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COLD WAR FORM, INTERNATIONAL CONTENT?: THE MARTSINOVSKII INSTITUTE, THE WORLD HEALTH ORGANIZATION, AND THE WIDER NETWORKS OF INTERNATIONAL MALARIOLOGY, 1950s–1980s

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From the late 1950s, the World Health Organization (WHO) served as a stage for superpower conflicts over scientific authority and Third World influence. It also created connections that transcended these Cold War logics, fostering "a global network of scientists, physicians, and health policy makers" spanning the Iron Curtain.^[1] Medical experts from state-socialist countries played important roles in both the competitive and cooperative sides of the WHO. Whether from inside or outside the organization, they frequently leveled critiques of its policies that reflected the political stakes and ideological divergences of the Cold War. At the same time, their presence served as a bridge between socialist and international networks, carrying WHO ideas and practices beyond the reach of the organization itself. Ultimately, histories of state-socialist experts can demonstrate how deeply the structures of the Cold War shaped the work of international organizations, not only in terms of the political competition they hosted but also the cooperation and convergence they produced.

Scholarship on the WHO has recognized how its technical projects intersected with the political imperatives of the Cold War. Eradication campaigns aimed at malaria and smallpox in particular have been seen through a Cold War lens: the former as an example of geopolitical competition and the latter as one of "superpower collaboration" or even "legitimate international authority."^[2] Recent scholarship has emphasized the complex and evolving nature of state-socialist engagement with the Western-led project of world health.^[3] After participating in the founding of the WHO, most state-socialist countries left the organization in 1949–50 and remained absent for almost a decade. Dóra Vargha argues compellingly that these withdrawals were not a matter of pure geopolitics, but rather reflected divergent "expectations of the tasks and responsibilities of international health organizations." Vargha contrasts the WHO model of

seemingly neutral “technical assistance” with socialist visions of a true *politics* of world health —“international interventions addressing local needs, providing material and technical assistance,” and couched in a language of rights and obligations.^[4] In the 1950s, this alternative found expression outside the WHO, in multilateral socialist health projects in countries like North Korea and the Democratic Republic of Vietnam.^[5]

Differences in vision persisted after the return of state-socialist countries to the WHO in the late 1950s. The renewal of their participation occurred in the context of a turn toward the Third World in Soviet foreign policy, and was framed in terms of an anti-colonial political agenda to which different countries related in different ways.^[6] Yet even as socialist experts continued to offer distinct perspectives, involvement in the WHO changed the nature of their international presence. Medical experts on both sides of the Iron Curtain shared a common scientific language, and similar modernist, developmentalist, and even civilizational assumptions.^[7] By the 1970s and the era of Détente—and arguably even earlier—shared understandings produced spaces of “common ground” in the WHO.^[8] The “socialist” and “international” domains of health tended to overlap and intermesh. State-socialist actors became vectors for the spread of international paradigms, while the WHO eventually adapted certain socialist approaches for its own programs (see Yi-Tang Lin in this volume).

In this chapter, I explore the international history of the E.I. Martsinovskii Institute of Medical Parasitology and Tropical Medicine, a Soviet research center in Moscow.^[9] Founded in 1920, the institute played a central role in Soviet malaria control programs during the interwar period and developed substantial connections to the League of Nations Health Organisation. Through foreign encounters, the institute’s experts articulated a self-consciously socialist vision of malariology, rejecting technocratic methods in favor of social-medical approaches embedded in the broader projects of (revolutionary) development and state-building. Although they disappeared from the international scene during the Second World War, the same experts re-emerged in the late 1950s, amid the WHO’s Global Malaria Eradication Programme (1955–69).^[10] They continued to contrast their “horizontal” vision of malariology with the “vertical” strategy of the WHO, based narrowly on indoor residual spraying of insecticides like dichloro-diphenyl-trichloroethane (DDT).

However, in the process of contesting international expertise, the Martsinovskii experts were slowly integrated into its networks and epistemic frameworks. In WHO scientific bodies, their positions reflected Cold War political imperatives and alternative socialist medical visions, but also underwent a slow convergence. Meanwhile, their travel and work between socialist and non-socialist contexts produced indirect networks and circulations that broadened the reach of the WHO in unexpected ways. Over time, the Martsinovskii Institute was embedded in the structures and projects of the WHO, becoming a quasi-international scientific space. This didn’t mean that the divisions of the Cold War had somehow been overcome. Rather, it suggested the central role that Cold War structures played in constituting a domain of world health.

“Liquidation of the American Monopoly”: The Soviet Politics of Malaria Eradication

The Martsinovskii experts’ re-entry into the international sphere in the late 1950s was framed by politics. The WHO’s Global Malaria Eradication Programme was largely devised by the United States. It blended a postwar faith in “self-contained technological solutions” with the American geopolitical imperative to “repel ‘enslaving’ Soviet influence via ‘liberating wars’ or ‘crusades’

against disease.”^[11] Soviet contributions to the project were a frank effort to counter US influence, yet they cannot be reduced to Cold War politics alone. While they often criticized the WHO’s strategy, Soviet experts endorsed “the possibility and necessity of the liquidation of malaria in the whole world” and argued that they “[could] not but participate” in the drive to realize it.^[12] Their criticism was aimed at the scientific and political frameworks of the WHO campaign, not its American backing. The Soviet position ultimately reflected the deeper ideological differences underlying the Cold War—yet the shared idiom of science offered a path to bridging the divide.

Cold War imperatives were clear in Soviet discussions of funding and material support for the malaria eradication campaign. Lobbying the Communist Party Central Committee for an increase in Soviet contributions in 1959, the Soviet Ministry of Health warned that US funding for the initiative already totaled at least \$7–8 million. By contrast, the sole Soviet donation—1,000 tons of DDT—was valued at \$82,000, a sum that failed to match even Poland and the Federal Republic of Germany. The Ministry called for Soviet in-kind contributions worth “3–4 million rubles” over several years. This would allow the “liquidation of the American monopoly in deciding a whole range of questions in the work of the WHO.” The Central Committee agreed, approving 1 million rubles in 1959 and further sums in later years.^[13] To ensure the propaganda value of Soviet contributions, they required donated goods be of high quality and clearly labeled as Soviet in origin.^[14]

Discussions of the role of Soviet experts and institutions were similarly political. Soviet officials complained that Western countries leveraged their “numerical predominance” in the WHO apparatus to send “brigades and detachments of specialists ... to developing countries,” spreading capitalist propaganda at the expense of the organization.^[15] Worse, Western institutions dominated the WHO fellowship program, attracting students from decolonizing countries and teaching them “not only medical subjects, but also those like theology, sociology, psychology, economics, and more”—in short, “bourgeois ideology.”^[16] Only full Soviet participation in these programs could counter Western propaganda and properly influence the “worldview” of experts from developing countries.^[17]

In fact, the WHO was eager to recruit Soviet specialists. This was clear when director-general Marcolino Candau visited Moscow in April 1956 to discuss Soviet re-entry into the organization. A Brazilian physician who had worked on the Rockefeller Foundation’s pioneering disease control campaigns in the interwar period, Candau was a strong supporter of eradication schemes.^[18] In Moscow, he encouraged Soviet involvement in WHO programs and met Petr Grigor’evich Sergiev, director of the Martsinovskii Institute, impressing him with his “very considerable knowledge of parasitology.”^[19] This meeting apparently served as a catalyst for the development of further relations. Sergiev and other Soviet delegates participated in the WHO’s Second Conference on Malaria Eradication in Southeast Europe in Belgrade in 1957. The WHO then nominated Soviet scientists (including Sergiev) to its Expert Committees and advisory bodies.^[20] Beginning in 1960, Martsinovskii experts became regular participants in WHO scientific fora.

Soviet work in these settings was couched in the seemingly neutral languages of science and technology. This did not mean it was apolitical. Rather, the experts took their contributions as an occasion to promote “the achievements of Soviet science” and seek recognition for Soviet innovations.^[21] Perhaps the most famous of these was the work of Tat’iana Sergeevna Detinova on the population biology of mosquitoes. Detinova was a longtime member of the Martsinovskii

Institute. She had begun as a laboratory assistant in the Medical Entomology Department in the 1930s, before rising through the ranks and attaining leadership positions. Detinova had devised a method for determining the age composition of mosquito populations, building on a painstaking Soviet technique for determining the age of female mosquitoes through dissection. When this method was applied consistently and correctly, the resulting information could be used to gauge the effectiveness of vector control measures. For this reason, Detinova's work aroused intense interest from international malariologists. She was invited several times by the WHO to share her methods, teaching a course in London in 1959 and traveling to Africa in 1962.^[22]

Few Western entomologists proved capable of learning Detinova's subtle techniques of dissection and observation, honed over decades of laboratory work. Some might have denied the validity of the method entirely, had not a single British expert—the entomologist T.J. Wilkes—mastered it.^[23] The struggles of senior Western experts may have enhanced the pride of Soviet scientists, yet the apparent inapplicability of the Soviet technique in Western conditions pointed to deeper divergences between Soviet and Western approaches. These emerged more clearly in Soviet activities on WHO scientific bodies like the Malaria Expert Committee.

Beyond their patriotic posturing, Soviet experts pursued a genuine effort to reshape WHO malariology in their own image. Joined by colleagues from other state-socialist countries, they offered "critiques" aimed at addressing "the most obvious errors" in the "strategy and tactics of WHO malaria control."^[24] Their main target was DDT. Against the undifferentiated strategy of DDT-spraying, Soviet experts promoted their own "complex" system of measures, which used careful epidemiological research to tailor measures to local conditions and generally combined DDT with mass case detection and treatment. This multifaceted approach was seen as part of a wider process of state-building and development, in which targeted medical interventions would be reinforced by rising health-system capacity and population welfare. The "horizontal" of the vision stood in contrast to the "vertical" WHO program and its bracketing of development. The distinction was clear in debates over mass case detection and treatment, measures de-emphasized in WHO policy and supported by Soviet experts for virtually the same reason—¹⁴⁹ because they required public health infrastructure.^[25] WHO policy reflected a fusion of technocratic science and American geopolitics. Yet the Soviet alternative was not politically innocent, fitting within the promotion of a "non-capitalist path of development" for decolonizing countries.^[26]

On the Malaria Expert Committees, convened to offer recommendations on scientific and policy questions, Soviet experts promoted this viewpoint clearly, although without overt political grandstanding. The 10th Malaria Expert Committee in 1963, devoted to "problem areas" where DDT alone failed to interrupt malaria transmission, was a perfect opportunity to apply the Soviet perspective. The Soviet expert at the meeting was Nataliia Nikolaevna Dukhanina, head of the Epidemiological Department of the Martsinovskii Institute and, as far as I can determine, the first woman to ever sit on a Malaria Expert Committee. Dukhanina was a senior Soviet malariologist with over thirty years' experience in health campaigns. Known for her work on the intricate epidemiology of *Plasmodium vivax* malaria, she was an ideal bearer for the message that complex epidemiological problems required comprehensive solutions.^[27] She heartily endorsed proposals for detailed epidemiological research in "problem areas" and added a suggestion that mass case treatment should also be adopted (both standard Soviet practice). This would "enable the number of 'problem areas' to be reduced."^[28] In effect, she implied—without actually saying—that the real "problem area" was the narrowness of the WHO strategy itself.

This position was also clear at the 11th Malaria Expert Committee in 1964, devoted to the role of entomology in malaria eradication. Tat'iana Detinova participated as a special consultant, providing valuable information on her mosquito age-grouping method and Soviet entomological training.^[29] She also contributed to debates over WHO policy, proposing (among other items) that the program of detailed entomological research associated with the preparatory phase of eradication campaigns should be continued during later phases. This proposal reflected the well-established Soviet approach, yet Western experts doubted its feasibility, given the permanent expertise and infrastructure it would require. Their doubts arose from precisely what Detinova assumed—that development of permanent public health capacity would occur alongside eradication campaigns. In a revealing compromise, Detinova's proposal for thorough entomological research was adopted with one caveat: it would apply only "in places where it [was] possible."^[30]

The Soviet campaign to reshape WHO malariology lasted until the mid-1960s when it ended, ostensibly, with a victory for the Soviet position. At the 12th Malaria Expert Committee in 1965 (notably chaired by Sergiev) mass treatment was adopted as a core measure in eradication campaigns, a shift Soviet experts took as a vindication of their overall approach.^[31] More broadly, the WHO's slow turn toward "horizontal" health approaches, culminating in its embrace of primary healthcare at the Alma-Ata Conference in 1978, suggested that the organization had evolved in the Soviet direction.^[32] In fact, Soviet ideas had long found support among certain WHO experts (for a similar case, see Michel Christian's chapter in this volume). Leonard Jan Bruce-Chwatt, head of Research and Technical Intelligence in the WHO Malaria Eradication Division, served for years as an informal facilitator for Soviet experts. Born in Russian-ruled Poland and educated in St. Petersburg, he supported attempts to transmit "the magnificent effort of Soviet public health in the field of malariology" to the world.^[33] By the end of the 1960s, Soviet experts felt that "many basic principles of the struggle against malaria in the USSR" were reflected in WHO policy.^[34] Some even claimed that the "Soviet complex method" had become the official WHO strategy.^[35]

But the Soviet victory—if it was such a thing—proved pyrrhic. The adoption of complex strategies heralded not a bold new approach for the Global Malaria Eradication Programme, but rather its demise. If the Soviet perspective no longer aroused opposition, this was partly because the political stakes were lower. US support for eradication as a Cold War measure was flagging by the mid-1960s. At the WHO, the goal of eradication was finally abandoned in 1969.^[36] Still, the process helped to reconcile Soviet and Western views. The Soviet "victory" produced few meaningful changes in international health work, but it did serve to draw Soviet experts into the universe of the WHO. By the 1970s, the socioeconomic—if not revolutionary—implications of the original Soviet vision were little in evidence. Martsinovskii experts' international work was expressed in an increasingly technocratic mode. As in the later history of Chinese participation in UN specialized agencies, examined in Yi-Tang Lin's chapter in this volume, the international integration of socialist expertise came at the expense of its original *political* significance. It was not only the WHO that had changed.

Expert Networks: Interfacing Socialist and WHO Malariology

The activities of Martsinovskii experts were not confined to WHO Expert Committees and other official bodies. From the 1950s to the 1980s, they traveled to more than sixty countries, moving easily between the health networks of the WHO, the socialist bloc, and the decolonizing world.

[37] These travels created informal networks and circulations of knowledge that linked disparate political contexts in surprising ways. By the early 1960s, Martsinovskii experts had carried WHO intellectual frameworks and practices far beyond the reach of the organization itself, globalizing malariology despite the blockages of Cold War politics. This effect was most evident in countries disconnected from the WHO at this time, like the Democratic Republic of Vietnam (North Vietnam).

The Martsinovskii Institute's engagement with North Vietnam dated from the mid-1950s, before the Soviet Union returned to active participation in the WHO. Although Martsinovskii experts also launched projects in the People's Republic of China in the same period, relations with North Vietnam proved more enduring, involving technical assistance, significant material support, major training initiatives, and joint research. The Soviet program in the country was coordinated through the Martsinovskii Institute and overseen by Sergiev personally.^[38] A series of Soviet teams led an effort that drew resources and personnel from several socialist countries (notably Romania and Czechoslovakia) and functioned at least partly under the auspices of Comecon.^[39]

In 1955–57, a Soviet group led by Gleb Alekseevich Pravikov conducted malariological surveys, treated patients, and trained personnel across North Vietnam.^[40] In 1957, Martsinovskii expert Andrei Iakovlevich Lysenko was sent to the Institute of Malariology in Hanoi, working with director Đặng Văn Ngữ on several initiatives. The most important was a pilot project in Thái Nguyên province, which became the basis for a national malaria eradication plan approved in 1958.^[41] In 1960, the USSR pledged to supply the material resources and specialists required for the plan—a commitment of 20 million (pre-1961) rubles. The main effort began in 1962, and over the next three years Soviet experts supported a campaign that expended 1,000 tons of DDT and 15–20 million antimalarial tablets per year.^[42] The work stalled in the mid-1960s, when the “destructive war with American imperialism” drove foreign experts from the country.^[43] In 1967, Đặng Văn Ngữ himself was killed in an American airstrike.^[44] But by the end of the 1960s, Soviet experts returned.^[45] Cooperation continued into the 1980s.

The eradication campaign in North Vietnam was all the more notable for the fact that it unfolded in isolation from similar efforts in South Vietnam. The WHO began cooperation with the South Vietnamese government on malaria eradication in 1958—the same year as the North Vietnamese plan—but there is little evidence of mutual awareness. As the war intensified, WHO documents often spoke of how rural “insecurity” hampered work—despite the fact that at least some DDT-spraying and mass treatment occurred in Viet Cong-controlled areas.^[46] North Vietnamese officials gave no credence to the “puppet administration of Saigon” or its Western-oriented malaria campaign.^[47] In this context, Soviet and other East European experts formed the sole bridge between North Vietnam and the WHO. Some Martsinovskii experts worked in both settings—most notably, Sergiev and Detinova. Small in number, these experts created traceable connections. The clearest such example is Andrei Lysenko, who became a conduit for passing information between the WHO and North Vietnam.

Lysenko's own biography revealed how the experts of the Martsinovskii Institute linked the multiple contexts of Soviet malariology, socialist internationalism, and world health. His work from the 1930s to the 1950s involved constant travel between Moscow and Soviet Central Asia. In 1954–57, immediately before his posting to North Vietnam, he played a leading role in the malaria eradication campaign in Soviet Tajikistan. After, he spent a full year working at the Hanoi

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Institute of Malariology (1957–58), returning regularly until 1960. He was next sent to the WHO Malaria Eradication Division.^[48] He spent the next two years (1960–61) in Geneva, and traveling on assignment in the Americas, the Middle East, and Europe.^[49]

Although Vietnam in general was striking for its absence from Lysenko's travel itinerary at the WHO, knowledge of his work in North Vietnam nonetheless spread. A series of Russian-language articles, co-authored with Vietnamese colleagues and published in the Martsinovskii Institute's journal, found their way into the WHO library, from whence they circulated.^[50] One was requested by the Western Pacific Regional office and delivered in English translation in 1966.^[51] Lysenko also shared his experience in a paper on "landscape-malariological zonation," submitted to the 8th Malaria Expert Committee in 1960. A method originally developed for ¹⁵² the Tajik eradication campaign, Lysenko had adapted it to Vietnam during the pilot project at Thái Nguyên. His paper included discussion of both efforts.^[52] WHO records indicate that Lysenko's publications were the organization's main source of knowledge about malaria in North Vietnam. Indeed, virtually all information about the country came from works published in the USSR or Eastern Europe.^[53]

If Lysenko's work provided the WHO with a window into North Vietnam, the opposite was also true. The country was still on Lysenko's mind during his time in Geneva. In 1961, he wrote to the USSR Health Ministry to express "serious anxiety" over the "poverty of literature on malaria in Hanoi and especially of WHO publications." With this problem in mind, he gathered a "small selection" of WHO materials to be forwarded in "the next shipment to the North Vietnamese [DRV] Malaria Institute." His initiative was approved by Sergiev in Moscow and the materials were sent to North Vietnam.^[54]

Soviet experts seemed to view their work in North Vietnam and the WHO as elements of a common project. The Soviet minister of health raised the idea of WHO accession to his North Vietnamese counterparts as early as 1959. It was the latter who resisted, fearing that membership might bring an influx of "specialists from capitalist countries."^[55] By 1961, Soviet officials could countenance bringing their Vietnamese work directly under WHO auspices. Lysenko discussed reducing Soviet financial obligations to the WHO by "somehow register[ing] the 20 mln. [ruble] donation of the USSR to the Vietnamese Democratic Republic ... as one sort of Soviet participation in the world malaria eradication campaign."^[56] The next year, Soviet representatives were apparently inquiring whether the WHO might directly finance some of their work in the country.^[57]

Countries like North Vietnam were—literally—blanks spots on the WHO's map of the world.^[58] This did not mean they existed outside the influence of the organization. Using socialist aid programs originally developed as *alternatives* to Western-dominated world health, Martsinovskii experts tied North Vietnam into networks defined by the ideas and strategies of WHO malariology. As the USSR re-engaged with the WHO in the late 1950s, North Vietnamese malariology also converged with international models. The North Vietnamese eradication plan in 1958 coincided with the adoption of WHO-supported plans in almost all its neighbors in 1957–58.^[59] Although the first group of Soviet experts had advised a program focused on mass use of synthetic antimalarial drugs, Lysenko's visit led to the adoption of DDT as a core measure.^[60] By the early 1960s, North Vietnam had also adopted the terminology of the WHO: "pilot projects" (*opytno-pokazatel'nye raboty*) and "malaria eradication programs" divided into distinct phases—"preparatory," "attack," "consolidation," and so on.^[61]

Institutional Integration: The Martsinovskii Institute within the WHO

Over time, the relationship between the Martsinovskii Institute and the WHO came to include direct, formalized cooperation between the two organizations. This process began modestly¹⁵³ yet expanded significantly over time, bolstered by the gradual convergence of Soviet and WHO methods. By the late 1970s, the institute was deeply engaged with international initiatives. Its goals were closely aligned with those of the WHO. In the last decades of the Soviet Union, it emerged as a quasi-international space that aspired to coordinate the work of medical institutes across the USSR and the socialist world, integrating socialist science into a global system led from Geneva with Soviet support.

The Martsinovskii Institute had long sought cooperation with medical institutes in other socialist countries. In the 1950s, it helped to establish Soviet-model medical systems in Eastern Europe.^[62] It played a similar role in North Vietnam, as I have described. Cooperation between the Martsinovskii Institute and the Hanoi Institute of Malariology began in 1960. Bilateral relationships were later established with institutes in Bulgaria and Czechoslovakia.^[63] Such links did not exist between the Martsinovskii Institute and Western peer institutes, however.^[64] Connections to Western tropical medicine ran through the WHO. From the early 1960s, formal relations grew along several tracks.

The most basic form of cooperation was individual research grants. The first agreements were signed between the Martsinovskii Institute and the WHO in 1962, after a lengthy series of complications that likely reflected bureaucratic hurdles to foreign funding on the Soviet side.^[65] Once established, however, the grants continued largely without interruption for over a decade. The amount of each was small, but they totaled a substantial sum over time—\$32,300 between 1962 and 1976.^[66] But the importance of the grants likely lay less in their amount than the fact that they could be taken in-kind, in the form of equipment purchased from Western companies on behalf of the institute. In the case of a grant from 1970, for which the relevant documents are preserved, the entire \$3,000 was allocated for purchases from Japan, Switzerland, West Germany, and the United Kingdom.^[67] Besides providing access to foreign goods, grants familiarized Soviet researchers with the practices of the WHO—the rhythm of applications, reports, and correspondence that came along with international research.

WHO training initiatives provided another site for administrative learning and epistemic integration. In 1962, the institute hosted a series of WHO malariology courses. The preparation involved close cooperation—facilitated by Lysenko's tenure at the WHO—on questions of organization, financing, and course content.^[68] In the end, the effort was successful. Two three-month courses (in English and French) produced thirty-three graduates from seventeen countries.^[69] At the height of their campaign to influence WHO malaria policy, the same Soviet scientists who sat on Expert Committees delivered lectures described by one WHO official as "of a very high standard but, at the same time, very realistic, thought-provoking and in line with WHO policies."^[70] Another noted that students "were unanimous in their opinion that no political views were ever injected into the discussions." The Soviet side was eager to repeat the course, but WHO officials preferred to focus on training in tropical regions.^[71] Nevertheless, the Martsinovskii Institute became integrated into WHO educational schemes. From 1962 to 1971, at least fifteen foreign specialists—including WHO fellows—trained every year at the institute.^[72] It also frequently hosted WHO traveling seminars on malaria and other themes. These occurred every year between 1964 and 1967, as well as in 1969 and 1971.^[73]¹⁵⁴

This slow integration into international research and training systems accelerated greatly in the 1970s. Between 1974 and 1978, with support from the USSR and other socialist countries, the WHO launched a Special Programme for Research and Training in Tropical Diseases. This new program emerged amid the failure of malaria eradication and the turn to horizontal health approaches tied to development.^[74] Its goal was to coordinate and expand research on six tropical diseases—malaria first among them—and to involve the scientific centers and health systems of developing countries in this work.^[75] To foster Soviet participation, the USSR Health Ministry created a Coordination Center for Tropical Diseases within the Martsinovskii Institute in 1978. The goal of the Center was to organize Soviet research “within the framework” of the Special Programme, leveraging Martsinovskii experts’ experience in WHO grantmaking to help other institutes submit proposals.^[76] A flurry of activity followed. By the early 1980s, the Coordinating Center had submitted twenty-seven proposals to the Special Programme, of which seven had been approved.^[77] It had also helped to revive WHO malariology training, which had flagged in the 1970s.^[78] During 1978–1980, the institute’s experts were involved in at least two roving seminars and organized two international malariology courses.^[79]

The Coordinating Center was also intended to organize a wider multilateral network of state-socialist health actors for participation in the Special Programme. Efforts to develop socialist multilateralism in tropical medicine dated back to the 1950s.^[80] The Coordinating Center was to reinforce this work by taking responsibility for “cooperation with scientific institutions of socialist and developing countries” in this area.^[81] In the early 1980s, it played a key role in an ambitious Comecon initiative for tropical medicine, which included a “temporary international scientific team” at the Hanoi Institute of Malariology studying antimalarial drug resistance.^[82] These many converging networks made the institute an obvious site to pursue further integration. The organization’s role in coordinating research among “the countries of socialist friendship,” Martsinovskii experts argued, would “accelerate and heighten the effectiveness of work” and “have a huge influence on the realization of the Special Programme.”^[83] In other words, the institute was to bridge the divide between international and socialist health—and in doing so, gain an important position for itself within the broader domain of world health.

By the early 1980s, the Martsinovskii Institute was deeply integrated within the wider administrative networks, personnel exchanges, and epistemic frameworks of the WHO. The Special Programme’s research planning structure seemed the perfect vehicle to align Soviet and international malariology. Martsinovskii experts were “actively including [themselves] in the fulfillment of the Special Programme,” coordinating with scientific institutes across the socialist world. They were also aligning their own organization with international needs by creating “centers for collaboration with the WHO [...] on the basis of the institute’s departments.”^[84] They aimed to “coordinate [their] research with works in western countries and integrate the results into a global system of targeted planning developed under the auspices of the WHO.”^[85] It was no longer clear where Soviet malariology ended, and international expertise began.

Conclusion

The Martsinovskii Institute’s role in WHO malariology seemed to transcend the divisions of the Cold War even as the international work of its experts—especially before the 1970s—was framed by the political and ideological stakes of the conflict. This was partly due to the multiple settings in which international engagement occurred. As Sandrine Kott argues, historians must

be attentive to the different positions available within international organizations and their structural possibilities. She perceives two “enclosures” or domains. The first is defined by “groups with divergent interests”—member states, within the UN system. The second is comprised by permanent secretariats where “international knowledge and *savoir-faire* is developed, where epistemic communities gathered around the sharing of knowledge and experience meet and are even constituted.”^[86] Aspects of both these “enclosures” can be seen in venues like the WHO Expert Committees, which fostered both political contestation and epistemic agreement. Soviet work within them shows how inseparable the processes of competition, cooperation, and convergence could be in the context of the Cold War.

I have also emphasized a third element in my analysis: the “wider networks” of the WHO that developed beyond its official institutional structures—yet were crucial to its claim to represent “world” health. Such networks structured the circulations of people and knowledge that international organizations required—as Kott notes—if they were to exist as anything more than “deserted palaces.”^[87] These networks were also deeply structured by the Cold War order; it was for this reason that WHO malariology arrived in North Vietnam via socialist health networks rather than the organization itself. Not all of these “wider networks” were visible from Geneva. As Trudy Huskamp Peterson reminds us in this volume, the archives of the Cold War were shaped by the boundaries and dynamics of the conflict itself. For this reason, a “national” organization like the Martsinovskii Institute can reveal how international health was established in a divided world.

160' 159' 158' 157' 156

Notes

Notes

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[7] Iacob, "Paradoxes of Socialist Solidarity," 134–38.

[8] Bogdan C. Iacob, "Health," in James Mark and Paul Betts (eds.), *Socialism Goes Global: The Soviet Union and Eastern Europe in the Age of Decolonization* (Oxford: Oxford University Press, 2022), 255–56, 281–84.

[9] Today, the Martsinovskii Institute is part of Sechenov University. On the history of the institute and its medical research, see Margarita V. Strelkova, Alla M. Baranova, and Katrin Kuhls, "History of the E. I. Martsinovsky Institute of Medical Parasitology and Tropical Medicine: Research on Malaria and Leishmaniasis," *História, Ciências, Saúde-Manguinhos* 27, no. 4 (2020): 1097–124.

[10] Marek Eby, "Soviet Malariologists Meet the World: Socialist Medicine and World Health, 1920–1966" (article manuscript, 2024); see also Iacob, "Malariology and Decolonization."

[11] Cueto, Brown, and Fee, *World Health Organization*, 86–7.

[12] P.G. Sergiev, M.G. Rashina, and A. Ia. Lysenko, "Maliarii kak mirovaia problem i khod likvidatsii maliarii v SSSR," *Meditsinskaia Parasitologiya i Parazitarnye Bolezni* (hereafter, *MPiPB*) 3 (1959): 269–70.

[13] Rossiiskii Gosudarstvennyi Arkhiv Noveishei Istorii (Russian State Archive of Contemporary History, hereafter RGANI) f. 3, op. 29, d. 49, ll. 34, 92–5, 98–9, quoted 92, 99; RGANI f. 3, op. 29, d. 50, ll. 44–5.

[14] RGANI f. 3, op. 29, d. 49, l. 95.

[15] *Ibid.*, l. 34.

[16] Gosudarstvennyi Arkhiv Rossiiskoi Federatsii (State Archive of the Russian Federation, hereafter GARF) f. R8009, op. 34, d. 854, l. 97.

[17] RGANI f. 3, op. 29, d. 49, ll. 99–100.

[18] Cueto, Brown, and Fee, *World Health Organization*, 70–1, 92–3.

[19] RGANI f. 5, op. 28, d. 467, ll. 59, 62–3, 63 quoted.

[20] World Health Organization Archive (hereafter, WHO) 7/0121/JKTIII/SJ2: E.J. Pampana, "Report on Belgrade Conference, 22–29 March 1957."

[21] A.S. Khromov and R.L. Kuznetsov, "Rol' sovetskikh parazitologov v sotrudnichestve SSSR so stranami Azii, Afriki i Latinskoi Ameriki v oblasti zdravookhraneniia," *MPiPB* 6 (1972): 710.

[22] "Tat'iana Sergeevna Detinova (K 60-letiiu so dnia rozhdeniia)," *MPiPB* 1 (1973): 116; Ann H. Kelly, "Seeing Cellular Debris, Remembering a Soviet Method," *Visual Anthropology* 29, no.2 (2016): 133–58.

[23] Kelly, "Seeing Cellular Debris," 140–3.

[24] R.L. Kuznetsov, "Vklad P. G. Sergieva, Sh. D. Moshkovskogo i V. N. Beklemisheva v teoriiu i praktiku bor'by s maliariei v mire," *MPiPB* 5 (1990): 12; on Eastern European experts, see Iacob, "Malariology and Decolonization," 250–1.

- [25] Iacob, "Malariology and Decolonization," 245–6; Eby, "Soviet Malariologists Meet the World."
- [26] Clive Y. Thomas, "'The Non-Capitalist Path' as Theory and Practice of Decolonization and Socialist Transformation," *Latin American Perspectives* 5, no. 2 (1978): 10–28.
- [27] "Nataliia Nikolaevna Dukhanina," *MPiPB* 2 (1971): 248–50.
- [28] GARF f. R8009, op. 34, d. 1040, ll. 43–8, 45 quoted.
- [29] GARF f. R8009, op. 34, d. 1105, ll. 32–5.
- [30] Ibid., ll. 35–7, 37 quoted; *WHO Expert Committee on Malaria: Eleventh Report* (TRS 291; Geneva: World Health Organization, 1964), 5.
- [31] WHO MALARIA1/EXPCP/12TH: Expert Committee on Malaria, Twelfth Report, September 21–23, 1965, 2–28; see Sergiev's speech in accepting the Darling Prize for Malariology in 1996: World Health Assembly 19/A19/VR/9: Ninth Plenary Meeting: Provisional Verbatim Record, May 12, 1966, 16–24; see a similar argument in Iacob, "Malariology and Decolonization," 233–4, 251–3.
- [32] Socrates Litsios, "The Long and Difficult Road to Alma-Ata: A Personal Reflection," *International Journal of Health Services* 32, no. 4 (2002): 711–16; Anne-Emanuelle Birn and Nikolai Kremontsov, "'Socialising' Primary Care? The Soviet Union, WHO and the 1978 Alma-Ata Conference," *BMJ Global Health* 3, Suppl. 3 (2018): doi.org/10.1136/bmjgh-2018-000992.
- [33] WHO 3/M2/418/2/USSR: Letter from L.J. Bruce-Chwatt to P.G. Sergiev (July 9, 1959): 2; see also Leonard J. Bruce-Chwatt, "Malaria Research and Eradication in the USSR. A Review of Soviet Achievements in the Field of Malariology," *Bulletin of the World Health Organization* 21 (1959): 737–72. Bruce-Chwatt's role is perhaps all the more remarkable for the fact that his brother was executed by the Soviet NKVD in the Katyn massacre. See "Leonard Jan Bruce-Chwatt," *Royal College of Physicians* (n.d.): <https://history.rcplondon.ac.uk/inspiring-physicians/leonard-jan-bruce-chwatt> (accessed August 22, 2024).
- [34] Kuznetsov, "Vklad": 13.
- [35] Khromov and Kuznetsov, "Rol' sovetskikh parazitologov": 710; see also "50 let raboty Instituta meditsinskoi parazitologii i tropicheskoi meditsiny im. E. I. Martsinovskogo Ministerstva Zdravookhraneniia SSSR," *MPiPB* 1 (1971): 8.
- [36] Cueto, Brown, and Fee, *World Health Organization*, 108–14.
- [37] L.S. Iarotskii and V.P. Sergiev, "70-letie ordena trudovogo krasnogo znamenii Instituta meditsinskoi parazitologii i tropicheskoi meditsiny im. E. I. Martsinovskogo Minzdrava SSSR (stranitsy istorii)," *MPiPB* 5 (1990): 6.
- [38] Khromov and Kuznetsov, "Rol' sovetskikh parazitologov": 708.
- [39] See Iacob, "Paradoxes of Socialist Solidarity": 131–3. Soviet sources speak only of bilateral relations until the 1980s. The author thanks Bogdan Iacob for generously sharing insights from Romanian and Czechoslovak sources.
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- [44] “Pamiati professora Dang Van Ngy,” *MPiPB* 5 (1967): 631–32; see also Aso, “Patriotic Hygiene”: 442.
- [45] Khromov and Kuznetsov, “Rol’ sovetskikh parazitologov”: 709.
- [46] WHO 22/0628/JKT2: “Briefing on the Viet-Nam Malaria Project” (May 10, 1961): 1, 5; Fan, “Bor’ba s maliariei i ee likvidatsiia”: 88–9.
- [47] Fan, “Bor’ba s maliariei i ee likvidatsiia”: 89.
- [48] T.I. Avdiukhina et al., “Nauchnoe i pedagogicheskoe nasledie A. Ia. Lysenko v deiatel’nosti kafedry parazitologii i dezinfektsionnogo dela rossiiskoi meditsinskoi akademii,” *Pedagogika Professional’nogo Meditsinskogo Obrazovaniia* 4 (2021), <https://web.archive.org/web/20220125132901/https://www.profmedobr.ru/articles/nauchnoe-i-pedagogicheskoe-nasledie-a-ja-lysenko-v-dejatelnosti-kafedry-parazitologii-i-dezinfekcionnogo-dela-rossijskoj-medicinskoj-akademii/> (accessed August 22, 2024).
- [49] See the quarterly reports of the Malaria Eradication Division for 1960 and 1961: WHO 7/0562.
- [50] Soviet sources suggest close collaboration and even friendship between Soviet and Vietnamese experts—a contrast to the civilizational hierarchies that seemed to define some other European-Asian socialist encounters. See Iacob, “Paradoxes of Socialist Solidarity”: 134–8.
- [51] WHO 3/M2/418/2VTN: WPRO Memorandum to L.J. Bruce-Chwatt (December 13, 1965); message to Regional Director WPRO (February 9, 1966).
- [52] A.Y. Lysenko, “The Use of Principles of Landscape Epidemiology in Malaria Eradication Programmes” (Mal/Exp.Com.8/WP/26); see also A. Ia. Lysenko, A.I. Nemirovskaia, E.S. Kalmykov, and L.V. Ivanova, “Opyt tipizatsii maliariinykh ochagov Tadzhikistana,” in *Sbornik rabot po maliarii i gel’mintozam*, vyp. 1 (Stalinabad: Minzdrav Tajikskoi SSR, 1956), 5–12.
- [53] “Epidemiological Situation in Viet-Nam” (EB41/42/Agenda item 2.8, January 23, 1968): Annex 2, 8–15.
- [54] GARF f. R8009, op. 34, d. 854, l. 148–9.
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[60] Lysenko, "Maliariia v Demokraticheskoi respublike V'etnam": 544–5; see also Iacob, "Malariology and Decolonization": 249–50.

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[64] Topalov et al., "Mezhdunarodnoe sotrudnichestvo": 78.

[65] WHO 7/0121/JKTIII/SJ4: Gramiccia, "Report on a Visit": 6; L.J. Bruce-Chwatt: "Report on a Visit to the Malaria Eradication Training Course in Moscow, USSR (August-September 1962)": 4; GARF f. R8009, op. 34, d. 576, ll. 120–31.

[66] See WHO M2/181/39/JKTI-IV for grant agreements, reports, and other correspondence.

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[72] Khromov and Kuznetsov, "Rol' sovetskikh parazitologov": 709–10.

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[81] Nikolaevskii, “O Sozdani vsesoiuznogo koordinatsionnogo tsentra”: 89.

[82] Topalov et al., “Mezhdunarodnoe sotrudnichestvo”: 78; Iarotskii and Khromov, “Sostoianie i perspektivy”: 11; on this form of CMEA cooperation, see Louvan E. Nolting, *Integration of Science and Technology in CEMA*, Foreign Economic Report No. 21 (Washington: U.S. Government Printing Office, 1983), 20–1.

[83] Soprunov, “Problemy parazitnykh tropicheskikh boleznei”: 6.

[84] Topalov et al., “Mezhdunarodnoe sotrudnichestvo”: 79.

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[86] Sandrine Kott, *Organiser le Monde: un autre histoire de la guerre froide* (Paris: Éditions du Seuil, 2021), 11–12.

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