

## Care for Health Cannot Be Limited to One Country or One Town Only, It Must Extend to Entire World: Role of Andrija Štampar in Building the World Health Organization

World War II and the early post-war era saw the rise of state social and economic interventionism in Europe. A gradually developing “Welfare State” aimed at increasing both the proportion of participating population and the number of social rights they enjoyed (1). These developments also included reforms of educational and health care systems. This important and dynamic period for international health began by the enactment of the World Health Organization (WHO) Constitution on April 7, 1948 (2).

This essay discusses the initial activities between 1946 and 1948 that led to restructuring of the international public health system and founding of the WHO. A key agent in these developments was Croatian physician and public health reformer Andrija Štampar (1888-1958) (Figure 1; Box 1). We studied his role and con-



Figure 1. Andrija Štampar, lecturing at the Zagreb School of Medicine, 1953. (copyright Division for the History of Medicine, Croatian Academy of Sciences and Arts).

tributions that resulted in the foundation of the WHO in the period immediately before the Cold War and global polarization of the world. We did not analyze the political situation of the time in detail, but rather focused primarily on the activities of Andrija Štampar.

The essay is based on the material from the WHO Archives in Geneva, including sources available online (3), materials from the Rockefeller Archive Centre in New York, and newspaper articles and Štampar’s reports and reflections about the work of the Interim Commission and the WHO.

### Providing aid against pestilence and relief from suffering: the forerunners of the international health protection

Proposals to develop an international collaboration aimed at fighting and preventing diseases first appeared in the second half of the 19th century. The international sanitary conference held in 1851 and attended by representatives of twelve states was described by Andrija Štampar as the first in the series of events crucially important for the international health organization development (4). The conference was organized as an attempt of the West to stop the threat of cholera, a highly contagious disease spreading from Asia by maritime routes (5). The 1851 conference was followed by a series of similar meet-

<b>Box 1. Andrija Štampar's biography</b>
<b>1888</b> September 1, born in the village of Drenovac, Croatia
<b>1911</b> Graduated from the University of Vienna, Medical School
<b>1918</b> Appointed as health adviser to the Croatian Commission for Social Welfare
<b>1919</b> Appointed head of the Department of Public Health in Belgrade
<b>1926</b> Establishment of the School of Public Health in Zagreb
<b>1927</b> Opened the new building of the School of Public Health and the Institute of Hygiene in Zagreb. The building was financially supported by the Rockefeller Foundation
<b>1931</b> Dismissed from his position as head of the Department of Public Health in Belgrade
<b>1931</b> Working with the Health Organization of the League of Nations. Between 1931 and 1938, he traveled extensively as a lecturer and expert around Europe, United States, and China
<b>1938</b> Lectured on hygiene and social medicine at several major universities in the United States and Canada
<b>1939</b> Appointed chairman of Hygiene and Social Medicine Zagreb School of Medicine
<b>1940-1941</b> Appointed dean of the Medical School, University of Zagreb
<b>1941</b> Interned in Graz, Austria, until the arrival of the Russian army in 1945
<b>1945</b> Resumed his professorship at the Zagreb Medical School
<b>1945-1946</b> Appointed rector of the Zagreb University
<b>1946-1948</b> Critical engagement in the creation of the World Health Organization
<b>1947-1958</b> Appointed the president of the Yugoslav (today Croatian) Academy of Sciences and Arts
<b>1947-1958</b> Appointed director of the School of Public Health in Zagreb
<b>1948</b> Presided over the inaugural Assembly Meeting of the World Health Organization
<b>1952-1957</b> Appointed dean of the Medical School, Zagreb University
<b>1958</b> June 26, died in Zagreb

ings in Paris (1859), Istanbul (1865), Vienna (1874), Washington (1881), Rome (1885), Venice (1892), Dresden (1893), Paris (1894), Venice (1897), and Paris again (1903, 1912, 1926, and 1933) (4). The increasingly intense activities and the formulation of health protection and disease as global problems lead to the foundation of the Pan-American Sanitary Bureau in 1902 and the Paris Office Internationale d'Hygiene Publique in 1907. While the activities of the Pan-American Sanitary Bureau were geographically limited to the American continent, those of the Paris Office encompassed the entire world. Both organizations engaged in preventing and controlling infectious diseases (4).

New health and social problems that emerged in the wake of World War I, however, required new forms of international health collaboration. Isolated conferences and poorly applied sanitary conventions offered no firm guarantees for the maintenance and improvement of public health. An important event in the development of international coopera-

tion and public health in general was the establishment of the Rockefeller Foundation in 1913 and its International Health Commission, later renamed the International Health Board and the International Health Division. Between two world wars, the International Health Division played a key role in the internationalization of health. It primarily meant a new approach to public health problems by combining medical treatments (broadly administered drugs and vaccines) with technological solutions (for instance, building latrines). The Rockefeller Foundation also generously helped the Health Organization of the League of Nations (HOLN) and the personnel of national health administrations. This support was very important particularly for specialists and students from different parts of the world who hoped to raise their professional standards (6,7).

Founded in 1921 as a part of the League of Nations, HOLN was along with the Rockefeller Foundation the key agent in the development of public health. Under the direc-



**Figure 2.** Ludwik Rajchmann, director of the Health Organization of the League of Nations (copyright Division for the History of Medicine Croatian Academy of Sciences and Arts).

torship of the Polish physician Ludwik W. Rajchman (1881-1965; Figure 2), this organization brought together public health experts and developed numerous programs. In addition to the prevention of infectious diseases, it established epidemiological intelligence system, developed international standards, promoted cooperation in the area of education by exchanging experts, and supported public health systems in many countries (6-8). Andrija Štampar had been an active member of this organization from its beginnings, but his activity intensified especially in the 1930s, when, due to political turmoils in the Kingdom of Yugoslavia, he was dismissed from the position of the national head of public health (Box 1). Between 1931 and 1936, Štampar was associated with the League of Nations as a health expert attached to the Chinese government. Working for the HOLN in China and other countries, Štampar acquired experience, knowledge, and international reputation. He became a leading public health expert of that era (9,10). It is for this reason that, after World War II, he came to lead the international health movement.

In World War II, the League of Nations fell apart. The HOLN could no longer solve rapidly growing public health problems, so a new organization, named the United Nations Relief and Rehabilitation Administration (UNRRA), was founded in Washington in November 1944 with the aim to work in European territories free from German occupation (11). Its task was to support the post-war reconstruction, as well as public health worldwide, “to provide for the liberated populations aid and relief from their suffering, food, clothing, and shelter, aid in prevention of pestilence and in the recovery in the health of the people...” (6,11). The foundation act was signed by forty-three Allied and Associated Nations, including Yugoslavia. The UNRRA was the HOLN successor in a number of ways. For instance, it took over the responsibilities of a signatory to sanitary conventions. Its first director was Wilbur Sawyer (1879-1951), former director of the International Health Division of the Rockefeller Foundation. His acquaintance and collaboration with Štampar dated back to the Rockefeller Foundation days (11,12). When UNRRA closed down in 1946 (1947 in the Far East), its activities were taken over by the newly founded Interim Committee of the WHO (11).

In that period, there were other organizations that accomplished significant results on the global level, including the Red Cross and later the Food and Agricultural Organization (FAO), founded in 1943 and engaged in the improvement of nutrition and general conditions of rural life; United Nations Educational, Scientific, and Cultural Organization (UNESCO), established immediately after the war; and International Labor Office (ILO) (6).

Results achieved by these organizations justified their existence. Yet, in the period immediately after World War II, an independent international health organization was needed

to unite the work of the existing bodies and to act as an independent international umbrella organization for health protection on the global level.

**Toward the only international, truly worldwide health organization: activities and preparations from January to July 1946**

The day when the representatives of the United Nations met in San Francisco, April 25, 1945, was an important date in the history of the WHO. At the meeting, the Brazilian and Chinese delegates proposed the foundation of an umbrella international health organization that would bring together activities hitherto pursued by the HOLN, Paris Office, UNRRA, and the Pan American Sanitary Bureau (13,14). Transforming the idea of an international health organization into a real organization required, in the era when the UN itself was still in the making, complex preparations, negotiations, and discussions among many interested sides. Table 1 summarizes the chronology of the most important events, as well as Štampar's contributions and the functions he performed in this period crucial to the establishment of the WHO.

The first assembly of the UN took place in London in January 1946, when Štampar was elected as the vice-president of the Economic and Social Council. At the Paris conference from on March 18 until April 5, 1946, the Technical Preparatory Committee was

founded. The Committee's task was to produce an outline of the future WHO (15). It brought together a team of public health experts and high-ranking national officials in relevant fields, such as René Sand, Belgian public health expert and employee of the Belgian Ministry of Health; Brock Chisholm, Deputy Minister of National Health of Canada; Andre Cavallion, general secretary of the Ministry of Public Health of France; Aly Tewfik Choucha, under-secretary of State and Ministry of Public Health of Egypt; Wilson Jameson, chief medical officer, Ministry of Health in London; Martin Kacprzak, president of the National Health Council of Poland; Thomas Parran from the USA Public Health Service; Geraldo H. de Paula Souza, professor at the University of Sao Paulo and Brazilian ambassador in Washington D.C.; Szeming Sze from the National Health Administration of China and Chinese Embassy in Washington D.C. The conference was attended by observers including the representatives of the Pan-American Sanitary Organization, League of Nations Health Organization, UNRRA, and Office International d'Hygiene Publique. Štampar participated in the Preparatory Committee not just as a public health expert, but also as the vice-chair of the Social-Economic Council of the young UN. This double role increased his responsibility even further. Eight Sub-Committees were founded and each was charged with a specific task as follows: drafting, the Preamble, Aims and Objectives, the Executive Organ, the Governing Body, Res-

**Table 1.** Chronology of meetings and Štampar's role in preparatory activities for the foundation of the World Health Organization (WHO)

Time period	Event	Štampar's role
January 1946	First UN Assembly, London	Elected vice-president of the Economic and Social Council of the United Nations
February 1946	Meetings of the social-economic council of the UN in London	Elected in the Technical Preparatory Committee. Its task was to prepare the foundation of a single international health organization of the United Nations
March 1946	Meetings of the preparatory committee in Paris	Participated in the writing of the Constitution of the future WHO
June and July 1946	International Health Conference, New York	Provisional adoption of the Constitution, formation of the Interim Commission, electing Štampar its president
1946-1948	Work of the interim commission as the provisional WHO	Chairing the organization
April 7, 1948	Ratification of the WHO constitution	Reporting the public about the proceedings. Coordination of activities
June and July 1948	First world health assembly, Geneva	President of the First World Health Assembly

olutions, the study of agenda of the International Health Conference, and the study of relations between existing health organizations and the future WHO. Štampar was one of the few members who took part in as many as four sub-committees – Aims and Objectives, Governing Body, Resolutions and Relations between existing health organizations, and the future World Health Organization (15).

At the next meeting of March 19, 1946, Wilson Jameson proposed an outline and guidelines for a new body called the International Health Organization. These stated that the organization:

“...should work in the close co-operation with national health services, its work should be of the highest standard, there should be a single world health organization and the Economic and Social Council had given a lead in this respect, the Organization should be a specialized agency, but while retaining a proper degree of autonomy, it should maintain close relations with the United Nations, it also should establish a close contact with the organizations operating in related fields, particularly the FAO, ILO, and UNESCO. The component parts of the Organization should be a governing body of technically qualified representatives of the national health services, assisted by alternates and advisers. It will have an executive committee, director-general, and secretariat. The organization should make periodical and special reports to the Economic and Social Council. It also should make full use of experience and support of non-official organizations and individuals. There should be a strong headquarters organization. Regional offices would be responsible to the central organization. Regarding to finances, the Organization should prepare its own estimates of expenses that would be included in the estimate for the UN” (15).

The US representative Parran added that “executive and legislative branches of the US

Government would support the Resolution of the Economic and Social Council calling for the early establishment of a single international health organization” (15). Cavaillon further added that the world organization should deal “with health in general, not in a restrictive sense. It should consider not only epidemiological questions and the establishment of international standards, etc., but also other matters not yet dealt with on an international plane, such as the practice of medicine, hospitalization, the protection of maternity and infancy, and other important subjects, like those of the social disease, hygiene and health education, and medical training and research.” (15).

The minutes of the meeting noted that the “organization should be the only international body to deal with these subjects, and truly worldwide.” It was supposed to bring together the representatives of member countries, but also to invite to its conferences representatives of non-member countries. “The general conference should not meet every year in the same locality but should move from capital to capital.” (15).

The following, third meeting took place on March 19, 1946, and there a vivid discussion on the structure of the WHO developed (15). Especially active participants in the discussion were A. Štampar, W. Jameson, T. Parran, and the French delegates A. Cavaillon and X. Leclainche who prepared a joint proposal. Jameson’s proposal focused on the administrative structure of the new organization and the way in which it was supposed to absorb the extant major inter-governmental health bodies, namely, the HOLN, the Paris Office, the Pan-American Sanitary Bureau, and the Health Division of UNRRA. He stressed “that the members should be persons who are representatives of the public health services of their Governments, and, if possible, at the same time experts in public health” (15). Parran emphasized “that international co-opera-

tion and joint action in the furtherance of all matters pertaining to health will raise the standards of living, will promote the freedom, the dignity, and the happiness of all peoples, and will further the attainment of peace, security, and understanding among peoples of the world" (15). He explicitly stated that the purpose of the future International Health Organization "should be to improve physical and mental health of all peoples through international collaboration and mutual assistance, to prevent occurrence and spread of disease, to stimulate the development and improvement of health service throughout the world, and to make available to all countries information, counsel, and assistance on problems pertaining to health and medical care" (15). A. Cavaillon and X. Leclainche wrote in their proposal "Whereas there cannot be any material security, social security, or well-being for individuals or nations without health, and whereas the full responsibilities of a free man can be assumed only by healthy individuals, the benefits of scientific and technical discoveries should be extended to all." as well as "...protection and improvement of health strengthen social security, thus developing respect for the rights of man, without distinction of race, sex, language or religion, and contributing to the maintenance of peace" (15). The concepts of the accessibility of new scientific, medical, and technical achievements to rural and urban population equally and regardless of their race, sex, and socio-economic positions, was a recurring motif in all discussions and gradually grew into a specific moral culture of health protection. By recognizing these principles in the process of shaping tasks and goals of the future WHO, the creators of the organization adopted and applied the social-medical concept of equal health protection for the entire population. This worldview, widely promoted between the wars, argued for a political role of medicine in the building of an egalitarian so-

ciety. Its proponents, most prominently René Sand and Andrija Štampar, influenced the direction of the Preparatory Committee.

During the third meeting, Andrija Štampar proposed the foundation of "regional offices, which would strengthen, rather than weaken the Organization." He was in favor of the enlargement of its scope, as well as the idea that it should be a specialized agency. He suggested that "the International Conference should meet in June and the Organization be established immediately" (15). Drawing on his experiences from earlier organizations, he emphasized that "...there are some regional health problems which are best dealt with locally, by suitable regional organizations. These regional organizations have much to gain by close relationship with a worldwide organization, which can give them the benefit of general services that are impossible on a local plan..." He thus advocated a single central organization and regional bureaus (15).

The Paris meeting was the place where the foundations of the WHO were set up and the proposals for the Constitution of the WHO drafted. The report of the Preparatory Committee was adopted by Economic and Social Council on June 11, 1946, so the World Health Conference was scheduled for June 19, 1946 in New York (Figure 3). Invitations were sent to 51 UN member countries. In addition to these, attendees arrived from 13 countries



Figure 3. United Nations to get health report. The New York Times June 9, 1946, p 3..

that had not joined the UN, as well as from various other organizations. In total, the conference was attended by 51 delegations and 22 observers (16). The World Health Conference ended on July 22, 1946. Its result was the provisional adoption of the Constitution of the WHO. The Constitution was supposed to come into power only if and when approved by national legislations of at least half of the UN countries. This process took almost two years. Therefore, an Interim Commission was founded to act on behalf the WHO until the ratification of the Constitution. Yugoslavia, represented by Andrija Štampar, was one of the 18 countries that sent their delegates to this body (17).

#### Andrija Štampar the chairman of the Interim Commission

The first meeting of the Interim Commission took place in the period between July 19 and 23, 1946 in New York, at the very ending of the founding International Health Conference. Štampar was elected to chair the committee on the first day of the meeting. This function had been previously rejected by the American representative Thomas Parran and the Russian representative Feodor Grigorievich Krotkov (18).

The numerous discussions and meetings resulted in considerable progress, although technical provisions for simultaneous translation were still modest. A *New York Times* magazine article of September 14 described the difficulties of six delegates who participated at the meeting of a committee of the United Nations Economic and Social Council on negotiations with non-government organizations: "The confusion was caused when several of the microphones relaying delegates' speeches to the interpreters went dead and several of the circuits carrying different languages became crossed. The chairman Dr Andrija Štampar, as

the representative of Yugoslavia, caused some mirth when he remarked: I seem to have been listening to three languages at once on the headphones. Fortunately I understand them all" (19).

Štampar led the Interim Commission for almost two years (Figure 4). After the New York meeting, the group repeatedly met in Geneva, the city that would later become the permanent seat of the WHO, on the following dates: from November 4 to 13, 1946; March 31 to April 12, 1947; August 30 to September 13, 1947 (Figure 5); and January 22 to February 7, 1948 (14). Štampar often stressed that, in spite of the modest financial backing that consisted of a loan from the UN and three million dollars donated by the UNRRA, the

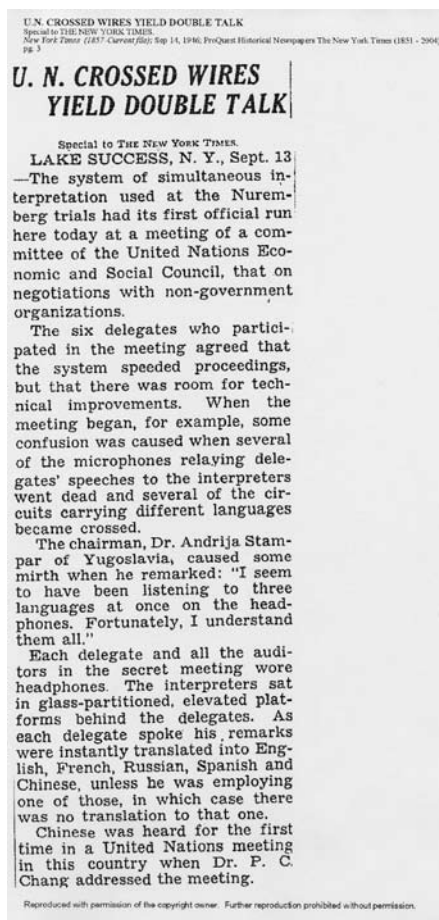


Figure 4. Health unit waits for ratifications. The New York Times. January 23, 1948, p 12.

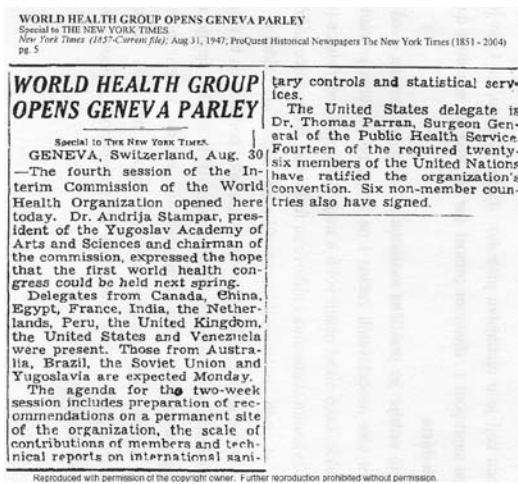


Figure 5. World Health Group opens Geneva Parley. The New York Times. August 31, 1947, p 5.

Commission had ambitious plans. Its priorities were the pressing public health issues, such as maternal and child protection, prevention of malaria, and control of sexually transmitted diseases. It paid close attention to countries that suffered occupation during World War II, which were the first to receive support. Yugoslavia, for instance, received several hundred scholarships and was among the first countries to avail itself of this form of help. Egypt's government received material and expert help after the country was ravaged by a cholera epidemic. So, even in its earliest days the international organization justified its existence (20).

This period was also the time of political crises and the beginning of the Cold War. Štampar's authority and diplomatic skills, evident during the Health Conference in June 1946 in New York, helped him overcome the crises and maintain a balance between the East and West.

The work of the Interim Commission under Štampar's leadership encompassed diverse activities. It included the revision of the International Lists of Diseases and Causes of Death, prevention of malaria, biological standardization, control of tuberculosis, quarantine, unification of pharmacopoeias, control

of sexually transmitted diseases, international epidemic control, revision of the pilgrimage clauses, international control of habit-forming drugs, alcoholism, crime prevention, housing and town-planning, influenza, insulin, medical examination of immigrants, public health service and radiotherapy in uterine cancer, and awarding the Leon Bernard Prize. The Interim Commission provided the following services: epidemiological services, emergency services during the cholera epidemic in Egypt, field services (UNRRA funds), publications, reference services, and library and public information. The organization maintained a relationship with the UN and its organs. It prepared the agreements between the UN and the WHO General Assembly, and worked with the Economic and Social Council of the UN and related bodies, UNICEF, and other councils and committees. It cooperated with specialized agencies of the UN, such as the FAO, International Civil Aviation Organization, ILO, International Refugee Organization, UNESCO, and other pre-existing organizations including Office International d'Hygiene Publique, Pan-American Sanitary Organization, Sanitary Bureau at Alexandria, and various



Figure 6. U.N. Health Group set Charter of WHO ratified as it winds up session in Geneva. The New York Times. February 8, 1948, p 44.



non-governmental organizations. The Interim Commission played an important role in the education and sponsorship of experts (21). Its range of activities was wide and its work was nonetheless successful. The praise of the Indian representative, Amrit Kaur, who said “I should like to congratulate the Chairman and members of the Interim Commission on the excellent work they have done during the last two years (22),” could be interpreted as merely polite. Yet, the reactions of other speakers, recorded in the minutes, show that the Interim Committee completed its task well.

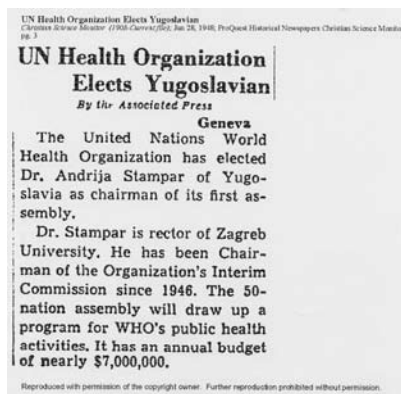
In spite of enthusiasm and good results of the Interim Commission, the ratification of the WHO Constitution was slower than expected. The inert, cautious political mechanisms required much more time than the team of experts led by Štampar. The *New York Times* of January 23, 1948, reported that the US Congress still did not ratify the constitution despite considerable US initiative in founding the organization (23). Štampar regretfully noted that by that time twenty UN members had ratified the Constitution, while the enactment required ratification by at least 26. Finally, in February 1948, the Reuters cited Andrija Štampar that the Constitution of the WHO had been ratified by 29 UN members (24) (Figure 6). Reservations expressed by the US Congress concerning the participation

of American delegates had raised the question of whether the United State Congress could be considered to have ratified the constitution. Delegates said that provisional approval would be followed by a permanent approval soon. The estimation was that US would furnish more than a fourth of the US \$5 million that the Assembly expected to approve as its budget for 1948 (25).

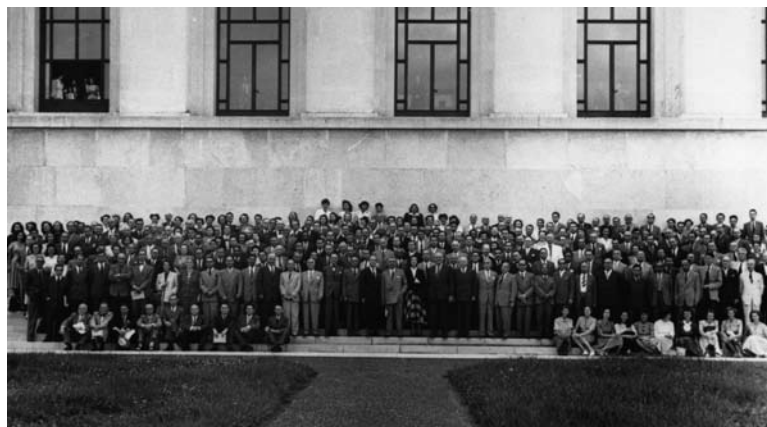
**“World Health Organization may well become a powerful pioneer of world peace and understanding among nations” – the First World Health Assembly, June 24 to July 24, 1948**

The WHO Constitution came into power on April 7, 1948. The First World Health Assembly was held in Geneva from June 24 until July 24, 1948, with Andrija Štampar as its Acting President (Figures 7 and 8). In a speech at the assembly, Štampar said:

“Disease is not brought about only by physical and biological factors. Economic and social factors play an increasingly important part in sanitary matters, which must be tackled not only from the technical, but also from the sociological point of view.... Health should be a factor in the creation of a better and happier life. Since health for everyone is a fundamental human right, the community should be obliged to afford all its peoples health protection as complete as possible. Medical science must adopt a positive rather than defensive attitude. Great tasks await the World Health Organization in this field, and its future success will largely depend on its ability to put these ideas into practice. It is evident that the World Health Organization cannot be a health-administration placed above the national health-administrations; but by an exchange of ideas, a correct attitude, and a propagation of experience, it can do very much in this respect. If, on the other hand, the World



**Figure 7.** UN Health organization elects Yugoslavian. Christian Science Monitor. June 28, 1948, p 3.



**Figure 8.** Delegates at the First World Health Assembly in front of the Palace of Nations. Geneva 1948 (copyright World Health Organization archives, Geneva).

Health Organization adopts a negative attitude, that is, an attitude of defense against certain diseases of international importance, and does not treat the health problems as problems of global importance, it is bound to experience setbacks right from beginning, and we shall gradually lose the fight in it which all of us express at present ... There also looms ahead another task for the World Health Organization – to contribute to the development of a new type of physician and specialized health workers, the type who will devote his services to those with impaired health, at the same time realizing that this is only part of the duties and work of the modern public-health doctor. The aim should be to contribute fully to the accomplishment of health for everybody, in the widest sense of that word. If we proceed in this way, the World Health Organization may well become a powerful pioneer of world peace and understanding among nations.” (26)

Andrija Štampar, after three years in the Interim Commission, took up a new three-year office as Yugoslavian representative in the Executive board. Dr Štampar regularly stressed that regionalization was of exceptional importance to the WHO. The organization formed 6 regional committees with the headquarters in Geneva for Europe; Alexandria for Near

and Middle East including Northeast Africa; Brazzaville for the rest of Africa; New Delhi for South-East Asia; Manila for West Pacific; and Washington D.C for the American continent. Washington thus continued its strong health administration tradition that went back to the days when it was the seat of the Pan-American Sanitary Bureau (20). That way the WHO finally succeeded in unifying all international health protection actions, which was one of its proclaimed goals. Regionalization was necessary because regional problems were easier to solve from regional offices and by regional committees.

### Epilogue

Štampar took part in the work of the WHO during the first ten years of its existence. His experience and ideas were called upon in discussions of various topics, from rural health, education and the status of nurses within health systems to environmental health, especially that related to sanitation and water pollution (11). He predicted health problems arising from environmental changes; decades later, these would come to affect the modern world.

In its early days, the WHO focused on the eradication of infectious diseases, especially

malaria. Its activities soon came to be criticized for the lack of engagement in the development of health services. The chief critics were the Soviets, who succeeded in 1970 in persuading WHO to adopt their initiative "Basic Principles for the Development of Health Service" and to organize an international conference on primary health care. In this way, the resolution known as "Health for All by the Year 2000" was adopted in 1977 and the crucial conference on primary health care was organized in Alma Ata, Kazakhstan in 1978 (27). Belatedly, the WHO took a course that had been proposed and envisaged by Štampar many decades earlier. Its basic idea and strategy, or as Štampar usually put it "The care for health cannot be limited to one country or one town only, it must extend to the entire world (4)" remained persistent till our times.

What made Štampar so influential in the development of the WHO? First of all, he had vast experience, which he gained in his home country. Results of his health reform in the Kingdom of Yugoslavia had been striking and had received very positive feedback internationally. The country was a testing ground for the formation of collaborations at regional, national, and local levels. The Yugoslav experiment produced excellent results in a short time (7). In addition to the School of Public Health (1927), in the period between 1920 and 1925, 250 institutions – epidemiological institutes, bacteriology and parasite laboratories; health clinics; outpatient facilities for venereal diseases, tuberculosis, and trachoma treatment center; mother and child protection offices; and school polyclinics were established across the country. Parallel to the institutional network building, professional personnel training programs were also established. These successes constituted a convincing argument to apply the Yugoslav model in other countries, most famously to China (28,29). At the same time, the international community saw Štampar as

a capable organizer and a man with leadership qualities (30,31). Štampar never ceased to use his position to disseminate social-medical ideas that saw the physician as an agent of not just medical, but also social and economic reforms at local and international levels. Štampar's humanistic orientation exercised crucial influence as it made him change his focus from the individual to the general and global communities. His values were thus closely linked to the concept of the "health for all," which is nowadays both a dominant public health strategy and a political leitmotiv.

Today, no politician finds it necessary to remind his constituencies that "diseases know no borders." The concept of a "unified world" stands for helping each country achieve accessible and adequate health care and aim at the highest health level possible. These ideas of equality and health are, as ideas of equality and health always should be, in full agreement with Štampar's worldviews built into the foundations of the WHO. Unfortunately, the major aim set for WHO to be at the steering wheel of world peace and understanding among nations still remains to be achieved to its fullest.

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