

French Colonialism and the Battle against the WHO Regional Office for Africa

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Introduction

In his opening address to the second annual meeting of the World Health Organization (WHO) Regional Committee for Africa in 1952 the President of Liberia extolled the virtues of the gathering

Thanks to the invention of the airplane and other forms of quick and comfortable transportation, the world today appears to be shrinking ... No country can therefore fail to take interest in the general conditions of health and well-being in the other members of our family of nations. It was for this reason that the United Nations wisely established the World Health Organization, which in turn created our Regional organization, which has been charged with the task of helping those nations in need ameliorate their level of health.

William Tubman went on to explain that he considered the WHO to be fulfilling the 'primordial needs of humanity'. He argued that only through cooperation within the domain of health could real peace be achieved and recommended that all the member states give themselves over fully to the 'principles that are at the hearts of these institutions' in order to show their solidarity with this quest for justice.¹

Many present would have agreed with his sentiments. At a 1950 meeting of the Commission for Technical Cooperation in Africa South of the Sahara (CTCA) a delegate from South Africa stated 'no continent has greater need for health and medical progress than Africa' and support for addressing this through the creation of a WHO Regional Office in Africa had been overwhelming from the two independent states in sub-Saharan Africa, Liberia and South Africa itself. But despite

1 Archives de l'Institut de Médecine tropicale des Services de Santé des Armées (IMTSSA) 238, Organisation des Nations Unies (ONU), Organisation Mondiale de la Santé (OMS), RC2/AFR/Min/1 Rev. 1, 10 septembre 1952, Comité Régional de l'Afrique, Deuxième Session, Procès-Verbal de la Première Séance, Tenue au Centennial Memorial Pavilion, Monrovia, Liberia, le jeudi 31 juillet 1952, à 10 heures, Président: le Dr. J.N. Togba (Libéria), 9–10.

this the creation of the Africa Regional Office was the most contested of all the WHO's regional branches. Colonial administrations in Africa vehemently opposed the involvement of the organization on the African continent. French officials led this opposition. This article will explore both their strategies for dealing with plans for a WHO regional branch and the reasons that lay behind their actions. It will show that for all the idealism of the postwar moment voiced by those like Tubman, the new international health organizations of this period often found themselves in a fight to operate.

Re-imagining Empire, Re-mapping Health

The structure of France's overseas empire had long been built on important legal, political, social, and economic inequalities between colonial populations and French settlers and administrators. But the Second World War brought with it some very significant changes in the way the empire was run and the kinds of rights that colonial constituents would be able to access. The Brazzaville Conference of 1944 launched a new kind of French empire, or 'French Union,' as it was now called. In 1946 all colonial subjects living within the bounds of the empire became citizens, with full voting rights, equal in law to all French citizens living in metropolitan France. As some colonial empires began to consider ways to peacefully devolve authority to territories in the process of becoming independent, the French Union was an attempt to bring France and its overseas constituents closer together.²

At the same time that French politicians and colonial administrators were re-thinking the political structure of France's overseas empire, international organizations were re-imagining the kind of regional structures that would come into play when attempting to provide for the health and well-being of people living in the developing world. Built into the constitution of the WHO is a provision for 'decentralization'. In practice this meant the creation of regional offices staffed by experts native to that region and concerned primarily with problems of health within their geographical boundaries. The motivation behind the principle of decentralization was a desire to provide services and facilities sensitive to local needs and informed by a close knowledge of conditions on the ground.³

2 On the re-imagining of France's overseas empire after 1945, see *Frederick Cooper, Citizenship between Empire and Nation: Remaking France and French Africa, 1945–1960* (Princeton, NJ: Princeton University Press, 2014).

3 On the history of the World Health Organization, see Amy L. S. Staples, *The Birth of Development: How the World Bank, Food and Agriculture Organization, and World Health Organization Changed the World, 1945–1965*. (Ohio: Kent State Univ. Press, 2007); Javed Siddiqi, *World Health and World Politics: The World Health Organization and the UN System* (Columbia,

Before a regional office could be created, a geographic region needed to be defined by the WHO. The First World Health Assembly defined the Africa region as follows: 'all Africa south of the 20 degree N. parallel of latitude of the western border to the Anglo-Egyptian Sudan, to its junction with the north border of Belgian Congo, thence eastwards along the northern borders of Uganda and Kenya; and thence southwards along the eastern border of Kenya to the Indian Ocean.'⁴ In other words, a Regional Office for Africa, if created, would cover the entire Africa continent with the exception of Northern Africa (Morocco, Algeria, Tunisia, Libya and Egypt), and parts of Eastern Africa (including Sudan, Ethiopia and Somalia).⁵

While each regional organization established by the WHO had some latitude in terms of the way it ran its affairs, much of the institutional framework of those offices was established by the WHO constitution.⁶ Regional offices were not permitted to deviate from any requirements stipulated by the WHO constitution. A regional organization, once created, would comprise a Committee composed of the member-states of the region as well as representatives from Associated Member States. It would also include a Regional Office under the charge of a director named by the Executive Bureau of the WHO and approved by the Regional Committee.⁷ By 1949 two had been created, for Southeast Asia and for the Eastern Mediterranean, and others were in the process of being established for Europe and the Americas. The WHO constitution stipulated that an official request to create an office had to be submitted by a member state that had the seat of its government in the region. In Africa this meant that even though colonial powers could be full members of the regional organization, only the two independent states of Liberia and of the Union of South Africa would be able to take action to create an Africa Regional Office.⁸

But a future WHO regional office faced a rival in Africa. The Commission for Technical Cooperation in Africa South of the Sahara (CTCA) was quickly established in the wake of the Second World War after Franco-British discussions

SC: University of South Carolina Press, 1995); and Nitsan Chorev, *The World Health Organization Between North and South* (Ithaca, NY: Cornell University Press, 2012).

4 Archives Diplomatiques La Courneuve (ADLC), Nations Unies – Organisations Internationales (NUOI) 330, World Health Organization: Establishment of African Region, Position at 1950, 2 Mai 1950, Appendix 2.

5 IMTSSA 222, Note au sujet de la Région Africaine du Comité Régional Africain et Bureau Régional Africain de l'O.M.S., 1. Note: Côte Française des Somalis would be included in the Eastern Mediterranean Region.

6 For an overview of WHO activity in a different region, see Sunil Amrith, *Decolonizing International Health: India and Southeast Asia, 1930-1965* (New York: Palgrave Macmillan, 2006).

7 IMTSSA 238, Note de l'Union Sud Africaine (1949), Organisation Mondiale de la Santé, Création d'une Région africaine, Situation en Avril 1950, 2.

8 IMTSSA 238, Note de l'Union Sud Africaine (1949), Organisation Mondiale de la Santé, Création d'une Région africaine, Situation en Avril 1950, 5–7. Also see NUOI 330, Direction des Affaires Politiques, 3ème Bureau, Création d'un Bureau Régional Africain de l'Organisation Mondiale de la Santé.

about the possibilities of technical cooperation in and between their African empires. The British and the French later invited the Belgian government to participate, followed by Rhodesia, Portugal, and South Africa. While earlier technical cooperation between colonial powers had been limited, the experience of the Second World War made a joint conversation about public health increasingly appealing. Early conferences led by the CTCA preceded meetings of a similar nature that would later be organized by the WHO. The CTCA's first medical conference took place in Accra followed by a 1948 conference in Brazzaville on sleeping sickness and a 1949 meeting in Cameroun on nutrition.⁹

CTCA members did develop a working relationship with the WHO's Regional Office for Africa but delegates always emphasized their perception that the WHO externally imposed programs from a place of ignorance about the on-the-ground realities of life in Africa; 'it became apparent very early that the program for sanitary cooperation within the framework of the CTCA had a very different orientation than that of the WHO [which was] more concerned, on one hand, with global perspectives, and on the other hand, with bilateral assistance within the framework of programs of technical assistance.'¹⁰ The CTCA was important for setting out a precedent for cooperation that would be acceptable to French colonial administration in the postwar era. While it appeared that the earlier, more isolated approaches of individual colonial powers were being abandoned in favor of more cooperative efforts in the postwar period, the CTCA took care not to step on the toes of colonial administrations. It focused instead on the sharing of expertise and technical information, rather than coordination on the ground. It was into this context of recent, limited, calculated cooperation between territories where health services had been run almost exclusively by colonial administrations that the WHO entered in the late 1940s.¹¹

9 Ibid., 44. Sleeping sickness was the object of earlier cooperative efforts in colonial Africa. See Deborah J. Neill, *Networks in Tropical Medicine: International, Colonialism, and the Rise of a Medical Specialty* (Stanford: Stanford University Press, 2012). On the CTCA, also see John Kent, *The Internationalization of Colonialism: Britain, France, and Black Africa, 1939–1956* (Oxford: Clarendon Press, 1992) and Jessica Pearson-Patel, "Promoting Health, Protecting Empire: Inter-Colonial Medical Cooperation in Postwar Africa," *Monde(s): histoire, espaces, relations*, no. 7, mai 2015, pp. 213–230.

10 Ibid., 43.

11 On colonial health services in Africa, see Alice Conklin, *A Mission to Civilize: The Republican Idea of Empire in France and West Africa, 1895–1930* (Stanford, CA: Stanford University Press, 1997); Megan Vaughan, *Curing their Ills: Colonial Power and African Illness* (Stanford, CA: Stanford University Press, 1991); Myron Echenberg, *Black Death and White Medicine: Bubonic Plague and the Politics of Public Health in Colonial Senegal, 1914–1945* (Portsmouth, NH: Heinemann, 2002); Maryinez Lyons, *The Colonial Disease: A Social History of Sleeping Sickness in Northern Zaire, 1906–1940* (New York: Cambridge University Press, 1992); and Randall Packard, *White Plague, Black Labor: Tuberculosis and the Political Economy of Health and Disease in South Africa* (Berkeley: University of California Press, 1989). Also see Shula Marks, "What is Colonial

Protecting Imperial Autonomy

On 18 February 1949 the Minister of External Affairs for the Union of South Africa submitted a proposal to the General Assembly of the WHO for the establishment of a Regional Organization for Africa.¹² In advance of this the South African delegation to the CTCA had been careful to make a case for this action. In a memo to other members their argument first focused on the importance of international public opinion. They hoped that in creating a regional organization they would ‘demonstrate to the world the desire of the States concerned in Africa to improve the health of African peoples; and conversely not to deny to Africa the benefits of modern medicine and health.’ They also expressed a desire to ‘fit into the accepted principle of regionalization being rapidly applied by the rest of the world’ and to ‘obtain their share of WHO advantages, possibly in rivalry with other Regions’.¹³ The South African delegation feared that the refusal to create a regional office would open the African states up to criticism by the international community, and that such a reaction from other members of the Assembly would create an ‘embarrassing situation’.¹⁴ However, in an effort to quell the fears of its colonial colleagues the South Africa delegation reminded the other member states involved that ‘a WHO African Regional Organization is limited to African Member States and would offer no direct right for extra-African powers to interfere in African affairs’.¹⁵

The South African delegation made the explicit link between the involvement of the WHO in African affairs and the future of the continent. In their memo to the other members of the CTCA they wrote ‘since the development of Africa is a direct function of the control of African maladies and menaces to public health ... we would be wrong to dismiss the crucial importance of a Regional Organization for Africa.’¹⁶ They went on to emphasise this conviction that tackling Africa’s health problems was central to all government ambitions in the continent:

If the Regional Office for Africa of the WHO is created, and when it is, it will be called on to become a technical element of fundamental importance in all matters concerning development in Africa. Public Health being the essential factor in all plans for Africa (in matters relating to policy, society, industry, agriculture, science,

about Colonial Medicine? And What has Happened to Imperialism and Health?,” *Social History of Medicine* 10 (2) (1997): 205–219.

12 Ibid., Appendix 2.

13 ADLC, NUOI 330, World Health Organization: Establishment of African Region, Position at 1950, 2 Mai 1950, 6.

14 ADLC, NUOI 330, World Health Organization: Establishment of African Region, Position at 1950, 2 Mai 1950, 7.

15 Ibid., 7.

16 IMTSSA 238, Note de l’Union Sud Africaine (1949), Organisation Mondiale de la Santé, Création d’une Région africaine, Situation en Avril 1950, 13.

military and communications), this means that the Regional Office will exercise a considerable influence, directly or indirectly.¹⁷

According to the French delegation at the CTCA the proposal was a dangerous one. Danger did not lie specifically in the creation of a regional health organization for Africa, but in the fact that this particular health organization would be a precedent that paved the way for the other specialized agencies of the United Nations and possibly even the Economic and Social Council itself.¹⁸ Correspondence reveals that the French Ministry of Foreign Affairs had already taken steps to delay the creation of a WHO regional office in Africa and had been appealing to other colonial administrations via the French embassies in London, Brussels and Lisbon.¹⁹ A letter from the Ministry pointed out to the South African embassy the danger of allowing the WHO to 'interfere directly and in a permanent fashion in the administration of non-autonomous territories in Africa' as well as the financial burden that would fall on the member states.²⁰

The advantages of delaying the creation of a regional organization, the French delegation claimed, were that there would then be sufficient time to further develop cooperative efforts within the framework of the CTCA, which would be important for offsetting the potential influence of a WHO office for Africa. They even spoke of a situation analogous to that of the Pan-American Sanitary Bureau, which was a previously independent organization brought into the WHO framework in lieu of a regional organization.²¹ The Ministry of Overseas France, for its part, was even more

17 IMTSSA 238, Note de l'Union Sud Africaine (1949), Organisation Mondiale de la Santé, Création d'une Région africaine, Situation en Avril 1950, 11.

18 See ADLC, NUOI 330, 5 Mai 1950, JBD/ML, Direction d'Afrique-Levant, Bureau d'Afrique, Bureau Africain de l'OMS, 2.

19 ADLC, NUOI 330, Communiqué à Ministère de la France d'Outre-Mer, Direction du Service de Santé, Ministère de la France d'Outre-Mer, Direction des Affaires Politiques, Direction d'Afrique Levant, a/s 11ème session du Conseil Economique et Social, Extrait d'une lettre du chef de la délégation française no. 120 du 8 Août, concernant une intervention du délégué de l'Inde en faveur de la création d'un bureau régional africain de l'Organisation Mondiale de la Santé, 11 août 1950, 1–2.

20 ADLC, NUOI 330, 5 Mai 1950, JBD/ML, Direction d'Afrique-Levant, Bureau d'Afrique, Bureau Africain de l'OMS, 2.

21 See ADLC, NUOI 330, Communiqué à Ministère de la France d'Outre-Mer, Direction du Service de Santé, Ministère de la France d'Outre-Mer, Direction des Affaires Politiques, Direction d'Afrique Levant, a/s 11ème session du Conseil Economique et Social, Extrait d'une lettre du chef de la délégation française no. 120 du 8 Août, concernant une intervention du délégué de l'Inde en faveur de la création d'un bureau régional africain de l'Organisation Mondiale de la Santé, 11 août 1950, 2. Also see NUOI 330, AL/GP, Délégation Française Permanente auprès de l'Office des Nations Unies, Palais des Nations, Genève, le 14 septembre 1950, Bernard Toussaint, Représentants permanent de la France auprès de l'Office des Nations, à Son Excellence Monsieur Robert Schumann, Ministre des Affaires Etrangères, Secrétariat des Conférences. Objet: Organisation régional de l'OMS en Afrique, 2.

convinced about the potential for using the CTCA as a counterbalance to the WHO's project, which it feared was bound to succeed 'sooner or later'. In a letter to the Ministry of Foreign Affairs, Monsieur D.G. Pirie of the Ministry of Overseas France pointed out that members of the CTCA would hold a majority in a future regional organization. Pirie suggested that in these circumstances the powers of the CTCA should hold a separate preliminary session before each meeting of a future regional organization, in order to strategize as a group and coordinate a joint position on the various issues that would be discussed at the annual meeting. While Pirie was more optimistic about working a future WHO regional office to French advantage, his efforts remained focused on the French strategy of drawing in other colonial administrations to oppose and delay the creation of the WHO office.²²

The delegations from the other colonial powers, however, responded negatively to French appeals to act together to delay the WHO regional organization, even where they too were fundamentally opposed to it. The Portuguese delegation was anxious about the costs that were likely to follow the arrival of a WHO office in Africa but was of the opinion that delaying its creation would be practically very difficult given the steps already taken by the South African government.²³ The French Ambassador to the United Kingdom, René Massigli, was of the opinion that British officials were unlikely to oppose it given the support of both Liberia and South Africa for the proposal.²⁴ So it proved, and in the end the French failed in their efforts. After 1950 they could only hope to stem the tide of WHO involvement deeper into the political and social affairs of their African territories'.²⁵

The French and the WHO Regional Organization

After South Africa's proposal was approved, the first order of business was choosing a location for the headquarters of the WHO's Africa Region. The choice of city for the headquarters was a thorny issue for several reasons. First, for the World Health Organization, the choice of a headquarters location was an inherently political one. Any city chosen—whether located in an independent country or a colonial territory—had to uphold a certain standard of living for its population, as well as

22 NUOI 330, BH/GW, Direction des Affaires Politiques, 3ème Bureau, Création d'un Bureau Régional Africain, 2–3.

23 ADLC, NUOI 330, Télégramme, Lisbonne, le 6 Mai 1950, 17h45, no. 194.

24 ADLC, NUOI 330, Télégramme, Londres, le 8 Mai 1950, 21h40, no. 1625.

25 ADLC, NUOI 330, Communiqué à Ministère de la France d'Outre-Mer, Direction du Service de Santé, Ministère de la France d'Outre-Mer, Direction des Affaires Politiques, Direction d'Afrique Levant, a/s 11ème session du Conseil Economique et Social, Extrait d'une lettre du chef de la délégation française no. 120 du 8 Août, concernant une intervention du délégué de l'Inde en faveur de la création d'un bureau régional africain de l'Organisation Mondiale de la Santé, 11 août 1950, 3–4.

demonstrate a commitment to equal political participation and a strong dedication to promoting human rights. On top of this, however, the headquarters needed to be located in a city with extensive modern amenities that could support a truly global institution like the WHO, including a reliable postal service, sufficient working space for employees, ample hotel accommodations for hosting conferences, and an efficient local and international transportation network. Among the major cities in sub-Saharan Africa, this left few viable options.

In order for a headquarters to be established in the Africa region, a location needed to be extended by the member state in which the city was located, and the offer then needed to be accepted by the WHO Executive Council. Because this decision was a complex one with serious political implications, debates about the location of the future headquarters dominated the first meeting of the Regional Committee, held in Geneva in 1951. At the preliminary meeting the South African delegation proposed Kampala, a proposal that both Britain and Rhodesia supported. Knowing that the World Health Organization would never accept Léopoldville, the Belgian delegation proposed Brazzaville, the administrative capital of French Equatorial Africa, just across the Congo River. The French and Portuguese delegations supported the proposal. Finally, the Liberian delegation proposed its own capital, Monrovia, as a possible headquarters, although this suggestion received no support from the other members of the Committee.²⁶

For the Regional Committee, several factors were important to assess in determining whether a city could be considered a viable candidate for the headquarters, including the absence of racial discrimination, a well developed communication and transport infrastructure, the placement of the city within the broader region, the cost of living and availability of housing for WHO employees, the climate, and finally the quality of educational and medical facilities, including those geared towards medical research and laboratory testing. The first criterion—the absence of racial discrimination—was of particular importance to the Liberian delegation, headed by Dr. Joseph Togba. As representatives of the only member state in the Africa region never to have been colonized by a European power, Liberian doctors and government officials were especially sensitive to conditions in colonial territories in Africa and were often hostile to the members states that participated in the CCTA, since Liberia had not been allowed to join. The Liberian delegation thus served as an important counterweight to the goals and opinions of the colonial members within the Regional Committee, reminding the European delegations of the need to take into account the interests of Africans. In one of the debates regarding the placement of the future WHO Africa headquarters, Togba stated:

26 IMTSSA 222, Ministère de la France d’Outre-Mer, Direction du Service de Santé, Rapport du Médecin-Colonel Garcin à Monsieur le Ministre des Affaires Etrangères, Objet: Réunion préparatoire des Gouvernements Africains pour l’Organisation régional de l’Afrique, 5.

In taking a decision in regard to the establishment of a regional organization, the Board should remember that non-self-governing territories might one day be represented in the Organization. A decision should take account of the special interests of Africans themselves. There were still regions in Africa where Africans were not granted equal treatment with Europeans or other races. The Board should therefore instruct the Director-General that the headquarters of an Office for Africa—if established—should be located where Africans would be treated on an equal basis with other races.²⁷

For the Liberian delegation, Monrovia was the clear choice: it was one of two independent states in the Africa region, was accessible from both Europe and the rest of Africa, and according to Togba, had the best track record for human rights among the options put forward. Moreover, since the administration was on site, there would be no need to consult a far-away government, which would allow the Regional Office to save valuable time.²⁸

The second choice for the Liberian delegation—if Monrovia was voted down—was to headquarter the organization in a French territory, although Togba worried about the short distance between Brazzaville and Leopoldville in the Belgian Congo. While Brazzaville fit the WHO's criteria for absence of racial discrimination, Togba worried that WHO employees might seek housing or entertainment across the river, creating a delicate situation for black employees working for the office. Besides its proximity to Leopoldville, however, Brazzaville boasted a well-developed communications network in addition to a favorable placement within the region—easily accessible to all Member States, with ninety flights per week.²⁹ In response to other delegations' concerns that the cost of living in Brazzaville was prohibitively expensive, the French delegation stated that the French government would be willing to promise four furnished apartments to house WHO employees. Dr. Daubenton, the director of the Regional Committee lauded the French for the generous offer, noting that no employee would ever be able to afford housing in Brazzaville at the level of salary offered by the WHO.

A memo from the French Foreign Ministry about living conditions in Brazzaville assured the delegations that the construction of more affordable housing was currently underway. The memo also touted the various scientific facilities that would be available to the new office, including the Pasteur Institute, a new hospital, and a

27 See IMTSSA 238, ONU, OMS, EB8/Min/4, 4 June 1951, Provisional Minutes of the Fourth Meeting, 7.

28 IMTSSA 238, ONU, OMS, AFR/Min/1, 11 juin 1951, Organisation Régionale de l'Afrique, Réunion Préparatoire des Gouvernements Africains, Procès-Verbal Provisoire de la réunion tenue au Palais des Nations, Genève, le lundi 11 juin 1951, à 10 heures, 7.

29 Ibid., 10.

new facility for AEF's mobile health services.³⁰ For many of the delegations, Kampala seemed a better choice when considering the cost of living and accommodation. Kampala also offered superior medical facilities and a climate that many of the representatives thought would be more agreeable to European employees. Dr. Togba, however, spoke out against choosing Kampala, noting that on a previous trip to the city he had been forced to connect in cities where racism was present—Johannesburg and Leopoldville—and that in Kampala medical facilities were segregated.³¹

The ultimate choice of location by the committee was the result of a series of political maneuverings by the different delegations, each trading favors to ensure that at least some of their propositions for the future of the Committee would be passed. Liberia, for example, offered to support the Brazzaville for the headquarters—if Monrovia failed—in exchange for the French delegations vote in support of Dr. Togba for the position of Committee president and of Monrovia as the next site for the Committee's annual meeting. The French won Daubenton over to the Brazzaville camp in return for a promise to support his renewal as Regional Director. When the issue of the headquarters location was finally put to a vote, there were three votes for Brazzaville (France, Belgium, and Portugal), two for Monrovia (Liberia and Spain), and two for Kampala (Great Britain and South Africa). A second round eliminated Monrovia and the final vote went to Brazzaville, with all delegations but the British and the South Africans voting in support of AEF's capital.

Once the committee had settled on Brazzaville as their choice for the site of the future headquarters of the WHO Regional Office for Africa, all that remained was for the French government to extend a formal offer and for the WHO Executive Committee to accept that offer. But French representatives disagreed as to whether it would be wise to allow an international organization like the WHO to set up shop in one of France's African territories and the issue provoked a heated debate between officials in the Ministry of Foreign Affairs and the Ministry of Overseas France. When discussing the possibility of proposing a French territory as the seat of the new organization, certain members of the French administration were of the mind "keep your friends close and your enemies closer," while others warned of the danger of WHO involvement too close one of the major epicenters of France's African empire.

Dr. Georges Garcin, head of the French delegation to the Regional Committee for the first annual meeting, argued that France had a "major interest in the seat of the bureau being established in one of its territories, [since] this organism will be

30 See IMTSSA 238, Memorandum on the Conditions of Establishment in Brazzaville of the World Health Organization's Regional Office For Africa.

31 IMTSSA 238, ONU, OMS, Comité Régional de l'Afrique, Première Session, RC1/AFR/Min/2, 24 septembre 1951, Procès-Verbal Provisoire de la Deuxième Séance, Palais des Nations, Genève, Lundi 24 septembre 1951, à 14 heures. Président: Dr. J.N. TOGBA (Libéria), Vice-Président: Médecin-Colonel G. Garcin (France), 12–14.

called to take on a considerable importance in Africa where Public Health is one of the most essential factors in all matters relating to development.” The downside of establishing the headquarters in French territory, however, were the various charges the French government would incur in setting up the office, as the general budget of the WHO did not cover expenses relating to the installation of regional branches.³² The Ministry of Foreign Affairs, for its part, was a proponent of setting up the WHO Regional Office in Brazzaville, and prior to the first annual meeting sent instructions to the French delegations reminding them that “from the time of your arrival in Geneva, you should rally the other members of the regional committee to our cause...emphasizing the central location and rapid development of this city, as well as the exceptional communications network and lack of racial discrimination.”³³

Some members of the French colonial administration were less than thrilled, however, at the idea of inviting an international organization to establish its regional headquarters in a French territory. Médecin-Général Ambroise Gourvil, from the Direction of Health Services in French Equatorial Africa, explained that the Regional Office would have the potential to become an important forum for opponents of France’s colonial regime and would set a dangerous precedent for international interference in France’s overseas empire. By allowing a WHO Regional Office to install headquarters on French soil, he wrote, ““We are effectively giving the right of extraterritoriality to numerous persons whose comings and goings are beyond our control, who are not necessarily our friends, and will have the ability to create, *sur place*, a political climate unfavorable to French rule.” The result of these complications, according to Gourvil, would be “serious difficulties” for the French administration, “especially for the proper functioning of our Public Health in Africa, whose action depends on a climate of confidence in order to be effective.” He suggested that the Direction de la Santé Publique de l’A.E.F. would find itself in a particularly difficult position. Gourvil suggested in turn that, instead of offering to allow the Regional Office for Africa to install itself on French soil, “to ensure instead its installation as far as possible from any of our territories.”³⁴

In the end the French government decided that the potential benefits of being able to watch over the WHO’s activities from close by outweighed the potential complications that the office posed, and the French administration extended an

32 IMTSSA 222, Ministère de la France d’Outre-Mer, Direction du Service de Santé, Rapport du Médecin-Colonel Garcin à Monsieur le Ministre des Affaires Etrangères, Objet: Réunion préparatoire des Gouvernements Africains pour l’Organisation régionale de l’Afrique, 5–6.

33 IMTSSA 238, Ministère des Affaires Etrangères, Secrétariat des Conférences, no. 1614 SC, Paris le 19 sep 1951, Le Ministre des Affaires Etrangères à Monsieur le Médecin-Colonel Garcin, Chef de la section technique du Service de Santé au Ministère de la France d’Outre-Mer, Objet: Comité régional de l’O.M.S. pour l’Afrique, 1–2.

34 IMTSSA 238, Note pour Monsieur le Directeur des Affaires Politiques, 3ème Bureau, no. 6843, DSS/4, 4 Juil 1951, 1–2.

official offer to house the Regional Office in Brazzaville. The WHO Executive Council accepted the offer and on 23 July 1952 an agreement was signed by Brock Chisholm, the Director-General of the WHO, and by Maurice Schuman, the French Minister of Foreign Affairs. Construction of the Regional Office was slated to begin shortly after. While the signing of the agreement was executed with little trouble, the political drama surrounding the choice of headquarters foreshadowed a decade of conflict between international and colonial forces that would follow the decision to install a branch of the World Health Organization on the African continent.³⁵

With all of the drama surrounding the installation of the regional office, it is perhaps not surprising that questions of health were rarely discussed in the initial gatherings of the WHO Regional Committee. These meetings were often highly political given the need 'to delineate [the WHO's] functions, to determine the way its activities will unfold, and to define its relationship to other technical and regional organizations'.³⁶ This explains why, at a session of the second annual meeting of the WHO Regional Committee for Africa in 1952, the Liberian representative Dr. Togba congratulated the other delegations for having treated all the issues at hand 'as doctors and not as politicians'. The French representatives, in their report to the Ministry of Foreign Affairs, noted the irony of this statement arguing that it was the Liberian delegation that was the first to 'politicize the debates' which they had used to attack those present from colonial governments.³⁷ The Liberians often accused others of forming a colonial clique but France in particular rejoined that this was misleading since all decisions made at the WHO Regional Committee were subject to approval by the General Assembly of the WHO, where they were a small minority pitted against an overwhelmingly anti-colonial majority. As the other colonial delegations were often content to remain silent during the proceedings of the regional sessions, it was easy for the Liberian delegation to designate the French 'heads of a colonial coalition having as its primary goal the reduction of the scope of the Regional Office'.³⁸

35 ANS, 1 H 50 (163), « Accord entre le Gouvernement français et l'Organisation Mondiale de la Santé sur les privilèges et immunités, signé les 23 Juillet et 1er Août 1952 (Région Afrique).

36 IMTSSA 238, Ministère de la France d'Outre-Mer, Direction des Affaires Politiques, 3ème Bureau, Monsieur le Directeur du Service de Santé, Copie d'une note no. 5474 du 17 Juillet 1952, adressée à M. le Directeur du Cabinet a/s 2ème Session du Comité Régional Africain de l'O.M.S.

37 Archives Nationales du Sénégal (ANS), 1 H 50 (163), Compte-Rendu sur la 2ème Session du Comité Régional pour l'Afrique de l'Organisation Mondiale de la Santé (Monrovia, 31 Juillet – 7 Août 1952), 9. The French delegation warned of future trouble in the case that Liberia were to join the CTCA, despite the benefit its participation would have for 'the equilibrium [of the committee]...and a more equitable participation of the African territories.'

38 Ibid., 10.

Some French medical personnel had seen the potential of the WHO regional branch for securing greater resources for health projects, and concerted colonial action within the General Assembly and the Executive Committee to extend the budgetary power of the regional committee was recommended as a strategy.³⁹ However, the overwhelming sense from the archives is of suspicion of the organization on the part of French officials. Liberian attacks at the early meetings only confirmed what French officials had anticipated. In the wake of the second meeting the French delegation advised both the Ministry of Foreign Affairs and the Ministry of Overseas France to proceed with extreme caution in all dealings with the WHO. They noted that none of the colonial governments in Africa could any longer consider themselves ‘at home’ in the region. Despite their ‘immediate knowledge’ of local affairs they felt that their expertise was now subordinated to ‘an incompetent extra-African majority’. As such the French delegation vowed to adopt a strategy of ‘close surveillance’ of all WHO activities in the region, with the goal of ‘blocking its extension, within the constraints of our limited means’.

* * *

As the colonial powers in Africa felt forced to defend their empires many of the delegates regretted having conceded so much of their imperial autonomy as it was proving to be increasingly difficult to protect the independence that remained. In the French delegation’s report on the second annual meeting, they noted that even if the resolutions to delay the installation of a public relations officer and to extend regional control over the budget succeeded, that the ‘delegation should not allow itself to be deceived. It would be but a Pyrrhic victory’.⁴⁰ The report continued:

We would like to note that all of our fears about the installation of the WHO in Africa have now been confirmed and to express that we were in fact correct not to cede to the argument of the South Africans, supported by the British, that ‘the committee will not be dangerous, it will have almost the same composition as the CTCA. Apart from the participation of Liberia and Spain, *we would be among friends.*’ It is clear now that this view was entirely incorrect. The Regional Committee for Africa is not the emanation of the six members of the CTCA plus Liberia, it is the emanation of the sixty-eight nations of the World Health Organization ... We do not represent, within this Committee, the eighth vote, but rather the sixty-eighth.⁴¹

39 Ibid., 13.

40 Ibid., 10.

41 Ibid., 12.

The French had been anxious that the WHO regional office would present challenges both to the independence and the legitimacy of their colonies in Africa. They were quickly proven right, and would continue to rue its creation and to seek to frustrate its operations until the empire ended.

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