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CANADA AND THE WORLD HEALTH ORGANIZATION

The World Health Organization is one of 13 inter-governmental organizations that are linked with the United Nations through special agreements arranged by the Economic and Social Council and approved by the General Assembly and the organization concerned. The Specialized Agencies of the United Nations are expert in their respective fields: labour, health, education, food and agriculture, finance and banking, civil aviation, postal matters, telecommunications and meteorology.

HISTORY

The World Health Organization originated in a proposal made at the United Nations Conference held in San Francisco in 1945 that there should be created, within the framework of the United Nations, an international agency to deal with all matters of health. As a result, in 1946, representatives of 61 governments met at the International Health Conference in New York, drafted a constitution for the Organization and established an Interim Commission which served until April 7, 1948, when the Constitution came into force after the ratification by the required number of countries. The first World Health Assembly, which met in Geneva in June 1948, represented the culmination of efforts to establish a single inter-governmental health agency to replace and to inherit the functions of all antecedent organizations such as the Office International d'Hygiène Publique, the Health Organization of the League of Nations and the Health Division of the United Nations Relief and Rehabilitation Agency, as well as certain regional inter-governmental agencies such as the Pan-American Sanitary Organization⁽¹⁾ and the Pan-Arab Sanitary League.

OBJECTIVE

The objective of the Organization, as set out in Article 1 of its Constitution, is "the attainment by all people of the highest possible level of health".

The Constitution and activities of the Organization embrace the principle of universality of membership and recognize the universality of need. This is based on the premise that disease

(1) Now the Pan-American Health Organization.

respects no national boundaries, that no country in the world, whatever its degree of development, is without its important health problems, and that differences lie only in the relative degrees of priority of problems and in the resources that are available for their solution. Thus there are no restrictions membership and indeed no provision for withdrawal from the Organization.

STRUCTURE AND ACTIVITIES

The WHO functions through three organs:

- (1) the World Health Assembly, the supreme governing body which meets annually and to which all members are entitled to send delegates;
- (2) the Executive Board, the executive body of the Health Assembly, which consists of 24 persons designated by their governments;
- (3) the Secretariat, headed by the Director-General, which implements the decisions of the Assembly and the Board.

The permanent headquarters of the Organization are located in the Palais des Nations, Geneva.

Planning and execution of field activities are decentralized in six Regional Committees, which serve the Americas, Southeast Asia, Europe, the Eastern Mediterranean, the Western Pacific and Africa. Their respective headquarters are in Washington, New Delhi, Copenhagen, Alexandria, Manila and Brazzaville. All member states belong to one of the Regional Committees, each of which meets annually to plan a programme of work for the countries in its region. The regional programmes, together with budget estimates, are submitted for inclusion in the Director-General's programme and budget estimates, which he places before the Executive Board and the Health Assembly for approval.

Members of the Executive Board are designated by member states elected by the Health Assembly. Eight states are elected each year for a three-year period. Because the Board is responsible to the Assembly, designated members serve in an independent capacity rather than as representatives of their national governments.

The functions of the Organization fall into two main categories: general international health services and advisory services and assistance to governments. The former, which can be provided only through an international agency, includes:

- (a) the adoption and supervision of regulations to control the spread of communicable diseases through international traffic;
- (b) the collection and analysis of world epidemiological and statistical data on health conditions;

- (c) the development of definitions and international standards covering the purity, potency and composition of pharmaceutical drugs, etc.;
- (d) the production and distribution of technical information on health matters;
- (e) the stimulation, promotion and co-ordination of research within already existing research centres.

These are activities in which all countries have a potential interest and from which all are likely to derive direct benefit. One of the most valuable ways in which the Organization serves the interests of under-developed and advanced countries alike is in bringing together experts from round the world to discuss and, where appropriate, make recommendations on various problems. Through the reports of these Expert Committees, all countries have the benefit of the best opinion available.

By way of advisory services and assistance to governments, consultants, demonstrations, training courses, seminars, fellowships for training, etc., are provided to aid in strengthening health services and training health personnel in order that they may be equipped to take the initiative in dealing with the health problems of the countries concerned. These services are available to all countries without discrimination, on the condition that the governments concerned request the services, maintain administrative control over projects, share in the costs and provide counterparts and other personnel, and make provision for the continuation of work undertaken after assistance is terminated.

In addition, the WHO is responsible for the direction and co-ordination of all international health work and, in this capacity, advises and gives technical direction and supervision to health activities or health aspects of programmes carried out through other agencies, including the Technical Assistance Administration and the United Nations Children's Fund.

The work of the World Health Organization like that of the United Nations itself and the other Specialized Agencies, is financed through contributions assessed against each of its members in accordance with a scale based on the principle of capacity to pay. The working budget for 1966 totals in excess of \$42 million. This figure reflects only the amount which member states are willing to contribute and bears little relation to the money needed to meet all the health requirements of the world, the cost of which is beyond the resources available. The result is a continuous pressure to devise projects and methods that will yield the greatest improvement for the largest number of people in return for the smallest expenditure of funds.

CANADIAN PARTICIPATION

Canada played a key role in the establishment of the World Health Organization, being one of the 16 nations represented at the Preparatory Conference in Paris in 1945, at which a Constitution for the Organization was drafted for submission to the New York Conference

in 1946. Dr. Brock Chisholm, who headed the Canadian delegation to the Paris and New York Conferences, and who had done much to foster a new and imaginative organization, was elected Secretary of the Interim Commission and subsequently became the first Director-General of the WHO, a post he held from 1948 to 1953.

Canadian delegations have participated in all the annual Health Assemblies. In 1952, 1956 and again in 1962, the World Health Assembly elected Canada as one of the eight states to designate members to the Executive Board. The Canadian nominees were elected to the chairmanship of the Board in 1958 and 1963.

Canada has made substantial contributions of technical and professional personnel who serve the WHO at headquarters and on field projects and who place their special knowledge at the disposal of the Expert Committees. A large number of Canadian nurses, doctors and other scientific personnel are at present engaged in programmes for the improvement of health conditions in widely-scattered parts of the world. Many more have completed their assignments and are now back in Canada.

Canada also contributes to the work of the Organization by providing the facilities of its medical and nursing schools, as well as hospitals and health centres, for the training of technical and scientific personnel from other countries, and by making known the results of advanced research and knowledge in a variety of medical fields.

Canadian health planners and administrators, in turn, benefit from the programmes and research carried on in other member countries concerning health problems similar to Canada's own -- such as accident prevention, rehabilitation of the physically disabled, prevention of mental illness, cancer and heart disease. Canadians are granted fellowships enabling them to visit other countries to study the measures adopted there; or they may obtain information about such methods from the reports of the Expert Committees. Moreover, Canada benefits, with all other countries, from the general services of universal interest carried out by the Organization in the epidemiological and statistical analysis of disease trends, the adoption of international sanitary and quarantine regulations and the promulgation of internationally accepted standards for biological and pharmaceutical products.

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