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TECHNICAL PREPARATORY COMMITTEE
FOR THE INTERNATIONAL HEALTH CONFERENCE

Summary Record of the Fourth Meeting held on Wednesday 20 March 1946
at 10.00 a.m. at the Palais d'Orsay, Paris.

Chairman: Dr. René SAND

The CHAIRMAN welcomed Dr. Kopanaris, whose arrival had been delayed by travelling difficulties.

1. General Discussion (continued)

Dr. KOPANARIS wished to express to the Economic and Social Council of the United Nations his appreciation of the honour of being invited to take part in the work of the Committee. All countries were aware of the need for an international health organization which was capable of really effective action especially in laying down rules of health progress to be brought to the attention of States. The success of such an organization depended upon world co-operation, the need for which was felt even more at the present time than before the war. Greece was one of the countries which had suffered most from the war and enemy occupation, and public health had been severely affected. Thanks, however, to the generous and effective assistance given first by military liaison and then by UNRRA, the health situation in Greece was improving.

The memory of the beneficial action exercised by the League of Nations in Greece and of the good results achieved by co-operation with the Office International d'Hygiène Publique was of good augury for the future of the new Organization. One of the primary functions of the organization would be to exercise health supervision, assuming responsibility for the health of the various populations.

Dr. CHISHOLM agreed in the main with the suggestions made by Sir Wilson Jameson. As to those of some of his other colleagues, however, a young country like Canada would find it difficult to accept the opinion that the aims of the Organization should be limited in scope. Biological warfare, like the atomic bomb, had become a fearful menace, and unless doctors realized their responsibilities and acted immediately, the whole race risked total extinction. Such action could obviously not stop at international frontiers.

The world was sick, and the ills from which it was suffering were mainly due to the perversion of man, his inability to live at peace with himself. The microbe was no longer the main enemy; science was sufficiently advanced to be able to cope admirably with it, if it were not such barriers as superstition, ignorance, religious intolerance, misery, and poverty. It was in man himself, therefore, that the cause of present evils should be sought; and these psychological evils must be understood in order that a remedy might be prescribed.

The scope of the task before the Committee, therefore, knew no bounds. That was why he associated himself with the "visionaries". What was taking place in these meetings might be of great historical importance, since all should aim at universal and world-wide achievement. To do this, members of the Commission might find it necessary to bite off more than they could chew; but the alternative was complete chaos. They should do their utmost to bring all the peoples of the world together in the service of physical, social, and emotional health.

Dr. CANCEK emphasized that his country had suffered greatly from enemy occupation and was now short of medical practitioners. The faculties and schools providing medical training had opened their doors immediately after the liberation of Czechoslovakia, and the country was beginning to recover, thanks to the substantial aid provided by the United Nations

through UNRRA, the Rockefeller Foundation and the American Organization for Relief in Czechoslovakia. The health work of the Organization should not be limited by frontiers, and within the framework of the executive centre arrangements would have to be made for regional offices which would cover the whole world, and for the assistance of unofficial associations or groups dealing with hygiene and social medicine. In this way, all the inhabitants of Czechoslovakia, whatever their means, would have access to the necessary medical attention and advice.

At this point, the CHAIRMAN invited the representatives of the four organizations, who were present in a consultative capacity, to make any remarks which they might wish to offer to the general discussion.

2. U.N.R.R.A.

Dr. TOPPING, after giving a resumé of the achievements of UNRRA and thanking the preceding speakers for their praise of its work, mentioned several points on which he believed action should be taken:-

(a) The question of the administration of the International Sanitary Conventions of 1944, which would expire on 15 July 1946. UNRRA had acted in full and friendly liaison firstly at Washington with the Pan American Sanitary Bureau, and then in London with Dr. Pierret and the Office International d'Hygiène Publique, of whose experience full use had been made. What organization would take over UNRRA's functions in the coming months? Whatever the arrangement, the staff of UNRRA would be at the disposal of the United Nations.

(b) Medical relief to displaced persons in Germany and Austria. Most of the deported persons had now been or would soon be returned to their countries. The Poles were beginning to go back at the rate of 12,000 a day. There were still, in Central Europe, however, 400,000 displaced persons who were unwilling and could not be forced to go back to their countries. In these countries UNRRA controlled

a system of medical services which could be continued as long as might be necessary, but the staff was rapidly decreasing and prompt action should be taken to retain those qualified to carry on this work.

(c) Medical care and assistance in countries where there were representatives of UNRRA. These countries, under enemy occupation for six years, reacted in different ways when offered assistance; but the advice given when requested had been at least as valuable as the supplies.

(d) Scholarships established by UNRRA for young Czech, Yugoslav and Greek doctors, enabling them to spend six months in England or in the United States. This kind of work carried on by UNRRA might be organized by the Rockefeller Foundation or unofficial bodies.

As to the extent of UNRRA's relief work, it had imported seven million tons of goods into Europe, and since 1 January 1946, had spent £300,000 daily on supplies.

3. Office International d'Hygiène Publique

Dr. Robert PIERRET informed the Committee that Dr. Hugh Cumming, Chairman of the Permanent Committee of the Office International d'Hygiène Publique, unable to attend the Committee's early meetings, had appointed Dr. Morgan as first delegate of the Office to serve on this Committee. Dr. Morgan was expected to arrive shortly, when he would be able to report to the Committee on the general position of the Office. Dr. Pierret, however, stated in the meantime, that he was at the Committee's disposal for any information that might be required.

4. Pan-American Sanitary Bureau

Dr. MOEL much regretted the absence of Dr. Hugh Cumming, Director of the Pan-American Sanitary Bureau, who had been detained in the United States, and therefore was unable to speak himself on behalf of that Bureau.

The Pan-American Bureau was the oldest of all international organizations, having been founded in 1902. For over twenty years, it had concentrated mainly on quarantine measures, but in 1924 its scope had been widened by the application of the new Pan-American Sanitary Code, which was the first treaty to be ratified by all the Americas. The Bureau received contributions from private associations, and the aggregate budget represented three or four times the total quotas paid by States.

At the head of the organization there was a governing body of ten members, three appointed in a personal capacity and seven representing Governments, with additional permanent honorary members.

The Bureau organized specialized conferences dealing with hygiene, sanitary education, sanitary engineers, leprosy, etc; and various regional offices had been established, which kept in constant contact with the Bureau and sent in periodical reports. Furthermore, the Bureau had a correspondent in each country for epidemiological intelligence; it had also published some fifty pamphlets on various subjects, and it maintained an information service by correspondence. Finally it had actively collaborated with UNRRA and with the Office International and, to a lesser extent, with the League of Nations. It might, of course, act as a regional organization of the new organization in the same way as it had done in the past. It would be for the Governments which maintain the Bureau to decide whether it would become a regional Bureau. In any case it would be happy to co-operate.

Dr. BIRAUD said that as the League of Nations was due to disappear in a few weeks time, there was no point in giving a long speech about the history of its Health Organization.

He considered that such international health organizations were destined not to die but to be amalgamated, for their spirit and traditions would outlive any defect of their administrative forms. The elements which experience had shown to be of most value should be retained.

The ideas expressed by the members of the Committee on the main outlines of the International Health Organization of the future corresponded with those which he had derived from personal experience. The proposed general conference consisting of a nucleus of representatives of health administrations assisted by advisers would be similar to the Permanent Committee of the Office. Its duties regarding the application of conventions would coincide with the rights and functions of the Office. Moreover, the Executive Board, with smaller numbers and administrative functions, corresponded to the League Health Committee, and the technical

committees and sub-committees, to the meetings of experts of the League of Nations, which had done such valuable work in the sphere of medical science.

He then drew attention to the services rendered by the Far Eastern Bureau, established at Singapore by the League of Nations in 1925. This Bureau provided an example of a regional agency with simple yet close relations with the central organization.

With regard to the points made by Sir Wilson Jameson, Dr. Biraud submitted a few supplementary suggestions;

(a) Liaison between the Conference and the Executive Committee would be assured if the Chairman and Vice-Chairman of the Conference became the ex officio Chairman and Vice-Chairman of the Executive Committee.

(b) In the interests of universal and non-political character of the new organization no State should be prevented from joining the Organization. Universality was indispensable to its effectiveness in peace time and to its survival in case of war.

(c) The Constitution should provide that the new organization should have the character of a specialized agency within the meaning of Article 57 of the United Nations Charter. It should retain its autonomy while maintaining close liaison with UNO and should have the use of all facilities at the disposal of the main organization.

(d) It might be desirable to prepare for the General Conference a draft constitution with parts which could be inter-changed according to prevailing opinion. Such constitutions have already been established by A.F.O. and U.N.E.S.C.O., and could serve as a basis for that of the Health Organization.

In conclusion, he recalled the valuable work done in the sphere of international public health by Dr. Rajchman, who had directed the work of the League of Nations from 1921 to 1939; by Professor Madsen, who had resided over the Health Committee from 1921 to 1936, and by Professor Parisot, who had succeeded the latter from 1936 to 1940. He would be at the disposal of the Committee if they wish him to furnish any additional information.

The Meeting closed at 11.50 p.m.