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Robert E. Shank Papers

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PAN AMERICAN HEALTH ORGANIZATION  
*Pan American Sanitary Bureau, Regional Office of the*  
WORLD HEALTH ORGANIZATION

1501 NEW HAMPSHIRE AVENUE, N.W., WASHINGTON 6, D.C. U.S.A.

CABLE ADDRESS: OFSANPAN

IN REPLY REFER TO:

9 March 1961

Dr. Robert E. Shank, Head  
Department of Preventive Medicine  
School of Medicine  
Washington University  
St. Louis 5, Missouri

Dear Dr. Shank:

Upon returning to Washington, I reported to my Supervisors in the Organization and it gave me great pleasure to be able to inform them that I was very much impressed with your School and with the efficiency of Medical Education instruction over there. Also, I expressed that my program was not only very pleasant, but also very adequate. I was able to realize that the Professors whom I met have integrated minds. As for me, I consider this very important in Medical Education, and should be what really counts; that is, the integration of individuals, not curriculum per se.

I hope that your School and mine will be heretofore linked by bonds of greater and more effective relationship.

I would also like to express my appreciation to you, and all the Professors, for all your kindness during my stay in St. Louis. My best regards to all.

Sincerely yours,

*Miguel Hermosilla*  
Dr. Miguel Hermosilla

Hed

February 10, 1961

Dr. Marcos Charnes  
Chief, Fellowships Branch  
Pan American Health Organization  
1501 New Hampshire Avenue, N.W.  
Washington 6, D. C.

Dear Dr. Charnes:

This is to confirm our telephone discussion this morning, February 10th. We shall be very pleased to have Dr. Miguel Hermosilla visit us here at Washington University Medical School on the dates of February 20th to 24th.

If Dr. Hermosilla will advise us of his travel plans, we will make some arrangement for his housing while here.

Sincerely yours,

Robert E. Shank, M. D.  
Danforth Professor of Preventive  
Medicine  
Head of the Department



PAN AMERICAN HEALTH ORGANIZATION

*Pan American Sanitary Bureau, Regional Office of the*

WORLD HEALTH ORGANIZATION

1501 NEW HAMPSHIRE AVENUE, N.W., WASHINGTON 6, D.C. U.S.A.

CABLE ADDRESS: OFSANPAN

HERMOSILLA (Chile)

EFS-601/B-61

1 de febrero de 1961

IN REPLY REFER TO:

Dr. Robert E. Shank, Head  
Department of Preventive Medicine  
School of Medicine  
Washington University  
St. Louis 5, Missouri

Dear Dr. Shank:

... We would like to request your kind assistance in arranging an observation program for Dr. Miguel Hermosilla, of Chile, who has been awarded a fellowship by this Organization to study in the United States and Europe. Kindly find enclosed several copies of his biographic sketch, for your information and use.

Dr. Hermosilla is Professor of Medicine at the School of Medicine of the University of Chile, and is also Head of the Out-patient Department of Medicine in the "San Francisco de Borja" Hospital. He is interested in observing teaching programs of internal medicine, with special reference to preventive medicine and the methodology employed in teaching this subject to medical students. He would, therefore, like to visit your School for the period of 27 February to 3 March, if convenient with you.

Dr. Hermosilla's fellowship will provide him with a monthly living allowance, and any necessary travel expenses and observation or tuition fees. This Organization should be billed directly, in duplicate.

We are very grateful for your cooperation and deeply appreciate any courtesies you might extend on Dr. Hermosilla's behalf.

Sincerely yours,

Marcos Charnes, M.D., M.P.H.  
Chief, Fellowships Branch

... Enclosure.



PAN AMERICAN HEALTH ORGANIZATION  
*Pan American Sanitary Bureau, Regional Office of the*  
WORLD HEALTH ORGANIZATION

1501 NEW HAMPSHIRE AVENUE, N.W., WASHINGTON 6, D.C., U.S.A.

CABLE ADDRESS: OPSANPAN

BIOGRAPHICAL INFORMATION

IN REPLY, REFER TO:

Name: Dr. Miguel HERMOSILLA Country: Chile  
Birth Date and Sex: 19 June 1907 - Male Length of Award: 4 1/2 months  
Marital Status: Married Starting Date: 23 January 1961  
Home Address: Magallanes 11  
Santiago, Chile

Field of Study: Organization of Medical Education (Preventive Medicine)

Country(ies) and Place(s) of Study: Colombia, United States, Europe

.....  
Educational Background and Training: 1943-46: Graduate School of University of Pennsylvania, M.S.F. Degree;  
1923-29: School of Medicine, University of Chile, M.D. Degree

Present Position: Professor of Medicine, School of Medicine, University of Chile and Head, Out-Patient Department of Medicine, "San Francisco de Borja" Hospital

Duties:

Theoretical and practical teaching of internal medicine (preventive aspects) to medical students.

In charge of a unit of Doctors, covering about 150 consultations daily.

Previous Experience:

1930-47: Assistant, Department of Medicine, "San Francisco Borja" Hospital

Position and Duties to which Returning: same  
(if different from present)

Purpose of Fellowship and Special Interest: To observe programs of internal medicine with emphasis on preventive medicine: methodology, application (practical), teaching, to apply this knowledge in his future work.



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teaching, to apply this knowledge in his future work.

# THE STORY

OF THE



PAN AMERICAN SANITARY BUREAU  
REGIONAL OFFICE OF THE  
WORLD HEALTH ORGANIZATION

WASHINGTON, D.C.

*Medicine Abroad:*



## The Pan American Sanitary Bureau

By FRED L. SOPER, M.D., DR. P.H.

*Director, Pan American Sanitary Bureau, Regional Office of World Health Organization*

**T**HE OLDEST international health agency in the world, the Pan American Sanitary Bureau, is located in the center of Washington, D. C. Since 1949 it has served as Regional Office of the newest, the World Health Organization.

Created by the American republics in 1902, the Bureau, as part of its broad mandate, was designed ". . . to lend its best aid and experience toward the widest possible protection of public health of each . . . republic, in order that diseases may be eliminated and that commerce between said republics may be facilitated." To accomplish this ambitious task the Bureau was given a budget of \$5,000 to cover its operations throughout the entire hemisphere. Nevertheless, this was an important start, as interest—at

the international level—in the general health of other populations marked a new departure in world affairs. During the fifty years preceding the establishment of the Bureau a number of international health conferences had been held, it is true, but these were concerned almost exclusively with the adverse effects of pestilential contagious diseases on commerce, and with the regulation of quarantine at seaports and other points of entry.

The Bureau was given broader public health authority by the Pan American Sanitary Code of 1924, a treaty ratified by all of the 21 American republics. Following this, the Bureau developed close working relationships with the national public health services, which in turn supplied its

the 1990s, the industry has been hit hard by a combination of factors. The most significant is the decline in the number of new entrants, which has led to a consolidation of the market. This has resulted in a few large players dominating the industry, while many smaller companies have struggled to survive. Another major factor is the increasing competition from other industries, particularly in the areas of transportation and logistics. This has led to a decline in the demand for traditional services, such as warehousing and distribution. Finally, the industry has also been affected by changes in government regulations, which have increased the cost of doing business and reduced the profitability of many companies. Despite these challenges, the industry remains an important part of the economy, and there are still many opportunities for growth and innovation.

One of the key areas of focus for the industry is the development of new technologies and services. This includes the use of automation and robotics to improve efficiency and reduce costs. Another area of focus is the development of new business models, such as the use of e-commerce and digital marketing. Finally, the industry is also working to improve its environmental performance and reduce its carbon footprint. These efforts are essential for the industry to remain competitive and sustainable in the long run.

## THE FUTURE OF THE INDUSTRY

As the industry continues to evolve, it is clear that there will be significant changes in the way it operates. The most significant change will be the increasing use of automation and robotics, which will lead to a decline in the number of jobs in the industry. This will have a major impact on the workforce, particularly in the areas of manufacturing and logistics. Another major change will be the increasing competition from other industries, which will lead to a decline in the demand for traditional services. Finally, the industry will also be affected by changes in government regulations, which will increase the cost of doing business and reduce the profitability of many companies. Despite these challenges, the industry remains an important part of the economy, and there are still many opportunities for growth and innovation.

One of the key areas of focus for the industry is the development of new technologies and services. This includes the use of automation and robotics to improve efficiency and reduce costs. Another area of focus is the development of new business models, such as the use of e-commerce and digital marketing. Finally, the industry is also working to improve its environmental performance and reduce its carbon footprint. These efforts are essential for the industry to remain competitive and sustainable in the long run.







PAN AMERICAN SANITARY BUREAU

Regional Office of the  
WORLD HEALTH ORGANIZATION  
1501 New Hampshire Avenue, N. W., Washington 6, D. C.  
CABLE ADDRESS: OFSANPAN



In Reply Refer to: EFS-3524/E-59  
HRISHIKESH (India)  
NGHIEM (Vietnam)

15 May 1959

Dr. Robert E. Shank, Head  
Dept. of Preventive Medicine  
School of Medicine  
Washington University  
St. Louis 10, Missouri

Dear Dr. Shank:

We are now in the process of arranging summer field training programs for our Fellows and, at the suggestion of Dr. Carl E. Taylor of Harvard, are writing to you on behalf of Dr. Nghiem Lenh Thieu of Vietnam and Dr. P. Hrishikesh of India. Both doctors are presently attending the Harvard course for Teachers of Preventive Medicine under fellowships awarded by this Organization.

Drs. Hrishikesh and Thieu wish to observe the teaching of preventive medicine as indicated on their biographical sketches, copies of which are attached for your further information. We wonder if you would be willing to receive these two doctors for the period July 6 - 10 and to arrange a suitable program for them. They will also be visiting the Universities of Chicago and Illinois and will attend the Conference on Medical Education for Foreign Scholars at Iowa City.

We do hope that it will prove convenient for you to receive them and are looking forward to hearing from you in the near future.

Sincerely yours,

Gerda J. Lewis, Ph.D.  
Training Officer  
for Irvin M. Lourie, M.D., M.P.H.  
Chief, Fellowships Branch

Encls (2)  
BioSketches

cc: Dr. Carl Taylor



I AMERICAN SANITARY BUREAU

Regional Office of the  
WORLD HEALTH ORGANIZATION  
FELLOWSHIPS BRANCH  
BIOGRAPHICAL INFORMATION



Name: Dr. Poliseti HRISHIKESH Country: India  
Birth Date and Sex: 21 January, 1926, male Length of Award: 24 months  
Marital Status: married Starting Date: 30 August 1958  
Home Address: Gokhale Street, Visakhapatnam-2 (INDIA)

Field of Study: Preventive and Social Medicine

Country(ies) and Place(s) of Study: United States Harvard

.....  
Educational Background and Training:

Andhra Medical College, Visakhapatnam	1946 to 1953	M.B.B.S.	Medical course
All India Institute of Hygiene and Public Health	1955 to 1956	D.P.H.	Public Health

Present Position: Assistant Professor of Social and Preventive Medicine, Andhra Medical College  
1956 to date

Duties: Teaching M.B.B.S. students, sanitary inspection trainees, health visitors, and nurses; generally supervising Simhachalam Rural Health Centre of College.

Previous Experience:

Apr. 1956 to Aug. 1956 - Municipal Health Officer - Control of communicable disease, care of maternal and child health services, supervision of school health services, health education of citizens.  
Sept. 1954 to May 1955 - Assistant Professor of Hygiene - Aiding in formation of Dept. of Hygiene in the Medical College, Guntur; teaching undergraduate medicine.

Position and duties to which returning: same  
(if different from present)

Purpose of Fellowship and Special Interests: To study epidemiology, biostatistics, social medicine, environmental hygiene, and public health education methods in order to better instruct the students of the government Andhra Medical College both at the school and at the Rural Health Centre which is attached to the Department of Social and Preventive Medicine.



AN AMERICAN SANITARY BUR

Regional Office of the  
WORLD HEALTH ORGANIZATION  
FELLOWSHIPS BRANCH  
BIOGRAPHICAL INFORMATION



Name **Br. Nghiê m Lênh THIEU**

Country: VIETNAM

Birth Date and Sex: 16 July 1924

Length of Award: 2 yrs. approximately

Marital Status: Single

Starting Date: September 1958

Home Address: 30 Bui-thi-Xuan, Saigon, Vietnam

Field of Study: Teaching of Preventive Medicine

Country(ies) and Place(s) of Study:

.....  
United States  
.....

Educational Background and Training:

- 1955-56 - School of Public Health - University of Michigan - M. P. H.
- 1946-52 - Faculty of Medicine - University of Hanoi - M. D.

Present Position: Oct. 1956 to date: Chief of Environmental Sanitation Service, Dept. of Health .  
Assistant in Charge of the Teaching of Preventive Medicine.

Duties Administrative and technical responsibilities at national level for environmental sanitation. In charge of the organization of the department of Preventive Medicine and teaching of the 5th. year medical students at the Medical School, Univ. of Saigon. Professor of environmental and Public Health at the Health Technical School, Saigon.

Previous Experience: March 1952-Dec. 1953 - First Lieutenant of the Med. Corps of the Nat. Army (Administration and general practice of medicine)- Jan.-Sept. 1954 - Physician in Chief of the Am. Medical Projects for North Vietnam (Public Health Administration) Sept. 1954-June 1955 - Medical Officer at the National Dept. of Administration/health of American Med. Projects.

Position and duties to which returning: same  
(if different from present)

Purpose of Fellowship and Special Interests: Ecology; Seminar on Preventive Medicine; Educational theory and methodology; Practical experience in family care programs and association with an out-patient service. Study of curricula for courses in preventive medicine. Study of relationships and specific points of integration with other departments. Evaluation of facilities in teaching offered by health centers and coordinated out-patient services. Practical experiences in teaching through assignments to departments of Preventive Medicine in American medical schools. Assistant in a research team. Thesis for a Doctor of Public Health degree. (with all the required courses and personal work.

Dr. Nghiêm Lênh THIEU  
(Vietnam) - BioSketch

- 2 -

Purpose of Fellowship

Gain experiences in teaching and recognition due to formal academic training, very necessary for a responsible position of pioneer in preventive medicine in the medical school of Saigon. Because of the active association with the various departments of Preventive Medicine in American Schools, I will be more readily recognized and offered more responsibilities.

After this intensive course, I will be able to prepare a concrete program for the school, based on the national needs and conditions. I may also contribute to the organization and evaluation of health and medical care programs of official health services.

April 21, 1959

Dr. Ramon Villarreal  
Medical Officer  
Professional Education Branch  
Pan American Sanitary Bureau  
Regional Office WHO  
1501 New Hampshire Ave. N.W.  
Washington 6, D. C.

Dear Dr. Villarreal:

Dr. Shank has asked me to reply to your letter of April 7th requesting information about the teaching of environmental sanitation to the medical students at this medical school.

There is no formal course in Environmental Sanitation in the medical curriculum, nor are there any parts of any formal courses that are specifically designated to cover that material. During a freshman lecture course (Preventive Medicine 10), aspects of environmental sanitation as related to the spread of infectious disease is covered briefly. There is a second year lecture course entitled "The Prevention and Control of Disease" during the course of which reference is made to environmental sanitation principles wherever appropriate. During the senior year, the students spend three months in the Coordinated Clinic Clerkship where emphasis is placed upon all aspects of the environment that effect the health problems presented by their clinic patients. As part of this clerkship the students make at least one visit to the home of one of their patients and are instructed to observe local sanitation conditions. This, however, is only one aspect of the home visit experience.

Dr. John Willmott  
April 14, 1978  
Page 2

Will not purchase without actual payment, copy and the  
making of environmental conditions that I have described above.  
no stated field traps are only one are outside (possibly called  
in to assist in trapping in this area.

I have this in the laboratory per sample. If we can be  
of any further assistance, please feel free to call or write.

Sincerely yours,

John Willmott, Jr., M. S.  
April 14, 1978



PAN AMERICAN SANITARY BUREAU  
Regional Office of the  
WORLD HEALTH ORGANIZATION  
1501 New Hampshire Avenue, N. W., Washington 6, D. C.  
CABLE ADDRESS: OFSANPAN



In Reply Refer to: EPE-115-59

7 April 1959

Dr. Robert E. Shank  
Head of Department of Preventive Medicine  
and Public Health  
Washington University School of Medicine  
Kingshighway and Euclid Ave.  
St. Louis 10, Missouri

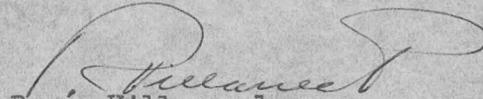
Dear Dr. Shank:

At a meeting of Deans and Professors of Preventive Medicine of the medical schools of Mexico, to be held in Veracruz in July 1959, the topic of discussion will be the teaching of Environmental Sanitation to medical students. To help us in providing background information I am imposing on the kindness of a few department heads in the United States to ask for some information. I should greatly appreciate it if you would kindly answer the following questions referring to your School:

1. About how many hours are assigned to the teaching of Environmental Sanitation in the medical curriculum? In what year or years? What proportion does the teaching of Environmental Sanitation constitute in the total program of preventive medicine.
2. What major subjects are covered? Do you use field trips? If so, how many and of what type?
3. Personnel.
  - a) Do you use personnel from within the medical school to do this training? If so, from what department?
  - b) Do you use outside personnel to assist in the training? If so, from what sources?

We should appreciate any other comments that you may wish to add.

Sincerely yours,

  
Ramon Villarreal  
Medical Officer  
Professional Education Branch

*Dr. Chaplin  
or  
Dr. Shank  
to do  
this  
for  
Dr. Shank*

May 26, 1958

Mr. Boris Ibanez  
Recruitment Officer  
Pan American Sanitary Bureau  
World Health Organization  
1501 New Hampshire Avenue, N.W.  
Washington 6, D. C.

RE: APS1-1956

Dear Mr. Ibanez:

I have sought information concerning Miss Shirley Anna Martin, a candidate for the position of Nurse Educator with the Pan American Sanitary Bureau. As I informed you by telephone the other day, I have not had the opportunity for direct association with Miss Martin during her period in St. Louis. However, in consulting with her instructors and her supervisors during her period of training here, I have learned that she is held in high esteem, has had valuable experience as an instructor of obstetrical nursing. She has a sincere interest in educational and training approaches. Furthermore, she has competence in the technical procedures of nursing itself. I could learn of no characteristics possessed by Miss Martin which might be considered undesirable. I therefore feel that I can recommend her to you highly and without reservation, but should perhaps point out that her experience as a Nurse Educator has been largely, if not entirely, in the field of obstetrical nursing.

Very sincerely yours,

Robert E. Shank, M. D.  
Danforth Professor of Preventive  
Medicine  
Head of the Department



PAN AMERICAN SANITARY BUREAU

Regional Office of the  
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1501 New Hampshire Avenue, N. W., Washington 6, D. C.  
CABLE ADDRESS: OFSANPAN



In Reply Refer to: APS1-1956

**CONFIDENTIAL**

14 April 1958

*W. U. School of Nursing  
Position in Dominican Republic  
To teach + advise  
as consultant*

Dr. Robert Shank  
Professor of Preventive Medicine  
Washington University  
St. Louis, Missouri

Re: Miss Shirley Anna Martin  
Candidate for position of:  
Nurse Educator

Dear Dr. Shank:

In its role as an international health agency, the Pan American Sanitary Bureau, Regional Office of the World Health Organization, provides advisory services to Member Governments. For this purpose, it endeavors to find technical and administrative personnel who maintain the highest degree of competence and integrity. In the performance of their duties, they are required to adapt their skills to specific programs of the Organization, to give precedence to the interest of the Organization, and to conform to the standards established for international civil service.

In the development of background information on Miss Martin, we have been advised that she may tend, at times, to carry on with assignments without proper planning. The evaluation on this element is important and your views on it will be very appreciated. The impression gathered of her during an interview with a member of the professional staff is excellent. However, before proceeding with her selection to a position with the Organization, it was decided to request your evaluation of her capabilities, as we understand you are acquainted with her work.

Your cooperation in this respect will be very much appreciated.

Sincerely yours,

*B. Ibañez*  
Boris Ibañez  
Recruitment Officer



PAN AMERICAN SANITARY BUREAU

Regional Office of the  
WORLD HEALTH ORGANIZATION  
1501 New Hampshire Avenue, N.W., Washington 6, D. C.  
CABLE ADDRESS: OFSANPAN



In Reply Refer to: EOC-272-56

5 March 1956

Dr. Robert E. Shank  
School of Medicine  
Washington University  
Euclid Avenue and Kingshighway  
Saint Louis, Mo.

Dear Dr. Shank:

Thank you very much for your suggestion of  
Dr. Virgil Scott. I am writing to him, as you suggested,  
to explore his interest.

With kindest personal regards,

Sincerely,

*Myron E. Wegman*  
Myron E. Wegman, M.D.  
Chief, Division of  
Education and Training



PAN AMERICAN SANITARY BUREAU

Regional Office of the  
WORLD HEALTH ORGANIZATION  
1501 New Hampshire Avenue, N.W., Washington 6, D. C.  
CABLE ADDRESS: OFSANPAN



In Reply Refer to: AMRO-49  
EOC-908-55

29 August 1955

Dr. Robert Shank  
Washington University  
School of Medicine  
Saint Louis, Mo.

Dear Dr. Shank:

As you may have heard, our Organization is sponsoring a seminar on the teaching of preventive medicine to be held in Viña del Mar, Chile, October 10 to 15, 1955. To this seminar will be invited the Deans and Professors of Preventive Medicine of eight South American countries. A second seminar for the rest of the countries of Latin America will probably be held in Mexico in February.

The seminar itself will be organized along with lines similar to the Colorado Springs Conference, except that the subject matter will be somewhat less ambitious, since we shall be dealing with a much greater variety of experience and teaching plans. In order to supplement the discussion on curriculum content, I have thought it desirable to obtain some background papers which could give the participants some of the general principles of content and methodology of instruction in subjects which are not always represented in other departments of the medical school. We have thought particularly of statistics, sanitary engineering, health education and nutrition. I wonder whether it would be possible for you, either to let us have something applicable you have written on the subject, or to be able to prepare for us a three to five page summary of the subject. Since the seminar will be conducted entirely in Spanish, we shall need time to translate the paper and I would therefore, need to have it by September 20.

Is it possible that you could assist us in this manner? Many thanks.

Very sincerely yours,

Myron E. Wegman, M.D.  
Chief, Division of  
Education and Training

September 27, 1955

Dr. Myron E. Wegman  
Chief, Division of Education and Training  
Pan American Sanitary Bureau  
World Health Organization  
1501 New Hampshire Avenue, N.W.  
Washington 6, D. C.

Dear Dr. Wegman:

I regret that I have been unable to accept your invitation to prepare a paper for the Seminar on the Teaching of Preventive Medicine on October 10th. Actually, your request was on my desk when I returned from vacation and I had hoped to find time to accomplish this by your deadline of September 25th. Although I had started the preparation of this manuscript, I was unable to complete it by that time. My obligations here and elsewhere have been heavy during the past several weeks and there just have not been sufficient hours in the day to get everything done.

I hope that you understand and that there may be a later opportunity for me to make a similar contribution.

Sincerely yours,

Robert E. Shank, M. D.  
Professor of Preventive Medicine  
and Head of the Department



PAN AMERICAN SANITARY BUREAU

Regional Office of the  
WORLD HEALTH ORGANIZATION  
1501 New Hampshire Avenue, N. W., Washington 6, D. C.  
CABLE ADDRESS: OFSANPAN



In Reply Refer to:  
AMRO-49  
EOC-962-55

15 September 1955

Dr. Robert E. Shank  
Professor of Preventive Medicine  
and Head of the Department  
Washington University  
School of Medicine  
507 South Euclid Avenue  
St. Louis 10, Missouri

Dear Dr. Shank:

As we approach the opening date of the Seminar on the Teaching of Preventive Medicine, 10 October, I hope you will forgive my pestering you further concerning the working paper about which I wrote you on 29 August 1955. My apprehension about time results from the necessity for the paper to be translated into Spanish, and then reproduced for general distribution. If you can find your way clear to getting it to me by 25 September, we can still be in time by having the printing done in Chile, thus avoiding delay there would otherwise be on shipment of bulk packages.

While I hate to press you on the subject particularly at this time when you will be busy with the opening of the new academic year, it would be appreciated if you could let me know whether we can count on your contribution.

Very sincerely yours,

*Myron E. Wegman*  
Myron E. Wegman, M.D., Chief  
Division of Education and Training



PAN AMERICAN SANITARY BUREAU

Regional Office of the  
WORLD HEALTH ORGANIZATION  
1501 New Hampshire Avenue, N. W., Washington 6, D. C.  
CABLE ADDRESS: OFSANPAN



In Reply Refer to:

1 May 1958,  
Washington, D.C.

TO THE FRIENDS OF WHO:

As you know, this spring WHO celebrates its X Anniversary. The actual date, 7 April, is World Health Day. However, the WHO is holding its 11th World Health Assembly in Minneapolis, Minnesota, this year on the invitation of the U.S. Government, and the first two days of the Assembly Meeting, May 26 and 27, will be devoted to ceremonies celebrating the X Anniversary. The regular Assembly, which sits for three weeks, will begin 28 May.

This special session, in which the United States plays host to your World Health Organization composed of 87 governments, offers an excellent opportunity for you, the citizens and friends of WHO, to participate in the celebration by doing all in your power to help publicize this event.

We are issuing a series of some 12 "Fact Sheets", the first six of which are enclosed. They review the story of WHO and list the major health problems and public health programs throughout the world. The remaining "Fact Sheets" will follow as they become available within the next few weeks.

You are cordially invited to make the fullest use of this material, which you may supplement with any of the literature not yet used from the World Health Day kits sent to you some weeks ago.

Sincerely yours,

Harold Ballou, Chief  
Office of Public Information

WHAT IS WHO

W H O are the initials of the World Health Organization.

WHO IS UNIVERSAL

The World Health Organization is a body, set up by 88 countries of the world (membership is open to all States) to co-ordinate international health work and to assist governments, on request, in strengthening their health services. Its objective is the attainment by all peoples of the highest possible level of health.

WHO IS INDEPENDENT

WHO belongs to the United Nations family of international agencies, but it is largely independent because:

- \*It has its own Governing Body, the World Health Assembly, composed of representatives of all its own member states.
- \*It has its own membership (at present 88 countries) who do not necessarily belong also to the UN or the other UN agencies.
- \*It has its own budget (\$ 13,500,000 in 1958) contributed directly by its own member states.

WHO IS TEN YEARS OLD THIS YEAR

In 1946, an International Health Conference, called in New York by the United Nations, approved the Constitution of a new Specialized Agency, the World Health Organization, and decided that it would come into official existence when 26 member countries of the UN had ratified their signatures to the Constitution.

The 26th member ratified in April 1948, and in September the same year WHO came into official existence.

In 1958 WHO celebrates its Tenth Anniversary, at a Special Session of the World Health Assembly which will precede the Eleventh ordinary session to be held in Minneapolis in May-June this year.

WHO'S INHERITANCE

From previously existing health organizations WHO inherited international duties relating to epidemic control, quarantine measures, and the standardization of drugs and other medical substances. In its first ten years it has expanded these activities, notably by -

- \*Operating a warning service which by daily short-wave radio bulletins informs all health administrations, ports and airports of the occurrence of epidemic disease anywhere in the world.
- \*Setting up universally-valid health regulations governing international travel and trade by land, sea and air.
- \*Publishing the first International Pharmacopoeia which recommends international specifications for the strength and purity of several hundred drugs and pharmaceutical preparations.
- \*Its technical publications, which now comprise well over 200 titles on more than 40 health subjects.

#### WHO'S AIMS AND WORK

WHO works for the health of all peoples, and its Constitution defines health as "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

Inspired by this far-reaching ideal, WHO has taken on responsibilities beyond anything attempted by earlier health organizations.

- \*Instead of being content to try to stop diseases from crossing frontiers, WHO has set out to help member governments to attack communicable diseases in source areas.
  - \*Besides acting as a clearing-house for scientific information on health matters, WHO keeps its member countries up-to-date on the latest developments such as the use of new vaccines or the health hazards of nuclear radiation.
  - \*In addition to advising member governments on the best ways of attacking their health problems, WHO actually sends international doctors, nurses and health teachers to work alongside national health personnel in finding and operating practical measures to improve health standards.
  - \*As well as helping national health workers to obtain advanced training abroad, WHO aids governments to establish, enlarge and improve their own training facilities for the army of health personnel needed urgently if inequalities in health standards between countries are to be ironed out.
  - \*In all these ways, WHO helps break the vicious circle "disease breeds poverty breeds disease", aids populations to lay the foundations of their own prosperity, and thus furthers the objective of world peace.
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January 1958

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#### THE WORLD HEALTH ASSEMBLY

The governing body of WHO, the World Health Assembly, will hold its Eleventh Session, beginning 28 May 1958, in Minneapolis, Minn., on the invitation of the US Government and the City of Minneapolis. The meeting is expected to last three weeks.

The World Health Assembly, composed of delegations from WHO's 88 Member States, decides the Organization's policies, programme and budget. Thus it is not a conference or a convention, but a business meeting taking decisions necessary for the Organization's continuing and effective work.

#### WHO WILL BE THERE?

Each Member State is entitled to send three delegates, plus a certain number of alternates and advisers. In addition there are observers from non-Member States, United Nations bodies, and from numerous non-governmental organizations. When secretariat and conference staff are added, there will be a total of about 600 people coming to Minneapolis for the meeting.

#### THE PRESIDENT

A new president is elected at each session. Dr. Sabih Hassan AL-WAHBI, former Minister of Health for Iraq, was last year's President, and will therefore open this year's session and preside until his successor is elected. Three Vice-Presidents are also elected each year.

The Director-General (Dr. M. G. CANDAU) not only acts as Secretary of the World Health Assembly, but may at any time make either oral or written statements concerning any questions under discussion.

#### TOWER OF BABEL

Since WHO has 88 Member States, speakers of most of the major languages of the world are to be found among the 300 or more delegates who attend. Obviously, it would be impossible to have each speaking his own language and the rules of procedure of the Assembly therefore lay down that there shall be two working languages, English and French, into which all documents are translated, while all speeches made in plenary session and in the main committee meetings are translated from and into English, French, Russian and Spanish.

The system used during meetings is simultaneous interpretation. Each seat in the Assembly Hall or the main committee rooms is equipped with earphones and a switch with five positions, one amplifying whichever speaker has the floor and the others carrying the simultaneous interpretations into the three other languages made by expert interpreters each seated in a sound-proof box.

#### THE JOB TO BE DONE

While all Member States and the Director-General have the right to submit agenda items for discussion, the main business of the World Health Assembly is to do the following things:

- \*To consider the Annual Report of the Director-General on the work of the World Health Organization for the preceding year (at Minneapolis this will be for 1957).
- \*To consider and approve the programme and budget for the coming year (i.e. at Minneapolis for 1959).
- \*To elect Member States entitled to designate persons to serve on the Executive Board of the World Health Organization, and
- \*To consider all applications for membership which have reached the Director-General at least 30 days before the opening of the Assembly Session.

#### HOW THE ASSEMBLY WORKS

The World Health Assembly starts with a general debate - in plenary session - which lasts from two to four days. National delegates follow each other on the rostrum, give an account of the progress made in their countries towards better health during the preceding year, relate those national activities to what is being done in other countries, and explain how they fit into the overall pattern of international health work which is the responsibility of the World Health Organization.

While this General Debate is going on, two committees are busy behind the scenes; the first one of these is the Committee on Credentials, consisting of 12 delegates, which examines the credentials of delegates and reports back to the Health Assembly. The other is the Committee on Nominations, consisting of 18 delegates of as many Members, chosen with regard to equitable geographical distribution and to experience and personal competence, which prepares nominations for the offices of President and three Vice-Presidents of the World Health Assembly, for the offices of chairmen of the main committees, and for the members of the General Committee, or Steering Committee.

#### ASSEMBLY SPLITS

As soon as the recommendations of the Committee on Nominations are before the Assembly, the election of the President and the three Vice-Presidents, as well as of the chairmen of the main committees, takes place. The General Debate concludes as soon as the list of speakers is exhausted, and the Assembly thereupon splits up into the two main committees, on each of which every national delegation is represented. They are the Committee on Programme and Budget, and the Committee on Administration, Finance and Legal Matters.

Further plenary meetings are held from time to time to set the seal of approval upon the recommendations made by each of these Committees or, occasionally, to reopen debate and to reach different decisions.

The Committee on Programme and Budget goes through the programme and budget for the coming year (the 1959 programme will be decided at Minneapolis) and produces, if it can, a recommendation for the total budget figure (for 1958 this was adopted by last year's Assembly at \$ 13,500,000). The Committee also goes into questions of health policy and sometimes decides to recommend a change of emphasis, and consequently a change in the programme, in the light of needs and of recent developments.

The Committee on Administration, Finance and Legal Matters deals with relations with Member States, and with matters arising out of the running of the six regional offices of the World Health Organization (for Africa in Brazzaville, for the Americas the Pan American Sanitary Bureau in Washington, for the Eastern Mediterranean in Alexandria, for Europe in Copenhagen, for South East Asia in New Delhi and for the Western Pacific in Manila). It concerns itself with questions concerning staff, administration and finance. It usually elects a legal sub-committee to make recommendations on purely legal matters.

Both these main committees make recommendations which are finally dealt with by the Assembly in plenary session.

### SPIRIT OF CO-OPERATION

While the delegates attending the World Health Assembly, like those at the General Assembly of the United Nations, are government representatives, the great majority of them are something more than this - they are also public health workers. As such, they have a common bond and a common objective. Their principal aim is to improve the health standards of their own countries and their whole training and experience have been geared to this aim. They have also become convinced that, just as the health of the individual depends on the health of the community, national standards of health are dependent upon international co-operation.

For this reason there is a spirit of common purpose among these public health experts, although they represent different national points of view, which is rarely to be found at gatherings of purely political representatives.

Many of the decisions taken by the World Health Assembly are unanimous and do not require a vote. When voting is necessary, each delegation carries one vote, as in the General Assembly of the United Nations.

When the World Health Assembly comes to an end after the final plenary sessions, the delegates of the 88 Member States go home with the sense of a purpose achieved and with the resolve to intensify future co-operation in raising national health standards through international effort.

### SPECIAL TENTH ANNIVERSARY SESSION

On the two days preceding its Eleventh Session, 26 and 27 May, the Assembly will meet in Special Session to mark the Tenth Anniversary of the World Health Organization. Presided over by last year's President, Dr. S. H. Al-Wahbi (Iraq), this special session will take the form of commemorative speeches by delegates in plenary session.

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#### HOW WHO WORKS

The World Health Organization is an international co-operative for health. The members of this co-operative are the nations of the world. Eighty-five countries are full members, while three territories which are not responsible for the conduct of their international relations have been admitted as Associate Members. (For list of members see p.4).

Membership in WHO is open to all States.

All members contribute each year to WHO's budget, and all members are entitled to the services and aid provided by the Organization.

#### WHO'S CONSTITUTION

WHO's Constitution, adopted by the International Health Conference in New York in 1946, embodies a new approach to world health.

- \*It defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
- \*It states that the enjoyment of the highest attainable standard of health is a fundamental human right.
- \*It declares that Governments have a responsibility for their people's health.
- \*It says that unequal health development in different countries is a common danger and that the health achievements of any State are of value to all.
- \*It asserts that the health of all peoples is fundamental to the attainment of peace and security.

#### THE WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD

Each year, WHO's member states send their representatives to the World Health Assembly which reviews current activities and decides:

- \*The policies that govern WHO's work.
- \*The programme to be undertaken in the next and succeeding years.
- \*The amount of the budget necessary to carry out the programme for the following year.

The Assembly is also attended by observers from international bodies and medical and technical associations connected with health work.

The Eleventh World Health Assembly will meet in Minneapolis (Minn.) on 28 May 1956. Sessions usually last three weeks. The current President is Dr. Sabih Hassan AL-WAHBI, former Minister of Health for Iraq.

All member countries have an equal standing and equal voting rights in the Assembly. This ensures that WHO's activities shall be those which best serve the interests of its Members.

Each year the Assembly elects six countries entitled to designate a person to serve on WHO's Executive Board.

The Executive Board is a technical, non-political group of 18 health experts, each designated by one of the countries elected for the purpose by the World Health Assembly. Six Board members retire each year.

The Executive Board gives effect to the decisions of the Health Assembly, and scrutinizes the programme and budget proposed by the Director-General before its presentation to the Assembly. It generally meets twice yearly. It will hold a brief meeting in Minneapolis immediately following the Assembly.

Current Chairman: Sir John CHARLES, Chief Medical Officer, Ministry of Health, United Kingdom.

#### WHO'S SIX REGIONS

WHO's Constitution recognizes the desirability of decentralizing WHO's activities, and provides for regional organizations to be set up to meet the special health needs of a given area.

WHO has therefore divided the world into six regions, each with its regional committee and regional office. They are: the Americas (Office: the Pan American Sanitary Bureau in Washington, DC); Europe (Office in Copenhagen, Denmark); Eastern Mediterranean (Office in Alexandria, Egypt); Africa south of the Sahara (Office in Brazzaville, French Equatorial Africa); South-East Asia (Office in New Delhi, India); and the Western Pacific (Office in Manila, Philippines).

The Regional Committees, each composed of all the WHO Member States in the region, meet each year to plan health co-operation on the regional level and to consider what health programmes can render the most effective assistance to the countries of the region. The programme suggestions, after being endorsed by the Regional Committee, are sent on to WHO's Geneva headquarters where they are welded into a world programme to be presented to the World Health Assembly for final approval.

The administrative organ of the Regional Committee is the Regional Office which is also responsible for carrying out WHO's programmes in the region. Thus the regional machinery enables WHO's activities to be adapted to the evolving health needs of individual countries in each region.

#### THE DIRECTOR-GENERAL AND THE SECRETARIAT

The World Health Assembly appoints the Director-General, who, subject to the authority of the Executive Board, is the chief technical and administrative officer of the Organization. The Director-General appoints the staff of the secretariat (at present about 1000 all over the world). At the head of each Regional Office is a Regional Director, appointed by the Executive Board in agreement with the Regional Committee.

#### EXPERT COMMITTEES

To ensure that the Organization has the best possible advice when drawing up its policies and programmes, it has appointed over 1000 of the world's leading health authorities and medical scientists to serve on more than 30 Expert Panels, each covering a major field of health activity. As need arises, members of these panels may be invited to attend meetings of Expert Committees or Study Groups which formulate recommendations and proposals on specific aspects of WHO's programmes, and keep the Organization in step with current medical and scientific advances.

#### WHO'S BUDGET

When the World Health Assembly has approved the programme for a given year, it decides the amount of money needed to carry it out. This annual Budget (\$ 13,500,000 for 1958) is then contributed by all of WHO's Member States according to a fixed "Scale of Assessment".

In this way the largest contributor, USA, pays in 1958 \$ 4,666,480 while over a dozen of the smallest Member States pay each the minimum contribution which, for 1958, is \$ 5,760.

In addition to this budget, contributed directly by Member States, WHO receives a certain sum from the United Nations Technical Assistance Fund. This Fund is composed of voluntary contributions made by a number of countries in addition to their regular contributions to the budgets of the United Nations or the Agencies, and is intended to promote the economic development of under-developed countries.

As it is now an accepted truth that health and prosperity go hand-in-hand, a portion of this "technical assistance" money is handed over to the World Health Organization to enable it to undertake additional health projects in countries where special need exists. The amount varies from year to year, but it is generally around five million dollars.

#### WHO AND THE UNITED NATIONS

The World Health Organization is a Specialized Agency of the United Nations. This means that it was brought into being by the United Nations and is inspired by the principles laid down in the UN Charter.

When it came into official existence, however, it took on a large measure of independence: it has its own independent membership, its own governing body (the World Health Assembly) and its own independent budget.

WHO reports each year to the UN Economic and Social Council, and, through various co-ordinating bodies, its activities are linked with those of the United Nations and the other UN Agencies wherever their fields of interest touch WHO's.

#### WHO'S MEMBER STATES

Afghanistan, Albania, Argentina, Australia, Austria.  
Belgium, Bolivia, Brazil, Bulgaria, Burma, Byelorussian S.S.R.  
Cambodia, Canada, Ceylon, Chile, China, Costa Rica, Cuba, Czechoslovakia.  
Denmark, Dominican Republic.  
Ecuador, Egypt, El Salvador, Ethiopia.  
Finland, France.  
German Federal Republic, Ghana, Greece, Guatemala.  
Haiti, Honduras, Hungary.  
Iceland, India, Iran, Iraq, Ireland, Israel, Italy, Indonesia.  
Japan, Jordan (Hashemite Kingdom of).  
Laos, Lebanon, Liberia, Libya, Luxembourg.  
Mexico, Monaco, Morocco.  
Nepal, Nigeria, Netherlands, New Zealand, Nicaragua, Norway.  
Pakistan, Panama, Paraguay, Peru, Philippine Republic, Poland, Portugal.  
Federation of Rhodesia and Nyasaland, Romania.  
Saudi Arabia, Sierra Leone, South Korea, Spain, Sudan, Sweden, Switzerland, Syria  
Thailand, Tunisia, Turkey.  
Ukrainian S.S.R., Union of South Africa, United Kingdom, United States, Uruguay,  
U.S.S.R.  
Venezuela, Viet Nam.  
Yemen, Yugoslavia.

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#### HOW WHO BEGAN

The World Health Organization, like the United Nations, was an outcome of the world-wide longing for peace and international understanding which inspired the United Nations Charter.

In April 1945, the San Francisco Conference which set up the United Nations Organization approved a joint proposal from Brazil and China that an international health organization should be established.

In June 1946, the United Nations summoned an International Health Conference in New York, at which the Constitution of the World Health Organization was drafted, adopted and signed by representatives from 61 countries.

It was decided that the Constitution should come into force when 26 member states of the United Nations had ratified their signatures. This happened on 7 April 1948, a date now observed each year as World Health Day.

Meanwhile an Interim Commission had been carrying on essential international health services and preparing the way for the World Health Organization, to which it formally handed over responsibility in September 1948.

Meeting for the first time in June 1948, WHO's governing body, the World Health Assembly, approved the programme and the budgets for 1948 and 1949, and appointed Dr. Brock Chisholm (Canada) as Director-General.

### A CENTURY OF EFFORTS

The World Health Organization is the culmination of a century of efforts towards international health co-operation.

In earlier times sickness was considered a purely personal misfortune, and governments had little concern for health matters.

From the 14th century onwards, some countries and ports introduced harsh and often cruel quarantine measures in an effort to protect themselves against the plagues of history, but with little success.

By the 19th century these ineffective quarantine regulations, mostly directed against plague, cholera and yellow fever, were causing enormous hardship and costly delays to shipping and trade, and from 1851 onwards a series of international conferences were called, in Europe and in America, to try to come to some agreement on methods of protection against epidemics and to bring some order into the confusions, contradictions and abuses of existing quarantine regulations. By 1900, several international sanitary conventions were in force.

It was not until the early years of the present century, however, that sufficient agreement was reached for international health organizations to be set up.

The Pan American Sanitary Bureau was created by the American republics in 1902. It was designed "...to lend its best aid and experience towards the widest possible protection of public health of each...republic, in order that diseases may be eliminated and that commerce between the said republics may be facilitated." It was given broader public health authority by the Pan American Sanitary Code of 1924, a treaty ratified by all of the 21 American republics. In 1949 the Bureau assumed an additional role as the Regional Office for the Americas of the World Health Organization.

The Office International d'Hygiène publique (OIHP), set up as a result of discussions at international health conferences held in Paris in 1903 and in Rome in 1907, was the first truly world-wide international health organization. The OIHP was finally constituted in 1908, and in 1909 its secretariat was established in Paris, France. It was a technical commission for the study of epidemic diseases, a permanent body for revising and administering the numerous International Sanitary Conventions, and a centre for the rapid exchange of epidemiological information, in which it collaborated with the Pan American Sanitary Bureau and other centres. Fifty-five countries were represented on its governing body.

The Health Organization of the League of Nations was established in September 1923, and undertook a varied range of activities. It received and distributed intelligence concerning the occurrence of epidemic diseases, set up an epidemiological bureau at Singapore (now operated by WHO), began the establishment of international standards for vaccines, sera and certain important drugs, and undertook expert studies on nutrition and housing as well as on a number of diseases and health problems of international importance.

The Health Organization of the League marked a new departure in international health work which was no longer concerned merely with the erection of sanitary barriers, but embraced a wide and ever-growing range of health fields.

The work done both by the OIHP and the Health Organization of the League has been taken over and expanded by the World Health Organization.

At the end of the war, the United Nations Relief and Rehabilitation Administration (UNRRA) was established, and its Health Division was given the task of restoring and assisting national health services dislocated as a result of the war, providing medical care for displaced persons, and reviving the machinery for international exchange of information on epidemic diseases. When the work of UNRRA was terminated in 1946, \$ 3 million were made available from its funds to WHO's Interim Commission to enable it to continue to provide direct technical assistance to countries in the field of health.

### WHO HAS CARRIED ON

The World Health Organization has carried on the international duties inherited from all these earlier bodies; it broadcasts daily warnings of the occurrences of pestilential disease to health administrations, port health officers, airports and ships at sea; it has replaced all the earlier international sanitary conventions by one uniform set of sanitary regulations governing travel and trade; it has published the first International Pharmacopoeia giving international standards for the strength and purity of important drugs, and has recommended standards for a large number of vaccines, sera, antibiotics and other biological substances.

### NEW RESPONSIBILITIES

But the World Health Organization has taken on new and even more important responsibilities. Where many of the earlier health bodies were concerned above all with trying to prevent disease from spreading across frontiers, the World Health Organization, by its very Constitution, refuses to accept as part of the natural order the existence of preventable disease and suffering over a large part of the world. It has therefore set out to aid national health authorities in stamping out pestilential diseases in source areas, in strengthening their health services, and in bringing about the basic sanitary reforms essential for better health. It acts as a clearing house for the exchange of information, and enables all countries to profit from new discoveries and techniques in the field of health. WHO is founded on the concept that only united action by all countries can bring about that improvement in levels of health which is essential for world peace and prosperity.

March 1958

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#### THE SERVICES THAT WHO PERFORMS

The services that the World Health Organization renders the countries of the world take two main forms: 1) direct assistance to governments, on request, to enable them to fight disease and strengthen their health services; and, 2) work of value to all countries alike, dealing with epidemic warnings, international quarantine measures, recommendations of international standards for drugs and health statistics, and technical publications.

#### DIRECT ASSISTANCE TO COUNTRIES

The World Health Organization is based on the concept of an association of sovereign states and is not a form of supranational organization. In consequence, WHO does not itself directly control or undertake medical and health programmes in Member Countries. It is the national health services themselves that carry out the field programmes for which international assistance has been provided. During 1958 nearly 700 projects assisted by WHO will be in operation in 112 countries and territories.

The two principal ways in which WHO assists individual countries are by fellowships, or by sending doctors, nurses, health workers and teaching staff drawn from all over the world, and selected for their special qualifications and experience. Such international staff work alongside local personnel for limited periods. The aim is to help countries to help themselves, and the WHO staff remain only until the local staff is ready to carry on. For every dollar spent by WHO on a typical field project, the national government concerned commits itself to spending anything from one to five dollars in local currency to meet local expenditures in connexion with the project.

With WHO's limited finances, it is quite impossible to provide significant quantities of supplies and equipment, for which most countries can turn to other sources of help such as the U.N. Children's Fund (UNICEF) or the technical assistance programmes of individual governments.

WHO's help is given only in response to specific requests from national health administrations, and thus corresponds to the real needs in any given country or area.

The requests received usually fall under the following headings:

- \* Strengthening health administrations -- WHO is able to send experienced health administrators to help strengthen, build up, or sometimes even create, an efficient organization for national health services.
- \* Control of communicable diseases -- Over much of the world's surface preventable diseases cause untold suffering and vast economic loss. WHO helps introduce, and adapt to local conditions, modern methods of large-scale attack on malaria, yaws, syphilis, tuberculosis, snail-fever (bilharziasis), trachoma, yellow-fever, brucellosis and scores of other diseases which medical science now knows how to deal with effectively.

In some instances, WHO assists all the countries in a given region to undertake a concerted campaign for the eradication of a widespread disease - malaria is an outstanding example.

- \* Education and training -- Coping with individual diseases, however widespread, cannot alone bring about a lasting improvement in overall standards of health. The principal need is for well-developed basic services such as village sanitation, safe water, health education, school health, occupational health, etc., etc. This calls for an army of trained health workers (doctors, nurses, midwives, sanitarians, laboratory specialists, etc., etc.), which is just what the majority of countries lack.

WHO, therefore, helps by providing fellowships (over 1000 were given in 1957) to enable national health workers to obtain advanced training abroad, and by providing professors and teachers to strengthen and develop national training institutions. Moreover, in many projects dealing with particular diseases, the international personnel train local counterparts who are later able to carry on the work unassisted.

- \* Mother and child health and nursing -- In some countries 98 babies in every hundred survive the perilous first year of life - in others only three in every four survive - there are places where fewer than half the babies born arrive at their first birthday. That is why one of the most frequent requests received by WHO from its Member Countries is for help in building up health services for mothers and children, and in training midwives and rural health visitors and nurses. In 1957 there were 175 WHO nurses working all over the world, mostly in demonstration and training projects. WHO works closely with UNICEF in helping set up mother and child centres in a large number of countries.

- \* Environmental sanitation -- No country can be healthy unless sanitation is adequate, water supplies safe, and food protected. WHO assists in developing rural sanitation schemes, and the sanitation aspects of disease-control projects, advises on the design and operation of sanitation works, and organizes seminars for the exchange of technical information on matters such as the collection and disposal of organic, industrial and radioactive wastes. To help train the qualified sanitary engineers that are urgently required in many parts of the world, short training courses have been held, and teaching staff provided for regular courses in a number of countries.
- \* Mental health -- Countries undergoing rapid development have come to realize the dangers to mental health resulting from the stresses that accompany technical and social progress, while in the more developed countries mental health problems grow more acute each year. WHO assistance is increasingly required, either by the provision of experts and consultants, or by the pooling of experience and knowledge through expert groups, seminars, etc.

#### INTERNATIONAL RESPONSIBILITIES

WHO is responsible for a number of services which are essential and which cannot be performed nationally. Some of these responsibilities have been inherited from earlier international health organizations, and some have arisen in response to the challenge of new discoveries and new risks calling for appropriate health action. Here are a few examples:

- \* During the 1957 influenza epidemic, information concerning the new virus responsible was collected through the WHO network of influenza centres and promptly circulated, thus enabling many countries to prepare stocks of vaccine even before the epidemic reached them.
- \* Among the new drugs which come on the market each year, some prove to be habit-forming. A WHO Expert Committee watches this situation, and enables WHO to report on new "addiction-producing" drugs to the United Nations which is responsible for the international control of narcotic drugs.
- \* Until recently, there was little uniformity in quarantine regulations, and harsh and excessive measures in some countries caused costly delays to international traffic. Now all Member States of WHO apply the International Sanitary Regulations, which are a reasonable compromise between safety requirements and the need to avoid undue interference with world trade.
- \* When it became possible to vaccinate against polio, WHO called an expert committee to study the whole subject, and conveyed the resulting recommendations to all countries. In a number of them these recommendations formed the basis for national vaccination programmes.
- \* In Iran and other countries where rabies is a serious problem, new methods of prevention and treatment have been introduced as a result of information and practical help given by WHO. In many such matters WHO functions as a clearing house for medical and health information, and an organ for the co-ordination of research.

- \* The growth of international travel makes it more important that drugs and medical substances used in different countries should be of identical strength and purity. Many countries are therefore revising their national pharmacopoeias in the light of the recommendations in the first International Pharmacopoeia prepared and published by WHO.
- \* Five pestilences - plague, cholera, smallpox, typhus and yellow-fever - caused the great epidemics of history, and are still capable of causing new ones. WHO collects detailed information on the occurrence of these five from all countries, and transmits daily warnings from short-wave radio stations in Geneva, Manila, Saigon and Djakarta. Nine other stations transmit these bulletins once or twice a week.
- \* The growth of the industrial use of atomic energy, and of the medical uses of radioisotopes means that WHO must shoulder new responsibilities, keep all countries informed of the possible dangers that may arise to public health, and help train the large number of health personnel required in the field of radiation protection. WHO has already published a book on the hereditary effects of radiation, and has summoned an expert group to study the mental health aspects of atomic energy.

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#### MALARIA - THE WORLD'S MOST EXPENSIVE DISEASE

Ninety-nine countries and territories have been surveyed by the World Health Organization as a first step in the most ambitious war on disease ever attempted. The disease is MALARIA. The aim is its complete annihilation from the face of the earth.

Already eradication has nearly been achieved in nine countries with a population of 231 million, and is well advanced in large areas of seven others (43 million population). In still another 44 countries (302 million population) a beginning has been made, and in 16 with a population of 580 million, eradication is being planned.

#### WHAT IS MALARIA?

Malaria is an infectious disease, marked by attacks of chills, fever and sweating. It is caused by a microscopic parasite and transmitted to man by the bites of infected mosquitoes. The mosquitoes become infected by biting a sick person.

The disease has been a scourge of mankind since ancient times, weakening civilizations and destroying empires.

#### WHAT IT DOES

Ten years ago, malaria struck 300 million people yearly, and caused 3 million deaths a year. These figures have now been reduced by 50%.

Malaria is important less because it kills than because it is the world's greatest single cause of invalidism. It is insidious rather than dramatic in its effect; it results in an increased number of deaths from other causes, for instance pneumonia; it stunts physical and mental development, blights agriculture and affects commerce and industry.

Malaria bars the development of many potentially fertile areas of the world. Stricken countries cannot achieve normal economic and social progress.

#### MALARIA'S KINGDOM

Principally a tropical disease, malaria can yet strike wherever the Anopheles mosquito is present. It has been known to occur as far north as Archangel, as far south as Cordoba in Argentina. It is no stranger in the United States, especially in the South, although since the war malaria has been successfully eliminated from that country and now occurs only occasionally in some Texas counties.

#### THE WEAPONS

The secret of malaria's transmission by way of mosquitoes was not discovered until the last years of the 19th century. Earlier, it was called marsh fever, and its very name, mal'aria, means bad air. However, it is frequently found in uplands, and is by no means always connected with marshes and swamps. Control methods used until the last war were largely confined to the reduction of mosquito breeding by drainage and by the use of oil or paris green on the surface of stagnant waters. Treatment was by means of quinine. While not ineffective, these measures were complicated and costly, and were used only in towns and special rural areas such as plantations. Their general application in all malarious regions was impossible.

The modern story of malaria begins with World War II. Two new weapons were found; DDT and synthetic drugs, such as atabrine, familiar to so many U.S. soldiers in the Pacific theatre. At the end of the war, malarious countries saw their chance and started DDT spraying campaigns.

#### WHO STEPS IN

Malaria was given top priority in the program of the World Health Organization when it was set up in 1948. The aim was "to eliminate malaria from the world as a major public health problem", and from the outset, WHO placed its faith mainly in campaigns of house-spraying with DDT.

Demonstration teams were sent to any country requesting them. The methods WHO advocated proved effective, and many countries succeeded not

only in reducing their malaria problem to manageable proportions, but in actually suppressing all traces of the disease. The US joined the international campaign with bilateral programs in a number of countries, and UNICEF furnished generous amounts of DDT, transport and other supplies.

#### THE ENEMY STRIKES BACK

Malaria was rolling back over vast areas when the first warning reached WHO that all was not well. In 1951, one type of malaria mosquito stopped dying when exposed to DDT. Then another, then still another. Resistance had set in. Was the best mass weapon against malaria to prove useless in the end? Would the disease re-conquer the territories it had lost?

Most of the countries concerned had planned on maintaining control indefinitely with DDT-spraying. Another approach was needed, and in 1955, enough evidence had been accumulated to point to a new policy: total eradication - that is, definite elimination of the disease by an intensive campaign limited in time.

The World Health Assembly, meeting in Mexico that year, decided that the aim should be to eradicate malaria before mosquitoes had time to develop resistance to the various insecticides in use. It set up a World Malaria Fund to help finance this all-out campaign.

#### MALARIA ERADICATION - HOW IT IS EFFECTED

Malaria eradication is possible because the blood parasite of malaria in man is no longer active after three years. If the cycle of transmission (man-to-mosquito-to-man) can be broken, and no new cases occur during those three years, then the spraying campaign can stop. Mosquitoes will still be present, but there will be no sick people from whom they can become infected and pass on the infection. Isolated cases of malaria may still occur if infected persons come in from the outside, but a surveillance system brings these cases to light, they are treated, and the danger disappears.

#### THE SITUATION TODAY

Eradication has been accomplished and is standing the test of time in several countries, such as the USA, Puerto Rico, Chile, Cyprus, Corsica, Italy. In other areas, eradication campaigns are on the verge of success. In Southern Europe, there were 4 million new cases of malaria a year; now, less than 10,000. In many countries, the way ahead to eradication can be seen clearly. Malaria deaths, 3 million in 1946, declined to 2 million in 1955, and perhaps one million in 1957.

Altogether, 51 million people in nine countries have been freed from the scourge of malaria. By 1965, 550 million now still at risk will be free if....

## MONEY

For the next five years, WHO will need \$32 million to give necessary help to countries undertaking malaria eradication. Pledges amounting to \$17 million have been received. The shortage is \$15 million.

WHO is empowered to receive funds not only from governments, but from individuals, and from foundations, from industry, from labor organizations. The US Government has already primed the pump with a contribution of \$5 million and expects to contribute still more.

## FACTS AND FIGURES

World malaria eradication is not only feasible, it is essential. In fact, since mere control cannot be relied upon indefinitely, eradication is the only practical way of tackling malaria. It is also the only economic way. The benefits are enormous.

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In Mexico today, the loss of working time due to malaria is estimated at \$18 million a year. The total cost of malaria eradication in that country within the next five years will be \$21 million.

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In India, loss of wage-earning capacity due to customary 6-day attacks of malaria is estimated at \$30 million. Since malaria decreases efficiency by about 25% during the whole year, loss on this account increases the total loss to \$ 500 million a year. The total cost of malaria eradication in India by 1965 has been estimated at \$114 million.

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In the Philippines, malaria control has rendered possible road construction, mining, logging and other industrial projects as well as agricultural settlement in formerly stricken areas. The effect, though not estimated in money terms, has been to transform the economy in several islands.

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Malaria is also a cause of economic loss to countries which import goods from malarious areas. Many of the world's important raw materials - basic minerals, hardwood, coffee and cocoa beans, fruit, etc. - come from countries where the cost of production is inflated by the inefficiency and invalidism of the population. Dr. Paul F. Russell, of the Rockefeller Foundation, has estimated that this amounts to a "hidden tax" of at least 5% paid by the importing countries.

## MALARIA ERADICATION IS GOOD BUSINESS

WHO believes that capital invested in malaria eradication will be regained by the community in a few years, perhaps within a year. This capital can then be used for the general development program which follows freedom from malaria. Development funds find their way back to industry. Improvement of health standards also implies increased demand for consumer goods. In other words, malaria eradication is also good business.

And there is further the fact that infant mortality decreases with malaria eradication, and that human well-being increases. That is inestimable.