

## V. The World Health Organization (WHO)<sup>1</sup>

### A. INTRODUCTION

The Constitution providing for the establishment of a World Health Organization (WHO)<sup>2</sup> was adopted on 22 July 1946 by the International Health Conference, called for the purpose by the Economic and Social Council. There were sixty-four States, the Allied Control Authorities for Germany, Japan and Korea, respectively, and ten international organizations represented at the Conference, which met in New York from 19 June to 22 July 1946.

The Conference also established an Interim Commission<sup>3</sup> to carry out essential international functions prior to the coming into being of the permanent World Health Organization and to develop plans and proposals for the first World Health Assembly. The Interim Commission consisted of representatives of the following eighteen States elected by the Conference to act for all signatories to the Constitution: Australia, Brazil, Canada, China, Egypt, France, India, Liberia, Mexico, Netherlands, Norway, Peru, Ukrainian SSR, USSR, United Kingdom, United States, Venezuela and Yugoslavia.

The Interim Commission held its first meeting on 19 July 1946. For almost two years it carried out preparatory work for the permanent World Health Organization, at the same time continuing the functions of former international organizations and rendering assistance in the solution of urgent health problems. Originally intended to remain in being for only a few months, the Commission's existence was prolonged by the delay in obtaining the necessary ratifications on the part of twenty-six Member States of the United Nations before the WHO Constitution could enter into force.

During this period, six sessions were held and a number of committees established for the purpose of implementing the Commission's decisions and laying a foundation for extending future activities. Among the undertakings of the Commission were active measures against three major diseases—malaria, tuberculosis and venereal diseases. Long-term plans were drawn up for the

combatting of these scourges on a world-wide scale. Work was also undertaken in the field of health statistics, while the epidemiological services were developed. Other continuing tasks included work on biological standardization and the unification of pharmacopoeias. Many of these essential services were inherited from previous international organizations and have since been further expanded. They form a foundation to the technical services supplied by WHO on a world scale. The Interim Commission also assumed responsibility for the administration and revision of the sanitary conventions previously applied by the Office international d'hygiène publique (OIHP) in Paris. Much was accomplished in the field, particularly in Greece where an anti-malaria campaign was outstandingly successful, while tuberculosis services were also assisted in that country. Missions were also stationed in China, Ethiopia and Italy where aid was given in connexion with malaria, public health administration, public health training, tuberculosis, epidemic control and other health problems. Fellowships were provided and medical literature supplied to a number of countries. Technical guidance was given to the mass immunization programme initiated by UNICEF and the Danish Red Cross with its Scandinavian associates. A highlight of the Commission's work was its swift assistance to Egypt when a cholera epidemic broke out in that country during the latter part of 1947. As a result of the co-ordination by WHO's Interim Commission of supply procurement and air-shipment and the charting of preventive measures, the

<sup>1</sup> For further details on the activities of WHO and the Interim Commission, see Yearbook of the United Nations, 1946-47, pp. 789-93, Yearbook of the United Nations, 1947-48, pp. 909-19, and Official Records of the World Health Organization.

<sup>2</sup> The text of the Constitution of the World Health Organization is reproduced in the Yearbook of the United Nations, 1946-47, pp. 793-800.

<sup>3</sup> For text of Arrangement Concluded by the Governments Represented at the International Health Conference (to establish the Interim Commission), see *ibid.*, pp. 801-2.

Egyptian Government was able to report that the epidemic was brought under control within six weeks, a record in medical history, while not a single case of cholera occurred abroad in consequence. In addition to these and other operational activities, liaison officers were at work in Austria, Hungary, Poland and the Philippines, providing advice and demonstration of new treatment techniques. At the beginning of 1948, the World Influenza Centre was established in London as a joint enterprise of WHO and the Medical Research Council of Great Britain.

The permanent World Health Organization came officially into being on 7 April 1948, when twenty-six Members of the United Nations had accepted its Constitution. The Interim Commission continued to function, however, until 31

August 1948, when it was dissolved in accordance with a resolution of the first World Health Assembly. WHO itself assumed the functions and assets of the Interim Commission and began operating on 1 September. The Health Assembly, held in Geneva from 24 June to 24 July 1948, determined the programme and policies of WHO for the year 1949; these were based on the recommendations of the Interim Commission and were to some degree a continuation of its work. The Health Assembly also approved, on 10 July, the agreement establishing WHO's relationship with the United Nations. This action brought the agreement into force, since it had previously been approved by the United Nations General Assembly.<sup>4</sup>

## B. PURPOSES AND FUNCTIONS

The objective of WHO, as stated in article 1 of its Constitution, is "the attainment by all peoples of the highest possible level of health". The preamble defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

The functions of the organization necessary to attain this objective are enumerated in article 2, as follows:

"(a) To act as the directing and co-ordinating authority on international health work;

"(b) To establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate;

"(c) To assist Governments, upon request, in strengthening health services;

"(d) To furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of Governments;

"(e) To provide or assist in providing upon the request of the United Nations, health services and facilities to special groups, such as the peoples of Trust Territories;

"(f) To establish and maintain such administrative and technical services as may be required, including epidemiological and statistical services;

"(g) To stimulate and advance work to eradicate epidemic, endemic and other diseases;

"(h) To promote, in co-operation with other specialized agencies where necessary, the prevention of accidental injuries;

"(i) To promote, in co-operation with other specialized agencies where necessary, the improvement of nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of environment hygiene;

"(j) To promote co-operation among scientific and

professional groups which contribute to the advancement of health;

"(k) To propose conventions, agreements and regulations, and make recommendations with respect to international health matters and to perform such duties as may be assigned thereby to the Organization and are consistent with its objective;

"(l) To promote maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment;

"(m) To foster activities in the field of mental health, especially those affecting the harmony of human relations;

"(n) To promote and conduct research in the field of health;

"(o) To promote improved standards of teaching and training in the health, medical and related professions;

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

"(q) To provide information, counsel and assistance in the field of health;

"(r) To assist in developing an informed public opinion among all peoples on matters of health;

"(s) To establish and revise as necessary international nomenclatures of diseases, of causes of death and of public health practices;

"(t) To standardize diagnostic procedures as necessary;

"(u) To develop, establish and promote international standards with respect to food, biological, pharmaceutical and similar products;

"(v) Generally to take all necessary action to attain the objective of the Organization."

<sup>4</sup>The text of the agreement between the United Nations and WHO is reproduced in the Yearbook of the United Nations, 1947-48, pp. 919-23.

### C. ORGANIZATION

The main organs of WHO, as provided in its Constitution, are the World Health Assembly, the Executive Board and the secretariat.

The World Health Assembly, in which all members may be represented, meets at least once annually. It determines the policies of WHO. It reviews the work of WHO and instructs the Executive Board in regard to matters upon which action, study, investigation or report may be considered desirable. Among its other duties the Assembly is empowered to adopt regulations pertaining to international quarantine and sanitary measures, uniform standards and nomenclatures, and various other questions of international importance in the health field.

New members may be admitted into WHO, if they are Members of the United Nations, by accepting the Constitution. For other States to become members, the approval of their membership applications by a simple majority vote of the Health Assembly is required. The Constitution also provides that territories or groups of territories not responsible for the conduct of their international relations may be admitted as Associate Members by the Health Assembly upon application by the appropriate authority.

Decisions of WHO on important questions, such as the adoption of conventions or agreements, the approval of agreements bringing WHO into relationship with other international organizations, and amendments to the Constitution, require a two-thirds majority of the members present and voting. Decisions on other questions are taken by a simple majority vote.

The Executive Board consists of eighteen technically qualified persons designated by eighteen member States elected by the Health Assembly. In their election, the Assembly takes into account an equitable geographical distribution. Members are normally elected for a three-year term, and meetings of the Board are held at least twice a year. Its chief function is to implement decisions and policies of the Assembly, but it may also take emergency measures within the functions and

financial resources of WHO in order to deal with events requiring immediate action, such as epidemics.

The secretariat is headed by a Director-General, appointed by the Assembly on the nomination of the Executive Board. The Director-General appoints the technical and administrative staff required and supervises its work.

Committees composed of experts have been established to further the work of WHO in specific fields. As of 31 December 1949, the following were formed:

WHO Expert Committees on:

Biological Standardization	Maternal and Child Health
Environmental Sanitation	Mental Health
Habit-forming Drugs <sup>5</sup>	Plague
Health Statistics	Tuberculosis
Insecticides	The Unification of
International Epidemiology and Quarantine	Pharmacopoeias
Malaria	Veneral Infections

WHO Yellow-fever Panel.

Joint OIHP/WHO Study Groups on:

African Rickettsioses	Plague
African Schistosomiasis (Bilharziasis)	Smallpox
Cholera	Trachoma

Joint FAO/WHO Expert Committee on Nutrition.

Joint ILO /W HO Expert Committee on the Hygiene of Seafarers.

Regional organizations are established to serve the needs of countries in South-East Asia and the Eastern Mediterranean. The Pan American Sanitary Bureau acts as the WHO Regional Organization for the Americas, pending integration with WHO. In furtherance of WHO's policy of decentralization, all operational and field activities in the various regions were, by the end of 1949, conducted through regional offices. Special offices for Europe and the Western Pacific have been set up at headquarters pending the formation of regional organizations for these areas. A similar procedure will eventually be instituted for Africa.

<sup>5</sup> The title of this Committee was subsequently changed to "Expert Committee on Drugs Liable to Produce Addiction".

### D. ACTIVITIES FROM 21 SEPTEMBER 1948 TO 31 DECEMBER 1949

During this period, thirteen States became members of WHO, bringing total membership in WHO to sixty-eight by the end of 1949. Chile became a member in 1948, and Bolivia, Costa

Rica, Ecuador, Guatemala, Honduras, Israel, Lebanon, Luxembourg, Paraguay, Peru, Republic of Korea and Uruguay became members of WHO during 1949. In February 1949, however,

WHO was notified by the Byelorussian SSR, the Ukrainian SSR and the USSR that they no longer considered themselves members of WHO. A similar notification was made by Bulgaria in November 1949. Since the Constitution of WHO contains no provision regarding withdrawal, WHO continued to include these States among its sixty-eight members as of 31 December 1949.

The activities of WHO during the period under review, as laid down by the first World Health Assembly, were directed towards aiding Governments in controlling and preventing disease, in co-ordinating and stimulating public health work, and in strengthening public health administrations. Particular emphasis was placed on the problems presented by three major diseases—malaria, tuberculosis and venereal diseases—and on the promotion of measures for positive health. The second World Health Assembly, held in Rome from 13 June to 2 July 1949, although mostly concerned with reviewing WHO's activities in 1948 and with planning for 1950, prescribed the following additional activities for 1949 as preliminary steps towards fulfilling the expanded 1950 programme: (1) long-term programmes regarding malaria, to be worked out in 1950 jointly with FAO in areas where, side by side with the control of malaria and the raising of general standards of health, world food production might be increased; (2) work on health statistics to be extended; (3) assistance to be given in the work of modernizing UNRRA-donated penicillin plants and arranging for the availability of essential medical supplies, particularly for the war-damaged countries of Europe; (4) assistance to be given to the United Nations project for the relief of Palestine refugees; and (5) increased emphasis to be laid on medical training, sanitation and nursing.

The work of WHO from September 1948 to the end of 1949, carried out in accordance with the decisions of the Health Assembly and the Executive Board, is described below.

## 1. Malaria

This was one of the first subjects to which WHO gave special attention. Following the recommendations of an expert committee, an anti-malaria policy was evolved to provide assistance to Governments in malaria control.

During 1949, various countries asked for WHO consultants on malaria, either to give technical advice or to lecture and give demonstrations at institutes of malariology. Upon request of the

respective Governments, advisory visits were made in Ceylon, Greece, Iran, Italy, Poland, Turkey and Yugoslavia. Technical advice was given to UNICEF for the equipment, the supplies and the technique needed in various countries (Bulgaria, France, Hungary, Poland, Romania and Yugoslavia) for malaria control operations. Further, WHO assisted various institutes of malariology in doing malaria research in India, Israel, Mexico, Pakistan, Venezuela and the United States, either by supplying scientific equipment or by sending expert lecturers.

During 1949, malaria control demonstration teams were established, and by the end of the year seven teams were in operation—four in different provinces of India, one in Thailand, one in Afghanistan, and one in Pakistan—and preparations were being made for an eighth in Iran. Six of the teams in action were established with the co-operation of UNICEF, which furnished supplies, while WHO provided the leading personnel. WHO itself provided the supplies for the seventh team.

It was already evident at the end of 1949 that the results of these operations were promising. Apart from the actual anti-malaria work, much has been done by the teams in other fields, such as helping to fight outbreaks of plague and aiding health departments to deal with kala-azar, environmental sanitation and sanitary engineering. The public health nurses attached to many of the teams have done useful work in obtaining the confidence of women and children and in treating them.

In the Eastern Mediterranean region, the control of malaria among refugees, carried out by the United Nations Relief to Palestine Refugees<sup>6</sup> under the technical leadership of WHO, was very successful.

Routine work of planning and collecting information on malaria was carried out, particularly in connexion with future joint projects with FAO to increase world food production and raise standards of health. A joint FAO-WHO Working Party was proposed in order to screen proposals submitted by Governments to either organization on areas to be selected. Joint groups would then be sent to survey the areas, with a view to proceeding to the final selection of those areas where control measures would yield the best results in terms of increased food supplies and improved health for the rural population. WHO expressed the hope that funds would be available to put such "area selection surveys" into operation in 1950.

<sup>6</sup> See pp. 207-9.

## 2. Tuberculosis

Through its Tuberculosis Research Office, established in Copenhagen in February 1949, WHO has co-operated with UNICEF in the evaluation of mass BCG (*Bacillus Calmette-Guérin*) campaigns in Europe, North Africa, South-East Asia and the Eastern Mediterranean. A WHO expert investigated the preliminary arrangements made for a BCG laboratory to be established in Mexico City in 1950 with funds provided by UNICEF. Consultants in streptomycin have visited many countries in Europe, including Poland, Czechoslovakia, Yugoslavia, Greece and Italy, to supervise the streptomycin work which has been done by means of the UNICEF supplies allocated to these countries.

Special assistance to Governments included advice to various countries on laboratory equipment and X-ray techniques; the organization and administration of mass X-ray programmes in Egypt; the continuation of training courses for nurses in Greece and China; and advice to Turkey on the establishment of a teaching and training centre in Istanbul. Following visits to various countries in South-East Asia, proposals were considered for the development of a special research project in the Province of Madras, and the establishment of training centres in India, Ceylon and Burma. A study of tuberculosis facilities in Italy was made in connexion with the general Italian health survey. Arrangements were made to supply staff and equipment for a demonstration team to be sent to El Salvador, the team to consist of a medical officer, an X-ray technician, a laboratory technician and a nurse.

China has received aid in combatting tuberculosis by the use of X-ray apparatus, the training of workers in mass radiography and the establishment of demonstration centres for modern diagnostic procedures. Training has also been given to Polish technicians in the care and use of X-ray equipment. A WHO consultant went to Greece to advise the national health administration on the setting up of laboratories for tuberculosis diagnosis.

During 1949, short surveys were made or completed in Europe (Belgium, Greece, Hungary, Italy, Poland and Switzerland), in the Eastern Mediterranean (Aden, Cyprus, Egypt, Ethiopia, Jordan, Iran, Iraq, Lebanon, Saudi Arabia, Syria and Turkey), in Ceylon and in nineteen countries of the Americas.

## 3. Venereal Diseases

One of the most extensive activities undertaken by WHO has been to combat with penicillin pre-

natal and infantile syphilis. This campaign was undertaken by WHO in collaboration with UNICEF as part of over-all anti-venereal-disease programmes being carried out by Governments.

Aid was given to Poland in establishing a national anti-syphilis campaign, while, by the beginning of 1949, programmes with UNICEF were also going forward in four other European countries—Bulgaria, Finland, Hungary and Yugoslavia.

During 1949, at the request of the Governments concerned, two venereal-disease control demonstration teams began operations, one in India and one in Egypt, and, by the end of the year, preparations were being made for two additional teams, in the Dominican Republic and Haiti, respectively, to combat yaws and syphilis in rural areas.

In some instances, the equipment for the demonstration teams has been supplied by UNICEF; WHO has provided the personnel, consisting normally of a venereal-disease control officer or treponematoser expert, a laboratory specialist skilled in treponematoser serology, a public-health nurse and, in some instances, a health educator. The Governments are contributing facilities for the teams and local personnel as corresponding members. Areas in which the demonstrations are taking place are also being used as provisional training centres for national field and laboratory personnel assigned by the health administrations.

WHO has further collaborated with UNICEF and has given technical assistance, including advisers, short-time consultants, medical literature and fellowships, in the development of campaigns for venereal-disease control in Europe, South-East Asia and the Americas, UNICEF providing the supplies and equipment. WHO also assigned a short-time consultant to the Far Eastern UNICEF mission for assistance in a large-scale yaws programme in the Western Pacific.

Other advisory services in venereal-disease control were provided at the request of Guatemala, Mexico, the Philippines and the United States. In the Eastern Mediterranean, assistance was given to several national anti-venereal-disease campaigns, and work was begun on an extensive project of bejel control. Surveys were made of various European countries, and visiting experts lectured on penicillin therapy and modern laboratory methods.

During 1949, clinical demonstrations in several university clinics were organized under the auspices of WHO on the treatment, with penicillin alone, of syphilis in its early stages. These demonstrations were held in clinics in Athens, Copenhagen, Madras, Oslo, Paris, Rotterdam and Stockholm, and arrangements were made to organize

similar demonstrations in additional clinics in Europe, the Eastern Mediterranean and Africa. The exchange of sera and antigens for test performance evaluation and standardization, arranged by WHO in Bulgaria and Ethiopia during 1948, was also extended to national laboratories in Denmark, Finland, Italy and the United Kingdom.

The maritime aspects of venereal-disease control have also been emphasized in WHO's programme, in accordance with the views of the Health Assembly. New problems in epidemiology, disease prevention, and therapy among seafarers, which have arisen because of the introduction of new technical methods, were considered by a special study group appointed by the expert committee, and later examined by the ILO-WHO Joint Expert Committee on the Hygiene of Seafarers at its first session, held in Geneva in December 1949.

At the request of Belgium, France, the Netherlands and Switzerland, a preparatory meeting for the establishment of a Rhine River Anti-Venereal-Disease Commission was held in Geneva in May 1949. Representatives from these countries and from the French Zone of Germany, the United Kingdom and the United States attended and, in co-operation with ILO, drew up a programme for co-ordination of venereal-disease control among Rhine River boatmen. As a basis for this co-ordination, venereal-disease treatment facilities and services along the Rhine from Basle to Rotterdam were surveyed during the year.

During 1949, material was assembled for the publication of the next international venereal-disease treatment centre list, under the Brussels Agreement of 1924, and for the revision of the individual treatment booklet. Both of these publications were to be available in 1950.

#### 4. Maternal and Child Health

The first maternal and child health demonstration team, assigned at the request of a Government, consisted of one pediatrician and one instructor in pediatric nursing; it began work in India (New Delhi) in October 1949. In December 1949, at the request of the Egyptian Government, medical and nursing consultants started to survey and evaluate maternal and child health programmes in that country. At the end of the year, arrangements were under way for a joint UNICEF-WHO team to advise on the organization of maternal and child health services in South Korea. This team, to begin operating early in 1950, is to start a children's centre and to carry out model teaching in social and clinical pediatrics and obstetrics.

Further, nurses were recruited to organize maternal and child health projects in Brunei and Sarawak. Nurses were also recruited as part of a more comprehensive team, which was being formed to help organize UNICEF-WHO maternal and child health demonstrations in Malaya.

Another important step in assisting Governments to initiate field activities was the inclusion of one public health nurse in each of the six teams working in malaria-demonstration projects. Other nurses were added to these teams by the Governments concerned, and maternity and child health work was started in each of the areas in which teams were operating. As a result, a request was made for a pediatrician to be available for teams in India.

A special full-time WHO medical adviser on maternal and child health was attached to UNICEF headquarters in the Far East Mission in Bangkok, and full-time regional advisers were attached to the office for Europe, to the South-East Asia Regional Office and to the Regional Office for the Americas. At the request of the Government of Ecuador, an expert consultant on child health was sent to that country to assist in organizing the relief programme following the earthquake. He remained to advise on feeding and immunization programmes and to promote public health measures relating to maternal and child health.

In France, at the request of the national Government, and in co-operation with UNICEF, WHO made special studies on poliomyelitis and on the care of premature infants, and obtained equipment through UNICEF to increase facilities for treatment. A maternal and child health adviser made a comprehensive three-months' survey in Italy, as part of the project jointly undertaken by the Italian Government, WHO and the Rockefeller Foundation.

#### 5. Nutrition

Although in 1948 steps were taken to establish a WHO nutrition section—it was not until May 1949 that arrangements were completed and activities started.

A meeting of the Joint FAO-WHO Expert Committee on Nutrition was held in Geneva in October 1949. It recommended specific action on endemic goitre and kwashiorkor, or malignant malnutrition, and also suggested that WHO should promote and take part in investigations of such problems as nutritional diseases of the eye, assessment of nutritional status and kwashiorkor.

As requested by the second Health Assembly,

the Committee considered and made recommendations on the establishment of joint FAO-WHO national nutrition committees and the manufacture of synthetic vitamins in under-developed areas.

At the end of 1949, field activities were just beginning. At the request of the United States Government, a consultant was sent to that country to advise on various aspects of Vitamin B and the anaemias. Arrangements were also made for a consultant on endemic goitre, to begin work in Ceylon in February 1950. Plans were made with FAO for a joint inquiry and report on the nutritional services in Egypt, and the possibility of conducting a joint nutrition course in Turkey was discussed with Government officials on a visit to that country. Negotiations were also under way to send two consultants to the Philippines.

## 6. Environmental Sanitation

Services to Governments during 1949 included expert advice on measures to be taken to improve water supply and sewage disposal in Egypt, in connexion with the control of bilharziasis; advice and demonstrations in Afghanistan, where an outbreak of louse-borne typhus had occurred in July; and provision of a consultant, sent to the United States to advise on the collection and disposal of garbage and refuse. A consultant was also sent to Italy to assist with that part of the health survey, jointly undertaken by the Rockefeller Foundation, WHO, and the Italian Government, which concerned sanitary conditions.

In connexion with the United Nations Relief to Palestine Refugees, assistance was provided to improve sanitary conditions in the refugee camps in Syria, Jordan and Lebanon. Funds were also allocated to provide the necessary sanitation facilities and to extend needed water lines.

A WHO sanitary engineer has carried out sanitation projects in Greece, while in Ethiopia WHO has established training courses for sanitarians. In China, the consultant services of a sanitary engineer, posted in Shanghai, have been provided and instruction given in simple, necessary sanitary measures. WHO also gave advice on the question of the possible inclusion of sanitary engineering courses in the curriculum of the School of Hygiene to be established in Geneva.

## 7. Public Health Administration

During 1948, owing to staff limitations, activities in this direction were confined to work at

headquarters, except for the missions in Austria, China, Ethiopia, Greece, Italy and Poland, which continued the programmes carried out by the Interim Commission.

Certain Governments, during 1949, were assisted in public-health administration by health personnel sent from WHO into the field. One of these field activities was undertaken in response to a request for advice and assistance following the earthquake in Ecuador. The consultant in this case advised on measures to offset the disruption of public health services caused by the earthquake, and particularly on the establishment of centres for medical care and the re-equipment of institutions.

A medical health officer and a public health nurse were assigned to the UNESCO fundamental education project in Haiti, and plans were made for improvements in sanitation, general living conditions and basic facilities in that country. Other medical health officers advised on public health organization in Greece, Turkey, Ethiopia and China, and in the refugee camps in the Eastern Mediterranean region.

In Europe, the most important project in public health administration was the Italian health survey, undertaken by the Government of Italy with the co-operation of the Rockefeller Foundation and WHO. This survey included all aspects of public health services. WHO provided experts in malaria, tuberculosis, venereal diseases, maternal and child health, environmental sanitation, industrial health, public health statistics, laboratory services and port and airport sanitation.

## 8. Mental Health

In order to fulfil the responsibilities in regard to mental health specified in its Constitution, WHO initiated a long-range programme in this field during 1949.

In the course of the year, WHO co-operated in some of the projects of the United Nations Social Commission. Technical reports on the psychiatric aspects of the prevention of crime and treatment of the offender, and on the psychiatric examination of offenders prior to sentence, were submitted to the United Nations Department of Social Affairs, and, at the request of that Department, another report, "The Psychiatric Aspects of the Etiology, Prevention and Treatment of Juvenile Delinquency," was begun. In response to a request from the United Nations that WHO should collaborate in the United Nations Study of Homeless Children, arrangements were made for a report on the current state of scientific knowledge concerning

the effects of the disruption of normal parental relationships on the mental health and development of children.

A considerable amount of information on various aspects of mental health was collected. Towards the end of the year, WHO made a start in providing mental health services to Governments by sending an expert consultant to the Philippines to assist in surveying mental health facilities and to make recommendations regarding their development. Austria was also visited, at the request of the Government, in order to discuss proposals for the development of a mental health programme in that country. Other visits were paid to psychiatric training institutions in Switzerland, France and the United Kingdom.

### 9. Health Education of the Public

Activities in this field were begun in the summer of 1949. A programme was drawn up for assisting Governments to develop methods and techniques for health education of the public. Much attention was given to the means by which these techniques could be used in conjunction with many of the WHO demonstration services to Governments. The programme was therefore planned not only as an independent service to Governments requesting assistance specifically for public health education, but also as a service to be included eventually as part of many general and special health services provided by WHO.

The activities were mainly devoted to a preliminary study and investigation of existing programmes and needs in various countries. Field visits and investigations were made in England, France and the Netherlands by a WHO consultant. In India, an expert on health education appointed to the headquarters staff visited institutions and lectured in Madras, Calcutta and New Delhi, and the services of a WHO consultant were requested in connexion with a WHO-UNICEF programme in the All-India Institute of Public Health, in Calcutta.

In co-operation with UNICEF and the Regional Office for South-East Asia, plans were made to assist the national and local health and education authorities in Sarawak by assigning a trained and experienced health educator to guide the development of a teacher-training demonstration in health education.

With UNESCO, initial steps were taken to extend the health education aspects of the joint WHO-UNESCO fundamental education project in Haiti, to which a qualified public health educa-

tor and a public health nurse were assigned. A health educator was also assigned to the venereal-disease demonstration team in Egypt.

### 10. Nursing

During the latter part of 1949, nursing experts were appointed to the secretariat, and work was begun on collecting information bearing on all aspects of the nursing profession, particular attention being paid to training, legislation on nursing, and employment conditions in the nursing profession in different countries. Nurses were also recruited for field-work.

At the request of various Governments, assistance was given to training institutions engaged in the technical education of nurses and midwives. Nurse teachers were assigned to the Sotiria Sanatorium in Athens, to the College of Nursing in Delhi, and to the Red Cross School of Nursing in Addis Ababa—the first school of its kind in Ethiopia—which was established on 1 July 1949 with the assistance of WHO.

A nurse was sent to Egypt to investigate the needs, conditions of training and organization of nurses, with a view to WHO's co-operation in specific projects in that country. Another nurse was assigned to a maternal and child health team in the Republic of Korea, to provide technical assistance in the establishment of a demonstration and teaching unit.

Public health nurses were recruited for the UNESCO fundamental education project in Haiti, and for WHO-UNICEF projects demonstrating control of malaria and tuberculosis in the field.

### 11. Professional and Technical Education

WHO's functions in the field of professional and technical education can be divided into two categories.

First, the treatment of education as an individual subject, which embraces: studies of trends, methods and programmes, the interchange of information, the international pooling of experience and the indirect stimulation of national training programmes.

Secondly, direct assistance to countries in the development of training resources and in the training of medical and related personnel. Such assistance has involved advice on individual training institutions, the provision of teaching personnel, the sponsoring of group studies (courses, sem-

inars and specialized study teams), and the provision of fellowships, medical supplies and literature, and teaching equipment.

#### a. EDUCATIONAL INSTITUTIONS AND TRAINING COURSES

During the early part of 1949, WHO began to formulate a broad programme of training for the growing number of specialized personnel necessitated by the ever-increasing demands.

WHO took an active part, in close collaboration with UNESCO, in sponsoring the creation of a Council for the Co-ordination of International Congresses of Medical Sciences, which was ultimately established at a conference held in Brussels in April 1949.

In an effort to assist in the widest possible dissemination of technical information, WHO has proposed that medical congresses should organize international advanced courses to take place during their various meetings, in order to take full advantage of the presence and knowledge of leading world specialists in many branches of medicine. Several congresses have adopted this idea and will put it into effect in 1950.

Close liaison was maintained, through UNESCO, with the Interim Committee of Universities, and directly with the World Medical Association, in an attempt to promote co-ordination of activities in medical education. WHO also collaborated with UNICEF on international courses in social pediatrics and in the training of local auxiliary personnel in China and Malaya.

Authorities and institutions were supplied with lists of medical schools and with information on such subjects as the organization of, and trends in, medical education, and advice was given on the organization of training institutions and courses of an international character.

WHO training programmes for auxiliary personnel were continued in Ethiopia and China, and in other countries teachers were appointed and assistance given for the setting-up of new courses in medical institutions.

#### b. FELLOWSHIPS

By the end of 1949, more than forty countries had applied for fellowships for the training of health specialists, and awards had been made covering a wide range of subjects in public health, clinical medicine and basic medical sciences.

In 1948, the trend was towards granting fellowships in public health and preventive medicine, the number of fellowships of this type making up 61 per cent of the total number granted, with the

remaining 39 per cent in basic medical sciences. Later, when priorities were indicated in the general programme of WHO, the same policy was reflected in the granting of fellowships, and by the end of 1949 more than three-fourths of those awarded were in specialized subjects related to public health.

Fellows were studying in an increasing number of countries in 1949, as a result of WHO's using to greater advantage the facilities available in the countries adjacent to the fellows' countries of origin. By making awards to local personnel engaged in demonstration projects and by placing other fellows in those projects for field practice, WHO has tried to strengthen, as far as possible, the joint programmes which are being planned or carried out by Governments with the assistance of WHO. In the future, assistance to training institutions, for example, and demonstrations of nursing and environmental sanitation will make it possible to award more fellowships in those particular fields, thus providing trained personnel to continue subsequently in their own countries the carrying-out of projects which have been begun with the assistance of WHO.

The practice of awarding fellowships for group courses, or to teams of workers from the same country and with the same interests, will be introduced into the 1950 programme, and wherever feasible arrangements have already been made for such courses.

Both long- and short-term fellowships have been found necessary for the training of the various groups and individuals. For junior candidates, especially those training in public health administration, one-year courses in schools of public health have often been found to be the most suitable; special students have also been registered at such schools, where they take general courses with special emphasis on their main programmes of study. But there are, and probably there always will be, some senior specialists for whom shorter courses or short-term tours or visits are more effective as "refresher" courses, or for the observation of new techniques and the renewal of interrupted contacts. During 1949, the average duration of all these various types of fellowships was six months.

A collateral scheme of individual fellowships for South-East Asia was financed by UNICEF, but administered by WHO, in implementation of the joint programme of the two organizations. This programme included about fifty-five fellowships for South-East Asia and the Western Pacific, chiefly in social pediatrics and related fields.

Close contact was maintained with the United Nations Department of Social Affairs, UNESCO

and other specialized agencies interested in fellowships, by means of exchange of information and collaboration on technical questions.

### c. EXCHANGE OF SCIENTIFIC INFORMATION

In order to meet the increasing demands for reliable information on recent achievements in the medical sciences, it was necessary to facilitate and expedite the exchange of this type of information. This has been done by sending out teams of visiting experts, holding seminars and conferences, and providing assistance to national health institutions by establishing specialized training centres or organizing courses.

Help was given in establishing a State Medical Library and Medical Documentation Centre in Czechoslovakia, and in organizing training centres in anaesthesiology in Denmark and Czechoslovakia, and in biochemistry in Poland. Plans were made to meet requests for study-seminars on highly specialized problems connected with syphilis, and on infant metabolism; seminars on the latter subject are to be held in six countries; other plans were under way for an international team of specialists in the treatment of congenital heart disease to visit Austria and Czechoslovakia. In co-operation with the United Nations Department of Social Affairs, WHO also worked on the development of a special rehabilitation programme for Europe.

Although this type of activity has been confined to Europe during 1949, through the Special Office for Europe, it is expected that similar services will be extended to other areas in 1950.

### d. MEDICAL SUPPLIES, LITERATURE AND TEACHING EQUIPMENT

WHO headquarters has provided Governments with teaching equipment and literature, and has provided consultants and teams in the field with medical supplies, teaching equipment and literature. Advisory services have been extended to Governments which have requested assistance in solving their procurement problems, and in some cases of emergency WHO has procured and arranged for the delivery of equipment and supplies.

Supplies purchased on a reimbursable basis and sent in response to emergency calls from Governments have included light portable respirators, sent to India in connexion with an outbreak of poliomyelitis, and vaccine and DDT supplies to Afghanistan to assist in combatting an outbreak of typhus. For Governments, consultants, and teams in the field, the medical supplies and special teaching equipment procured have comprised a wide variety of items, ranging from specialized

equipment, such as X-ray units for mass chest surveys and compound microscopes, to large quantities of DDT for malaria, penicillin for venereal diseases and small quantities of Sulfone derivatives for leprosy.

Methods of utilizing existing international economic machinery were developed, and the ways in which manufacturers and consumers might be brought together were investigated.

Detailed information regarding sources of supply was provided to Governments, and information on equipment was also sent to institutions requesting advice on establishing new departments or on increasing their facilities for the training of medical and related personnel.

## 12. Technical Services

The work of providing Governments with the essential technical information on international aspects of diseases and public health, which is an important function of WHO, has been actively pursued from its earliest days, and many new developments have taken place. This work is done at headquarters and is distinct from, but vital to, the advisory services to Governments which are planned at headquarters and carried out in the regions. It includes certain fundamental activities, such as work in epidemiology, health statistics and therapeutic substances (biological standardization, the unification of pharmacopoeias, and habit-forming drugs), the co-ordination of research and editorial and reference services.

In dealing with the control of epidemic diseases, WHO collects epidemiological information from all countries, distributes such information all over the world, and verifies the application of the International Sanitary Conventions by the various health administrations. Through its expert committees, WHO obtains up-to-date knowledge on the various communicable diseases and, by making this available to national administrations, assists them in taking measures appropriate to their own countries. During 1949, in administering the International Sanitary Conventions, WHO settled on behalf of the contesting countries a series of international disputes relating to quarantine matters. It continued the maintenance of an epidemiological intelligence station at Singapore. Operating as a branch office of headquarters, this station carried out the functions of collecting, studying, collating and disseminating epidemiological information throughout the Far East, by means of radio bulletins relayed over an international network, telegraph and post. Similar units

in Alexandria and Washington co-operate in the prompt exchange of information and publications, while daily radio bulletins are given from Geneva. In addition to administering the International Sanitary Conventions, WHO prepared a draft text of modern International Sanitary Regulations to replace the existing outmoded and inconvenient Conventions. The proposed texts of the Regulations, together with draft Supplementary Regulations for the sanitary control of the Mecca Pilgrimage and recommended safety and sanitary standards for the protection of Mecca pilgrims travelling by sea or air, were approved in December 1949 by the Expert Committee on International Epidemiology and Quarantine, for submission to members and to the World Health Assembly.

In the field of epidemiological statistics and information, the most important undertaking in 1949 was the collection of missing or incomplete data so that Annual Epidemiological and Vital Statistics, 1939-1946 might be published in 1950. During the year, WHO continued to publish regularly, in the Epidemiological and Vital Statistics Report, vital statistics in the field of international health for all the countries and for the most important cities of the world. The tables contained in this publication refer to the principal epidemic diseases, give the most recent figures, and compare them with those of the three previous years. A series of articles and notes on epidemiological or demographic subjects were also published in the Report. Moreover, in September 1949, a small "Epidemic Watch Unit" was set up to detect incipient epidemics and to give warning of their occurrence whenever necessary.

Two yellow fever vaccines were approved by WHO in 1949 for the issue of international certificates, while further measures relating to the production of yellow fever vaccines were under consideration during the year.

Continuing its epidemiological studies, WHO gave special attention to the study of plague, cholera, smallpox, African rickettsioses, bilharziasis, trachoma, poliomyelitis, influenza, rabies and brucellosis, and to methods of controlling these epidemic diseases. Investigation of insecticides was also undertaken during the period under review.

In an effort to secure the international comparability of data and to improve national medical statistical services, WHO expanded its programme in the field of international health statistics. On the recommendation of the Expert Committee on Health Statistics, three sub-committees were established during 1949: one to study the question of

the definition of stillbirth and abortion; the second to study the problems of registration and statistical presentation of cancer cases; and the third to initiate action in the field of hospital statistics, with primary attention to the application of the new international statistical classification of diseases, injuries, causes of death and related subjects. Among other decisions, the Expert Committee made recommendations with a view to establishing vital and health statistical services in underdeveloped areas and to improving those services already in existence. Volume 1 of the Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death was published in English in January 1949. The alphabetical index of the Manual, containing approximately 60,000 terms, was completed during 1949 for publication in English early in 1950 as Volume 2. These and other activities in the field of health statistics have enabled WHO to respond to many requests from Governments and responsible institutions or persons for special statistical information. At the same time, the statistics have provided a fund of information readily available to other divisions and sections of the secretariat in the organization of their work in various fields.

Following the work of previous bodies, the Expert Committee on Biological Standardization set international standards for a number of widely used preparations such as vitamins, vaccines, sera and antibiotics. The international Institute for Medical Research in London (transferred from Hampstead to Mill Hill) and the State Serum Institute in Copenhagen continued the preparation and distribution of international standards. Stocks of these preparations are sent to WHO regional offices for redistribution to countries in each area.

The Expert Committee on the Unification of Pharmacopoeias has undertaken to establish co-ordinated principles for the nomenclature and unity of drugs and other pharmaceutical products distributed internationally. The first Pharmacopoea Internationalis, begun in 1937 by the Health Organization of the League of Nations, was completed by WHO during 1949 for publication early in 1950. Material prepared for this first edition included 195 monographs and thirty-five appendices, together with the preface, index, and notices referring to trademarks and patents.

The Expert Committee on Habit-forming Drugs, meeting for the first time in January 1949, considered the nature of many substances, the use of which might lead to addiction. Warnings were issued and precautionary measures recommended

with regard to certain new synthetic drugs on the market.

WHO continued to co-ordinate the results of scientific research, to foster research in new subjects, and to maintain liaison with world research centres. The World Influenza Centre, established by WHO in London in conjunction with the British Medical Research Council, studied virus strains, co-ordinated research, and demonstrated laboratory techniques. The Tuberculosis Research Office, established in Copenhagen in 1949, has undertaken research in tuberculosis, more particularly, as referred to above, in connexion with the mass BCG vaccination campaigns being carried out. The World Salmonella Centre, also established in Copenhagen in 1949, and maintained by WHO, was collaborating with thirty-one regional salmonella centres by the end of the year. It had supplied laboratories with 2,059 test strains and 667 ampoules of test sera, and had received 151 cultures for diagnosis. Among the latter, there were several new types; these were analysed and the findings were published.

### 13. Publications

During the period under review, WHO, in addition to the epidemiological and other publications referred to above, continued the regular publication of the Bulletin of the World Health Organization and the Chronicle of the World Health Organization. The Bulletin, published quarterly, succeeds the Bulletin Mensuel de l'Office International d'Hygiene Publique and the Bulletin

of the Health Organization of the League of Nations. The principal scientific organ of WHO, it is intended to bring to the knowledge of Governments, health administrations and the medical profession technical papers considered or prepared by WHO expert committees, original articles on scientific and public health subjects of international significance, and bibliographical data. The Chronicle, published monthly in English, French, Spanish, Chinese and Russian, contains general information on WHO and on its principal activities and summaries of its main technical publications.

Ten numbers of the Official Records of the World Health Organization and a Handbook of Basic Documents were published during this period. The latter contains the Constitution of WHO, the Convention on the Privileges and Immunities of the Specialized Agencies, and Rules and Regulations of the organs of WHO and of its expert committees. The volumes of the Official Records published included the proceedings of the first and second World Health Assemblies, the reports of the first four sessions of the Executive Board, the first annual report of the Director-General, the programme and budget estimates for 1950, and the reports (in two volumes) of expert committees.

Among other publications, WHO issued, at the end of 1948, the first volume of the International Digest of Health Legislation. The Digest contains reproductions of, or extracts from, national laws and regulations dealing with public health and related subjects, as well as a list of current legislation on such topics. A second volume of the Digest was published during 1949.

## E. BUDGET

The first World Health Assembly approved a total budget of \$5,000,000 for WHO operations during 1949. The budget estimate for 1950, as approved by the second World Health Assembly in 1949, is \$7,501,500, to cover the regular administrative and operational expenses. A supplemental fund of \$10,500,000, to be raised by voluntary contributions from member States wishing to participate in the improvement of health standards in under-developed countries, was also approved. Details of the regular budget appropriations (in U.S. dollars) for 1950 are as follows:

#### PART I. ADMINISTRATIVE BUDGET:

World Health Assembly	\$ 177,500
Executive Board	51,500
Administrative expenses	<u>1,188,875</u>
TOTAL PART I	\$1,417,875

#### PART II. OPERATING PROGRAMME BUDGET:

Operating supervisory staff	\$ 266,850
Regional offices	902,535
Other offices	71,925
Advisory and demonstration services to Governments	1,819,870
Technical training of medical and auxiliary personnel	779,380
Medical literature and teaching equipment	75,000
Technical services	1,373,470
Expert committees	253,815
Supplies to Governments	115,000
Common services (operating)	425,780
TOTAL PART II	\$6,083,625
GRAND TOTAL	\$7,501,500

Since the estimated income to be available in 1950 amounted to \$501,500, to be applied to the above appropriations, the second World Health

Assembly decided that member States should contribute the balance of \$7,000,000 to the 1950 regular budget. Contributions of members to this budget are assessed (in U.S. dollars) as follows:

Member	Units	Contributions to budget	Member	Units	Contributions to budget
			Iran	52	\$ 31,419
			Iraq	20	11,637
			Ireland	43	25,019
			Israel	5	2,909
			Italy	252	146,621
			Jordan	5	2,909
Afghanistan	6	\$ 3,491	Korea, Republic of	5	2,909
Albania	5	2,909	Lebanon	7	4,073
Argentina	222	129,166	Liberia	5	2,909
Australia	236	137,312	Luxembourg	6	3,491
Austria	22	12,800	Mexico	76	44,219
Belgium	162	94,256	Monaco	5	2,909
Brazil	222	129,166	Netherlands	168	97,747
Bulgaria	17	9,891	New Zealand	60	34,910
Burma	6	3,491	Norway	60	34,910
Byelorussian SSR	26	15,128	Pakistan	84	48,874
Canada	384	223,423	Paraguay	5	2,909
Ceylon	5	2,909	Philippines	35	20,364
Chile	54	31,419	Poland	114	66,329
China	720	418,918	Portugal	47	27,346
Costa Rica	5	2,909	Romania	42	24,437
Czechoslovakia	108	62,838	Saudi Arabia	10	5,818
Denmark	95	55,274	Sweden	245	142,548
Dominican Republic	6	3,491	Switzerland	120	69,820
Ecuador	6	3,491	Syria	14	8,146
Egypt	95	55,274	Thailand	32	18,619
El Salvador	6	3,491	Turkey	109	63,419
Ethiopia	10	5,818	Ukrainian SSR	101	58,765
Finland	17	9,891	Union of South Africa	134	77,965
France	720	418,918	USSR	761	442,773
Greece	20	11,637	United Kingdom	1,378	801,762
Haiti	5	2,909	United States	4,331	2,519,907
Honduras	5	2,909	Uruguay	22	12,800
Hungary	24	13,964	Venezuela	32	18,619
Iceland	5	2,909	Yugoslavia	40	23,273
India	390	226,914	TOTALS	12,031	\$7,000,000

ANNEX I. MEMBERS, OFFICERS AND HEADQUARTERS

(As of 31 December 1949)

A. MEMBERS OF WHO

Afghanistan	Finland	Norway
Albania	France	Pakistan
Argentina	Greece	Paraguay
Australia	Guatemala	Peru
Austria	Haiti	Philippines
Belgium	Honduras	Poland
Bolivia	Hungary	Portugal
Brazil	Iceland	Romania
Bulgaria <sup>7</sup>	India	Saudi Arabia
Burma	Iran	Sweden
Byelorussian SSR <sup>7</sup>	Iraq	Switzerland
Canada	Ireland	Syria
Ceylon	Israel	Thailand
Chile	Italy	Turkey
China	Jordan	Ukrainian SSR <sup>7</sup>
Costa Rica	Korea,	Union of
Czechoslovakia	Republic of	South Africa
Denmark	Lebanon	USSR <sup>7</sup>
Dominican Republic	Liberia	United Kingdom
Ecuador	Luxembourg	United States
Egypt	Mexico	Uruguay
El Salvador	Monaco	Venezuela
Ethiopia	Netherlands	Yugoslavia
	New Zealand	

B. MEMBERS OF THE EXECUTIVE BOARD

For one year:	Appointed by:
G.H. de Paula Souza	Brazil
( <sup>8</sup> )	China
M. Nazif Bey	Egypt
J. Parisot	France
J. Zozaya	Mexico
N. A. Vinogradov	USSR
For two years:	
N. Evstafiev	Byelorussian SSR
Sir Arcot Mudaliar	India
M. De Laet	Netherlands
V. J. Babecki	Poland
H. S. Gear	Union of South Africa
A. Stampar	Yugoslavia
For three years:	
A. Villarama	Philippines
J. A. Hojer	Sweden
E. Tok	Turkey
M. D. Mackenzie	United Kingdom
H. van Zile Hyde	United States
E. Tejera	Venezuela

<sup>7</sup> These States notified WHO in 1949 that they no longer consider themselves members of WHO.

<sup>8</sup> The Chinese Government had not, as of 31 December 1949, designated a person to replace W. W. Yung, former member of the Board.

## G OFFICERS OF THE EXECUTIVE BOARD

## Chairman:

Sir Arcot Mudaliar (India)

## Vice-Chairmen:

J. Zozaya (Mexico)

H. S. Gear (Union of South Africa)

## D. OFFICERS OF THE SECRETARIAT

## Director-General:

Brock Chisholm (Canada)

## Assistant Director-General, Department of Technical Services:

R. Gautier

## Assistant Director-General, Department of Operational Services:

M. Eliot

## Acting Assistant Director-General, Department of Administration and Finance:

M. P. Siegel

## Director, Regional Office for the Eastern Mediterranean:

Sir Aly T. Shousha, Pasha

## Director, Regional Office for South East Asia:

C. Mani

## Acting Director, Regional Office for the Americas:

F. Soper

## Acting Director, Special Office for Europe:

N. Begg

## E. HEADQUARTERS

Address: World Health Organization  
Palais des Nations  
Geneva, Switzerland

Telephone: Geneva 2-80-00

Cable Address: UNISANTE GENEVA

## F. OTHER OFFICES

## 1. NEW YORK OFFICE

Address: World Health Organization  
United Nations  
Lake Success, N. Y.  
Room No. A 1-101

Telephone: Fieldstone 7-1100

Cable Address: UNSANTE NEW YORK

## 2. REGIONAL OFFICE OF THE WORLD HEALTH ORGANIZATION FOR EASTERN MEDITERRANEAN

Address: Sir Aly Tewfik Shousha, Pasha, Director  
Regional Office of the World Health Organization for the Eastern Mediterranean

P.O. Box 1517

Alexandria, Egypt

Cable Address: UNISANTE ALEXANDRIA

## 3. REGIONAL OFFICE OF THE WORLD HEALTH ORGANIZATION FOR SOUTH-EAST ASIA

Address: Dr. C. Mani, Director  
Regional Office of the World Health Organization for South-East Asia  
Patiala House, Hardinge Avenue  
New Delhi, India

Telephone: 44271-44274

Cable Address: WORLDHELTH NEW DELHI

## 4. REGIONAL OFFICE OF THE WORLD HEALTH ORGANIZATION FOR THE AMERICAS

Address: Dr. F. L. Soper, Director  
Regional Office of the World Health Organization for the Americas  
2001 Connecticut Avenue NW  
Washington 8, D. C., United States

Telephone: Hudson 5280

Cable Address: OFSANPAN WASHINGTON

## 5. SINGAPORE EPIDEMIOLOGICAL INTELLIGENCE STATION

Address: The Director, Epidemiological Intelligence Station  
World Health Organization  
8, Oxley Rise  
Singapore

Telephone: 80-736

Cable Address: EPIDNATION SINGAPORE

## 6. TEMPORARY OFFICE FOR EUROPE

Address: Dr. Norman D. Begg, Acting Director  
Special Office for Europe  
Palais des Nations  
Geneva, Switzerland

Telephone: Geneva 2-80-00

Cable Address: UNISANTE GENEVA

## 7. TEMPORARY OFFICE FOR THE WESTERN PACIFIC

Address: Dr. I. C. Fang, Director  
Supervisory Office for the Western Pacific  
Palais des Nations  
Geneva, Switzerland

Telephone: Geneva 2-80-00

Cable Address: UNISANTE GENEVA