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1975
January

Reference Papers

Dept. of External Affairs
Min. des Affaires extérieures

No. 91
(Revised January 1975)

JUN 30 1998

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CANADA AND THE WORLD HEALTH ORGANIZATION

The World Health Organization is one of 13 intergovernmental 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 that served until April 7, 1948, when the constitution came into force after its 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 intergovernmental 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 intergovernmental agencies such as the Pan-American Sanitary Organization(1) and the Pan-Arab Sanitary League.

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. The late 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.

(1) Now the Pan-American Health Organization (PAHO).

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Aim The purpose 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". Its constitution and activities embrace the principle of universality of membership and recognize the universality of need, on the premise that disease 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 on membership and, indeed, no provision for withdrawal from the Organization.

Structure and activities The WHO functions through three main organs:

- (1) The *World Health Assembly (WHA)*, the supreme governing body, meets annually; all members are entitled to send delegates. The WHA decides on policies, programs and budgets, and adopts necessary international measures.
- (2) The *Executive Board*, the executive body of the Health Assembly, meets twice a year. It consists of 24 persons designated by as many member states elected by the Assembly. Eight members are elected each year for a three-year period. A technical and non-political organ, it prepares the work of the Assembly and gives effect to its decisions.
- (3) The *Secretariat*, headed by the Director-General, implements the decisions of the Assembly and the Board.

The permanent headquarters of the Organization are located on Avenue Appia, Geneva, Switzerland.

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 program of work for the countries in its region. The regional programs, with budget estimates, are submitted for inclusion in the Director-General's program and budget estimates, which he places before the Executive Board and the Health Assembly for approval.

An exception is the Pan-American Health Organization, which functions as the health agency in the Americas of the Organization of American States. With the establishment of the WHO in 1948, it

became the Regional Office for the Americas. The Pan-American Health Organization, therefore, has its own budget in addition to the portion it receives from the WHO regular budget. Canada joined the PAHO in 1971.

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, include:

- (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, including environmental factors;
- (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 developing 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 help strengthen health services and train 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 exception, on the condition that the governments concerned request the services, maintain administrative control over projects, share in the costs, 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 programs carried out through other agencies, including the Technical Assistance Administration and the United Nations Children's Fund.

The *Joint FAO/WHO Food Standards Program*, controlled by the Codex Alimentarius Commission, was established in November 1961 at the eleventh session of the Conference of the Food and Agriculture Organization (FAO). Its establishment was approved and its statutes adopted by the sixteenth World Health Assembly. The thirteenth FAO Conference and the eighteenth World Health Assembly approved the incorporation of the Program into the regular programs of work and budgets of the FAO and the WHO. The purpose of the Program is to develop internationally-accepted food standards with a view to facilitating inter-country trade and to protecting consumers. The Program is administered by an Executive Committee consisting of the Chairman and Vice-Chairman of the Codex Alimentarius Commission, together with six further members, elected by the Commission for a two-year term from among its members on a geographical basis.

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 largely on the principle of capacity to pay. The working budget for 1974 totals in excess of \$108 million (U.S.). This figure reflects only the amount 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.

Some recent projects are the following:

- (1) *The malaria-eradication campaign.* On September 30, 1973, of the estimated 1,877 million persons living in the originally malarious areas of the world, 1,380 million (74 per cent) were in areas where malaria had been eradicated or where eradication programs were in progress.
- (2) *The smallpox-eradication campaign.* Since 1967, the first year of the global campaign, the number of countries and territories reporting smallpox cases has dropped from 43 to 11, and the number where it is considered endemic from 30 to 4. Nevertheless, as a result of major epidemics in Bangladesh, India and Pakistan in



1972 and 1973, the situation became serious. However, with the concerted effort now being made by the World Health Organization in collaboration with the health authorities in these countries, the disease seems to be under control and it is hoped that within the foreseeable future the disease will be completely eradicated.

- (3) *The medical-research program.* The WHO's efforts in the area of medical research are enriching knowledge of a host of problems that still impede progress in controlling major communicable diseases and in preventing nutritional disorders, cancer, cardiovascular diseases, mental illnesses and many others. To promote scientific co-operation internationally, the WHO has set up a network of 191 regional and international research centres in over 34 countries round the world to provide services to medical research.
- (4) *The environmental-health program.* To improve the quality of the environment, the WHO has established international reference systems for the study of data on community water-supplies, waste-disposal, air and water pollution and radiation protection. In addition, the six most widespread air pollutants have been selected for intensive international study by the WHO to enable it to establish criteria and guides for air quality. An international network for monitoring and studying levels of sulphur dioxide and dust particles in the air has been set up as the basis for an early warning system. The WHO also works in close collaboration with the United Nations Environmental Program.
- (5) *The family-health program.* This program has been greatly enlarged in recent years, and countries are now being assisted, on request, in developing suitable systems of health care in relation to population levels.

Canadian participation Canadian delegations have participated in all the annual Health Assemblies. In 1972, Dr. B.D.B. Layton of Canada served as president of the twenty-fifth World Health Assembly. In 1952, 1956, 1962 and again in 1968, 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 1959 (Dr. P.E. Moore) and 1964 (Dr. B.D.B. Layton).

Canada was elected as a member of the Executive Committee of the Pan-American Health Organization in 1971 for a three-year term. Dr. R.A. Chapman served as president of the Directing Council of the PAHO in 1973.

With regard to other WHO activities, another Canadian, Dr. D.G. Chapman, was elected as one of three vice-chairmen of the Executive Committee of the Joint FAO/WHO Food Standards Program in 1972, and was subsequently elected chairman of the Codex Alimentarius Commission for a term beginning in 1975.

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 programs 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 programs 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. Some Canadians are granted fellowships that enable them to visit countries whose medical research and health programs they wish to study; others obtain the information they seek 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.

Canada's assessed contribution to the WHO for 1974 amounted to \$2,968,260 (U.S.), or 2.67 per cent of the total working budget for that year, and \$1,353,567 (U.S.) to the PAHO, or 6.86 per cent of the budget.

In addition to the above assessed contribution, Canada has assisted the work of the World Health Organization through voluntary contributions, e.g., the Smallpox-Eradication Program.

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