

## Introduction: The World Health Organization and the Dilemmas of the Cold War and the Post–Cold War Periods

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This book is a narrative history of the world’s principal multilateral health agency during its 70 years of existence (1948 to early 2018). According to its Constitution, the mission of the World Health Organization (WHO) was nothing less than the “attainment by all peoples of the highest possible level of health,” without distinction of race, religion, political belief, economic status, or social condition. The book will offer a synthetic overview and assessment of how consistently and how well the WHO has pursued this mission and will identify the two perspectives that have marked its history and its changing place in global health.

During its first decades of existence, the United Nations’ specialized health agency was the acknowledged international leader on matters of health and disease and was at the center of a global network of scientists, physicians, and health policy makers. The agency played a preeminent role in the political validation of international health as a field during the second half of the twentieth century and helped shape the notion of technical health assistance for developing countries. But toward the end of the 1980s, the agency was accused of inefficiency, lack of transparency, and irrelevance. The role of the agency as the coordinating authority for international health was seriously questioned, and it increasingly had to surrender to or compete with private and public organizations that staked claims in global health.

The WHO was officially created in 1948 after a protracted period of discussion and negotiation that began in 1945. Its creation marked a change in the history of international health because the WHO merged into a single organization four functions of previous international health organizations: centralized epidemiological surveillance, campaigns against epidemics, disease control, and the reform of health systems. The book will describe what the agency did in surveillance and epidemic intervention but will concentrate on the last two functions during the Cold War and post–Cold War periods. Among its disease-control programs were the unsuccessful attempt to eradicate malaria, launched in the mid-1950s, and the successful elimination of smallpox during the 1970s. An example of a major effort to reform health

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systems was Primary Health Care (PHC), promulgated at the Alma-Ata conference that took place in 1978.

One theme of this book is that the various programs initiated by the WHO embodied two very different perspectives that reflected the orientation of the organization itself. One was a socio-medical perspective and the other was a technocratic, biomedical perspective. These two perspectives have frequently been portrayed as opposites: horizontal and multi-sectoral vs. vertical and mono-focal. But as we will see, there were nuances in each one of them, and the two could overlap. The WHO Constitution's Preamble underscored the first perspective by presuming that diseases were caused and sustained socially and economically, with their control requiring a broad societal response. The second perspective presumed that epidemic diseases were basically biomedical events that needed technological interventions alone to tame them. Besides their narrow focus, technology-driven disease-control campaigns could also be faulted on the grounds that they sometimes carried with them remnants of the old "civilizing mission" mindset of the western colonial powers. This perspective was captured in a 1948 *Lancet* article that stated that the just-founded WHO had the "means of bringing the resources of science to vast populations now living in medical darkness."<sup>1</sup>

During the 1960s and 1970s, advanced industrialized countries began to lose their control over the World Health Assembly (WHA) as a by-product of decolonization and the growing number of newly independent, voting countries. The change in composition of the WHA had an impact on the presumptive mandate of the WHO, as the agency no longer automatically followed the wishes of the superpowers but now had to take into account the priorities and demands of developing nations unwilling to accept what was dictated from above. Two important instances of the influence of developing countries in the WHA were the inclusion of socio-medical dimensions in the smallpox eradication campaign and the introduction of a new program of Primary Health Care. The smallpox eradication program was not a purely vertical and authoritarian program but relied substantially on leaders and volunteers in local communities. Primary Health Care gained support because it promoted basic health system development and not merely vertical intervention. Supporters of PHC did not reject vertical programs per se but believed that they should be coordinated with health system components and not be budgeted by separate short-term funding.

Toward the end of the Cold War (around 1991 with the dissolution of the Soviet Union), the organization faced challenges from the wealthy nations that to a very large extent funded the agency. These nations increasingly

<sup>1</sup> "History at Geneva," *The Lancet* 255:2 (July 9, 1948), 17–19, p. 18.

questioned the legitimacy of the UN and its specialized agencies and supported neoliberal policies and health reforms. They also favored the biomedical perspective described previously and emphasized the role of the WHO in normative standard-setting and the provision of epidemiological information. The vicissitudes of the WHO during the 1990s, including poor central leadership, lack of coordination with regional offices, and a growing dependency on bilateral aid and private donors created the circumstances for organizational crisis and attempts at institutional reinvention.

In spite of losing resources and prestige and facing the challenge of reconciling the requirements of developing nations with demands for budgetary restraint by the industrialized countries, some WHO programs in its sixth decade made valuable contributions. Among the more notable were the promotion of essential drugs and access to antiretroviral treatment, successes with childhood immunizations, advances in the control of tobacco, and proposals made by a Commission on the Social Determinants of Health, formally reported in 2008. These latter proposals downplayed the role of technology, emphasized equity in access to health resources, promoted grassroots participation in health decision-making, and legitimated broader social demands aimed at improving the living conditions of the global poor. Yet at the same time, during its sixth decade, the WHO experienced a resurgence of technocratic ideas and practices and of neoliberal policies that promoted public-private partnerships, including alliances with the World Bank and with major private donors like the Bill and Melinda Gates Foundation. These partnerships (usually one or more private for-profit organizations and at least one public or not-for-profit organization) made contributions to the reduction of morbidity and mortality but normally relied on short-term and ultimately limited strategies. As a result of the coexistence of two different sets of practices, the WHO continued to witness conflicts about priorities and fragmentation in global health initiatives.

The primary sources on which this book relies are archives and libraries in Europe and the United States. We worked mainly in the Archives and Library of the World Health Organization in Geneva, Switzerland; the Wellcome Library in London; the League of Nations Archives in Geneva; the UN Archives in New York City; the Rockefeller Archive Center in Sleepy Hollow, New York; the Library of Congress in Washington, DC; the US National Library of Medicine in Bethesda, Maryland at the Arthur and Elizabeth Schlesinger Library on the History of Women in America at the Radcliffe Institute for Advanced Study at Harvard University; the Center for the History of Medicine of the Francis A. Countway Library of Medicine, also at Harvard; the Department of Rare Books and Special Collections of Princeton University Library; and the US National Archives in College Park, Maryland. We have also been able to examine materials at the WHO regional offices for Africa, the

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Americas, the Eastern Mediterranean, and Europe. We regret that we have not been able to conduct research in the WHO regional offices for South-East Asia and the Western Pacific, but in the case of South-East Asia we were able to rely on a number of meticulously researched studies that partially filled this gap. For example, Amrith and Bhattacharya have provided exemplary studies, and the latter author has demonstrated how the smallpox policies of the 1970s designed in Geneva were embraced, contested, and sometimes sabotaged by local politicians, health officers, and physicians.<sup>2</sup> We have also relied on several excellent, primary-source based studies of specific people, projects, and programs.<sup>3</sup>

We have likewise drawn heavily on official and semi-official histories of the WHO, written usually by retired agency officers. These include four “ten-year” commissioned histories that cover the periods to 1957, from 1958 to 1967, 1968 to 1977, and 1978 to 1987. Although no author’s name appears on any of these volumes, the first two were almost certainly written by Norman Howard-Jones and the latter two were definitely written by Socrates Litsios. Both Howard-Jones and Litsios were WHO officers, as were Neville Goodman and Yves Beigbeder who also contributed useful histories. Several of WHO’s regional offices have also produced historical volumes, some published anonymously and others with an author’s or editor’s name. These studies sometimes fail to achieve consistent balance between facts and narrative overview and occasionally lapse into a celebratory tone, yet collectively they are rich sources of information and contain few factual errors. Litsios, in addition, has not only produced two memorializing ten-year volumes but has written a number of probing and critical studies on various aspects of the history of the agency.<sup>4</sup>

<sup>2</sup> See Sunil S. Amrith, *Decolonizing International Health, India and South Asia, 1930–1965* (Hampshire: Palgrave, 2006) and Sanjoy Bhattacharya, “The World Health Organization and Global Smallpox Eradication,” *Journal of Epidemiology and Community Health* 62:10 (2008), 909–912.

<sup>3</sup> See Sung Lee, “WHO and the Developing World: The Contest for Ideology,” in Andrew Cunningham & Bridie Andrews (eds.), *Western Medicine as Contested Knowledge* (Manchester: Manchester University Press, 1997), 24–45; Harry Yi-Jui Wu, “World Citizenship and the Emergence of the Social Psychiatry Project of the World Health Organization, 1948–c.1965,” *History of Psychiatry* 26 (2015), 166–181; and Soraya de Chadarevian, “Human Population Studies and the World Health Organization,” *Dynamis* 35 (2015), 359–388.

<sup>4</sup> World Health Organization, *The First Ten Years of the World Health Organization* (Geneva: World Health Organization, 1958); World Health Organization, *The Second Ten Years of the World Health Organization, 1958–1967* (Geneva: World Health Organization, 1968); World Health Organization, *The Third Ten Years of the World Health Organization, 1968–1977* (Geneva: World Health Organization 2008); and World Health Organization, *The Fourth Ten Years of the World Health Organization, 1978–1987* (Geneva: World Health Organization, 2011). For an anonymous regional history, see World Health Organization, Regional Office for the Western Pacific Region, *Fifty Years of the World Health Organization in the Western Pacific Region* (Manila: World Health Organization Regional Office for the Western Pacific,

Of the secondary literature in general, a comprehensive and insightful scholarly work is Randall M. Packard's *A History of Global Health: Interventions into the Lives of Other Peoples*.<sup>5</sup> Packard provides important insights into the workings of the WHO and its predecessor and competitor organizations and also synthesizes a wide range of scholarship on related topics. He utilizes, for example, work by Mark Harrison on nineteenth century health regulations which demonstrates how intertwined these regulations were with contemporary economic interests.<sup>6</sup> We also incorporate scholarship on international health agencies during the interwar period (1919–1939), relying on a pioneering collection of essays in a volume edited by Paul Weindling, and on the monograph on the League of Nations Health Organization (LNHO) by Iris Borowy.<sup>7</sup> Work on other international health agencies is also integrated, specifically Marcos Cueto's history of the Pan American Sanitary Bureau and Paillette's study of the *Office International d'Hygiène Publique*.<sup>8</sup> Packard relies as well on the scholarship of Amy L. S. Staples, whose book on crucial post–World War II multilateral institutions (the World Bank, the Food and Agriculture Organization, and the World Health Organization) studies the construction of the ideas and policies of economic development, modernization, and technical assistance for developing nations.<sup>9</sup> John Farley's biography of Brock Chisholm, the first director-general of the WHO, provides insights into the friction between Chisholm and the makers of US foreign policy. We

1988). For authored or edited regional histories, see Leo Kaprio, Regional Director Emeritus, *Forty Years of WHO in Europe* (Copenhagen: World Health Organization Regional Office for Europe, 1991) and Alexander Manuila (ed.), *EMRO: Partner in Health in the Eastern Mediterranean, 1949–1989* (Alexandria: World Health Organization Regional Office for the Eastern Mediterranean, 1991). See also Neville M. Goodman, *International Health Organizations and Their Work* (London: Churchill Livingstone, 1952); Yves Beigbeder, *The World Health Organization* (The Hague: M. Nijhoff, 1998); and Norman Howard-Jones, *International Public Health between the Two World Wars: The Organizational Problems* (Geneva: World Health Organization, 1978).

<sup>5</sup> Randall M. Packard, *A History of Global Health: Interventions into the Lives of Other Peoples* (Baltimore: Johns Hopkins University Press, 2016).

<sup>6</sup> Mark Harrison, *Contagion: How Commerce Has Spread Disease* (New Haven: Yale University Press, 2012).

<sup>7</sup> Paul Weindling (ed.), *International Health Organizations and Movements, 1918–1939* (Cambridge: Cambridge University Press, 1995); Iris Borowy, *Coming to Terms with World Health: The League of Nations Health Organisation, 1921–1946* (Frankfurt am Main: Peter Lang, 2009).

<sup>8</sup> Marcos Cueto, *The Value of Health: A History of the Pan American Health Organization* (Rochester: University of Rochester Press, 2007); Céline Paillette, "Épidémies, Santé et Ordre Mondial: Le Rôle des Organisations Sanitaires Internationales, 1903–1923," *Monde(s): Histoire, Espaces, Relations* 2:2 (2012), 235–256.

<sup>9</sup> Amy L. S. Staples, *The Birth of Development: How the World Bank, Food and Agriculture Organization, and World Health Organization Have Changed the World, 1945–1965* (Kent, Ohio: The Kent State University Press, 2006).

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also relied for more recent periods of the agency on Nitsan Chorev's study of the WHO from a sociological perspective.<sup>10</sup>

Our book is a narrative history of the WHO and is organized in ten chapters. The first chapter, "The Making of an International Health Establishment," deals with the formation of an institutionalized international health order in the nineteenth and early twentieth centuries. It first focuses on the multinational sanitary conferences that began in 1851. These conferences were inspired in part by the fear of mid-century cholera pandemics, perceived to be exogenous threats to the West. The chapter also discusses the construction of other "quarantinable" diseases likewise perceived as exogenous threats to the West: yellow fever and bubonic plague. Attention is directed to the organizations that evolved from the sanitary conferences by the early twentieth century – the *Office International d'Hygiène Publique*, the Pan American Sanitary Bureau, and the League of Nations Health Organization (LNHO). The International Health Division of the Rockefeller Foundation and the United Nations Relief and Rehabilitation Administration (UNRRA), a relief organization created by the Allies during the later stages of World War II, are also considered.

The second chapter, "The Birth of the World Health Organization, 1945–1948," analyzes the activities and post-World War II legacies of health agencies, especially the LNHO and UNRRA. Officials of the LNHO played a key role in carrying over social-medicine ideas into the early postwar period and to the new multilateral organization. UNRRA left a residual budget and redeployed personnel who were fundamental in creating the new specialized health agency. The response to a 1947 epidemic of cholera in Egypt and aspects of the First World Health Assembly in 1948 are examined to illustrate how the WHO validated its existence in public health and political circles. In a larger context, the WHO was part of a broader postwar design: the creation by the industrialized Western nations – especially the United States, the United Kingdom, and Western Europe – of a reorganized, stable, international capitalist economy and monetary order with a set of multilateral institutions that facilitated technical cooperation and hegemony of the United States and respected the possessions of European Western colonial powers.

The third chapter, "The Start-Up Years, 1948–1953," describes what happened after the Soviet Union and its allies denounced the WHO's excessive closeness to the United States and walked out from 1949 to 1956. The policies of the first two heads of the organization, Brock Chisholm and Marcolino Candau, are discussed, as are the challenges of organizing regional offices, especially in

<sup>10</sup> John Farley, *Brock Chisholm, the World Health Organization and the Cold War* (Vancouver: UBC Press, 2008); Nitsan Chorev, *The World Health Organization between North and South* (Ithaca: Cornell University Press, 2012).

sub-Saharan Africa where European colonialism persisted. Chisholm and Candau both attempted to move the agency from the old idea that infectious diseases were exogenous threats to developed nations to a new one that these diseases were menaces to global health security and that all nations had rights to protection from infectious diseases with the help of improved health systems. The former was also adamant in supporting multilateralism as an alternative in order to resist the Cold War pressures of the superpowers, namely the United States and the Soviet Union.

The fourth chapter, “The Cold War and Eradication,” addresses what was the agency’s principal modus operandi in the 1950s: vertical intervention. Its design in WHO’s headquarters in Geneva and in most countries was a clear case of the technocratic perspective mentioned before. This was an American style of disease control, in large part because the US State Department saw vertical eradication programs as ideal weapons with which to counter communist influence in the developing world, believing that through such programs poor people would be moved out of poverty and thus become resistant to communist “seduction.” The influence of this American perspective was particularly evident in the WHO in the mid-1950s when the agency declared its commitment to a vertically structured Malaria Eradication Program (MEP). However, by the late 1960s, it was clear that MEP had failed in both medical and political terms.

The fifth chapter, “Overcoming the Warming of the Cold War: Smallpox Eradication,” delves into the Smallpox Eradication Program (SEP), which extended from 1966 to 1980 and, unlike MEP, came to a widely heralded and triumphant conclusion. The chapter analyzes the opportunities offered by a less antagonistic phase of the Cold War known as “Détente” and examines the crucial cooperative roles played by both the Soviet Union and the United States within the framework of the WHO. The chapter also examines the collaboration of the US Centers for Disease Control (CDC) and the leadership provided by D. A. Henderson, assigned by the CDC to Geneva. It demonstrates that the differences between SEP and MEP were fundamental and not merely of degrees of eradication intensity.

Chapter 6, “The Transition from ‘Family Planning’ to ‘Sexual and Reproductive Rights,’” focuses on the specter of overpopulation in the 1950s and 1960s and how that specter affected the WHO. It studies the role played by private entities, such as the Population Council and the Ford Foundation, in convincing first the US government and then multilateral agencies of the urgent need for population control. The chapter also probes how callous family-planning policies influenced the WHO and the changes of population policy during the administration of Ronald Reagan, and, later, during and after the international conferences in Cairo and Beijing in the mid-1990s, which replaced the notion of family planning with that of sexual and reproductive health.

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Chapter 7, “The Vicissitudes of Primary Health Care,” investigates one of the most rich and complex periods in WHO history. The visionary Halfdan Mahler served as director-general from 1973 to 1988 and his tenure was marked by both highs and lows. The notion of Primary Health Care (PHC) was articulated as one of the central elements of the resounding Alma-Ata Declaration of 1978. The Alma-Ata Declaration also announced the goal of “Health for All by 2000” in response to the demands of developing nations for greater health equity and social justice. It was a case of the socio-medical perspective of the agency. Major donor nations reacted negatively to Mahler’s initiatives by promoting an alternative Selective Primary Health Care (SPHC) agenda which undermined the spirit of Alma-Ata. During the 1980s, SPHC led to narrower and more technically focused programs and to a competition from UNICEF.

In the eighth chapter, “The Response to the HIV/AIDS Pandemic,” the WHO’s responses to AIDS is scrutinized. The initial response, valiantly promoted by the director of the Global AIDS Program at the WHO, Jonathan Mann, opened the way to a new understanding of the link between health and human rights. Mann made clear that global disease outbreaks were not only biological threats but serious challenges to human rights, as health security concerns oftentimes, at least initially, displaced the defense of human dignity and health access as the central foci of global initiatives. Mann found himself at odds with the WHO’s new, increasingly unpopular Director-General Hiroshi Nakajima, and as a result by the early 1990s the WHO had lost its leadership position in the response to AIDS. It was displaced by the UN’s creation of the Joint United Nations Programme on HIV and AIDS (UNAIDS) and was only able to recover some of the initiative in the early twenty-first century when it launched the “3 by 5” initiative (3 million people receiving antiretrovirals by 2005). This program was inspired by the promotion of the right of universal access to essential medications, a right that was usually challenged by transnational pharmaceutical companies.

Chapter 9, “An Embattled Director-General and the Persistence of the WHO,” focuses on one of the most difficult periods in WHO history, the 1990s. The rise to dominance of neoliberal policies under Presidents Ronald Reagan and George H. W. Bush, certain that private-company practices were superior to those of the public sector in efficiency and problem-solving, had a strong negative impact on the WHO and other UN agencies, which were harassed by the US government as part of its general weakening of the public sector and strengthening of private institutions and market capitalism. During this period, the WHO was particularly vulnerable because Director-General Nakajima’s poor leadership, management deficiencies, and lack of effective collaboration with other agencies all contributed to a widespread perception of



an agency adrift. Yet the WHO somehow survived, and this chapter will discuss the strategies it used to regain credibility and navigate the 1990s.

Chapter 10, “The Competitive World of Global Health,” reviews the political, economic, and institutional impacts of globalization on international health. In the 1990s “global health” was defined as different from “international health” in that its focus was transnational factors that affected populations which drew responses from non-state organizations that sometimes acted independently of existing international organizations and nation states. Global health was also related to economic globalization and neoliberalism. Globalization gave particular prominence to the World Bank and the Gates Foundation and explains the programmatic initiatives of Director-General Gro Harlem Brundtland (1998–2003). In contrast to Nakajima who was backed by developing countries, Brundtland was aligned with the new donors and the major industrialized nations. In the period after Brundtland, under director-generals Jong-wook Lee and Margaret Chan, the WHO moved back to some extent to earlier organizational priorities. Most notably, in this period a Commission on the Social Determinants of Health produced a series of publications that, seemingly in the spirit of Alma-Ata, called for the reduction of worldwide health disparities through programs of social reform. This chapter also deals with the global financial crisis of 2008, which led to worsened poverty and health for many poor people around the world and to budget and staff cuts in WHO.

Finally, Chapter 11, “The World Health Organization in the Second Decade of the Twenty-First Century,” discusses the role played by the World Health Organization in the Ebola epidemic of 2014 as well as the controversy it generated and situates in historical context the election of an African as director-general by the World Health Assembly of 2017. The chapter discusses the efforts of the WHO to validate itself after several years of criticism from nation states and multilateral agencies. It also describes the persistence of two conflicting perspectives in the history of the WHO – the socio-medical and the biomedical – and summarizes the critical issues that the organization faces today in a political context substantially different from the one in which it first emerged. Finally, the chapter raises some questions about the future of the WHO in a complex political context.