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In the United Kingdom those of us who are interested in the various aspects of international health organization have been considering for some time now the questions with which the Preparatory Technical Committee has to deal. The note attached resulted from these discussions, and I am circulating it for the information of my colleagues.

(Sgd.) Wilson Jameson.

OBJECTS OF INTERNATIONAL HEALTH ORGANIZATION

A. Scope and Functions of the Health Organization

1. There should be one comprehensive world health organization.

The Organization should be the general directing and co-ordinating authority in international health work, whether the work is done by the Organization itself or through other agencies.

2. It follows that the functions of the four existing major inter-governmental health organizations should be absorbed by or brought under the control of the organization. These organizations are the Health Organization of the League of Nations, the Office International d'Hygiene (the Paris Office), the Pan-American Sanitary Bureau, and the Health Division of UNRRA.

The functions being carried out at present by these four organizations include an epidemiological intelligence service, the administration of the International Sanitary Conventions, and the provision of central library and information services. It is urgent that all the epidemiological and Sanitary Convention work should come under the control of the Organization at once, so that one consolidated system and one set of Sanitary Conventions can be established by the Organization as one of its first tasks.

3. In addition to the functions mentioned in the previous paragraph, and without prejudice to its general powers to undertake activities in the health field in pursuance of the objects set out in the Charter of the United Nations, the Organization should also undertake the following functions:

(a) Advisory services and assistance requested by member States, including direct assistance in case of emergencies.

(b) Promotion of research on health and medical subjects, including industrial and social hygiene.

(c) Standardization of diagnostic procedures and nomenclature of diseases.

(d) Improvement of teaching standards and facilities, including the provision of scholarships, study tours and visits, and the institution of international schools.

(e) Collection and dissemination of mortality, morbidity and natality statistics, including the administration of the international lists of causes of death and of morbidity.

(f) Standardization of therapeutic substances.

It should be made clear that health includes mental health.

B. Place of the Health Organization in international organization generally and relations with other bodies.

4. The Organization should be an organization of the United Nations, and it is highly desirable that all of the United Nations should be members. It is also, however, highly desirable on technical grounds that as many countries as possible should be brought in as soon as possible. The door should therefore be left open so that, as soon as political considerations permit, nations may become members even before they become full members of the United Nations.

5. Within the United Nations framework, the primary relationship of the Organization should be with the Economic and Social Council. An agreement should be made with the Council as soon as possible, providing for a working association generally on the lines recommended in the report of the Preparatory Commission. These arrangements should include:

- (a) Reciprocal representation on committees and commissions and other liaison arrangements.
- (b) Exchange of information and documents.
- (c) Reciprocal arrangements for proposal of agenda items.
- (d) Special procedure for recommendations made by the Assembly and the Economic and Social Council.
- (e) Periodical reports.
- (f) Agreement to give effect to decisions of the Security Council.
- (g) Assistance to Trusteeship Council.
- (h) Agreement to give information to International Court of Justice.

6. Provision should also be made by the Organization for the following arrangements which have a bearing on its relationship with U.N.O. and the specialized agencies.

- (i) Common Rules of Procedure.
- (ii) Assimilation of terms and conditions of service of staff.
- (iii) Use of common administrative tribunal.
- (iv) Certain common technical services (Conference staff, etc.)
(iii) and (iv) are bound up with the location of headquarters - See para. 19.
- (v) Use of and association with central statistical service.
- (vi) Financial arrangements - see para. 18 below.

7. Among the specialized agencies, relationship will be specially close with the F.A.O. and the I.L.O. and, next to the agreement with the Economic and Social Council, agreements with these agencies should be given priority

8. Provision should also be made in due course for agreements or arrangements for consultation with other inter-governmental and non-official international bodies and, at a later stage, with the consent of the States concerned, with national bodies. As regards the drafting of the constitution a general provision is however all that is required to cover the objects of paragraphs 7 and 8.

9. The question of the Pan-American Bureau and the Paris Office is on a rather different basis, as these Organizations should either be entirely absorbed or brought within the system of the Organization itself. They are, therefore, dealt with under the heading of "Decentralization" in C. below.

C. Constitution of the Organization

10. The form of the Organization should be that of a specialized agency, in full association with U.N.O.

11. The constitution should give effect to these rules:

- (a) No activities should be undertaken in a particular country without the consent of the Government of that country, and

(b) Work involving policy, or otherwise of substantial importance, required the authority of the Governing Body or the Executive Board, or of such committee as may have had appropriate authority devolved to it by the Governing Body or the Executive Board.

12. The Governing Body or Conference

Functions. The task of the Governing Body is:

- (a) To exercise general control and direction over the policies and work of the Organization.
- (b) To make recommendations and other communications to Governments and to prepare agreements for their assent.
- (c) To appoint the Executive Board and the Director General.
- (d) To approve the financial estimates of the Organization.
- (e) To appoint commissions and committees, and to authorize conferences.
- (f) To enter into agreements with organs of U.N.O. with the special agencies, with inter-governmental and non-official international and Regional bodies, and (subject to the consent of the Governments concerned) with national bodies.

Composition: What is required is that the members should be persons who are representatives of the public health services of their Governments, and if possible at the same time experts in public health. The former requirement is essential if recommendations are to be translated into action. It may not be feasible to make the latter requirement mandatory, but means should be sought of giving it authoritative expression. The Governing Body should, therefore, consist of technically qualified representatives of Government health services. Provision should be made for alternates and advisers. Colonies would not have separate voting members but advisers representing them could be attached to the Delegate of the mother state.

All states which are members of the Organization must participate in its work and the Governing Body or Conference seems the right

place for the exercise of this power. They should all therefore have the right to nominate a representative to the Governing Body. Voting should be one State one vote.

Provision should be made for observers from the Economic and Social Council, certain of its Commissions and specialized agencies co-operating in related fields. Observers would be able with the permission of the Chair, to take part in proceedings but not to vote.

Meetings: It will probably not be practicable to provide for regular meetings more than once a year of this size. Provision should, however, be made for extraordinary sessions.

15. Executive Board.

Functions: The general aim is to secure strong direction and control of business without the delays which would occur if all important matter had to await authorization by the Governing Body; and generally to exercise a more continuous oversight over the work of the Body than can be done by the large representative Governing Body.

The precise importance of the part to be played by this Board depends on a number of factors, including the extent to which the Governing Body will willingly consent to devolve powers and duties upon it, the interval between meetings of the Governing Body, the number of times a year that the Economic and Social Council deal with health matters (the Council meets three times a year), and on the extent to which the work of the Organization becomes decentralized as it develops (either by Regions or otherwise).

It seems clear that, at any rate in the initial period, when much of the structure of the organization has to be built up on the framework provided by the Constitution, a strong executive committee should be set up.

As far as the constitution is concerned, it seems better that the functions of the Executive Board should be drawn in general terms, so as to allow for a fair measure of flexibility, and to leave the Governing Body to devolve to the Executive Board.

Composition: A suitable composition would be from twelve to fifteen members, chosen by States. To secure continuity the term of office might (normally) be at least three years. A proportion of the members might retire annually and some special provisions about period of office will be necessary in the initial period in order to reconcile these requirements. It should be made clear in the constitution that retiring members are eligible for re-election.

Provision should be made for observers as in the case of the Governing Body or Conference.

Meetings: Elasticity is also required here. If the Governing Body meets annually, about three or four meetings a year of the Executive Board will be required.

14. Representation of non-official interests

It will be essential to enlist the support and help of non-official elements, both medical and non-medical, for the purposes of the organization, and to arrange for their association with its work.

This can be done in a variety of ways:-

- (i) It is to be expected that the greater part of the typical work of the Organization will be done with the help of expert Commissions and Committees. The fullest use should be made of non-official persons on commissions and committees. They will thus be closely associated with the planning and execution of the normal work.
- (ii) Advisers should accompany the delegates to meetings of the Governing Body and Executive Board.
- (iii) Provision should be made for close consultation with the appropriate non-official international organizations, and, in due course, (with the consent of the Governments concerned) with national organizations.
- (iv) Further, state members of the Organization may, if they wish, arrange for national consultative panels within their own countries, whose views would be available to their delegations.

Beyond the provision in the constitution for agreements and for consultation with other bodies therefore, further specific provisions for this purpose do not seem necessary.

15. Director General

The Director General should be chosen by the Governing Body, and formally confirmed by the Secretary-General. The Governing Body might be assisted in their choice by the Executive Board or by an ad hoc Committee. He should be responsible to the Governing Body. As far as the constitution is concerned it seems desirable that his duties should be there defined only in general terms - e.g. on the lines, "He shall be the principal officer of the Organization, and shall carry out such duties as may be assigned to him by the Governing Body and the Executive Board".

16. The Secretariat

The Secretariat should be appointed by the Director General and should be responsible to him. Different arrangements, however, would have to be worked out as regards staff on certain services (e.g. conference staff) employed in common with U.N.O. and other special agencies. The terms and conditions of service should be assimilated as closely as is practicable to those adopted by U.N.O. and the specialized agencies, and a general provision to this effect should be included in the constitution.

17. Decentralization

Regional machinery may be provided on the strictly political side of U.N.O., and is already being planned by some of the specialized agencies, including the F.A.O. It is important to examine this question in relation to health during the present meeting, though for various reasons it may be some time before final views can be framed on some of the issues that arise.

From the technical aspect, there are some functions of the Health Organization which should certainly not be regionalized - work on standardization of biologics ought to be centralized on a world basis. This does not of course mean that the central scientific institute necessary for this service need be situated at the headquarters of

the Organization, but that a system of standardization, of universal application, should be established and administered by some central machinery. On the other hand there is epidemiological information, for the collection and sifting of which some Regional machinery will be necessary at the outset and for at any rate some years thereafter. As regards the great bulk of the miscellaneous work of the Organization, centralized control is desirable for the early years, in order to get the balance right between Regions and between nations; a lesser degree of control may be adequate at a later stage. The technical considerations, therefore, indicate that at first Regional organization might well be confined to the Epidemiological Intelligence Service (not however limited to the five diseases in the International Sanitary Conventions but covering all dangerous infectious diseases which may spread from one country to another) and to any necessary liaison arrangements with other Regional organizations of U.N.O.

The Pan-American Bureau is a part of the Pan American Union and its future position will therefore to some extent be governed by the agreement reached between U.N.O. and the Pan-American Union. It is a Regional body; its membership comprises the American Republics, Canada, Newfoundland and the British West Indies not being members. Its functions comprise a central information service and an epidemiological intelligence service, and the administration of the Pan-American Sanitary Code (which corresponds but is not identical with the International Sanitary Conventions of 1926, 1933 and 1944, administered by the Paris Office and U.N.R.R.A.) and also direct the services of study, research and other forms of help to individual governments. Many countries belong to the Paris Office as well as to the Pan-American Bureau and have adhered both to the International Sanitary Conventions and to the Pan-American Code; and for certain purposes of the epidemiological intelligence service the Bureau acts as agent for the Paris Office. In so far as epidemiological work is concerned, a Regional Office covering the Americas seems to be indicated on any probable hypothesis. It should, however, administer

a revised Sanitary Code which assimilates into one system the present International Sanitary Conventions and the Pan-American Code, with any necessary additions to such a Code which may be required for special needs in particular areas.

The Paris Office has a world wide membership. Its main work is the provision of an epidemiological intelligence service and the administration of the International Sanitary Conventions. Its work in this field ought to be continued within the new system.

The Health Organization of the League of Nations and the Health Section of U.N.R.R.A. do not raise major constitutional issues in this connection. Arrangements are now in train by which U.N.O. will take over the existing activities of the League Health Organization, which it will be able to continue or alter at discretion. It is to be expected that this work and existing arrangements for carrying it out would be handed over to the Organization as soon as it is set up. Before the recent war the League Health Organization was responsible for the Far Eastern Epidemiological Bureau at Singapore. At present an emergency service is being provided on a temporary basis by the military authorities at Singapore and it is to be anticipated that there will be no difficulty in the way of this service being taken over in due course in whatever form is appropriate by the new Organization. U.N.R.R.A. is a temporary body with specific executive functions in the relief and ancillary fields. At present U.N.R.R.A. is the administering authority for the International Sanitary Conventions on a temporary basis, in respect of those countries which have signed the revised Conventions for 1944. A proposal will be made at the meeting of the Council of U.N.R.R.A. which commences about 18 March, that U.N.R.R.A. should continue to act in this way until the new Organization is in a position to take over this work itself.

One further general point on Regional organization is worth consideration. Where Regional committees are required, probably the best course is that they should be formed as sub-committees of the

central Governing Body, and composed of those members of the central Governing Body who represent States in the particular Region concerned, in order that overlaps and difficulties between the central and the regional representative bodies should be kept to a minimum.

In these circumstances, it is suggested that the following would be a practical approach to the question of decentralization:-

- (a) The headquarters of the Organization should at the start keep in its hands functions other than the Regionalized part of the epidemiological intelligence service, and other than ad hoc delegations of work which it may make.
- (b) There should be Regional Epidemiological Intelligence Offices collecting and disseminating information on a Regional basis, and also working to a headquarters epidemiological section.
- (c) The Pan-American Sanitary Bureau should be modified in such a way as to become the Regional Epidemiological Intelligence Office of the Organization for the Americas. The other functions of the Bureau should be controlled by the headquarters of the Organization. On the constitutional side, this would mean that the Governing Body of the Bureau would become a sub-committee of the Governing Body of the Organization. Financially, the Bureau as Regional Office should get its funds through the Organization. It would follow also that membership of the Organization with the financial obligations involved would be a necessary qualification for membership of the Regional body.
- (d) The functions of the Paris Office, as a world-wide organization, should be completely absorbed by the Organization. Its staff, records, etc., should be transferred to the Organization, by a similar arrangement to that by which the League Health Organization is being transferred to U.N.O. and will no doubt eventually be transferred to the Organization. The Organization would then have full discretion to alter or adjust the arrangements in order to fit in with the new system. If the headquarters of the

Organization were in Europe, the European Regional Epidemiological Office should, of course, be sited at the same place. On the constitutional side, these proposals would involve the supersession of the Permanent Committee of the Paris Office by the Governing Body of the Organization. The committee for the European Regional Epidemiological Office should be a sub-committee of the Governing Body and consist of representatives of the States in the European Region. This would entail a revision of the Rome Agreement of 1907, under which the Paris Office was established.

(e) As regards the constitution of the Organization, it will no doubt be agreed that it should contain a general power as in the case of the F.A.O. and the U.N.E.S.C.O. constitutions to set up Regional and other decentralized institutions. The main decisions to be taken on regionalization and decentralization may, therefore, come not so much on the framing of the constitution as on its application. Also, of course, final decisions can hardly be taken until the general question of Regions for wider, political purposes becomes clear. In any case, the essential and urgent work is to set up the central organs of the Organization and to get it going and this should certainly not wait for detailed settlement of the questions arising on Regional Organization.

18. Financial Arrangements

The budget arrangements should be integrated with those of U.N.O. The Governing Body should prepare its estimates. The administrative part of the budget should be subject to the same process of scrutiny as that of other United Nations organs. The arrangements should provide for an operating fund to be used at the discretion of the Governing Body.

19. Location of Headquarters

If the United Nations adopt fully the principle of centralization of United Nations organs at the headquarters of U.N.O., the health organization should no doubt conform.

If, however, strong Regional Offices of U.N.O. for general purposes are set up, many of the organizational advantages - though not all to the same degree - to be obtained by locating the Headquarters at the same site as the headquarters of U.N.O. would be secured if they were located at the same place as such a Regional Office of U.N.O.

As regards this point in the constitution, therefore, the relevant provision should take the form that the location of the headquarters should be decided by the Governing Body (which will consist of all, or most, of the United Nations).
