When Robert Terry asked me a few months ago to give a talk on WHO research history, I thought it should be fairly straightforward. But a few days later, I started wondering if there was a sudden surge of nostalgia in WHO, or whether some sinister plot was being hatched for 'regime change' (I had seen so many)! I concluded there was none. Soon afterwards, I attended a conference in Vancouver which was entitled 'Evidence Soup for the Decision Maker's Soul'. It turned out to be interesting. So for a brief moment, I considered serving you a soup on WHO Research Strategy. But I quickly renounced.

What, then, should I talk about?...I decided that I should talk to you about people: our leaders, and our luminaries. Edouard Herriot was Mayor of Lyon, 3 times Prime Minister of France before WW2, then Member of the Académie. He had famous maxims, one of which was 'La Culture est ce qui reste lorsqu'on a tout oublié' (culture is what remains when you have forgotten everything).

In the History of WHO, long after the great names are gone, the culture they have created remains, and the organization, like a living creature, has already shown tremendous resilience. The Organization that has fought and won the battles of Smallpox, Tobacco, Breastfeeding, Essential drugs and others, will remain fit to fight more battles, again, of course, on the basis of scientific evidence.

Dr. Mahler, often to my own astonishment, tended to refer, time and again, to the 'Founding Fathers'...Well, these were not bureaucrats or politicians; they were scientists, idealists, towering figures of Public Health. Dr. Brock Chisholm, the first DG, was a Canadian Psychiatrist who distinguished himself in WW1 and 2. I did not have the honour to serve under him (I was in my teens), but one of my late colleagues, Dr. Norman Howard Jones, worked with him. H. Jones is the man who patiently built up -from scratch- WHO's Library and Editorial Services, between 1948 and 1970. It is thanks to him that you are able now to have access to the vast amount of WHO information.
Are you travelling to an endemic area?
Do you want to see maps of maternal mortality?
Do you want to know about national health accounts?
It is all there, at your fingertips.
Let me quote some of his words about Chisholm:
'No one who knew him could fail to be fond of him. He was so passionately
determined to do what he could to make a better world!...
H. Jones mentions that he had been attacked as being an 'advanced
internationalist', but Chisholm was proud to have been so described.
As a matter of fact, after leaving WHO, he became involved with the'
Pugwash Movement for Science and World Affairs', and participated in its
inaugural meeting in 1957.
H. Jones had a fine sense of humour. At some point he writes that Chisholm
declared that parents were not fit to raise up their children, because they
contaminated them with their own prejudices. At some other point, that he
was very worried about whether members of expert committees were
emotionally mature. He feared that they might not be fully conscious of
their international responsibilities.

The next five leaders, I have known, and worked with.
Dr. M. Candau built the place up over 20 years (1953-73), with the support of
an exceptional administrator, his DDG, Dr. Pierre Dorolle.
The regular budget multiplied by ten, and HQ staff by five or six.
Dr. Candau had a deep respect for Science and his first years in office
coincided with the preparation of a Plan for an Intensified Research
Programme. The recommendations of this Plan led to the creation of the
Advisory Committee on Medical Research (ACMR, 1959) and also to a proposal
for the 'Establishment of a World Health Research Center'.
Lack of political support resulted in the implementation of a scaled down
version in the form of 3 distinct entities: IARC (1965), RECS (Research in
Epidemiology and Communication Science, 1967) and a Monitoring Network
on pharmacological side-effects (1967).
Candau, although he inherited the problematic Malaria Eradication
Programme, took the decision to launch Smallpox Eradication. The project
was based on sound scientific studies carried out by an international high-
level group of scientists (personal communication by Prof. Murray Eden, then
head of Cognitive Systems at MIT).
Candau gave unfailing support to research, he valued the ACMR, which he
used to attend full time. He listened closely to people like Joshua
Lederberg, Jacques Monod, or Carlos Chagas.

Next, I served the full term of Dr. H. Mahler. Mahler needs no introduction,
but I will share with you a quote he often repeated in front of us: it was
Chisholm telling him: 'Mahler you have a lot of sympathy for the third
world, now you need to develop more empathy...This, followed by his
10-year mission in India marked him for life: the passion with which he
speaks up to the present time, is indeed quite remarkable. Mahler's legacy tends to be associated with PHC and HFA. But research, for him, and his DDG, T. Lambo, went well beyond that: it was an amplification of regional and national involvement in research, it was the strict respect of scientific and technical integrity of WHO Programs, but also the push towards Special Programs, towards Managerial Science and OR, in the form of Health Systems Research. (He himself, before becoming ADG, had been in charge of Project Systems Analysis, and had published work on an Econometric Model on Tb. This was done with Prof. M. Feldstein, a heavyweight in Economics).

As late as 1986, 13 years after his first election, he was lamenting, in his own characteristic way, about lack of progress in this area. The end of that year would see the formation of an 'Independent Commission for Health Research for Development', with Prof. J. Evans, S. Bergström, V. Ramalingaswami and others, who were familiar with the issues, and with the ACMR.

The following 10 years, under Dr. Nakajima, were difficult, and yet, just look at the 1998 World Health Report: the retrospective achievements in Global Health are there, with numbers and graphs. The number of Member States which had not achieved the HFA targets (LE of at least 60, IMR less than 50, and under-5 mortality of less than 60), were just 7. The immunization efforts were expanded considerably, with significant results, the Essential Drugs Program intensified everywhere, there was a high-level Commission on Environment and Health (chaired by Minister Simone Veil), producing seminal reports. Other sectoral initiatives, e.g. in econometric analysis at country level, were promoted. The Technical Discussions for Research were held in 1990. And we were facing very stormy weather in the press. Please do look up the 1998 WHR: it must have served for many powerpoint presentations.

The Brundtland era brought in a high power team, which boosted considerably the intellectual muscle of WHO's discourse. It witnessed a revival of the scientific enterprise in WHO. There were large-scale advances in Health Development Economics, and in new ways of measuring the burden of disease and the performance of health systems. WHO's cooperation with bilateral and multilateral organizations intensified.

Dr. Lee Jong-Wook intelligently pursued the work of his predecessors, and succeeded in building up on WHO's past achievements. He preserved institutional stability and financial viability. Despite his premature demise, he left his mark on the life of WHO.

Now, a few words about 'Luminaries'.
There were 6 discrete attempts to design a Health Research Strategy at ACHR level, and there were 2 others, extramurally (specifically, the Independent Commission, 1987-90, and the ‘Ad Hoc Committee on Health Research relating to future intervention options’ 1994-97).

Let me say a few words about the great people who were involved in these efforts.

First, Lord Zuckerman: it was a brief, but powerful effort, back in 1975. As you may know, Solly Zuckerman, a zoologist, was the chief scientific adviser to the British Government, in Harold Wilson times, and before that, during WW2, had conducted studies on the effect of bombing on people and buildings.

In 1975, Dr. Mahler had been in office for 18 months, his DDG, Dr. Lambo was championing the ACMR and research, Martin Kaplan, my boss, was interested in what we call now ‘horizon scanning’. Everyone was interested in the next 25 years. Hence a round-table chaired by Lord Zuckerman. The report of this discussion is available, and is of the highest intellectual quality, as you may imagine. Monod, Lwoff, Lederberg, de Duve, all Nobel Laureates, participated. Sir Joseph Rotblat, Sir Gus Nossal, Ramalingaswami and Osuntokun were also present.

Looking back, how come this matter was not pursued? I wonder now whether it was because PHC got all the attention, or perhaps that we got involved also in the preparations for the UN Conference in S & T, 1979? Anyway, Prof. Bergström became the new Chairman (after Dr. Scrimshaw) in 1978 and pursued very practical plans, on the formation of ACMR sub-committees (e.g. in HSR, Cancer, Capacity building, Health Information etc.). His views on regional involvement and special programs were congruent with those of Mahler.

Sir Douglas Black was a Member of ACMR between 1976 and 1979. He had published in the ‘British Journal of Preventive and Social Medicine’ a paper entitled ‘Priorities in Biomedical Research: Indices of Burden’. He was discussing the burden on services, by disease category (not BOD). An adapted version was presented to the ACMR. But the time for Health Systems Research had not yet come!...Sir Douglas Black was a charming man: he smiled and went...

Alma Ata took place in 1978. Dr. Mahler started his second term. The ACMR was being firmly chaired by S. Bergström, between 1978 and 83. His successor, in 1983, Prof. Ramalingaswami, had to miss his first session because of a coronary condition, and Prof. Osuntokun acted for him. On the same year -1983- Prof. T. McKeown had been appointed Member. Dr. Mahler in his introductory speech, challenged ACMR to come up with a strategy to match up and interdigitate with the HFA strategy. He was appreciative of McKeown’s views in what he used to call ‘their beautiful simplicity’.
McKeown was appointed chair of a formal subcommittee on HRS consisting of 5 other Members: Prof. Badran, Laidlaw, Leon, Osuntokun and Ramalingaswami. Temporary advisers were called in as needed: Dr. Burkitt, Dr. Bryant, Prof. Danielsson. McKeown shuttled back and forth between Birmingham and Geneva for 3 years, went to most regional ACMRs, and met with all the top and middle management. His starting point was his famous classification of diseases according to origin, not mechanism: (a) prenatal diseases determined at fertilization, (b) prenatal diseases determined after fertilization (c) postnatal diseases determined by deficiencies and hazards, (the diseases of poverty), and (d) postnatal diseases determined by maladaptation (the diseases of affluence). His thesis raised some eyebrows, but it eventually formed the basis of a classic piece of work, published after his death (17 June 1988). McKeown, though an intellectual giant, was a very simple, accessible, and lovely character... He used to blush every time Prof. Badran called him 'your excellency', out of respect and kindness. By the way, he had been the student of Zuckerman, and had taught Lambo, who in turn had taught Osuntokun...So we had 4 generations on the ACHR. The McKeown WHO report is also a classic, though poorly printed. I recommend it warmly as background material. 1986, when it was issued, was the year when ACMR was renamed.

The next milestone was 1990, and we find at the TD on Research all the major players: Prof. Lederberg chaired the panel entitled ‘Science, Research and Health Care’, Prof. Evans the panel on Health Systems Research, Prof. Scrimshaw the panel on Nutrition, and Prof. Osuntokun the panel on Research Capacity Strengthening. In addition, Keynote speakers were Prof. Bergström, Ramalingaswami, Scrimshaw and Hassouna. There were about 500 participants, and a major resolution was passed by the WHA on that year, calling on member states to strengthen essential health research and national research capacity, and asking the DG to further develop the WHO HRS, in collaboration with global and regional ACHR.

The task now incumbered to the new chair, Prof. M. Gabr. He quickly set up 5 subcommittees and task forces, on S & T, Research Capacity Strengthening, Health Development Research, Health and the Economy and ‘Evolving Problems of Critical Significance to Health’. The outcome of this work is encapsulated in a small monograph dated 1993. In 1993, several other events took place as well. March 1993 saw the creation of a new NGO, COHRED. July, the publication of the World Bank report ‘Investing in Health’, followed by donor conferences in Bellagio and Ottawa, resulting in the formation of an ‘Ad Hoc Committee on Health Research relating to future intervention options’. The complicated title of this committee was the result of delicate negotiations with the newly
appointed chairman of the ACHR, Prof. T. Fliedner, who faced the sudden emergence of a parallel, generously funded committee in that same month of Dec. 1993.

For the next 5 years, Prof. Fliedner fought very hard to restore the yearly periodicity of ACHR (since 1986, the plenary had met every other year, to save money). Fliedner convened several workshops in Germany at Schloss Reisensburg, to work on a renewal of HRS, to which several hundred people participated. The new book was formally presented to Dr. Brundtland, at his last ACHR, in 1998.

To conclude this topic on luminaries, I must mention 2 names, 2 friends, who passed away very recently: Prof. J. Lederberg (on 2 Feb.) and Prof. M. Mahfouz (31 March).

J. Lederberg gave his unfailing support to WHO for 25 years, as he had been introduced to Candau by M. Kaplan. He had 2 non-consecutive terms on ACHR and came several times as TA. We organized with him a number of special meetings in the US, notably in the U. of Virginia, and at Rockefeller, he gave us several lectures, including a tele-conference in Ulm.

We have lost not only a great scientist, but a great humanist.

No less of a loss was his friend Prof. Mahfouz, former MOH of Egypt (72-74), senator, member of Pugwash and other international bodies. He was a visionary, and in a paper to the ACMR, subsequently published more than 30 years ago, he described with great specificity what would become known 15 years later as Essential National Health Research.

I would have liked to talk about Pioneers in WHO-HQ.

The founder of our Office, who was the 1st Secretary of ACMR, was a Dr. Kahn from the U.S. He died in office, soon after. His successor, Dr. S. Btesch, from Israel, a gentle man who created a huge research information system called WHOBRS (WHO Biomedical Research Information System), a contemporary of MEDLARS. After Btesch’s retirement, the Office was reconstructed as Office of Science and Technology (OST), under M. Kaplan. Kaplan was a greater than life figure, and through his association with Pugwash, knew everyone that counted in Science. He is the one who chose me to second Director, OST.

There are many names who should be mentioned as pioneers, who founded major programs, and I can't cite them all: Howard Goodman for Immunology (he created the network of research and training centers), Alex Kessler, the father of special programs (human reproduction), Fejfar (CVD), Sartorius who transformed a one man show into a large program on Mental Health, V. Fattorusso, who invented the Essential Drugs Program, and many others.

A final few words about Governance.

I would have liked to talk about the great names we had in the Board & WHA. I fondly remember Prof. Bror Rexed from Sweden, imperturbable in his
support of WHO, as well as Prof. Aujaleu from France, or Kimo Leppo from Finland, all great friends of WHO. I am sure Dr. Larivière could add many more.

There would be much to say too about all the stakeholders, and the future. Remember Mahler's words: this is YOUR Organization. it is WHO which will fight the great battles of the future.

But it is time to close and thank you for your patience.

ABBREVIATIONS

ACMR / ACHR (Advisory Committee on Medical / Health Research)
BOD (Burden of Disease)
COHRED (Council on Health Research for Development)
ERG (External Review Group)
HFA (Health for All)
HRS (Health Research Strategy)
HSR (Health Systems Research)
PHC (Primary Health Care)
RPC (Research Policy Coordination)
TA (Temporary Adviser)
TD (Technical Discussions - at the World Health Assembly)
WHR (World Health Report)