THE INTERNATIONAL UNION AGAINST THE VENEREAL DISEASES AND THE TREPONEMATOSES AND THE WORLD HEALTH ORGANISATION*

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There are 43 voluntary international organizations with offices throughout the world at present in official relationship with the World Health Organization. WHO thus has recourse to many non-governmental organizations in many specialized fields—as is the case with the International Union against the Venereal Diseases and Treponematoses. In the following paragraphs I intend to answer the following questions:

1. How did this system of co-operation between non-governmental and governmental organizations arise?

2. What obligations are incurred by participating in it?

3. How has this system worked in the past and what orientation can be given to our common work in this field in the future?

When the League of Nations was created in 1919, the number of non-governmental organizations was still relatively small, and the I.U.V.D.T. was one of the earliest in the field of health. However, between the two world wars, the number of such organizations grew rapidly, and by 1945—when the United Nations charter was being drafted in San Francisco—it was evident that the goodwill of more than a thousand non-governmental organizations with a membership of more than 700 million people could not be ignored, and it became essential to bring them into direct collaboration with the United Nations. Article 71 of the Charter of the United Nations constituted in this respect a juridical innovation, as it established, for the first time, a constitutional link between governmental and non-governmental organizations.

When the WHO Constitution was established, the principle of maintaining a close relationship with non-governmental organizations was embodied in it. It was stated at the time that the official relationship status of non-governmental organizations “would strengthen the WHO and prevent the spread of the idea that the WHO—as an intergovernmental body—tended to oppose the legitimate interests of the medical profession. On the contrary, advice from the non-governmental professional bodies would be of great benefit to the studies that the WHO might undertake in the field of medical practice and medical education”. Thus, even 10 years ago, a primary function was ascribed to non-governmental professional organizations in the field of medical training and practice.

With these precepts in mind no attempt was made to codify or define the limits of such collaboration. In fact it was impossible to establish any rigid classification to cover the innumerable examples of working relationships and the results which were later achieved. The only limits imposed were those laid down by the work itself, by the resources of the WHO on the one hand and the qualifications and activities of the non-governmental organizations on the other.

There is little doubt that the development of WHO activities and some of its achievements during the first 10 years of its existence were due in part to this kind of collaboration. This was certainly so with the IUVDT, especially since the Union was a mixed body of which the national VD associations as well as government departments were traditionally members. The role of the non-governmental organizations in the early years of the WHO and its Interim Commission has been emphasized several times by the World Health Assembly and the Executive Board.

This collaboration did not evolve by chance. The new ideas of the inter-war years and, perhaps most important, the widespread international collaboration in the field of medicine during the war itself,
changed the climate of international thought, so that, in 1946 some sixty governments were able to agree on the creation of the World Health Organization itself. Although the governments had set up the WHO, it was for the organization itself to make its mission understood, and to this end the many powerful non-governmental organizations ensured that the aims of the WHO were brought home to the people of many different countries and faiths, and to this the IUVDT contributed much.

The number of non-governmental organizations at present officially related to the WHO is 43, although a total of 68 has so far applied to be admitted to this status. The applications and the periodic renewal of the status are scrutinized by a special standing committee. Organizations in official relationship receive documentation on the programme and work of WHO in their particular fields of interest. WHO sends representatives to this Union’s meetings, and these representatives have had the privilege of attending most of the Union’s conferences and important technical meetings since 1948. WHO has been consulted on the organization of some of these meetings, such as the Symposium on Non-gonococcal Urethritis in Monaco and certain meetings relating to the revision of the Brussels Agreement of 1924. In the Americas, the Union’s regional office has been in close communication with the WHO Regional Office in Washington.

Then there is the question of active collaboration in WHO-sponsored programmes of assistance and other projects. In the field of venereal diseases and treponematoses I mention the Union’s interest in collating the VD legislations of the world and the subsequent publishing by WHO in English and French of a digest of this legislation—which through the initiative of the Union has also found its way into Latin-American countries in a Spanish version. I mention furthermore the joint work of the Rhine River VD Commission, under the inspired guidance of the late Professor Pautrier, to whose memory and wisdom I take this opportunity of paying the World Health Organization’s tribute. The Rotterdam Port Project, and particularly its training courses in which some thirty participants from a dozen or so countries have taken part, is another example of joint projects between governments, the Union, and WHO.

All these activities are reflected in the publications of the Union and the WHO and in reports of the debates at Health Assemblies where the Union has participated or at conferences in which WHO may or may not have taken part. Thus WHO is often the subject of comments, appraisal, and, perhaps most important, criticism, by the non-governmental organizations. There can be no doubt that this helps WHO to keep in close touch with outside medical and expert opinion. Furthermore, aspects of venereal disease information and public education have been encouraged by the Union’s relationship with the United Nations in the broader field of social hygiene—or with UNICEF in international programmes for mothers and children.

These are only some of the mutual advantages reaped by our organizations, and there are many more. The non-governmental organizations are not to-day invited, as in the past, to attend the expert committee meetings of WHO, but it is not uncommon for a member of such an advisory committee to be associated with some non-governmental organization, as is the case with the Union. In this way, without actually representing the Union or speaking on its behalf, the member may assist the WHO committee by his experience. Several examples could be cited of Union members who have served on WHO committees, or as consultants or staff members of WHO at Headquarters, or in field assistance programmes in Africa, Asia, the Eastern Mediterranean, the Pacific, or Europe.

Finally, the Council for the International Organization of Medical Sciences (CIOMS) was set up some years ago under the joint auspices of WHO and UNESCO, to co-ordinate the work of various international medical and scientific associations. The Council receives an annual grant from WHO and UNESCO, and the IUVDT meetings qualify for moral and material support from the CIOMS.

Let us now look to the future and ask what WHO can do for the Union and what the Union can do for WHO, without either losing their identity, since to a large extent our interests are complementary:

(1) Past experience indicates that further progress may be achieved in the fields outlined above.

(2) The WHO VDT Expert Committee, which recently met in Geneva, has suggested that the Union and WHO should collaborate in organizing a Second International VD Control Conference in 1961 or 1962, and that our organizations, as well as the International League of Dermatological Societies, recently admitted to relationship status with WHO, should collaborate in establishing an international nomenclature and classification of syphilis for scientific and public health purposes.

(3) Further possible joint undertakings might include a study of the teaching of venereal diseases and endemic treponematoses at the graduate, post-graduate, and public health levels. Such a study is long overdue, in view of the changes which have resulted from the technical progress in both developing and developed countries.
It has been suggested that the Union might establish an international VDT journal, similar in orientation to that of the International Organization against Trachoma. This would be welcomed by VDT workers throughout the world, and "joint statements"—of the type and scope now practised on the national level in the United States of America—would assist understanding of VDT problems on an international basis. Age distribution and background studies on the current teenage problem of syphilis and gonorrhoea in many countries might be useful to many health administrations.

The United Nations and WHO may designate an International Year for Health and Medical Research, similar to the International Geophysical Year and the World Refugee Year. Non-governmental organizations can play an important part in this connexion in promoting research in their respective fields. Through its support, understanding, and the encouragement of enlightened opinion, the Union greatly assists WHO in the accomplishment of its mission in the VDT field, which is to eradicate the endemic treponematoses and to advance control of the venereal infections throughout the world.