly responsible for editing and translation for printed publications and other documents. The functions of the Financial and Administrative Services were subdivided, each being in charge of an officer responsible directly to the Head of the Geneva office. These included finance, personnel, registry, and administrative services for such matters as travel arrangements, procurements, accommodation and equipment, local transportation, preparation for meetings, and the stenographic and typing pool.

**Use of Services of the United Nations**

The Commission utilized as much as possible the available services of the United Nations. In New York, such services were chiefly used for travel arrangements. The Geneva office used them for procurement, travel arrangements, distribution, duplicating and printing, and office maintenance, and also used the postal, telephone and messenger services. In addition, the United Nations furnished interpreters and other temporary personnel for conferences.

**Staff Policy**

Under authority granted by the Commission to the Executive Secretary, the conditions of employment of the staff were governed by the regulations of the United Nations. In so far as these were applicable. The Commission later set up a Sub-Committee on Special Administrative Problems to consider questions of salary scales, allowances, provident fund and insurance for the staff, and accepted its report with some modifications. It decided that, during and because of the short life of the Commission, certain United Nations allowances would not apply: namely, salary increments for length of service, the installation grant, rental allowance (New York), expatriation allowance, home leave and transportation of household goods.

For Field Services staff assigned to missions, authorization was given for the continuance of the conditions of service and allowances granted under UNRRA field-staff regulations.

**Agreement with the Swiss Government**

The Commission signed a draft agreement with the Swiss Federal Council concerning the legal status of WHO in Switzerland. The draft agreement, which grants certain privileges and immunities to the organization and its staff, is subject to acceptance by the Health Assembly. Its provisions, however, were applicable to the Interim Commission.

**Headquarters and Regional Offices of WHO**

The factors bearing upon the location of the headquarters of WHO were studied by a special committee, which also took cognizance of earlier discussions on the question by the Technical Preparatory Committee and the International Health Conference. The Secretariat, in a circular letter, requested governments to communicate their views, and the replies were placed before the Commission. Information was sought from other specialized agencies on the results of their studies on the location of their own headquarters.

A survey and analysis of this complex question were subsequently made by the committee in its final report, which was adopted by the
Commission. The report embodied the results of studies on Geneva, New York and Paris as possible seats of the headquarters, and on the United Kingdom as a possible area for the seat. The Commission likewise undertook studies, in the light of Chapter XI of the Constitution, with a view to defining areas for the location of the Organization’s regional offices. The Secretariat circulated governments on this subject also, and the substance of the replies will be available to the Health Assembly.

First World Health Assembly
In view of the long delay in the establishment of WHO, the Commission forwarded a resolution to the President of the 1947 General Assembly, asking him to draw the attention of members of the United Nations to the importance of ratifying their signature of the Constitution. When the entry-into-force of the Constitution became imminent early in 1948, the Commission settled the time and place of the first World Health Assembly, and determined the general form of its own report to the Assembly.

It further decided, in view of the provisions of Article XI of the Arrangement of 22 July 1946, to submit to the consideration of the Assembly a draft resolution on the dissolution of the Commission.

Budgetary and Financial Policy

Policies for budgetary and financial administration of the Interim Commission were established, and financial regulations were adopted which were later amended in order to bring them into harmony with the changed budget-format.

Sources of Funds
The operations of the Interim Commission were financed generally under the authority granted by the Arrangement of 22 July 1946, Article 8 of which provides that the expenses of the Interim Commission shall be met from funds provided by the United Nations and for this purpose the Interim Commission shall make the necessary arrangements with the appropriate authorities of the United Nations. Should these funds be insufficient, the Interim Commission may accept advances from governments. Such advances may be set off against the contributions of the governments concerned to the Organization.

Funds for specific purposes were transferred to the Interim Commission by UNRRA and by the Board of Liquidation of the League of Nations. Particulars regarding the sums received from these three sources are as follows:

Loans from United Nations. Loans, totalling $175,000 in 1946 and $1,125,000 in 1947, were obtained from the United Nations to cover the operations of the Interim Commission, other than those undertaken as a result of an agreement with UNRRA.

The General Assembly of the United Nations, in authorizing the making of loans to specialized agencies and for their preparatory commissions, stipulated that such loans should be repaid within two years. As a result of arrangements made in connexion with the assistance given by the Commission, on a reimbursable basis, to certain governments during the cholera epidemic in the Middle East, it was found possible to repay the 1946 advances, totalling $175,000, before the end of 1947.

Transfer of funds from UNRRA. By agreement with UNRRA, certain health programmes formerly carried on by UNRRA were transferred to the Commission, together with funds to finance these activities. The Commission resolved that all direct office-expenses incurred in connexion with the administration of field services should be charged to the field-services fund, but that no effort should be made to apportion any indirect office-costs attributable to field services, in view of the fact that any such apportionment either would have to be made on an arbitrary basis or would involve considerable expense if a more accurate method of costing were employed.

Funds transferred from the Board of Liquidation of the League of Nations. An amount of £53,319 13s. 9d. ($21,412), the available balance of the funds of the Eastern Bureau of the League of Nations, was transferred to the Commission in July 1947 by the Board of Liquidation of the League. After consideration, the Commission resolved as follows:

“Whereas the Board of Liquidation of the League of Nations, considering it a matter of public interest that the work of the Eastern Health Bureau of the League of Nations at Singapore should be resumed as soon as possible, has transferred to the Interim Commission of the World Health Organization the balance of the funds of the Bureau, to be used for the purpose for which the money was originally allocated, namely, for a working capital fund. "The Interim Commission instructs its Executive Secretary to apply such funds for the constitution of a Working Capital

19 Off. Rec. WHO, 10, 87
20 Ibid. 6, 213
21 Ibid. 7, 239
22 Ibid. 10, 99
23 Ibid. 4, 147
24 Ibid. 6, 141
25 See p. 48
26 See p. 47
27 Off. Rec. WHO, 4, 113
28 Particulars of the funds so transferred are given in table VI, p. 72
29 Off. Rec. WHO, 6, 215
Fund for the Epidemiological Intelligence Station at Singapore. Any sums drawn from the Working Capital Fund shall be repaid to the Fund at the earliest opportunity."

**Scale of Contributions to WHO**

The Commission considered the question of the scale of contributions for the first budget of WHO and came to the conclusion that no specific recommendations to the first Health Assembly could be made, as the question affected directly all members of WHO and hence only the Health Assembly itself could properly deal with it.\(^{28}\)

**Budgetary Administration**

The arrangements made for budgetary administration provided for considerable flexibility so as to allow the making of changes which experience showed to be necessary.

**Structure of the Budget.** The structure of the budget was evolved as a result of experience in efforts to provide an informative document showing estimates under approved programme-categories. Provision was made for integrated budgetary and accounting records, not only so that the day-to-day operations could be managed effectively but also so that expense data could be collected for future use of WHO itself.

\(^{28}\) Off. Rec. WHO 7, 143

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Table VI

**BUDGETARY COMPARISONS BY FINANCIAL YEARS**

<table>
<thead>
<tr>
<th>Section</th>
<th>Activity</th>
<th>1946</th>
<th>1947</th>
<th>1948</th>
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<tr>
<td></td>
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<tr>
<td><strong>PART I</strong></td>
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<tr>
<td>1</td>
<td>Organizational meetings</td>
<td>16,430</td>
<td>89,700</td>
<td>304,900</td>
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<td><strong>PART II</strong></td>
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<tr>
<td>2</td>
<td>New York office</td>
<td>60,970</td>
<td>200,472</td>
<td>328,289</td>
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<tr>
<td>3</td>
<td>Geneva office</td>
<td>38,850</td>
<td>533,995</td>
<td>741,745</td>
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<tr>
<td>4</td>
<td>Epidemiological Intelligence Station, Singapore</td>
<td>—</td>
<td>23,400</td>
<td>38,420</td>
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<td>5</td>
<td>Field Services</td>
<td>—</td>
<td>1,330,042</td>
<td>1,248,852</td>
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<tr>
<td>6</td>
<td>Technical services</td>
<td>—</td>
<td>90,900</td>
<td>129,200</td>
</tr>
<tr>
<td>7</td>
<td>Technical meetings</td>
<td>—</td>
<td>81,443</td>
<td>154,700</td>
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<td><strong>PART III</strong></td>
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<td>8</td>
<td>Contingencies</td>
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<td>333,788</td>
<td>72,218</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td>116,290</td>
<td>2,683,710</td>
<td>3,028,324</td>
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</table>

**Sources of Funds**

<table>
<thead>
<tr>
<th>Sources of Funds</th>
<th>1946</th>
<th>1947</th>
<th>1948</th>
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<tbody>
<tr>
<td>General fund (Loans from UN)</td>
<td>116,290</td>
<td>1,183,710</td>
<td>1,528,324*</td>
</tr>
<tr>
<td>Field-services fund (UNRRA)</td>
<td>—</td>
<td>1,500,000</td>
<td>1,500,000</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>116,290</td>
<td>2,683,710</td>
<td>3,028,324</td>
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</tbody>
</table>

* The United Nations approved a loan of $1,200,000 to cover the first ten months of 1947
between general and field-services funds could be made. The Executive Secretary was authorized to use the contingency fund for meeting unforeseen expenditures within approved programmes, and further authorized to re-delegate such authorizations as he deemed necessary. Allotments of funds combined with delegations of authority, were thereupon issued to the heads of the offices in New York and Geneva, on the basis of the approved budgets for specific functions controlled administratively by those offices. The delegations of authority authorized the incurring of obligations and making of expenditures, including the employment of staff, subject to specific limitations and subject to the total amount of the allotments. The heads of the offices were held responsible for the carrying-out of operations within the limitation of the allotments, and the delegations of authority included provisions, with limitations, for re-delegation.

**Bonding and Insurance.** The Commission considered the questions of bonding and insurance and approved the arrangements put into effect by the Executive Secretary in respect of workmen's compensation, public liability and property damage, fidelity bonding, fire, and other comprehensive coverage. It decided that, as some employees were responsible for handling funds only for short periods, the Commission itself should bear the cost of fidelity bonding.

**Banking Arrangements.** The financial regulations gave the Executive Secretary the right to open bank accounts for the Interim Commission; withdrawals were made, in principle, only on joint signature by two officials designated by the Executive Secretary. The heads of the offices were held responsible for the carrying-out of operations within the limitation of the allotments, and the delegations of authority included provisions, with limitations, for re-delegation.

At the beginning, all banking transactions were carried out through a New York bank; later, accounts were opened in Geneva and in the centres where field missions were operating, transfers of funds from New York to Geneva and to field missions being made on a monthly or semi-monthly basis. As the scope of work increased, it became necessary to open a small number of additional bank-accounts for operating disbursements.

A separate bank-account was opened for the provident fund, to segregate from Commission funds monies belonging to members of the staff and held in trust for them, and a reserve bank-account was established to provide a separate fund from which to reimburse staff members for national income-taxes. Special funds in local currency were made available by the governments of certain countries to meet specified expenses of the field missions, and in most instances these funds were transferred by the government to the chief of the mission and were lodged in separate bank-accounts. Missions were responsible for accounting for these funds directly to the governments concerned, and accounting reports of receipts and expenditures thereon were submitted to New York or Geneva but were not included in the accounting records nor reflected in the reports of the Commission.

When such a course became necessary, as a result of the accumulation of a reasonable sum, a separate bank-account was to be opened for the publications revolving-fund.

**Accounting, Auditing and Reporting.** For a short period immediately following the establishment of the Interim Commission, the accounts were handled by the United Nations Bureau of the Comptroller, until in January 1947 an independent financial service came into being and assumed accounting responsibility.

The system at first installed was a simple one and was followed until June 1947, when, following the revision of the 1947 budget by the Commission, the budgetary system became formalized. After a second revision of the 1947 budget, revised allotments were made and the accounting records re-written to conform to the revised budget. Central control of accounts was maintained in New York; in the case of field missions, accounting control was handled by Geneva or New York, depending upon facility of communications with the individual missions.

The auditing arrangements brought into effect consisted of (a) the pre-audit of bills, claims, and vouchers prior to payment and (b) an external audit. All payments were subjected to a pre-audit examination of the documents supporting the payment-request. No arrangement was made for any post-audit to be performed internally (internal audit). The deciding factor in not providing for an internal audit was the additional cost of the staff necessary for this purpose.

Pending the appointment of an external auditor, as provided for in the financial regulations, the Executive Secretary requested the United Nations Audit Division to make an external audit of the accounts, first, for the financial year 1946 and, later, for the first half of the financial year 1947. The audit reports were presented to the Commission and were accepted, the Commission at the same time appointing the United Nations Audit Division to be its external auditors for the remainder of its existence.

The financial regulations required the submission of a report on the budgetary position to each session of the Commission, and such reports were regularly presented to and considered by the Committee on Administration and Finance.

The report of the external auditor on the Commission's financial operations up to 31 December 1947 is given below. It is expected that the final financial report of the Interim Commission, together with the audit report thereon, will be available for submission to the second World Health Assembly.
External Audit Report and Financial Statement to 31 December 1947

The following is the text of the report, dated 12 May 1948, addressed to the Chairman of the Interim Commission by Mr. C. L. Poudrier (Chief Internal Auditor, United Nations):

"At its fourth session, on 6 September 1947, the Interim Commission of the World Health Organization, by adoption of the first report of the Committee on Administration and Finance, appointed the Chief of the Audit Division of the United Nations as external auditor for the remainder of the life of the Interim Commission.

"In pursuance of this appointment, my staff and I have carried out an extensive audit of the Commission's financial operations both at the New York headquarters and the Geneva office. Your field missions' operations in Italy, Greece and China were also subjected to audit at their respective centres.

"As a result of this examination, I attach hereto:

(a) Consolidated Balance-sheet as at 31 December 1947 [Statement A]
(b) Consolidated Statement of Cost of Operations to 31 December 1947 [Statement B]

"As the statements indicate, we have based our audit on the Revised Budget for the financial year 1947, as contained in document WHO. IC/AF/44. Corr. 1, adopted by the Interim Commission at the eighth meeting of the fourth session on 12 September 1947. Certain changes were made thereto by the Executive Secretary by way of transfers, the approval for which was obtained in 1948 at the fifth session of the Interim Commission (document WHO. IC/193) when document WHO. IC/AF/59, Rev. 1, listing these transfers by the Committee on Administration and Finance, was adopted.

"We have closely and extensively inspected the various vouchers and the recording thereof in the books. Bank accounts have been reconciled to certificates of balances at 31 December 1947 obtained directly from the various banks, except for the bank accounts controlled by those field missions which we have not been able to visit. These accounts as recorded on the books amount to less than 1% of the total cash on hand. Assets and liabilities have been carefully verified and all the adjustments which we have found necessary have been submitted to the accountant in the form of journal entries.

"To the best of our knowledge the balance-sheet and the budgetary statement as submitted herewith represent the correct financial condition of the affairs of the Interim Commission as at 31 December 1947.

"The following field missions of the Organization expended during the year 1947 the amounts set opposite their respective names, in local currencies furnished to them by the governments of the countries in which they are located.

<table>
<thead>
<tr>
<th>Mission</th>
<th>Currency</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>Austr. schillings</td>
<td>22,756.18</td>
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<tr>
<td>Greece</td>
<td>Greek drachma</td>
<td>272,291,477.00</td>
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<td>Hungary</td>
<td>Hungarian forints</td>
<td>95,280.11</td>
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<tr>
<td>Italy</td>
<td>Italian lire</td>
<td>7,605,784.00</td>
</tr>
<tr>
<td>Poland</td>
<td>Polish zloty</td>
<td>2,318,668.00</td>
</tr>
<tr>
<td>China</td>
<td>Chinese dollars</td>
<td>1,350,000,000.00</td>
</tr>
</tbody>
</table>

"To 30 November 1947

The Italian, Greek and Chinese accounts were audited in detail and found to be entirely in order. Officials of the Italian and Greek Governments, the only ones questioned by me, expressed complete satisfaction with the purposes of the funds and the manner in which they were administered. The Polish Government itself administers, in compliance with mission requests which they approve, the funds which the Polish Government furnishes. I have satisfied myself that the other governments are maintaining adequate control over the funds they furnish.

"It is understood that all such currencies come from ex-UNRRA funds being administered by the respective governments. Similar arrangements are in effect with some other specialized agencies and with some of the United Nations Social Welfare Advisory Services. As it is an open question whether such expenditures may be considered an integral part of the operations of the international agencies involved, it is suggested that your Organization consider the advisability of submitting detailed statements of local currency transactions concurrently with the submission of your regular financial statements. So far as I am aware, no other international agency has yet included such statements.

"The co-operation of your staff in carrying out the audit has been generous and unfailing, and the general morale in your offices and missions has been of such a high order as to call for special comment.

"Respectfully submitted,

[Signed] C. L. Poudrier
Chief Internal Auditor, United Nations."
<table>
<thead>
<tr>
<th>Assets</th>
<th>$</th>
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<tbody>
<tr>
<td><strong>Current Assets</strong></td>
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<tr>
<td>Cash on hand</td>
<td>1,725,624.14</td>
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<tr>
<td>Cash in transit</td>
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<tr>
<td>Deposit with United Nations</td>
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<tr>
<td>Deposit with UNRRA</td>
<td>7,619.59</td>
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<tr>
<td>Advances to officials and employees</td>
<td>6,200.60</td>
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<td>Accounts receivable</td>
<td>20,631.01</td>
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<tr>
<td><strong>Deferred Charges</strong></td>
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<tr>
<td>Costs of general operations, deferred until appropriation of assessed contributions:</td>
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<td></td>
</tr>
<tr>
<td>1946 costs per Statement XII/46</td>
<td>116,289.38</td>
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</tr>
<tr>
<td>1947 costs per Statement B</td>
<td>947,726.31</td>
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</tr>
<tr>
<td>Total costs per Statement B</td>
<td>1,064,015.69</td>
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<tr>
<td>Exchange adjustment</td>
<td>207.73</td>
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<tr>
<td><strong>Loss</strong></td>
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<td>1,064,223.42</td>
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<tr>
<td>Refunds, Cholera programme</td>
<td>204,344.47</td>
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<tr>
<td>Miscellaneous income</td>
<td>1,369.75</td>
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<tr>
<td><strong>Prepaid 1948 expenditures</strong></td>
<td>4,464.42</td>
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<tr>
<td><strong>Liabilities</strong></td>
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<td><strong>Current Liabilities</strong></td>
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<td>Salaries and allowances payable</td>
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<td>Accounts payable, OIHP</td>
<td>4,520.55</td>
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<td>Accounts payable, sundry</td>
<td>68,124.26</td>
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<tr>
<td><strong>Other Liabilities</strong></td>
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<td>72,644.81</td>
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<td>Loan from United Nations</td>
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<td>Less amount repaid</td>
<td>175,000.00</td>
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<td>Estimated tax reimbursements</td>
<td>77,275.97</td>
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<td><strong>Trust Accounts</strong></td>
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<tr>
<td>League of Nations Fund for Epidemiological Intelligence Station</td>
<td>21,412.75</td>
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<tr>
<td>UNRRA field-funds for 1947</td>
<td>1,500,000.00</td>
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<tr>
<td>Cost of field operations per statement</td>
<td>654,845.54</td>
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<tr>
<td>Balance forward to 1948</td>
<td>845,154.46</td>
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<tr>
<td>Other UNRRA field-funds for 1948</td>
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<td>Provident fund</td>
<td>67,272.27</td>
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75
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<tr>
<th>Appropriation</th>
<th>Section</th>
<th>Purpose</th>
<th>General Fund</th>
<th>Revised Budget 1947</th>
<th>Transfers</th>
<th>Allotments</th>
<th>Recorded balance</th>
<th>Unencumbered balance</th>
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<td><strong>I</strong></td>
<td>ORGANIZATIONAL MEETINGS:</td>
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<td>(i)</td>
<td>Interim Commission</td>
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<td>(ii)</td>
<td>Committee on Administrative and Finance</td>
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<td>(iii)</td>
<td>Sub-committee on Field Services Budget</td>
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<td>Sub-committees of the Committee on Relations</td>
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<td>(v)</td>
<td>Negotiating sub-committees</td>
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<td><strong>II</strong></td>
<td>NEW YORK</td>
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<td>Travel, supplies and common services</td>
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<tr>
<td><strong>III</strong></td>
<td>GENEVA</td>
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<td>Travel, supplies and common services</td>
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<td>OTHER OFFICES AND REGIONAL ACTIVITIES:</td>
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<td>FIELD SERVICES:</td>
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<td>Poland</td>
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<td><strong>VI</strong></td>
<td>TECHNICAL SERVICES:</td>
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<td>Biological standardization</td>
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<td>Chooses publications</td>
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<td><strong>VII</strong></td>
<td>TECHNICAL MEETINGS:</td>
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<td></td>
<td>Expert Committee on Antiseptics and disinfectants</td>
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<td></td>
<td>Expert Committee on Vaccines and sera</td>
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<td></td>
<td>Expert Committee on Biological Standardization</td>
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<td>Joint expert committees</td>
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<td></td>
<td>Expert Committee on Unification of Pharmacopoeias</td>
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<td>Expert Committee on Tuberculosis</td>
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<td></td>
<td>Non-Secretariat representation of Interim Commission</td>
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<td><strong>VIII</strong></td>
<td>CONTINGENCIES:</td>
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<td>Charges in respect of estimated tax reimbursement on staff remunerations paid in 1947</td>
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<td><strong>IX</strong></td>
<td>EXPENDITURES FOR 1946</td>
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TABLE VII
PLACES AND DATES OF SESSIONS OF THE INTERIM COMMISSION

<table>
<thead>
<tr>
<th>Number of</th>
<th>Place</th>
<th>Date</th>
<th>Number of meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>New York</td>
<td>19-23 July 1946</td>
<td>5</td>
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<tr>
<td>Second</td>
<td>Geneva</td>
<td>4-13 November 1946</td>
<td>10</td>
</tr>
<tr>
<td>Third</td>
<td>Geneva</td>
<td>31 March-12 April 1947</td>
<td>9</td>
</tr>
<tr>
<td>Fourth</td>
<td>Geneva</td>
<td>30 August-13 September 1947</td>
<td>9</td>
</tr>
<tr>
<td>Fifth</td>
<td>Geneva</td>
<td>22 January-7 February 1948</td>
<td>17</td>
</tr>
</tbody>
</table>

TABLE VIII
OFFICERS OF THE INTERIM COMMISSION

Chairman:
Dr. A. Stampar, Yugoslavia (succeeding Dr. F. G. Krotkov, USSR, temporary Chairman, first session)

Vice-Chairmen:
Dr. G. H. de Paula Souza, Brazil (succeeding Dr. O. S. Mondragón, Mexico, Vice-Chairman, first session)
H.E. Dr. A. T. Shousha Pasha, Egypt
Dr. Szeming SzE, China

Executive Secretary: Dr. Brock Chisholm
TABLE IX
REPRESENTATIVES, ALTERNATES, AND ADVISERS ATTENDING SESSIONS
OF THE INTERIM COMMISSION

<table>
<thead>
<tr>
<th>Sessions attended</th>
<th>Australia</th>
<th>China</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (two meetings only)</td>
<td>Sir Raphael CILENTO, Director-General of Health and Medical Services, State of Queensland</td>
<td>Dr. J. K. SUES, Deputy Director-General, National Health Administration, Nanking</td>
</tr>
<tr>
<td>1</td>
<td>Mr. A. H. TANGE, First Secretary, Australian Mission to the United Nations, New York, United States of America</td>
<td>Dr. Seening SZE, Resident Representative, Chinese Ministry of Health, Washington, D.C., United States of America. <em>Alternate</em> during fourth session</td>
</tr>
<tr>
<td>2, 3, 4, 5</td>
<td>Dr. G. M. REDSHAW, Chief Medical Officer, Australia House, London, United Kingdom</td>
<td>Dr. P. Z. KING, Vice-Minister of Health, Nanking</td>
</tr>
<tr>
<td>1</td>
<td>Mr. A. H. BOYD, Third Secretary, Australian Mission to the United Nations, New York, United States of America. <em>Adviser</em></td>
<td>Dr. T. L. ST, Technical Expert, National Health Administration of China; School of Pathology, University of Oxford, United Kingdom. <em>Alternate</em></td>
</tr>
<tr>
<td>Brazil</td>
<td>1, 2, 3, 4, 5</td>
<td>Egypt</td>
</tr>
<tr>
<td>Dr. G. H. de PAULA SOUZA, Director, Faculty of Hygiene and Public Health, University of São Paulo</td>
<td>Dr. H. E. Dr. A. T. SHOUSHA Pasha, Under-Secretary of State, Ministry of Public Health, Cairo</td>
<td></td>
</tr>
<tr>
<td>1 (elected Executive Secretary, first session)</td>
<td>Canada</td>
<td>France</td>
</tr>
<tr>
<td>Dr. Brock CHISHOLM, Deputy Minister of National Health, Ottawa</td>
<td>Dr. X. LECLAINCHE, Inspecteur général de la Santé, Ministère de la Santé publique et de la Population, Paris. <em>Alternate</em> during second, fourth and fifth sessions</td>
<td>Dr. X. LECLAINCHE, Inspecteur général de la Santé, Ministère de la Santé publique et de la Population, Paris. <em>Alternate</em></td>
</tr>
<tr>
<td>1, 2, 3, 4</td>
<td>Dr. T. C. ROUTLEY, General Secretary, Canadian Medical Association, Toronto. <em>Alternate</em> during third and fourth sessions</td>
<td>Professeur J. PARISOT, Professeur d'Hygiène, Faculté de Médecine de Nancy</td>
</tr>
<tr>
<td>2 (first meeting only)</td>
<td>Hon. Brooke CLAXTON, Minister of National Health and Welfare, Ottawa</td>
<td>Dr. A. CAVAILLON, Directeur général de la Santé, Ministère de la Santé publique et de la Population, Paris</td>
</tr>
<tr>
<td>3, 4</td>
<td>Dr. G. D. W. CAMERON, Deputy Minister of National Health, Ottawa</td>
<td>Dr. H. Y. SAUTTER, Médecin Inspecteur de la Santé, Ministère de la Santé publique de la Population, Paris. <em>Alternate</em></td>
</tr>
<tr>
<td>5</td>
<td>Dr. F. W. JACKSON, Deputy Minister, Department of Health and Public Welfare, Province of Manitoba</td>
<td>Médecin Général Inspecteur M. A. VAUCEL, Directeur du Service de Santé colonial au Ministère de la France d'Outre-Mer, Paris. <em>Alternate</em></td>
</tr>
<tr>
<td>2</td>
<td>Dr. H. A. ANSLEY, Assistant Director of Health Services, Department of National Health and Welfare, Ottawa. <em>Adviser</em></td>
<td>Dr. L. BERNARD, Chef du Bureaux d'Epidémiologie, Ministère de la Santé publique et de la Population, Paris. <em>Adviser</em></td>
</tr>
<tr>
<td>2</td>
<td>M. J. CHAPDELAINE, Secretary, Canadian Embassy in Paris, France. <em>Adviser</em></td>
<td>Mmes C. LABEYRIE, Chef de Bureau, Ministère des Affaires étrangères, Paris. <em>Adviser</em></td>
</tr>
<tr>
<td>3</td>
<td>Dr. J. A. MELANSON, Chief Medical Officer, Department of Health and Social Services, Province of New Brunswick. <em>Adviser</em></td>
<td>M. R. BOLLECK, Administrateur civil au Ministère des Finances, Paris. <em>Adviser</em></td>
</tr>
<tr>
<td>4</td>
<td>Dr. M. R. Bow, Deputy Minister, Department of Health and Public Welfare, Province of Alberta. <em>Adviser</em></td>
<td>Dr. G. MONTUR, Médicin Inspecteur divisionnaire de la Santé, Marseille. <em>Adviser</em></td>
</tr>
<tr>
<td>4, 5</td>
<td>Dr. L. GÉRIN-LAJOIE, Professeur et Vice-Doyen, Faculté de Médecine, Université de Montréal. <em>Adviser</em></td>
<td>India</td>
</tr>
<tr>
<td>5</td>
<td>Mr. J. G. H. HALSTRADE, Foreign Service Officer, Department of External Affairs, Ottawa. <em>Adviser</em></td>
<td>Lieutenant-Colonel C. K. LAH UhrMAN, All-India Institute of Hygiene and Public Health, Calcutta</td>
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</tbody>
</table>

79
Sessions attended

I, 2, 3, 4, 5

Dr. C. Mani, Deputy Director-General of Health Services, Government of India, New Delhi. Alternate during first session

Professor K. VinoukoVoff, Principal Scientific Officer, Academy of Medical Sciences of the Ukraine, Kiev. Adviser

Union of Soviet Socialist Republics

Dr. F. G. Krotov, Deputy Minister of Public Health; Member, Academy of Medical Sciences of the USSR, Moscow

Dr. S. Kolensnikov, President, Alliance of Red Cross and Red Crescent Societies, Moscow

Dr. N. Vinogradov, Vice-Minister of Public Health, Moscow

Professor V. Timarov, Director, Epidemiological and Microbiological Institute of the Academy of Medical Sciences of the USSR, Moscow. Adviser

Dr. B. Vasiliev, Assistant in the Institute of Medicine, Moscow. Adviser

United Kingdom

Dr. Melville D. Mackenzie, Principal Medical Officer, Ministry of Health, London

Sir Wilson Jameson, Chief Medical Officer, Ministry of Health, London

Mr. G. E. Yates, Assistant Secretary, Ministry of Health, London. Alternate

Mr. L. M. Feeby, Principal, General Register Office, London. Alternate during fifth session

Dr. W. H. Kauntze, Chief Medical Adviser, Colonial Office, London. Alternate

Dr. A. M. W. Rae, Deputy Medical Adviser, Colonial Office, London

Mr. R. Brain, Principal, Ministry of Health, London. Adviser

Mr. C. H. K. Edmonds, Assistant Secretary, Ministry of Health, London. Adviser

Dr. Percy Stocke, Chief Statistician (Medical), General Register Office, London. Adviser

Mr. F. A. Vallat, Assistant Legal Adviser, Foreign Office, London. Adviser

Mr. M. E. Bathurst, Foreign Office, London. Adviser

Miss K. V. Green, Ministry of Health, London. Adviser

United States of America

Dr. T. Parran, Surgeon-General, U.S. Public Health Service, Washington, D.C.
Sessions attended

1, 2, 3, 4, 5

Dr. H. Van Zile Hyde, Senior Surgeon, U.S. Public Health Service, Washington, D.C. *Alternate* during first, second and fourth sessions

1, 2

Dr. J. A. Doull, Chief, Office of International Health Relations, U.S. Public Health Service, Washington, D.C. *Advisor*

1

Dr. L. B. Williams, Jr., Medical Director, U.S. Public Health Service, Washington, D.C. *Advisor*

2, 4

Mr. H. B. Calderwood, Consultant, Office of International Health Relations, U.S. Public Health Service, Washington, D.C. *Advisor*

3

Mr. L. W. Hayes, Specialist, Division of International Organization Affairs, Department of State, Washington, D.C. *Advisor*

3, 4

Mr. S. T. Parelman, Chief, International Organizations Branch, Office of Budget and Finance, Department of State, Washington, D.C. *Advisor*

5

Dr. Martha M. Eliot, President, American Public Health Association, Washington, D.C. *Advisor*

5

Dr. M. A. Kramer, Chief, Information and Research, Office of International Health Relations, U.S. Public Health Service, Washington, D.C. *Advisor*

3, 4

Mr. J. D. Tomlinson, Assistant Chief, Division of International Organization Affairs, Department of State, Washington, D.C. *Advisor*


**Venezuela**

Dr. A. Arreaza Gutman, Director of Public Health, Ministry of Health and Social Welfare, Caracas

Dr. A. Galdon, Chief, Malaria Division, Ministry of Health and Social Welfare, Maracay

Dr. D. Castillo, Assistant to the Director of Public Health, Ministry of Health and Social Welfare, Caracas

Dr. D. Curiel, Medical Chief, Division of Epidemiology and Vital Statistics, Ministry of Health and Social Welfare, Caracas. *Alternate*

Dr. S. Ruesta Marca, Technical Assessor, Ministry of Health and Social Welfare, Caracas. *Advisor*


**Yugoslavia**

Dr. A. Stampar, President, Yugoslav Academy of Sciences and Arts; Professor of Public Health and Social Medicine, University of Zagreb

Dr. D. Juzbazić, Professor, Medical School of Skopje. *Alternate*

Dr. P. Gregorčić, Minister, Government of the People's Republic of Croatia; President, Public Health Protection Committee, Belgrade

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**TABLE X**

**OBSERVERS ATTENDING SESSIONS OF THE INTERIM COMMISSION**

<table>
<thead>
<tr>
<th>Sessions attended</th>
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<td>2</td>
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<tr>
<td>Mr. A. B. Elkin, Assistant Director, Administrative Services, Geneva</td>
<td>Mr. A. E. Davidson, Director, European Headquarters</td>
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<tr>
<td>M. A. J. Lucas, Chief, General Research Section, Department of Trusteeship</td>
<td>Dr. L. Rajchman, Chairman, Executive Board</td>
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<tr>
<td>Mr. G. E. Yates, Secretary, Economic and Social Council</td>
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<tr>
<td>Dr. G. da Sá Lrassa, Director, Health Section, Social Activities Division, Department of Social Affairs</td>
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<tr>
<td>Mr. B. Turner, Assistant Director, Joint Division of Coordination and Liaison, Department of Economic Affairs</td>
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<tr>
<td>M. L. Gross, Executive Assistant, Department of Social Affairs</td>
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<tr>
<td>Dr. A. Pons, Acting Director, Health Section, Social Activities Division, Department of Social Affairs</td>
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<tr>
<td>Mr. L. String, Director, Narcotics Division, Department of Social Affairs</td>
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<tr>
<td>Miss H. Seymour, Senior Liaison Officer, Joint Division of Coordination and Liaison, Department of Economic Affairs</td>
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<tr>
<td><strong>Food and Agriculture Organization (FAO)</strong></td>
<td><strong>International Civil Aviation Organization (ICAO)</strong></td>
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<td>3, 4, 5</td>
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<tr>
<td>Dr. J. M. Latzky, Nutrition Representative in Europe and Chief Nutrition Consultant to the UNICEF</td>
<td>Mr. R. J. Moulton, Member, Air Transport Bureau</td>
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<tr>
<td>4</td>
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<tr>
<td>Dr. W. R. Aykroyd, Director, Nutrition Division</td>
<td>M. E. Pépin, Chief of Legal Studies</td>
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<tr>
<td>Lord Hoerr, Chairman, Standing Advisory Committee on Nutrition</td>
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<tr>
<td>Mr. F. L. McDougall, Counsellor</td>
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<tr>
<td>Sessions attended</td>
<td>International Labour Organization (ILO)</td>
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<tr>
<td>3</td>
<td>Mr. C. W. H. Weaver, Principal Chief of Section</td>
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<tr>
<td>4</td>
<td>M. H. Gallois, Counsellor, Special Assistant to the Director-General</td>
</tr>
<tr>
<td>5</td>
<td>Mr. E. W. Hutchison, Member of Section</td>
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</table>

Preparatory Commission for the International Refugee Organization (PCIRO)

<table>
<thead>
<tr>
<th>Sessions attended</th>
<th>Preparatory Commission for the International Refugee Organization (PCIRO)</th>
<th>Office International d'Hygiène Publique (OIHIP)</th>
<th>Sessions attended</th>
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<tr>
<td>3</td>
<td>Mr. M. K. Ackhrn, Legal Adviser</td>
<td>Dr. M. Gaul, Président de la Commission des Finances et du Transfert</td>
<td>2, 3, 4, 5</td>
</tr>
<tr>
<td>4-5</td>
<td>Dr. R. L. Colony, Director of Health</td>
<td>Dr. M. T. Morgan, Président du Comité permanent</td>
<td>4, 5</td>
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United Nations Educational, Scientific and Cultural Organization (UNESCO)

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<tr>
<th>Sessions attended</th>
<th>United Nations Educational, Scientific and Cultural Organization (UNESCO)</th>
<th>Office International d'Hygiène Publique (OIHIP)</th>
<th>Sessions attended</th>
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<tbody>
<tr>
<td>3</td>
<td>M. A. de Blonay, Head of Section, External Relations</td>
<td>Dr. M. Gaul, Président de la Commission des Finances et du Transfert</td>
<td>2, 3, 4, 5</td>
</tr>
<tr>
<td>4</td>
<td>Dr. J. Nerdham, Head of Section of Natural Sciences</td>
<td>Dr. M. T. Morgan, Président du Comité permanent</td>
<td>4, 5</td>
</tr>
<tr>
<td>5</td>
<td>Dr. I. M. Zhukova, Counsellor in Medical Sciences, Section of Natural Sciences</td>
<td>Dr. E. J. Y. Aujaleu, Membre de la Commission des Finances et du Transfert</td>
<td>5</td>
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**TABLE XI**

**MEMBERSHIP OF COMMITTEES AND SUB-COMMITTEES**

**Internal Committees**

Committee on Administration and Finance

Chairman: Dr. C. van den Berg (Netherlands)
Vice-Chairman: Dr. A. Cavaillon (France)
Chairmen: Dr. N. Baran (Ukrainian SSR)
Rapporteur: Dr. Szeming Sze (China).
Members: Representatives from:
1. Canada
2. China
3. France
4. Mexico
5. Netherlands
6. Ukrainian SSR
7. United Kingdom
8. United States of America
9. Yugoslavia

Committee on Relations

Chairman: H.E. Dr. A.T. Shousha Pasha (Egypt)
Vice-Chairman: Dr. K. Evang (Norway)
Chairmen: Dr. G. H. de Paula Souza (Brazil)
Rapporteur: Dr. K. Evang (Norway)
Members: Representatives from:
1. Australia
2. Brazil
3. China
4. Egypt
5. Mexico
6. Netherlands
7. Norway
8. USSR
9. United Kingdom
10. United States of America
11. Venezuela

Committee on Technical Questions

Chairman: Dr. Melville D. Mackenzie (United Kingdom)

* Originally entitled Committee on Epidemiology and Quarantine

Vice-Chairman: Dr. C. Mani (India)
Rapporteur: Dr. W. Aeg. Timmerman (Netherlands)
Members: Representatives from:
1. Brazil
2. China
3. Egypt
4. France
5. India
6. Liberia
7. Peru
8. USSR
9. United Kingdom
10. United States of America
11. Yugoslavia

Committee on Priorities

Chairman: Dr. K. Evang (Norway)
Rapporteur: Dr. H. van Zile Hyde (United States)
Members: Representatives from:
1. Egypt
2. France
3. India
4. Mexico
5. Norway
6. USSR
7. United Kingdom
8. United States of America

Committee on Headquarters

Chairman: Dr. C. Mani (India)
Members: Representatives from:
1. Canada
2. Egypt
3. France
4. India
5. Mexico
6. Norway

**Replacing Dr. M. Martinez Baez (Mexico)**

82
Sub-Committees

Sub-Committee on Field Services Budget
(UNRRA Funds)
Chairman: Dr. C. van den Berg (Netherlands)
Members: Representatives from:
1. Canada
2. China
3. Netherlands
4. Ukrainian SSR
5. United States of America
6. Yugoslavia

Sub-Committee on Special Administrative Problems
Chairman: Dr. Szeming Sze (China)
Members: Representatives from:
1. China
2. United States of America

Sub-Committee on Negotiations with the United Nations
Chairman: Dr. W. Aeg. Timmerman (Netherlands)
Members: Representatives from:
1. China
2. Netherlands
3. USSR
4. United States of America

Sub-Committee on Negotiations with FAO
Chairman: Dr. K. Evang (Norway)
Members: Representatives from:
1. Australia
2. Norway
3. Venezuela

Sub-Committee on Negotiations with UNESCO
Chairman: Dr. H. van Zile Hyde (United States of America)
Members: Representatives from:
1. Brazil
2. France
3. United Kingdom
4. United States of America

Sub-Committee on Negotiations with the Office International d'Hygiène Publique
Chairman: Dr. C. van den Berg (Netherlands)
Members: Representatives from:
1. Australia
2. United Kingdom
3. Netherlands

Sub-Committee on Negotiations with the Pan American Sanitary Organization
Chairman: Dr. A. Gabaldón (Venezuela)
Members: Representatives from:
1. Brazil
2. Mexico
3. United States of America
4. Venezuela

Sub-Committee on Relations with Non-governmental Organizations
Chairman: Dr. Melville D. Mackenzie (United Kingdom)
Members: Representatives from:
1. China
2. United Kingdom
3. Venezuela
4. United States of America
5. Yugoslavia

* Replacing Mexico

TABLE XII
MEMBERSHIP OF EXPERT COMMITTEES

Expert Committee for the Preparation of the Sixth Decennial Revision of the International Lists of Diseases and Causes of Death

Julia E. Backer, Sc.D., Chief, Demographic Section
Central Bureau of Statistics, Oslo, Norway

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Dr. D. Curiel, Medical Chief, Division of Epidemiology and Vital Statistics, Ministry of Health and Social Welfare, Caracas, Venezuela

Dr. P. F. Denoix, Chef des Services techniques et de la Section du Cancer, Institut national d'Hygiène, Paris, France

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Dr. M. Kaczprzak, Professor of Hygiene; Director, State School of Hygiene; President, National Health Council, Warsaw, Poland

Dr. Percy Strocks, Chief Statistician (Medical), General Register Office, London, United Kingdom (Chairman)

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Member from the USSR not yet appointed

Secretaries: Dr. Maria Ccakeova, member of the Secretariat of the Interim Commission
Mr. J. T. Marshall, Assistant Dominion Statistician; Acting Director, Social Welfare Statistics Division, Dominion Bureau of Statistics, Ottawa, Canada

Index Sub-Committee
S. D. Collins, Sc.D., Head Statistician, Division of Public Health Methods (U.S. Public Health Service), Bethesda, Md., United States of America (Chairman)

J. T. Marshall, Assistant Dominion Statistician; Acting Director, Social Welfare Statistics Division, Dominion Bureau of Statistics, Ottawa, Canada (Secretary)

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Major-General Sir Gordon COVELL,* Ministry of Health Malaria Laboratory, Horton Hospital, Epsom, Surrey, United Kingdom
Dr. A. GARALDÓN, Chief, Malaria Division, Ministry of Health and Social Welfare, Maracay, Venezuela (Chairman)
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Médecin Général Inspecteur M. A. VANCEL, Directeur du Service de Santé colonial au Ministère de la France d'Outre-Mer, Paris, France
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Expert Committee on Biological Standardization

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Dr. A. A. MILES, Director, Department of Biological Standards, National Institute for Medical Research (Medical Research Council), London, United Kingdom
Dr. J. BBROKOV, Director, State Serum Institute, Copenhagen, Denmark
Major-General Sir Sahib Singh SOKHEY, Director, Haffkine Institute, Bombay, India

Dr. W. Aeg. TIMMERMAN, Director, Rijks Instituut voor de Volksgezondheid, Utrecht, Netherlands (Chairman)
Professor J. TRÉFOUBL, Directeur de l'Institut Pasteur, Paris, France
Dr. M. V. VELDEE, Chief, Biologics Control Laboratory, National Institute of Health (U.S. Public Health Service), Bethesda, Md., United States of America
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Expert Committee on Quarantine

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H.E. Dr. M. Nazif Bey, Under-Secretary of State for Quarantine, Ministry of Public Health, Cairo, Egypt
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Dr. W. W. YUNG, Director, Department of Epidemiologic Prevention, National Health Administration, Nanking, China
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Secretary: Dr. G. STUART, member of the Secretariat of the Interim Commission

Yellow Fever Panel

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H. Flück, Dr. Sc. Nat., Professor of Pharmacognosy, Eidgenössische Technische Hochschule, Zurich, Switzerland

Expert Committee on Venereal Diseases

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Professor M. Grzybowski, Chief, Clinic of Dermatology, University of Warsaw, Poland

Dr. G. L. M. McElligott, Adviser on Venereal Diseases, Ministry of Health, London, United Kingdom

Expert Committee on International Epidemic Control

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Dr. A. Cavailion, Directeur général de la Santé, Ministére de la Santé publique et de la Population, Paris, France

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Dr. Wasfy Omar, Director, Pan Arab Regional Health Bureau, Alexandria, Egypt

Dr. G. H. de Paula Souza, Director, Faculty of Hygiene and Public Health, São Paulo, Brazil

Dr. G. M. Redshaw, Chief Medical Officer, Australia House, London, United Kingdom

Ex officio members:

Président du Comité permanent de l'Office International d'Hygiène Publique:

Dr. M. T. Morgan, Medical Officer of Health, Port of London, United Kingdom (Chairman)

Director of the Pan American Sanitary Bureau, represented at first session by:

Dr. A. Macchiavello, U.S. Public Health Service; Consulting Epidemiologist, Pan American Sanitary Bureau, Lima, Peru

Representative of ICAO, at first session:

Dr. J. Duquet, Médecin Chef du Centre d'Examen

Expert Committee on Habit-forming Drugs

Dr. J. Bouquet, Pharmaciens des Hôpitaux de Tunis, Tunis

Dr. H. P. Cai, Professor of Pharmacology, National Medical College, Shanghai, China

Dr. N. B. Eddy, Principal Pharmacologist, Division of Physiology, National Institute of Health (U.S.

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Acting Secretary: Dr. W. M. Bonne, member of the Secretariat of the Interim Commission

Expert Sub-Committee for the Revision of the Pilgrimage Clauses of the International Sanitary Conventions

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Professor J. J. van Loghem, Professor of Hygiene, University of Amsterdam, Netherlands

Dr. C. Mani, Deputy Director-General of Health Services, Government of India, New Delhi, India

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Dr. Yehia Nasri, formerly Director-General of Health, Mecca, Saudi Arabia

Dr. Wasfy Omar, Director, Pan Arab Regional Health Bureau, Alexandria, Egypt

Secretaries: Dr. G. Stuart and M. G. de Brancion, members of the Secretariat of the Interim Commission

Public Health Service, Bethesda, Md., United States of America

Dr. J. R. Nichols, Deputy Government Chemist, Government Laboratory, London, United Kingdom

Dr. P. O. Wolff, Buenos Aires, Argentina
TABLE XIII
RATIFICATIONS OF THE CONSTITUTION

In conformity with Article 80 of its Constitution, the World Health Organization was constituted on 7 April 1948, when twenty-six members of the United Nations had ratified their signatures and had deposited their formal instruments of acceptance with the Secretary-General of the United Nations. States which had ratified by 15 June 1948 are listed below, in the order of their dates of ratification:

<table>
<thead>
<tr>
<th>State</th>
<th>Date of ratification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. * China</td>
<td>22 July 1946</td>
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<tr>
<td>2. * United Kingdom</td>
<td>22 July 1946</td>
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<tr>
<td>3. * Canada</td>
<td>29 August 1946</td>
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<tr>
<td>4. * Iran</td>
<td>23 November 1946</td>
</tr>
<tr>
<td>5. * New Zealand</td>
<td>10 December 1946</td>
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<tr>
<td>6. * Syria</td>
<td>18 December 1946</td>
</tr>
<tr>
<td>7. * Liberia</td>
<td>14 March 1947</td>
</tr>
<tr>
<td>8. Switzerland</td>
<td>26 March 1947</td>
</tr>
<tr>
<td>9. Transjordan</td>
<td>7 April 1947</td>
</tr>
<tr>
<td>10. * Ethiopia</td>
<td>11 April 1947</td>
</tr>
<tr>
<td>11. Italy</td>
<td>11 April 1947</td>
</tr>
<tr>
<td>12. * Netherlands</td>
<td>20 April 1947</td>
</tr>
<tr>
<td>13. Albania</td>
<td>26 May 1947</td>
</tr>
<tr>
<td>15. Austria</td>
<td>30 June 1947</td>
</tr>
<tr>
<td>16. * Union of South Africa</td>
<td>7 August 1947</td>
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<tr>
<td>17. * Haiti</td>
<td>12 August 1947</td>
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<td>18. * Norway</td>
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<td>22. Finland</td>
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<td>23. Ireland</td>
<td>20 October 1947</td>
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<td>24. * Yugoslavia</td>
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<td>25. * Egypt</td>
<td>16 December 1947</td>
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<td>26. * Turkey</td>
<td>2 January 1948</td>
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<td>27. * India</td>
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<td>28. * Australia</td>
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<td>29. Portugal</td>
<td>13 February 1948</td>
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<td>31. * Greece</td>
<td>12 March 1948</td>
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<td>32. * USSR</td>
<td>24 March 1948</td>
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<tr>
<td>33. * Ukraine</td>
<td>3 April 1948</td>
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<tr>
<td>34. * Byelorussia</td>
<td>7 April 1948</td>
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<tr>
<td>35. * Mexico</td>
<td>7 April 1948</td>
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<td>36. * Afghanistan</td>
<td>19 April 1948</td>
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<td>37. * Denmark</td>
<td>19 April 1948</td>
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<td>38. * Poland</td>
<td>5 May 1948</td>
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<td>39. Roumania</td>
<td>8 June 1948</td>
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<tr>
<td>40. Bulgaria</td>
<td>9 June 1948</td>
</tr>
<tr>
<td>41. * France</td>
<td>11 June 1948</td>
</tr>
</tbody>
</table>

* Member States of the United Nations
Rules of procedure for expert committees 15
for Health Assembly 15
Rural hygiene 15.44
Salmonella 33
San Francisco declaration 23-24
Sanitary Bureau at Alexandria 10, 65, 60-67
Sanitary conferences, international 19
Sanitary conventions, international 10-20
administration 11, 12, 20, 23, 35-36, 46-47, 49, 65, 66
infringements 36, 40
revision 12, 39-40, 62
Sanitary engineering 45
Sanitary regulations, international 12, 39-40
Schistosomiasis 15, 44
Seafarers, hygiene of 15, 38-39, 44
See also Brussels Agreement
Secretariat 9-10
See also Executive Secretary
Staff
Secretary, Executive, see Executive Secretary
Serological standardization 38
Singapore Bureau of Epidemiological Intelligence 11, 46
Singapore Epidemiological Intelligence Station 10, 21, 46, 47, 53, 70
Sleeping sickness, see Trypanosomiasis
Smallpox, Study-group on 40
Smallpox vaccination, see also Post-vaccinal encephalitis
Smallpox vaccination, immune reaction 36, 65
Smallpox vaccine, standardization of 37, 40
Social welfare 59, 61, 63
Special Administrative Problems, Sub-committee on 70
membership 83
Specialized agencies 10, 61-64
agreements with 10, 15, 61
co-operation with 10, 61
Staff 69-70
allowances 70
geographical distribution of number of 10, 69, 69
policy 70
Standards of living 60, 61
State Serum Institute, Copenhagen, see Biological standardization
Statistics 60
health 28-30, 46, 70
Stillbirths 46
Streptococcus antitoxin 33
Streptomycin 34
standardization of 12, 31, 33
Study-group on... see under subject of Study-group
Sub-Committees, membership 83
Sub-Committee on... see under subject of Sub-Committee
Swiss Federal Council, agreement with 70
Syphilis, see Venereal diseases
Tabular List of Inclusions 29
Technical Preparatory Committee 24-25, 70
Technical Questions, Committee on 10, 65
membership 82
Tetanus antitoxin 35
Tetanus toxoid 12, 38
Town planning, see Housing
Toxoids, standardization of 31-33
Translation 79
Travel arrangements 79
Tropical hygiene 45
Trypanosomiasis 45
Tuberculin 34
standardization of 12, 31, 33
Tuberculosis 13, 15, 33-35
field services in 33-49
See also BCG vaccination
Tuberculosis, Expert Committee on 13, 15, 33-35 membership 84
Typhoid, anti- sera 31
Typhus, Study-group on 40, 66
UNESCO, agreement with 64
co-operation with 64, 70
Sub-Committee on Negotiations with 104 membership 83
UNICEF, relations with 13, 15, 34, 39, 44, 49, 51
59, 60, 61, 62, 70
Unitarian Service Committee 90
United Nations 23
ad hoc Committee on the Transmission of Information agreement with 10, 15, 57
budgetary and financial relations with 10, 57, 59-60, 71-77
Commission on Human Rights 60, 61
Commission on Narcotic Drugs 42, 60-61
Commission on the Status of Women 60, 61
Conference on Frontier Formalities 60
Consultative Committee on Migration 61
Convention on privileges and immunities 57
Department of Public Information 54-55
Drug Supervisory Board 60-61
Economic Commission for Asia and the Far East 60
Economic Commission for Europe 42-43, 60
Economic Commission for Latin America 60
Economic Commission for the Middle East, proposed 60
Economic and Employment Commission 60
Economic and Social Council 15, 24-25, 42, 59-61, 69
Economic and Social Council, Co-ordination Committee 59-60
Economical and Social Council, structure of 58
Film Board 55
Fiscal Commission 60
General Assembly 57-59
International Children’s Emergency Fund, see UNICEF
loans from 9-10, 51
Palestine Commission 61
Permanent Central Opium Board 60-61
Population Commission 60
relations with 10, 57-61, 69, 70
Scientific Conference on the Conservation and Utilization of Resources 70
services of 70
Social Affairs Department 51
Social Service 14, 42, 61
Statistical Commission 60
Statistical Office 28
structure of 56
Sub-Committee on Negotiations with 57
membership 83
Transport and Communications Commission 60
Trusteeship Council 61
United Nations Bulletin 54
UNRRA 36, 48-52, 59, 63, 66, 59
agreement with 48-49 funds from 9, 11-12, 49, 71
UNRRA Health Division 23, 49
Expert Commission on Quarantine 23
functions of 23
assimilation 21-12, 25, 26, 46, 48
Vaccination
See BCG vaccination
Cholera vaccination
Smallpox vaccination
Yellow-fever vaccination
Vaccines, standardization of 31-33
Valine 42
Venereal diseases 13, 15, 61, 70
field services in 59
Venereal Diseases, Expert Committee on 13, 38-39, 61 membership 85
Wheat, anti- 31
Vice-Chairmen of Interim Commission 78