

# INTERNATIONAL HEALTH

# LEARNING OBJECTIVES

- International health Regulations

- Emporiatrics

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- International Agencies

- WHO

- UNICEF

International Redcross

# INTERNATIONAL HEALTH REGULATIONS (IHR) 2005

- IHR is an agreement among 196 countries including all WHO member countries to work together for health security of the world.
- IHR was originated at Paris with International Sanitary Regulations (ISR) in 1851.
- During 22nd World Health Assembly in 1969, ISR was renamed as IHR and adapted.
- IHR were amended in 1973 and 1981 and completely revised in 2005.

## THE PURPOSE AND SCOPE OF IHR :

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- To prevent, protect against, control and provide a public health response to the international spread of diseases
  - in ways that are commensurate with and restricted to public health risks and
  - which avoid unnecessary interference with international traffic and trade

# IHR MANDATES TO ALL COUNTRIES..

- **Detect:** Ensure surveillance systems and laboratories are able to detect public health threats.
- **Assess:** Work in collaboration in case of public health emergencies.
- **Report:** Report any other potential public health emergency of international concern. Notification of diseases.
- **Respond:** Responding to public health events.
- The goal of IHR is to stop events in their tracks before they become emergencies.

# PRINCIPLES OF IHR

The regulations shall be implemented:

- With full respect for dignity, human rights and fundamental freedom of persons
- Guided by the charter of UN and constitution of WHO
- Guided by their goal of universal application for the protection of all people of the world from the international spread of the disease.
- States have right to legislate and to implement legislation in pursuance of their health policies.

# NOTIFICATION OF DISEASES

- IHR have mandated notification of 4 infectious diseases irrespective of when and where they occur. These are:
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1. Smallpox
2. Poliomyelitis with wild type polio virus
3. Human influenza caused by a new sub type
4. Severe Acute Respiratory Syndrome (SARS)

# NOTIFICATION OF DISEASES (CONT'D...)

- Other diseases also become notifiable when they represent an unusual risk or situation.
- Other Potentially Notifiable Events:
  1. Diseases may be due to pneumonic plague, cholera, yellow fever, viral hemorrhagic fevers and West Nile Fever or any other that meets IHR criteria.
  2. Other biological, radiological or chemical events the meet IHR criteria.

## **DISEASES UNDER INTERNATIONAL SURVEILLANCE**

- Under the IHR certain prescribed diseases are notified by the national health authority to WHO.
- These can be divided into :
  - a) Those diseases subject to IHR ( 1969), Third Annotated Edition, 1983 : Cholera, Plague and Yellow fever.
  - b) Diseases under surveillance by WHO : Louse-borne typhus fever, Relapsing Fever, Paralytic polio, Malaria, Viral influenza-A, SARS, Smallpox etc.
- Health administrations are required to notify to WHO Geneva for any notification of communicable diseases under international surveillance and IHR.

# PUBLIC HEALTH EMERGENCIES OF INTERNATIONAL CONCERN (PHEIC)

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## An extraordinary public health event:

- A public health risk to other countries through the international spread of disease.
- Potentially requires a coordinated international response.
- Determined by WHO after consultation with Emergency Committee.

# NOTIFICATION OF PHEIC

- Each State Party shall notify WHO, within 24 hours about assessment of public health information of all events accurately and in detail which constitutes a PHEIC.
- **Four decision criteria to assess public health events:**
  - Is the public health impact of this event potentially serious?
  - Is this event unusual or unexpected?
  - Is there the potential for international spread?
  - Is there the potential for travel and trade restrictions?

## Cont'd...

- If any 2 criteria are met, countries are required to report WHO within 24 hours
- PHEICs as per recent IHR 2005:
  - 1 H1N1 influenza (2009)
  - 2 Polio (2014)
  - 3 Ebola (2014)
  - 4 Zika Virus (2016)

# CHAPTERS IN IHR DEAL WITH PUBLIC HEALTH MEASURES RELATED TO TRAVELER'S HEALTH

## Chapter I : General provisions:

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### Article 23: Health measures on arrival and departures

- A State Party may require information about traveler's destination, itinerary and a non-invasive medical examination.
- Any medical examination, procedure, vaccination or other prophylaxis or health measures under these regulations shall be carried out with their prior informed consent or that of their parents or guardians.
- Inspection of baggage, cargo, container, conveyances, goods, postal parcels and human remains.

## Chapter III. Special Provisions for Travelers

### Article 30: Travelers Under Public Health Observation

- A suspect traveler who on arrival is placed under public health observation may continue an international voyage, if the traveler does not pose an imminent public health risk and
- State Party informs the competent authority of the point of entry at destination, if known, of the traveler's expected arrival.
- On arrival, the traveler shall report to that authority.

## Article 31: Health Measures Relating to Entry of Travelers :

- If a traveler refuses to provide the information or documents, the concerned State Party may deny entry to that traveler.
- If there is an evidence of imminent public health risk, the State Party may compel the traveler to undergo or advise the traveller to undergo:
  - a. The least invasive and intrusive medical examination.
  - b. Vaccination or other prophylaxis.
  - c. Additional established health measures such as isolation, quarantine or placing

## Article 32: Treatment of Travelers:

- State Parties shall treat travelers with request for their dignity, human rights and fundamental freedoms including by:
  - a. Treating them with courtesy and respect.
  - b. Taking into consideration the gender, socio-cultural, ethnic or religious concerns of  
travelers
  - c. Providing appropriate accommodation, food, water, cloth and protection for  
their luggage, appropriate medical treatment, means of necessary communication  
in an understandable language and appropriate other assistances if necessary.

## Part VI Health Documents: Article 36:

### Certificates of vaccination or other prophylaxis

- Vaccination certificate for yellow fever is the only certificate required for international travel.
- Recommended for travellers who are at risk and passing through endemic zone before they enter in receptive area. ( India is receptive zone)
- A traveler in possession of a certificate of vaccination/other prophylaxis shall not be denied , even if coming from affected area,
- unless the competent authority has verifiable indications and /or
- evidence of vaccination or other prophylaxis was not effective.

# EMPORIATRICS

- In Greek, '*emporos*' means traveler and '*iatrike*' means medicine.
- Emporiatics is that branch of medical science which deals with the study of health of international travelers.
- It deals with preventing and managing health problems that can arise due to travel such as infectious diseases, environmental hazards and altitude sickness.
- It addresses the specific health risks that travellers encounter considering their destination, itinerary and individual needs.
- Important branch nowadays considering increased international travel.

# HEALTH RISKS TO BE CONSIDERED

- Sudden and dramatic exposure to environmental situations such as Soil, Sun, heat, humidity, cold, dry , rain, marine hazards etc.
- Exposure to Insects, animals and birds
- Altitude: At high altitude, presence of dry air, reduced O2 concentration and low barometric pressure
- Sex and body fluid exposures
- Vehicular and other accidents
- Psychological health: Exposure to foreign culture, language, unexpected threats etc.

## HEALTH PROBLEMS OF TRAVELERS:

- Problems of special risk groups : pregnancy, children, elderly, Expats and long term travelers, Chronic diseases, HIV infection, immunocompromised
- The greater the climatic and cultural contrast between the native country and the destination country, higher the risk.
- Most common health problems are nausea, vomiting, traveler's diarrhea, extreme fatigue, motion sickness and insomnia and jet lag.
- Altitude sickness causes headache, shortness of breath and dehydration, usually above 10,000 ft.

## Problems Faced by Travelers:

- They are subject to health problems induced by travel.
- They are exposed to diseases which are not covered by International Health Regulations, e.g. malaria, typhoid, AIDS, STDs, viral hepatitis, dengue fever, etc.
- They are separated from familiar and accessible sources of medical care.
- In the age of jet travel, international travelers are subject to various forms of stress that may reduce their resistance to disease.
- Overcrowding, long hours of waiting, disruption of eating habit, change in

the climate and time zone. with the study of health of international

# JET LAG

- It is the term used for the symptoms caused by disruption of the body's internal clock and the approximate 24 hours (circadian) rhythms it controls.
- Specially occurs when multiple latitudes (time zones) are crossed while traveling from East to West or West to East.
- The symptoms are indigestion, bowel disturbances, general malaise, day time sleepiness, difficulty in sleeping at night and reduced physical and mental performance.
- Symptoms gradually wear off as the body adapts to new time zone.

## Cont'd...

- Jet lag cannot be prevented but its effects may be reduced by the following measures:
  - Resting well before and during flight
  - Eating light meals and limited consumption of alcohol
  - Taking short acting sleeping pills may be helpful
  - Exposure to day light at destination usually helps adaptation.

# HEALTH ADVICE TO TRAVELERS

- Avoid bathing with polluted water, may result in ear, eye and skin infections.
- Avoid excessive heat and humidity or over-exertion in these conditions, may lead to exhaustion from loss of water and salt.
- Use boiled and cooled (potable) water for drinking purposes.
- Use mosquito nets/ repellents while sleeping.
- Chemoprophylaxis if traveling to malaria endemic areas.
- They must start taking the drugs on the day of arrival in the malarious area and continued for 4 to 6 weeks after leaving the malarious area.

## Cont'd...

- **Routine vaccinations** like DPT, Hepatitis B, H. influenza B, MMR, OPV, Rotavirus, BCG, HPV
- **Selective vaccines** like Hepatitis A, JE, Yellow Fever, Rabies, Typhoid.
- Valid certificate of vaccinations.
- Take precautions and safety measures to prevent transmission of STDs and HIV.
- Carry Medical Kit containing disinfectant, dressing cloth, ORS packets, sun cream, mosquito repellent and those drugs which are taken regularly ( patients of NCDs)
- Health card mentioning blood group, drug sensitivity, chronic disease if any.

# **INTERNATIONAL HEALTH ORGANIZATIONS**

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**Nothing on earth is more international  
than disease“**

**Paul Russel.**

# INTRODUCTION

- Health and disease have no political or geographical boundaries.
- Disease in any part of the world is a constant threat to other parts.
- In order to protect against the spread of disease from one country to another, many attempts were made in the past by individual rulers .
- In the **14th century**, a procedure known as **“Quarantine”** as introduced in Europe to protect against the **importation of plague**.
- Ships, crews, travelers ( healthy) and cargoes, suspected of harbouring infection, were detained for a 40-day period.

### Cont'd...

- Underlying idea was that the passage of time would give dormant disease to manifest itself or die out.
- Quarantine soon became an established practice in many countries, and different countries adopted different quarantine procedures. This was the origin of international health work.
- However, nowadays concept of quarantine has become outdated and replaced by active surveillance.
- **Isolation** can also be done only when risk of transmission is exceptionally high.

# HISTORY AND DEVELOPMENT

- 1851: First International Sanitary Conference : Attended mainly by European countries.
- 1902: Pan American Sanitary Bureau : Primarily intended to coordinate quarantine procedures in the American States. It was World's first international health agency
- 1907: Office International D'Hygiene Publique : Continued to exist until 1950, by which time its responsibilities had been taken over by the WHO.
- 1923: The Health Organization of the League of Nations
- 1943: The United Nations Relief and Rehabilitation Administration

# Pan American Sanitary Bureau (PASB 1902)

- PASB established in 1902, in Americas
- Primarily intended to contribute and coordinate quarantine procedures in s
- **World's 1<sup>st</sup> international health agency.**
- It was reorganized in 1947 and was called Pan American Sanitary Organization (PASO)
- 1949 : PASO worked as WHO regional office for Americas
- 1958: Changed to Pan American Health Organization (PAHO)



**Pan American  
Health  
Organization**



**Pan American Health Organization**  
Pan American Sanitary Bureau  
Regional Office for the Americas for the  
World Health Organization

# OFFICE INTERNATIONAL D'HYGIENE PUBLIQUE

(1907)

- Established in 1907 and generally known as **Paris Office**
- Was created to disseminate information on communicable diseases and to supervise international quarantine measures.
- Initially it was predominantly European.
- Later on, 60 countries joined OIHP giving it an international character.
- Later on, was taken over by WHO in 1959.



# HEALTH ORGANIZATION OF THE LEAGUE OF NATIONS(1923)

- The League of Nations was established after WW I (1914-1918) to build a better world.
- It included health organization to take steps in the matters of international concerns for prevention and control of diseases.
- Did not remain confined itself to quarantine regulations and epidemiological information
- Branched out into matters such as housing and rural hygiene, training public health workers and the standardization of certain biological preparations
- Analyzed epidemiological information received and started a series of periodical epidemiological reports , now issued by WHO

# TYPE OF INTERNATIONAL HEALTH AGENCIES

**1. Multilateral Agencies:** Institutions/Agencies which pool resources from multiple donors ( Govt/ Non Govt) and offer technical and commodity assistance globally or country-wide.

WHO, UNICEF, WB, FAO, ILO, UNFPA,

**2. Bilateral Agencies:** A government agency or nonprofit organization based in a single country while the agency provides aid, including medical aid or disaster relief, for people in other countries under bilateral agreement. USAID, SIDA, DANIDA

**3. NonGovernment Organizations and Donor Agencies:** Private organizations that pursue activities to relieve sufferings, protection of environment etc. RF



**World Health Organization**

# WORLD HEALTH ORGANIZATION (WHO)

- The WHO has its origin in April 1945, during the conference held at San Francisco to set up the United Nations.
- Representatives of Brazil and China proposed that an international health organization should be established and that a conference to frame its constitution should be convened.
- In 1946, the Constitution was drafted by the "Technical Preparatory Committee" under the chairmanship of Rene Sand, and was approved in the same year by an International Health Conference

## Cont'd...

- The constitution came into force on 7th April 1948 which is celebrated every year as "World Health Day".

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- A World Health day theme is chosen each year to focus attention on a specific aspect of public health.
- The World Health Organization is a specialized, nonpolitical, health agency of the United Nations, with headquarters at Geneva.
- Main objective is "The attainment by all peoples of the highest level of health" which is set out in the preamble of the

# PREAMBLE TO CONSTITUTION

- Health is complete state of physical, mental and social well being and not merely the absence of disease or infirmity.

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- The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being .
- The health of all peoples is fundamental to the attainment of peace and security
- Achievement of any State in the promotion and protection of health is of value to all.

## Cont'd...

- Governments have a responsibility for the health of their peoples.
- The extension to all people of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.
- Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people.

# MEMBERSHIP IN WHO

- Open to all countries.
- Most of the members of both the UN and the WHO.
- Territories which are not responsible for the conduct of their relations may be admitted as Associate members.
- Associate members participate without vote in deliberations of the WHO.
- Each member contributes yearly to the budget and each is entitled to the services and aid the organization can provide.
- In 1948, the WHO had 56 Members. WHO now has 194 member states and two associate members.

# Work of WHO

- WHO's first Constitutional function is to act as the directing and coordinating authority on all international health work.
- The WHO has specific responsibilities for establishing and promoting international standards in the field of health.

## This function permits WHO's Member States:

- To identify collectively priority health problems throughout the world,
- To define collectively health policies and targets to cope with them,
- To devise collectively strategies, principles and programmes to give effect to these policies and to attain the targets.

## Specific functions of WHO:

- Prevention and control of specific diseases
- Development of Comprehensive services
- Family health
- Bio-Medical Research
- Health Statistics
- Environmental Health,
- Health literature and information
- Co-operation with other organisation

## 1. Prevention and control of specific diseases:

- Eradication of Smallpox
- Epidemiological surveillance of communicable diseases. (IHR & Others)
- Activities related to NCD problems such as along with genetic disorders, mental disorders, drug addiction and dental diseases.
- Other topics such as vector biology and control, immunology, drug quality etc

## 2. Development of Comprehensive services:

- To promote and support national health policy development and the development of comprehensive national health programmes.

### 3. Family health:

- To improve quality of life of family as a unit and subdivided into maternal and child health care, human reproduction, nutrition and health education.

### 4. Bio-Medical Research

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- The WHO does not itself do research, but stimulates and coordinates research work.
- Establishment of world-wide network collaborating centers
- Awards grants to research workers and research institutions for promoting research.

## 4.Environmental Health:

- Promotion of environmental health , advises governments on national programmes for the provision of basic sanitary services.
- Activities are directed to protection of the quality of air, water and food; health conditions of work radiation protection and early identification of new hazard.
- 'WHO Environmental Health Criteria Programme' and 'WHO Environmental Health Monitoring Programme' towards improving environmental health.

## 5. Health Statistics:

- Dissemination of a wide variety of morbidity and mortality statistics relating to health problems.
- The data is published in the (a) Weekly Epidemiological Record (b) World Health Statistics Quarterly and (c) World Health Statistics Annual.
- WHO publishes 'International Classification of Diseases' which is updated every 10th year.

## 6. Health literature and information:

- Publications comprise hundreds of titles on a wide variety of health subjects.
- The WHO library is one of the satellite centres of the Medical Literature Analysis and Retrieval System (MEDLARS) of the U.S. National Library of Medicine.

## 7. Co-operation with other organisation:

- WHO collaborates with the UN and with the other specialized agencies, and maintains various degrees of working relationships.
- Coordination with a number of international governmental organizations.

# STRUCTURE OF WHO

- WHO structure resembles like that of a national government in having a Parliament, i.e. World Health Assembly, a Cabinet, i.e. Executive Board, and a Secretariat.
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## 1. The World Health Assembly :

- This is the "**Health Parliament**" of Nations and the supreme governing body.
- **Meets annually, usually in May**, and generally, at the headquarters in Geneva but from time to time in other countries.
- Assembly is composed of delegates representing Member States, each of which has one vote.

## Main functions of WHA :

- To determine international health policy and programmes.
- To review the work of the past year
- To approve the budget needed for the following year
- To elect Member States to designate a person to serve for three years on the Executive Board, and to replace the retiring members.
- Appointment of the Director General on the nomination of the Executive Board

## 2. The Executive Board :

- The Board has now 34 members who are technically qualified in the field of health
- They are designated by, but do not represent their governments.
- One-third of the membership is renewed every year.
- The Executive Board meets at least twice a year, generally in January and shortly after the meeting of the World Health Assembly in May.
- The main work of the Board is to give effect to the decisions and policies of the Assembly.
- The Board also has power to take action itself in an emergency, such as

### 3. The Secretariat:

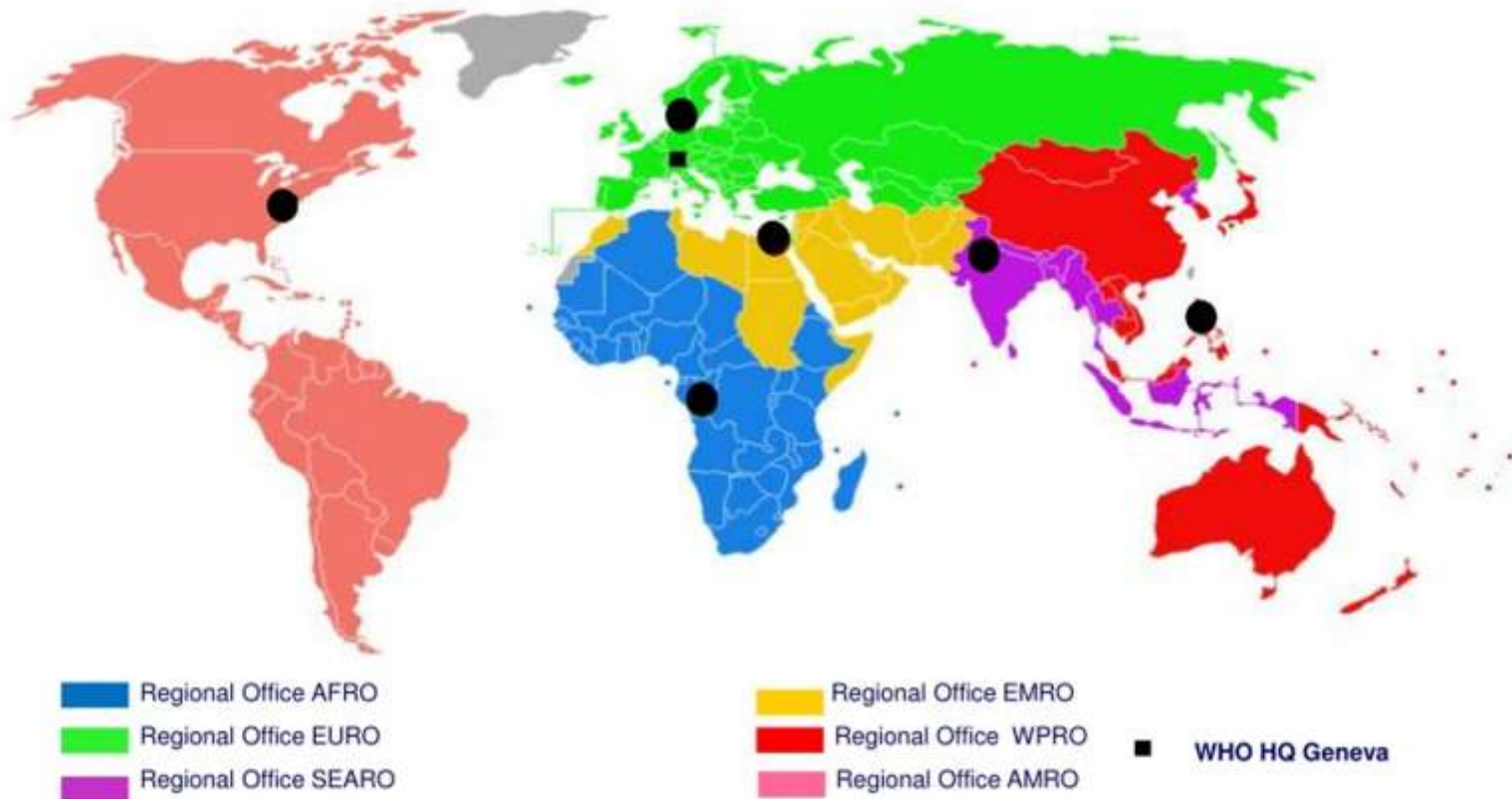
- Headed by the Director General who is the chief technical and administrative officer of the Organization.
- Primary function is to provide Member States with technical and managerial support for their national health development programmes.
- Staffed by about 8000 health and other experts and support staff.
- Comprised of almost 14 divisions.
- Divisions such as of epidemiological surveillance and health situation and trend assessment, communicable diseases, vector biology and control, etc.

# WHO Regional Centres of WHO

| Region                | Head Quarter             |
|-----------------------|--------------------------|
| South -East Asia      | New Delhi (India)        |
| Africa                | Harare (Zimbabwe)        |
| Americas              | Washington D.C (U.S.A)   |
| Europe                | Copenhagen (Denmark)     |
| Western Pacific       | Manila (Philippines)     |
| Eastern Mediterranean | Nasr City, Cairo (Egypt) |

# WHO: 193 Member States

## 6 Regional Offices



(Source: <http://www.who.int/about/regions/en/index.html>)



# WHO REGIONAL CENTRES OF WHO

- The Regional Office is headed by the **Regional Director**, who is assisted by technical and administrative officers, and members of the secretariat.
- There is a **Regional Committee** composed of representatives of the Member States in the region.
- Regional Committees **meet once a year** to review health work in the region and plan its continuation and development.
- **Regional plans are amalgamated into overall plans** for the

Organization by the Director General at WHO's headquarters in



**UNICEF**

## UNICEF-United Nations Children's Fund

- Specialised agency of the United Nations.
- Established in 1946 to rehabilitate children in war ravaged countries.
- In 1953, when the emergency functions were over, the General Assembly gave it a new name "U.N. Children's .Fund" but retained the initials, UNICEF
- Headquarters ia at New York.
- Works in collaboration with WHO, FAO,UNDP and UNESCO
- Provides assistance in varied fields of MCH, nutrition, environmental sanitation and health education.

# REGIONAL OFFICES OF UNICEF

| Region                       | Head Quarter |
|------------------------------|--------------|
| Europe                       | Geneva       |
| Eastern and Southern Africa  | Nairobi      |
| West and Central Africa      | Abidjan      |
| America and Caribbean        | Bogota       |
| East Asia and the Pacific    | Bangkok      |
| Middle East and North Africa | Amman        |
| South Asia                   | Kathmandu    |
| Japan                        | Tokyo        |

## Funding:

- It is derived voluntarily from governmental and non-governmental organisations.
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## Services provided by UNICEF:

- Child health
- Child nutrition : Applied Nutrition Programme
- Family health and child welfare
- Education(Formal and non-formal)
- Presently campaigning on GOBIFF

## 1.CHILD HEALTH:

- UNICEF has provided substantial aid for the production of vaccines and sera in many countries.
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- In India, it has supported BCG vaccination programme from its inception.
  - It has also assisted in the erection of a penicillin plant, near Pune; donated a DDT plant; two plants for the manufacture of triple vaccine and iodized salt.
  - UNICEF has also assisted environmental sanitation programmes emphasizing safe and sufficient water for drinking and, household use

## 1. Child Nutrition:

- UNICEF helped the 'Applied Nutrition Program' in the form of supplementing the child feeding with low-cost protein rich food, mainly in the rural areas for better child nutrition.
- It has supplied equipment for dairy plants.
- It has also given specific aid for the control of deficiency diseases by the provision of vitamin A solution, iodized salt and iron and folic acid tablets.
- Recently it has been encouraging the national nutrition policies

### 3. Family and child welfare :

- Purpose is to improve the care of children, both within and outside their homes.
- Activities such as such means as parent education, day-care centers, child welfare and youth agencies and women's clubs as apart of health, nutrition and education

### 4. Education - formal and non-formal:

- In collaboration with UNESCO, UNICEF is assisting India in the expansion and improvement of teaching science .

- Science laboratories' equipment workshop tools library books audiovisual

# GOBIFFF

- A campaign known as GOBI campaign to encourage 4 strategies for a "child health revolution"
- **G** for Growth Monitoring
- **B** for Breast feeding
- **F** for Family Planning
- **F** for Ferrum (iron) and folic acid supplementation.
- **O** for Oral Rehydration Therapy
- **I** for immunization
- **F** for Female literacy

# United Nations Population Fund



Providing assistance to India since 1974.

# United nations Funds For Population Activities

- Provides funding for area Projects for intensive development of health and family welfare infrastructure and improvement in the availability of services in the rural area

## Inputs are designed :

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- To develop national capability for the manufacture of contraceptives,
- To develop population education programmes,
- To undertake organized sector projects,
- To strengthen programme management
- Introduction of innovative approaches to family planning and MCH care

# Swedish International Development Cooperation

- A government agency under the ministry for foreign affair. (Bilateral Agency) HQ at Sweeden with regional offices.
- Contributes to making it possible for poor people to improve their living conditions.
- Works independently within the framework laid down by Swedish parliament and government.
- In India, assisting in RNTCP procurement of supplies like X-ray unit, microscopes and antituberculosis drugs and SCC.



MINISTRY OF FOREIGN AFFAIRS OF DENMARK

**DANIDA**

INTERNATIONAL  
DEVELOPMENT COOPERATION



## DANIDA:

- A brand which the Ministry of Foreign Affairs of Denmark
- Uses when it provides humanitarian aid and development assistance to other countries, with focus on developing countries.
- There is no distinct DANIDA organisation within the Ministry.
- Provides support to Govt and Non Govt organizations.
- Assists for preventing Leprosy, Tuberculosis, Blindness in countries like India.
- In 2009, worked in close association with the Padmasree Award winner, K. Viswanathan and the prestigious institution Mitraniketan.



# USAID

FROM THE AMERICAN PEOPLE

## USAID:

- It was established by the executive order of President John F. Kennedy in 1961.
- A bilateral agency
- The US Government presently extends aid to India through three agencies :
  - a) United States Agency for International Development (USAID)
  - b) The Public Law 480 (Food for Peace) Programme and
  - c) The US Export Import Bank.
- A USAID mission functions in New Delhi.
- Both grants and loans are extended by the Agency.

## Activities of USAID in India:

- The US government is assisting in a number of projects designed to improve the health of Indian people.
- Malaria eradication, Medical education, Nursing education
- Health education, Water supply and sanitation
- Control of communicable diseases, Nutrition, Family planning
- On January 24, 2025, President Donald Trump ordered a near-total freeze on all foreign aid.
- On January 27, 2025, the agency's official government website was shut down.

# Non-governmental and Other Agencies

## 1. Rockefeller Foundation:

- A philanthropic organization chartered in 1913 and endowed by Mr. John D. Rockefeller.
- It's in India began in 1920 with a scheme for the control of hookworm disease in the then Madras Presidency.
- Establishment of the All India Institute of Hygiene and Public Health at Kolkata
- Providing grants-in-aid to selected institutions: development of medical college libraries; population studies; assistance to research projects and institutions (NIV Pune)
- Support to the improvement of agriculture, family planning and rural training centers and medical education



## 2. International Red Cross:

- The Red Cross is a non-political non-official international humanitarian organization devoted to the service of mankind in peace and war.
- It was founded by Henry Dunant, a young Swiss businessman, who when travelling through North Italy in 1859 happened to be on the scene of one of the most savage battles of history, the battle of Solferino.
- The First Geneva Convention took place in 1864 and a treaty was

## Cont'd...

- Thus, came into being the International Committee of the Red Cross (ICRC), an independent, neutral institution, the founder organization of the Red Cross.
- 
- It has since grown into a mighty mission with branches all over the world
  - In 1919, the League of the Red Cross Society was created with headquarters in Geneva to coordinate the work of the national societies
  - Now service to armed forces, service to war veterans, disaster service, first aid and nursing, health education and maternity and child welfare services.

### 3. Red Cross Society of India: (IRCS)

- Established by an Act of the Indian Legislature in 1920 with the three objectives.
  - Improvement of health, prevention of disease and mitigation of suffering.
- 
- In peacetime, the Society provides military hospitals with such amenities as newspapers, periodicals, musical instruments and other comfort goods.
  - Red Cross Home at Bangalore for disabled ex-servicemen
  - Works in disaster management in the form of supplying milk, medicines etc
  - Junior Red Cross is also there for lakhs of boys and girls in India

# World Bank



- Established in 1944, HQ in Washington, D.C
- Vital source of financial and technical assistance to developing countries around the world.
- Purpose is to help less developed countries raise their living standards.

## Mission:

- To fight poverty with passion and professionalism for lasting results.
- To help people help themselves and their environment by providing resources, sharing knowledge, building capacity and
- forging partnerships in the public and private sectors.

## Funds:

- Member country contributions, capital markets, earnings from investments, fees and advisory services, trust funds, repayments from borrowing countries.
- 

**Management:** Powers of the bank are vested in a Board of Governors.

## Functions:

- It provides low interest loans for projects that will lead to economic growth such as in India Population Project.
- Also provides interest-free credits and grants to developing countries for various purposes
- Investments in education, health, infrastructure, agriculture etc.



**care**®

**Defending dignity.  
Fighting poverty.**

## Co-operative for assistance and relief everywhere:

- Founded in North America in the wake of the second world war in the year 1945.
- one of the world's largest independent, non-profit, non-sectarian international relief and development organisation.
- Provides emergency aid and long -term development assistance.
- Operation in India started from 1950 to provide food for children in the age group of 6-11 years.
- After 1980 focus is on food support in ICDS and in development of programmes in the areas of health and income supplementation.



# FAO

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- **The food and agriculture organization(FAO) was formed in the year 1945 with headquarters in Rome.**
- It was United Nations organization specialized agency created to look after several areas of world co-operation.
- FAO's prime concern is the increased production of food to keep pace with the ever-growing world population.
- The FAO is also collaborating with other international agencies in the Applied Nutrition Programmes.

## AIMS OF FAO:

The chief aims of FAO are as follows;

- 1)to help nations raise living standards.
- 2)to improve the nutritional status of people of all countries.

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- 3)to increase the efficiency of farming, forestry and fisheries.
- 4)to better the condition of rural people and better the opportunity of productive work.

# United Nations Development programme



*Empowered lives.  
Resilient nations.*

# United Nations Development Programme

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- Established in the year 1966
- It is the main source of funds for technical assistance.
- To help poorer nations develop their human and natural resources more fully.
- The UNDP projects cover virtually every economic and social Sector agriculture, industry, education and science, health, social welfare.

## UNDP'S activities:

- UNDP's network links and coordinates global and national efforts to reach these Goals.
  - Their focus is helping countries build and share solutions to the challenges of:
- 
- Democratic Governance
  - Poverty Reduction
  - Crisis Prevention and Recovery
  - Environment and Energy
  - HIV/AIDS



- The International labour Organisation ( ILO)was established in the year 1919.
- It is a United Nations agency dealing with labour issues,

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particularly international labour Standards and decent work for all.
- 185 of the 193 UN member states are members of the ILO.
- In 1969, the organization received the Nobel Peace Prize for improving peace among classes, pursuing justice for workers, and providing technical assistance to other developing nations.

- The purposes of ILO are as follows:

- 1) To contribute to the establishment of lasting peace by promoting social justice.

- 2) To improve through international action , labour conditions, and living standards.

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- 3) To improve economic and social stability

- The ILO also provides assistance to organizations interested in the betterment of living and employment standards.
- The International Labour Code is a collection of international minimum standards related to health, welfare, living and working conditions of workers all over the world.

The Commission's main roles are to:

- set objectives and priorities for action
  - propose legislation to Parliament and Council
  - manage and implement EU policies and the budget
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- enforce European Law (jointly with the Court of Justice)
  - represent the EU outside Europe (negotiating trade agreements between the EU and other countries, etc.).
  - Regular and emergency meetings