

**BABEȘ-BOLYAI UNIVERSITY, CLUJ-NAPOCA**  
**THE FACULTY OF HISTORY AND PHILOSOPHY**  
**DOCTORAL SCHOOL “HISTORY, CIVILIZATION, CULTURE”**

## **Doctoral Thesis Summary**

*Epidemics, Pandemics and Insecurity in the 20<sup>th</sup> Century.*

*The Foundation and International Role of the World Health Organization*

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**Keywords:** epidemics, pandemics, plague, smallpox, cholera, influenza, H.I.V/A.I.D.S., 20<sup>th</sup> century epidemics, World Health Organization.

The topic of the doctoral thesis “Epidemics, pandemics and insecurity in the 20<sup>th</sup> century. The birth and international role of the World Health Organization” is included in the historiographical register of cultural history and is based on the presentation of historical events and phenomena in relation to the complexity of the factors involved in the major diseases that have struck humanity throughout history. Another important topic that we approached in this study is related to the relationship between Romania and the World Health Organization; thus, we have analyzed interventions, reports and an overview since 1989. The virulence of contagions caused millions of deaths in the 20<sup>th</sup> century, which made epidemics and pandemics and, implicitly, the formation of the World Health Organization of some of the most important interdisciplinary themes. The structure of this research includes nine chapters, each with subchapters that deal with certain aspects which I proceeded to analyze. The introduction of the work sets the motivations for choosing the subject, the historiography of the theme, the sources and methods used in the research. In the first chapter, entitled “Epidemics, pandemics and the lessons of history”, we have presented a series of aspects related to the interdisciplinary study of collective contagions and a history of the main diseases that have affected humanity throughout history, with a particular emphasis on the plague, given that it is the disease around which most interpretations and concepts of causality have focused, such as the miasmatic theory, the humoral theory or the religious theory. The same chapter also presents other diseases that have affected societies, including typhus, yellow fever and cholera. At the end of this chapter, I have presented a point of view regarding the etiology of the plague and the stages of discovering ways to combat diseases. The second chapter, entitled “The Great Epidemics and Pandemics of the 20<sup>th</sup> Century”, focuses on the most important influenza pandemics of the 20<sup>th</sup> century, on the diseases previously mentioned in the introductory

part of the work and on the H.I.V./A.I.D.S. virus. The third chapter, entitled “International Sanitary Conferences 1851-1938”, follows the chronology of events, thus analyzing the meetings and conventions adopted during these events. Thus, it will be proven that extremely slow progress was made during the conferences spanning approximately a century, with the great powers disagreeing with these regulations for various reasons, most often commercial and political. The fourth chapter, entitled “Pre-W.H.O. Health Organizations”, analyzes the period between the last health conference and the formation of the Organization. This period was extremely turbulent, with long negotiations and different cohabitation attempts between the I.O.P.H. and the Health Organization of the League of Nations. Everything began to take shape after the Second World War, when the international situation and the disaster left behind by the conflict made it easier to merge international health organizations under the aegis of the United Nations, thus resulting in the foundation of WHO. In the next chapter, entitled “The legal framework of the functioning of the World Health Organization”, I decided to formally analyze the subject and present the Constitution and agreements that underlie the Organization. Thus, I detailed the structure, the operating procedures and the attributions of the bodies. The sixth chapter, “The Regional Offices of the World Health Organization”, presents the member states, the evolution, the main health threats and the measures taken to improve the quality of life for the 6 offices. We decided on this approach because the WHO acts differently on pathogens and specific objectives depending on the characteristics of each region. In the seventh chapter, “The Activity of the WHO in the First Four Decades of Activity”, within this part the Organization's activity is structured into four stages of 10 years each and, where their general objectives are analyzed. The eighth chapter deals with the “Relationship between Romania and the World Health Organization”, a difficult one due to the totalitarian regime, but much improved after 1989. In the last chapter, the ninth, we address the way in which epidemic and pandemic scourges, real or imaginary, are reflected in film scenarios. There are multiple conclusions I drew from this study, one of the most important that particularly caught my attention referring to the response and interpretation of societies regarding the cause and manifestation of contagious diseases. The history and analysis of contagions have shown us that people have reacted similarly throughout history, invoking either divine reasons, rational, scientific or conspiracy theories.

A number of doctors, epidemiologists, hygienists, and historians have demonstrated that epidemics, less than pandemics, have a never-ending story, being recorded at different times in history. Given that in our historiography there is no synthesis about the epidemics and pandemics of the 20<sup>th</sup> century or about the foundation and role of the World Health Organization, I proposed this theme and its stages of study, with various methods, from analysis and comparison to hermeneutics. The terms epidemic and pandemic are, therefore, epidemiological notions, epidemiology being the science that studies the relationship between transmissible pathogens and the populations they affect. The keyword is contagiousness, in other words, the ability of a bacterium or virus to infect several people in a given community rapidly or at an abnormal rate. Given the need for interdisciplinarity in approaching the theme, we considered anchoring it in several disciplines, in addition to history. These include the history of epidemics, medicine,

virology, hygiene, etiology, linguistics, demography, statistics, law, political science, collective mentalities, cultural history, etc.

Other factors that facilitate the emergence of pandemics have been theorized in the specialized literature, such as the nature of the pathogen, the mode of spread, or the moment in history in which the mutation occurs. It is worth mentioning that mutations of pathogens occur extremely often; through this phenomenon they develop resistance to antibodies and medicinal substances. History shows us that there is no favorable moment for the emergence of such a threat, humanity may seem prepared or unprepared in the fight against pathogens. During conflagrations it is known that common hygiene rules cannot always be respected, thus facilitating the emergence, mutation and easy spread of pathogens. During global economic crises or simply in the precarious situation of a state, we encounter the same situation. A contemporary term this time, health management is defined as the set of measures taken to control a disease, be it endemic, epidemic or even pandemic. These measures can be taken, as the case may be, on a local scale, in a unit, a city, a department or at a national and global level. The objectives of health management pursue aspects related to limiting the spread of the epidemic, caring for infected people or assuming ways to eradicate the disease through treatment, vaccine or preventive measures. According to statistics, in the study of the media, infectious diseases cause 14 million deaths each year. The history of epidemics is multi-millennial and shows that over time they have caused hundreds of thousands or millions of deaths, in different geographical areas and continents and have implicitly accentuated mass impoverishment and the gaps between states. Major epidemic outbreaks have decisively disrupted social, economic, cultural or spiritual activities in certain areas or even the entire world. It is worth mentioning that in some cases, health threats have been unleashed together with devastating wars, economic or social crises. Historians have noted the connection between contagions such as plague, leprosy, cholera, syphilis, typhus or malaria and some social, political, spiritual, cultural or economic changes. The great epidemic outbreaks were often accompanied by other calamities, such as famine, social disorder and a decrease in the standard of living. These determined the adoption of sanitary, legislative or administrative measures, more or less effective and popular throughout history.

Epidemics and their pan-continental spread indicate the vulnerability of societies and life as a whole, which subsequently generates anxiety, riots, violence or social disorder. Population density has played a role, in some cases decisive, in the dynamics of epidemics, thus affecting large cities and agglomerations of people to the fullest. Armed conflicts with the direct involvement and concentration of military and civilian personnel in confined spaces were favorable environments for the outbreak of epidemic outbreaks, later even pandemics. In some cases, mentioned by historians, the source of epidemic outbreaks was the proximity of humans and animals, especially wild ones, and poor hygienic conditions. Some studies have shown, since the 19<sup>th</sup> century, that the basis of virulent contagious outbreaks was also determined by climate change through the reactivation of wild pathogens or those in conservation. Contagious diseases have manifested themselves with high morbidity in some cases, translated into the decimation of

societies in a short time and with an extreme impact on the mentality of people. They have led to the birth of forms of human solidarity and in some cases strengthened the existing ones and at the same time have generated states of fear and panic, not only at a social level, but also at a religious and political one. The world history of epidemics and pandemics represents situations and precedents of the past, as many of the measures taken throughout history have survived to the present day, including quarantine. The origin of epidemics was described differently in history depending on the religious, cultural, scientific beliefs specific to each period, including ideological beliefs – in the 20<sup>th</sup> century. There is no consensus today on the definition of epidemics and pandemics due to the specificity of the terminological horizon of past centuries, but also to the politicization and ideologization of these phenomena since the 20<sup>th</sup> century. It is worth mentioning that many countries accept the WHO definitions, but the methods of applying the measures differ. Medical scientific references tell us that the origin of epidemics lies with infectious diseases caused by microorganisms. Most often, they exist persistently, which is why they are called endemic. When the number of cases becomes unusually high in a certain territory, it is an epidemic outbreak or then, if the increase continues, an epidemic. An expansion across several continents leads to a pandemic, considered the most serious state of global insecurity and the most difficult to manage socially and politically.<sup>1</sup> The study of epidemics and pandemics is thus at the crossroads of several disciplines: it belongs, of course, to medicine, but also to human geography – through its modes of propagation and routes, to social psychology and demography – through its effects and ultimately to history, whose structural transformations accelerate or slow them down, and whose circumstances modify them. A complex development of the history of epidemics gained ground only in the interwar period, in the context of the turmoil related to the great epidemics of cholera, typhus and Spanish flu, diseases that were responsible for the death of millions of people during and after the Great War. Demographers were increasingly interested in epidemic mortality statistics, epidemic repeatability, while doctors were concerned with the sources of epidemic infections, anti-epidemic vaccinations and health policies; at the same time, historians sought to identify in epidemics recurring historical phenomena, with a huge impact on the life of communities.<sup>2</sup>

Contagious diseases have been a constant throughout history, with pathogens threatening the security of people and communities, in different forms and at different times with the most serious effects. The term “contagion” also derives from Latin, from *contagion* or *contagium*, in the primitive sense of contact or direct influence of one body or being on another. However, it is often used with a negative connotation, in the sense of transmitting corruption.<sup>3</sup> The terminology found in ancient and medieval texts, in relation to contagion, is often interpreted by historians in

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<sup>1</sup> World Health Organisation, „What is a pandemic?”, [https://www.who.int/csr/disease/swineflu/frequently\\_asked\\_questions/pandemic/en/](https://www.who.int/csr/disease/swineflu/frequently_asked_questions/pandemic/en/), accessed on 12 March 2021.

<sup>2</sup> M.T. Nicoară, „Introducere. Insecuritatea sanitară în lumea modernă și contemporană”, *Caiete de antropologie istorică* (CAI), anul XX, nr. 1 (38), Ianuarie–Iunie 2021, pp. 7-10.

<sup>3</sup> F. M. Snowden, *Epidemics and Society – From the Black Death to the Present*, Yale University Press, New Haven and London, 2019, pp. 34-35.



connection with the “moral stain” of sin. Throughout history, in societies dominated by religious mentality, contagions were considered evil phenomenon, while science considered them pathological manifestations. Theories of the supernatural cause of contagions are divided into three new groups of theories: mystical causality, implying a supposed impersonal causal relationship (fate, ominous sensations, contagion, mystical punishment), animistic causality, implying a personalized supernatural agent (loss of soul, attack of a spirit), magical causality, relating to magic/witchcraft. The rational causes of the appearance of a disease are among the most diverse: the triggering factor can be an event, a favorable climatic context, mutations of pathogenic agents, human error or simply a series of unfavorable circumstances. Depending on the time of the outbreak, the causes of the epidemic have been explained in a variety of ways, from an unfortunate alignment of planets to a specific race of people being responsible. The real causes could be explained in terms of the evolution of technology and medicine, but before scientific approaches could be reached, a series of other theories were adopted from this point of view.<sup>4</sup> Among these, the humoral theory of disease is a concept that originated from Empedocles's theory of the elements – air, fire, earth, and water – responsible for everything around us. In the field of medicine, the theory was initially used by Hippocrates (460 BC - 377 BC) and then developed by Galen (129 - 200). As a result, based on this theory, if a patient had symptoms of fever and “warm-damp” sweats, the doctors in Ancient Greece considered that they were dealing with a disease of the blood or liver.<sup>5</sup>

With this theory in full vogue, Europe was hit by two major plague pandemics, the Plague of Justinian (541-750) with a number of approximately 50 million victims and the Black Death (1333-1353), considered one of the most devastating pandemics in history, with a total of over 200 million deaths.<sup>6</sup> Humoral theories were also applied to smallpox; given that the skin rashes generated were reddish in color, “red” treatments were applied. The patient's bed was surrounded by red materials, and it was covered with red blankets. Red light treatments were also provided, by applying the appropriate curtains. In some cases, a gold needle was used to cauterize the rashes. In accordance with these theories, the patient was given a warm regimen, he was wrapped in blankets to speed up sweating, or hot baths were given. Patients were also kept alone in the dark, because in some areas it was believed that light and fresh air did not help. Currently, some of these measures are classified as contraindications by doctors, such as irritating the rashes or covering the patient with blankets in a feverish state. Other doctors recommended a “cold” regimen, ice baths, cold water or ointments that aimed to avoid dehydration, or the traces left by the rashes. It is currently known that smallpox is generated by a virus, discovered after the improvement of the microscope. The instrument allowed researchers to discover a whole world of microorganisms, the existence of which had only been previously intuited. This theory was widely criticized, but it was

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<sup>4</sup> *Ibidem*; Arnaud Boirrouge, *Histoire des grandes pandémies : essai anthropologique, évolution de la thérapeutique et des mesures de santé publique*, Dumas, 2022, p. 16.

<sup>5</sup> K. Little (editor), *Plague and the End of Antiquity – The Pandemic of 541-750*, Cambridge University Press, Cambridge - New York, 2007.

<sup>6</sup> Karl Sudhoff, Fielding Garrison, *Essays in the History of Medicine*, New York, Medical Life Press, 1926, pp. 67-75.

unanimously accepted by the middle of the 20<sup>th</sup> century. According to modern medicine, it is known that smallpox is responsible for the death of approximately 100 million people in the 15<sup>th</sup> century alone, following the European colonization of the New World. Smallpox is the first disease eradicated as a result of action and measures taken by man, according to the World Health Organization, in 1980, after it had manifested itself approximately 500 years ago.<sup>7</sup> There were also other approaches to this disease, such as astrological theories, because European medicine was based heavily on superstition and tradition. Very few doctors had formal training, and the scientific methods, in the form we know them today, were not yet developed. In 1348, doctors from the Faculty of Medicine in Paris wrote *the Compendium de Epidemia*, a work based on the scientific standards of that time. The recommendations for avoiding contact with the plague were again rest, exercise, and proper nutrition, with the mention that in this work the causes of the disease were of astral origin. History shows us that diseases were often interpreted from a religious point of view, starting from the idea that they were punishments sent by the divinity upon people. Thus, sinful people responsible for irritating divinity were sought out and punished. These included lepers, beggars, those who abused food, sleep, and drink, heretics, prostitutes, Jews, foreigners, and religious dissidents. All of these categories of people were considered sinners, and the only way to rebalance the balance was to punish them with stones, beatings, burning or expulsion from their communities. Another measure with biblical foundations was to mark the doors of the homes of the sick and place a guard in front of them to restrict access. This measure resulted in one of the first forms of isolation of people affected by the plague.<sup>8</sup>

However, in the 15<sup>th</sup> century in Venice, the Health Office proposed three measures against stopping the spread of the plague, based on religious foundations, which had some success even without the knowledge of today's scientific methods. The Office established quarantine, by setting up lazarettos and the famous sanitary cordons. As a result of these events, the term quarantine was created, coming from the Italian word “Quaranta”, which means forty. Returning to the divine theory, this number of days was not chosen at random, but according to a biblical foundation, thus representing the basis of the public health strategy of that period. The number forty was often used in the Old and New Testaments for the purpose of purification, there were forty days and forty nights of the flood in Genesis, the people of Israel wandered for forty years in the desert. Moses spent forty days on Mount Sinai before receiving the Ten Commandments, and forty days of fasting are often required. Another example according to the divine interpretation is related to the fact that it took forty days to pass until the Ascension of Christ. The conditions imposed by the Venetian authorities could only be implemented with the intervention of the armed forces, which had the role of convincing the ship captains and passengers to comply. In this case, the religious reference of the demands of the Venetian officials helped the process of accepting the measures or of forcing

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<sup>7</sup>Judy Dodge Cummings, *Real Tales of Deadly Disease*, Vermont: Nomad Press, 2018, pp. 24-48.

<sup>8</sup>Marius Floare, „Aspecte juridice privind sănătatea publică în contextul istoric al marilor epidemii”, *Studia Universitatis Babeş-Bolyai (SUBB) Iurisprudentia*, nr. 4/2020, pp. 288-290; Laura Spinney, “How pandemics shape social evolution”, *Nature*, 574, 2019, pp. 324–326.

those who did not want to comply with them respectively.<sup>9</sup> How did these measures help prevent the spread of the plague? Forty days, preferably in the sun, are enough to kill the fleas, which are the vectors responsible for the transmission of the bacterium *Yersinia Pestis*, the etiological agent of the plague. Forty days were enough to overcome the incubation period of the bacteria, and thus the people who recovered and were allowed into the city were no longer contagious. In this way it was concluded that, although the measures were inaccurate in relation to what is currently known about the plague, religious beliefs helped Venice fight against the disease or at least reduce its spread to a small extent. Another approach to diseases was the miasmatic theory, whose followers claimed that illnesses were caused by miasmas in the air; basically, the air was polluted by an invisible enemy, according to this concept. Proponents of the theory observed that rats were directly affected by the disease, so they believed that the plague originated in the soil and that it was natural for rats to be affected by association. Those who adopted this approach believed that rodents spread the disease, but it was not known that rats were directly responsible, being merely victims of miasmas from the soil.<sup>10</sup> The miasma theory persisted on earth for centuries, until the technological advances that laid the foundations of modern medicine. However, this approach was the closest to the truth, with microorganisms being invoked only as assumptions.

Finally, as societies relied more and more on information from the past, administrative measures also began to be adopted. Among these, the sanitary cordons are some of the best-known measures; they could be implemented with the help of the military, which aimed to stop people and goods before they entered cities, or different administrative areas. In all these situations, quarantine was initially applied and then access to the desired areas was granted. In Marseille, for example, in 1720, when these measures were normal, those who tried to illegally cross this cordon or did not respect the quarantine were excommunicated. This measure practically wanted to apply a second cordon; this time spiritual. Starting with 1809, such a strategy was also implemented in the Romanian Principalities, which led to the foundation of the Sanitary Service through the emergence of the Organic Regulation. The aforementioned document constitutes the first sanitary legislation of the provinces, stipulating for the first time scientific measures for the assistance and care of the sick.<sup>11</sup> The most important and complex sanitary cordon was that of the Habsburg Empire, organized to prevent the spread of plague on the Balkan trade route with Turkey, between 1710 and 1871. It was also known as the Austrian Cordon, and represented an extraordinary mobilization from a logistical, strategic and military point of view. It stretched from the Adriatic Sea to Transylvania, and was equipped with forts, gazebos, sentry posts and several levels of patrol that followed and searched for fugitives. Over 150,000 people were used for these actions, not all of them had military training, but most of them knew the forests and areas through which the cordon could be avoided. Fugitives and people who left the quarantine before the established deadline were tried by the Military Prosecutor's Office and put before the firing squad. The

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<sup>9</sup> *Vechiul Testament*, Geneza, Exodul, București: Societatea Biblică Română.

<sup>10</sup> T. Nicoară, „Epidemiile de ciumă în societatea românească (secolele XV–XIX)”, *CAI*, anul XX, nr. 1 (38), Ianuarie–Iunie 2021, pp. 34-73.

<sup>11</sup> Alexandru Keresztes, „Originile învățământului medical militar românesc-repere iatro-istorice”, *Istoria Medicinii*, nr. 2, 2013, p. 74.

imperial secret services played an extremely important role in this mobilization of forces, being formed by diplomats and secret agents with a sanitary role. They would conduct observations, use informants, and question traders or other officials to obtain information about illegal transit routes. As a result of the information received, the authorities would increase the number of troops in certain places or at certain intervals.<sup>12</sup> The history of these approaches has shown us that people have had very different reactions to diseases. The fear of the unknown, the apocalyptic landscape, their appearance and disappearance without known reasons at that time and, last but not least, the ability of people to survive, have pushed societies to attribute the concept of causality to diseases.

In the 19<sup>th</sup> century, health threats continued to hit societies at different times, including the great cholera epidemic of 1830 or the yellow fever epidemic on the two American continents in 1860. Societies were in full progress at that time and thus there was a desire to relax the quarantine measures applied during this period because they seriously affected the economy, commercial relations or social life. Between 1820 and 1840, more and more voices called for the reduction of rudimentary quarantine measures and the application of specific measures based on urban sanitation and the increase in the quality of life. Thus, extensive programs began in countries such as England, France or Austria, following which mandatory measures were relaxed. It was proven that improving personal hygiene, housing or cities limited the spread of contagious diseases.<sup>13</sup> In the mid-19<sup>th</sup> century, an awareness of a common risk and epidemic vulnerability at European level can be invoked, which led several European states and the Ottoman Empire to inaugurate the first international health conference, an event organized in Paris in 1851. The first real efforts at international cooperation in the face of epidemics were mentioned even earlier, according to a report from 1834. The 19<sup>th</sup> century was marked by serious outbreaks of plague, cholera and yellow fever epidemics, against the backdrop of the expansion of mobility and international transport, activities that generated difficult times for states worldwide as a result of periodic administrative and quarantine measures. Thus, different formal variants of organization and action at global level were sought. 14 International Sanitary Conferences were organized, between 1851 and 1938, a long and arduous process considering the period in which they were organized and the discrepancies between the major global actors. The main purpose of the events was to analyze the international health situation and to take universally valid measures for all states. In 1907, the International Office of Public Hygiene (I.O.P.H.) was created in Rome. The new organization had a secretariat and a standing committee, often circulated within the Conferences. This committee organized several meetings in the following years with the main role of continuously supervising the sanitary conditions at global level, considering that, in the previous years, the Sanitary Conferences were not organized regularly. Regarding the O.I.H.P., it was made up of twelve nations, its official language was French, and its headquarters was in Paris. Initially, the function of the organization was to ensure the surveillance and control of plague, cholera and yellow fever.

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<sup>12</sup> Gunther E. Rothenberg, "The Austrian Sanitary Cordon and the Control of the Bubonic Plague: 1710-1871", *Journal of the History of Medicine and Allied Sciences*, Volume XXVIII, Issue 1, January 1973, pp. 15-23.

<sup>13</sup> Patrice Bourdelais, *Epidemics Laid Low: A history of What Happened in Rich Countries*, translated by Bart K. Holland, The Johns Hopkins University Press, 2006, pp. 153-164.

Later on, the O.I.H.P. acquired expertise regarding new diseases, such as tuberculosis. In 1926, during the general assembly, the O.I.H.P. adopted a new international convention in the field of health, extending its provisions to smallpox and typhus. During the First World War, the O.I.H.P. focused its skills on war-related trauma and its health effects. In 1902, the Pan American Sanitary Bureau was established, primarily for the exchange of epidemiological data and for the coordination of the fight against tropical epidemics. Its functions were consolidated in 1924 by the Pan American Sanitary Code. In parallel with these health organizations, the Red Cross, founded in 1876, and the Rockefeller Foundation, active since 1913, also worked. In the 20<sup>th</sup> century, there were significant pandemic outbreaks, including the Spanish flu of 1918-1920, the Asian flu of 1957-1958, the Russian flu of 1977 or AIDS. In the 20<sup>th</sup> century, various health organizations were also founded, such as the International Office of Public Hygiene, the Pan American Health Organization or the Sanitary Organization of the League of Nations, with public health responsibilities. All of these organizations laid the foundations of the World Health Organization in the aftermath of the Second World War. This process was a long and arduous one, and long discussions were held about avoiding the duplication of the activities of the O.I.H.P. and the Sanitary Organization of the League of Nations. A solution to this situation, based on which contradictory but unsuccessful discussions were held, was related to the absorption of the Office under the aegis of the League of Nations. This aspect did not materialize, even though various forms of cohabitation, merger and parallel operation were proposed. The process was carried out following the Second World War, at which time the entire world was in total disarray due to the disaster left behind by the great conflict. The immediate humanitarian aid action led to the foundation of the United Nations Relief and Rehabilitation Administration and, subsequently, to the merger of all international organizations under the aegis of the United Nations and implicitly the World Health Organization.

The Constitution of the WHO was signed by 61 states on July 22, 1946 and consisted of a preamble and 19 chapters divided into 82 articles. The normative act includes aspects related to objectives, functions, central and regional structure, legal framework and, last but not least, cooperation with private and governmental organizations in the field of health. The objectives of the Organization were summarized by the Canadian delegation in a single sentence, the attempt to offer all people the highest level of health. The document also includes the Functions of the WHO, mentioned in the Constitution in 22 points, which are in turn included in 6 main directives. Debates on the Constitution represent one of the main activities of the Interim Commission of the World Health Organization. The functions of the World Health Organization are among the most diverse, including research, monitoring, cooperation or coordination of actions in the health field. *General coordination* - represents the legitimacy given to the WHO to deal with all aspects of world health, which performs a primary role in relation to domestic health services, while having the power to take any measure necessary for the exercise of its functions in the health field. From this point of view, the Organization could provide assistance and support in case of emergency to requesting governments as well as to groups of persons or territories.

The 20<sup>th</sup> century, punctuated by a series of major epidemics, multiplied the scientific and medical reflections related to the specifics of the epidemic phenomenon. The HIV virus, which still represents one of the most feared diseases, was in full mutation, then spread throughout the world, currently still being recorded predominantly in Africa and Southeast Asia. In 1981, an epidemiology agency in Atlanta announced 5 cases of a rare disease, pneumocystis, present in Los Angeles. At this stage, the question of the existence of A.I.D.S. was not yet raised. Virologists believed that this retrovirus had been transmitted to humans by primates. H.I.V., the virus responsible for A.I.D.S. in humans, was identified around 1983 by a team of oncologists from the well-known Pasteur Institute in France. A.I.D.S. is characterized by several consecutive symptoms of diseases caused by the weakening of the immune system triggered by the human H.I.V. virus. Death occurs when the immune system no longer has any defense and succumbs to diseases that could normally be managed. H.I.V. is transmitted mainly through unprotected sexual intercourse, through blood, unsterilized medical utensils and, until 1980, through blood transfusion in hemophiliacs. More details about the dreaded disease will be presented in the second chapter of the thesis and in the last part of the thesis related to the health situation in Romania.

Epidemiologists and virologists are constantly on alert, trying to defuse possible outbreaks and develop increasingly effective vaccines and methods. The first microorganisms, namely bacteria, were discovered in 1676 by Anton van Leeuwenhoek. Through their scientific work, Robert Koch and Louis Pasteur managed to discover the bacterial cause of anthrax, tuberculosis, rabies, conjunctivitis, cholera and other diseases with similar causes, laying the foundations of microbiology. Through his studies on rabies, diphtheria, tuberculosis or leprosy, Victor Babeş was among the precursors of modern ideas regarding antibiotics. The 20<sup>th</sup> century was dramatically affected by major outbreaks of plague, cholera, and influenza, with an extremely high number of human losses. These scourges also overlapped with other aspects that threatened the security of societies, such as wars, natural disasters or economic crises. The immense danger of epidemics and pandemics generated great interest among those responsible for public health. Thus, different formal variants of organization and action at the global level were sought. At the beginning of the 20<sup>th</sup> century, the Pan American Sanitary Organization, the International Office of Public Hygiene, the Sanitary Organization of the League of Nations and, finally, the United Nations Relief and Rehabilitation Administration were established. In 1921, following the Spanish flu pandemic, the Sanitary Organization of the League of Nations was created, a precursor to the World Health Organization. The merger of these institutions led to the formation of the World Health Organization, under the aegis of the United Nations, in 1948. This process was a complex one as institutions with tradition and notoriety in the health field, such as the International Office of Public Hygiene, resisted this process of inclusion. International health cooperation addressing epidemics and pandemics significantly developed during the 20<sup>th</sup> century. The purpose of these international efforts was to coordinate actions to improve the health of citizens, as well as to prevent and limit the transmission of diseases. Their contribution was particularly important in preventing and protecting against pandemic crises through specific interventions and regulations that establish limits, rules or standards. From this point on, the study focuses on the legal framework of the

World Health Organization, on the interventions and actions undertaken in the 20<sup>th</sup> century through the six regional offices, and on its general objectives. Thus, we observed the measures taken to prevent and respond to major epidemic and pandemic crises in the last hundred years. Another purpose of this work is to highlight the contribution of the WHO to the improvement in the quality of life worldwide and to call attention to both the achievements and the failures in an extremely complex field. The contribution of the WHO to global health is real, the quality of life having improved on all continents in recent decades. Diseases such as smallpox have been eradicated and the threat of diseases that have decimated the world's population for centuries has been reduced.

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