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FOUR DECADES OF ACHIEVEMENT



HIGHLIGHTS OF THE WORK OF WHO

WORLD HEALTH ORGANIZATION, GENEVA

The first decade: 1948-1958

The world in 1948 was war-weary and disease-ridden. Diseases ranging from malaria to plague clamoured for attention. Facing this enormous challenge was a fledgling World Health Organization with a total staff of just 200. While WHO immediately began tackling these problems across the board, there were painful choices to make about relative priorities.

Fifty million infected

One of the diseases singled out for special attack by WHO's membership was yaws, which afflicted some 50 million people. Virtually unknown outside the tropics, yaws is a crippling and disfiguring disease caused by a treponeme — a germ of the same family as that which causes syphilis. Spread not sexually but by poor hygiene, yaws attacks children and leads to severe disability and loss of work capacity in young adults.

It was known that penicillin could cure yaws, but only through a course of treatment involving several injections — a luxury beyond the means of the poorer countries. In 1948 came a scientific breakthrough that the new World Health Organization was quick to seize on: long-acting penicillin; a single shot of which would be enough for cure. WHO promptly coordinated research to determine the best preparations and doses.

Once the answers were in, WHO set about persuading doctors that a mass campaign had to be conducted along different lines from individual treatment of yaws cases. By publishing authoritative scientific information, by organizing international symposia at which the main issues could be debated, WHO helped modify the



In Indonesia's successful yaws campaign, special teams were sent out to examine villagers and, with a single shot of long-acting penicillin, cure all those infected with the highly contagious, crippling disease. The teams included "yaws workers" — villagers selected for the work and given a short period of training. Many of them went on to play a vital role in other health activities, including smallpox eradication.

traditional clinical outlook of practising doctors. To encourage use of the new treatment approach, experts were sent to other countries to see it in operation, and WHO fellowships were granted to doctors, laboratory workers, nurses and others to help ensure enough trained personnel for the campaigns. At the same time, WHO provided direct assistance to governments in designing and carrying out their national campaigns. By the early 1960s, 49 countries had benefited from cooperation in the form of visits by WHO staff and consultants selected by WHO for their technical expertise.

The control of yaws thus became a success story in countries as diverse as Nigeria and Thailand. The disease was not eradicated but its burden was reduced to almost nil. In Haiti alone, mass treatment returned 100 000 persons to productive work. In Indonesia, where the largest such national campaign in the world was conducted, over 31 million people were examined and almost 4 million treated between 1950 and 1956 alone. Significantly, the Indonesia campaign hit on the idea of using people selected from the community itself and given a short period of training. This pioneering approach was later to catch on in many other parts of the world.

Of standards and scientists

A problem that cropped up early in the yaws campaign was the lack of uniformity among the various preparations of long-acting penicillin. Different preparations, given in the same dosage, were reported to have different effects on the disease.

It became urgent to set standards for this product and for many others — a role specifically entrusted to WHO by its Constitution. The standardization of biological and pharmaceutical products (vaccines, drugs, blood products, hormones) was in fact a task inherited by WHO from earlier efforts carried out under the aegis of the Health Organisation of the League of Nations. Standardization was an ongoing task that had to keep pace with the new substances being discovered and isolated from human tissues, and with the new drugs and vaccines emerging from research and development. Not even the Second World War had brought the work of international biological standardization to a complete standstill, which shows just how vital it was — and still is.

The groundwork for a standard is laid in the laboratory — preferably, in a number of laboratories so that results can be cross-checked and compared. The question arose: Should the World Health Organization set up its own laboratories and have its own staff carry out what scientists call the “bench work”?

Together, the member countries of WHO decided that this would not be the most cost-effective approach. Instead, the Organization would become the coordinating force behind a network of first-class scientists and national laboratories chosen for their technical excellence and pledged to work, through WHO, for the benefit of all humanity. Thus sprang up the twin concepts of the “WHO expert committee”, a group of eminent scientists from around the world selected for their expertise in a given subject, and the



WHO is the organization whose "neutral umbrella" makes it possible for countries of differing economic status and ideological beliefs to combat together the scourges of humanity. An example is smallpox, whose eradication has saved millions of lives and done away with an enormous financial burden of vaccination and surveillance.

WHO brings together the best scientific minds from temperate and tropical countries alike to face the challenge of the killer diseases of the tropics.

WHO is the organization that has helped develop the "cold chain" and other basic underpinnings of universal childhood immunization; the organization that has promoted the use of oral rehydration therapy to prevent not only the few well-publicized deaths from cholera but also countless humble deaths from ordinary diarrhoeal diseases.

WHO convenes meetings of scientists and health experts from all corners of the world, distils precious guidance on disease control from their deliberations, and makes this guidance available to all member countries through its publications.

WHO is the organization that has developed the Basic Radiological Standards and the essential drugs concept, which are proving to be of benefit in rationalizing health expenditure in rich as well as poor countries.

WHO is the organization capable of inspiring enough confidence in its member countries for them to face and fight the AIDS epidemic in a spirit of frankness and trust.



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