The First Twenty-five Years

WHO's Endeavour for Better Health

By John Martin

WHEN the World Health Organization came into being in 1948, it had before it an immense task, but its mandate was broad and there was wide-spread yearning to build a better world on the ruins left by the Second World War.

Today, twenty-five years later, the beginnings seem modest and even a little hesitant. Though the constitution of the new organization had been worked out in 1946, it did not come into force until 7 April 1948—WHO's birthday—when it had been ratified by 26 member states of the United Nations. Now 136 countries belong to WHO. Many countries that would later become full-fledged member states were represented by their colonial authorities. In Africa south of the Sahara, membership grew from two countries in 1948 to five in 1957 but had jumped to 31 by 1971. The annual budget was $5 million in 1948 and was to grow to 18 times that size in the course of 25 years. WHO moved a further step towards the world membership which its name implies when in 1972 the People's Republic of China was recognized as the only legal representative of China to the Organization.

Increase in size, however, does not mean increase in efficiency. What has WHO with its governing bodies, regional offices, expert committees, reference laboratories, etc. achieved? How far has it moved towards its dim distant goal of physical, mental and social well-being for all peoples?

Communicable diseases

Through the impetus provided by WHO, considerable advances have been made towards the conquest of malaria. At the end of 1971, a total of 37 countries were claiming to have achieved eradication and of the estimated 1827 million people living in the originally malarious areas of the world about whom information was available, 1346 million (74 per cent) were in areas where malaria had been eradicated or where eradication programmes were in progress.

There has been a dramatic drop in the prevalence of yaws as a result of mass treatment with long-acting penicillin in campaigns assisted by WHO and UNICEF (UN Children's Fund). Since 1949, in the course of such campaigns, more than 46 million persons in 45 countries have been treated for yaws and other endemic treponematoses. However, despite the excellent immediate results, the diseases remain a long-term public health problem.

Against smallpox as against malaria, WHO has launched a world-wide eradication programme. In 1967, when an intensified 10-year campaign against the disease began, there were still well over 80,000 cases reported in the world. In 1970, the fourth year of the programme, the total of cases reported was 33,000—the lowest on record. The figure went up to 52,000 in 1971, and the total for the first four months of 1972 was higher than for the corresponding period in 1971. This was believed to be a result, however, of more efficient reporting since case-finding is an important aspect of the eradication programme. In 1972 only 7 countries were considered endemic for smallpox against 30 in 1967. Eradication programmes are now operative in all endemic countries, and there is every hope that within a small number of years, the world will have finally rid itself of this disease. Until then, however, the campaign will have to be waged with the utmost vigour—the final phases may well turn out to be the most difficult.

WHO played a part in the development and testing of poliomyelitis and measles vaccines, two of the most effective vaccines so far produced. Poliomyelitis has been controlled in that part of the world where vaccines have been extensively used in well-organized programmes. In much of the other part of the world—that is, in many of the warm-climate countries, often with incompletely developed health services—the incidence reported is increasing.

Measles vaccines, though effective are still expensive, a factor which limits their use in most of the countries where measles still kills many children.

Better health services

Many diseases and bad health conditions beset the developing countries. What should be done first? One of the bright hopeful answers in the early days was to pick the disease against which the most effective weapons were available, run a mass campaign, and when that disease would be cleared up start on the next one, and so on. Malaria, yaws, smallpox, yellow fever, trachoma, tuberculosis, leprosy, diphtheria, whooping cough, tetanus, typhus, filariasis, schistosomiasis, all were, or are, the object of specialized campaigns. But the hard lesson had to be learned that this approach is not the total answer. The mobile mass campaign can sow the seeds of better health but, to reap the fruit, permanent health services have to be developed and environmental conditions have to be improved. It is to these long-term unspectacular tasks that most of WHO's energies have been geared. Support has accordingly been given to schools for the health professions, which are an essential ingredient of any long-term health progress, to individual health workers for study abroad (over 42,000 fellowships have been awarded since 1948), to nursing services (in one country before WHO assistance there was not a single qualified nurse), to services for mothers and children, to family planning as a means of improving family health, to water

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