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ABBREVIATIONS

The following abbreviations are used in the *Official Records of the World Health Organization*:

- **ACC** — Administrative Committee on Co-ordination
- **CCICMS** — Council for the Co-ordination of International Congresses of Medical Sciences
- **CCTA** — Commission for Technical Co-operation in Africa South of the Sahara
- **ECA** — Economic Co-operation Administration
- **ECAFE** — Economic Commission for Asia and the Far East
- **ECE** — Economic Commission for Europe
- **ECLA** — Economic Commission for Latin America
- **FAO** — Food and Agriculture Organization
- **ICAO** — International Civil Aviation Organization
- **ICITO** — Interim Commission of the International Trade Organization
- **ILO** — International Labour Organisation (Office)
- **IMCO** — Inter-Governmental Maritime Consultative Organisation
- **IRO** — International Refugee Organization
- **ITU** — International Telecommunication Union
- **OIHP** — Office International d’Hygiène Publique
- **PASB** — Pan American Sanitary Bureau
- **PASO** — Pan American Sanitary Organization
- **TAB** — Technical Assistance Board
- **TAC** — Technical Assistance Committee
- **UNESCO** — United Nations Educational, Scientific and Cultural Organization
- **UNICEF** — United Nations International Children’s Emergency Fund
- **UNKRA** — United Nations Korean Reconstruction Agency
- **UNRRA** — United Nations Relief and Rehabilitation Administration
- **UNRWAPRNE** — United Nations Relief and Works Agency for Palestine Refugees in the Near East
- **WFUNA** — World Federation of United Nations Associations
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CORRIGENDUM

Page 24: Fellowships

First paragraph, line 11: for 655 fellowships
read 665 fellowships
INTRODUCTION

Developments in World Health

1951 has been the third full year of activity for the World Health Organization. It has, on the whole, been an encouraging year for the health of the world: there have been no very spectacular advances towards the goals of WHO, but neither have there been any disquieting setbacks. The year has been characterized by the gradual but unmistakable development of a "world health consciousness" and by a broadening of the general concept of the right to health. Although the universality of this right has long been recognized as an ideal in many religions and philosophies, the people of the world have been all too willing to accept it only as a general theme and to leave to a hopelessly small number of missionaries and other humanitarians the gigantic task of applying it in practice. Today in the eyes of humanity it has become the duty of those countries more richly endowed with resources and more skilled in their use and conservation to help those less developed to provide the scientific and medical means of improving the health of their peoples. It is not enough, for example, for a few nations to produce adequate supplies of essential antibiotics or insecticides for their own use and leave other nations to their own resources; nations which can manufacture products which the whole world needs must either produce enough to satisfy their own needs and a surplus for export to other countries or must help these countries to produce their own supplies. It has long been recognized that epidemics must be subject to international control; now not only epidemics but disease in general, starvation, malnutrition, homelessness, indeed, poverty and needless death occurring anywhere in the world have rightly become of vital concern to all peoples. Assistance to under-developed countries has been given for a number of reasons; nevertheless, perhaps more at this time than ever before in history, the more fortunate people have recognized their obligation to do something about these problems and have begun to do so.

A brief consideration of the more important trends and developments in world health and the part which WHO has played in them makes it clear that countries are giving increasing attention to the promotion of health as essential to industrial, agricultural, and general social and economic advancement. One manifestation of this trend is the emphasis, in the training programmes of many countries, which has been placed on the social aspects of the prevention of disease and the protection of health. This was also reflected in the technical discussions on "The Education and Training of Medical and Public-Health Personnel", which took place in Geneva during the Fourth World Health Assembly. The establishment, during 1951, of the health demonstration areas requested by governments, in which health work is shown to be an integral part of the social and economic development of the community, and the inclusion of health experts in the survey missions sent out to countries by the International Bank for Economic Development and Reconstruction are further examples. The most striking evidence of this trend, however, is the direction taken by the United Nations expanded programme for technical assistance, in which a substantial part of the available funds has been allocated to WHO for health work.

Not only has the year produced much evidence that the improvement of health is more clearly conceived as a vital element in economic and social development; countries are also adopting much more frequently than hitherto what may be termed the "co-ordinated approach" to health matters themselves. This approach, enlisting as it does the co-operation of all concerned with the various aspects and implications of particular problems, brings to their solution a team spirit and a common understanding which ensure more thorough and valuable results than would otherwise be possible. Such an approach enables professional and auxiliary workers in such fields as environmental sanitation, health administration, nursing, health education, maternal and child health, mental health and nutrition to combine their efforts in substantial contributions towards the achievement of total health. Wherever it is called for in WHO projects, this approach is encouraged: a notable instance of its application has been the establishment of health units and health demonstration areas with the co-operation of the United Nations and of other specialized agencies.

In planning health programmes, more governments have also become aware that, before they can extend their services in public health and medical care, they must provide for the training of health workers. Some have recognized the need for revising their existing systems of technical education in order to produce per-
sonnel with the qualifications needed for coping effectively with the physical, mental and social aspects of health work. The important role played by medical and health auxiliary personnel was clearly brought out in the conclusions of the technical discussions at the Fourth World Health Assembly, and WHO has helped to promote the training of professional and technical personnel by organizing training courses, awarding an increasing number of fellowships and giving financial and technical support to scientific and educational institutions.

Progress is being made in many countries in surveying and planning essential public-health and medical services and extending them from urban to rural areas. More authorities are becoming aware that many campaigns for the eradication of diseases will have only temporary results if they are not followed by the establishment of permanent health services in those areas, to deal with the day-to-day work in the control and prevention of disease and the promotion of health. Certain countries have begun or have continued with experiments in planning and establishing local public-health programmes designed to show the best way of carrying out long-term plans for health work and developing permanent health services suited to their needs. WHO has assisted with a number of these experiments, since one of its principal responsibilities is to do everything in its power to strengthen national health services.

In the last few years great efforts have been made to raise the general educational level of the peoples, largely through the work not only of UNESCO but also of many governmental and non-governmental agencies. An important consequence of these efforts has been a general awakening to the great need for health education of adults and children of school age. It has become more and more evident that if health measures are to have lasting value, people of all ages must themselves take an intelligent and responsible part in solving their personal health problems and those of the community. An international interim commission was set up this year for the purpose of forming the first non-governmental organization for health education of the public, and health education has formed an important part of many of WHO’s own programmes as well as of the experiments in fundamental education being carried out in various countries.

WHO has recognized that without enthusiastic support from the people and without their willingness and ability to take over and carry forward the health measures which it has helped governments to plan, these measures are not likely to be successful. Accordingly, its efforts have been directed more and more toward various types of education, either by helping to improve the standards and the scope of professional and technical education, by educating the public, or by spreading information about WHO. An important step taken during the year for the awakening of public interest in the Organization was the creation of a national WHO committee in the United States of America, under the auspices of the United States National Health Council. The chairman of the steering committee responsible for this development has said: “It will be the task of this National Committee to make known to all our people the work and potentialities of world health. It will educate and organize public opinion so that our political leaders need never be in doubt about the people's support of WHO...”.

Environmental sanitation still remains the bedrock of the preservation of health, in so far as this implies the prevention of disease. Even in highly developed countries, elementary sanitary precautions are sometimes lacking in many areas, and practical application lags behind scientific knowledge. In the less developed countries, although the most modern techniques of sanitation could produce spectacular results for a short time, they are often not applicable as permanent measures, the organizational and economic resources of the countries concerned being seldom adequate to support them. In practice, it would generally be better to concentrate on the familiar and tried methods of sanitation suitable to the levels of development of such countries, in which, if national health programmes are to be successful, the people themselves must learn to apply the simple methods of day-to-day sanitation within their own families and groups. Moreover, as was foreseen, in some of the less developed countries the effect on health of the increasing pace of economic development has been shown to be deleterious, because sanitation has not kept up with industrialization.

During 1951 governments have continued and extended their efforts towards the mass control of disease by therapeutic methods, and this has had a discernible effect on the health of large groups of people. For example, in programmes for the control of the treponemal diseases, supported by WHO and UNICEF, more than a million people in Indonesia have been examined for yaws during the last year and a half, and some 150,000 cases have been treated; about half a million have so far been examined in Thailand, and more than half a million in Haiti, where, eight months after the mass campaign was completed, no case of infectious yaws was
found. In Yugoslavia more than a million examinations have been made for endemic non-venereal infantile syphilis in the People's Republic of Bosnia-Herzegovina, where there now remain only minor foci of this disease. The general trend in the work on treponemal diseases throughout the world seems to have been towards (1) wider availability and acceptance of penicillin, in preference to arsenicals, for treatment and (2) closer association between the laboratory work (serological quantitative methods) and preventive and clinical activities in many country-wide programmes.

There has been a similar trend toward large-scale programmes in the control of insect-borne diseases. The success achieved by those countries which, soon after the end of the last war, carried out nation-wide antimalaria programmes based on the application of residual insecticides encouraged many other countries, notably in South-East Asia and Latin America, to embark on similar schemes. More recently, the benefits that resulted from the use of insecticides in these programmes have led governments to transform schemes directed solely against malaria into more general programmes of insect control.

These large-scale campaigns against the treponemal and insect-borne diseases have greatly increased the consumption of antibiotics and insecticides. In its resolution WHA4.30, the Fourth World Health Assembly pointed out the danger to the health of millions of people which would result if the growing shortage of insecticides should prejudice the continuation of health programmes, and urged the governments of producing countries to make adequate supplies of these insecticides available for export to the countries that needed them. Later in the year the United States of America granted priorities for such insecticides to countries applying to WHO and its Regional Office for the Americas, and the Organization has purchased insecticides in considerable quantities on behalf of requesting countries. Certain governments now feel that the point has been reached at which local manufacture of antibiotics and insecticides is justified, and they have taken action in this direction, in some cases with the help of WHO and UNICEF.

Although no specific measures comparable to those employed in mass attacks on the treponemal and insect-borne diseases are available for antituberculosis campaigns, it is expected that, in those countries which provide reasonably reliable data, 1951 will show a further reduction in tuberculosis mortality rates. In certain countries, this reduction has been remarkably steady over the past four or five years, and there is every reason to believe that when the final figures for 1951 are available, some 25 or 30 countries in the world will have established new low records for tuberculosis mortality. However, tuberculosis mortality rates are merely broad indicators of the severity of the problem in any one country and do not express the incidence of morbidity, which many authorities believe to be increasing.

Again, the effects of modern methods of treatment have still to be assessed in order to determine their role, if any, in the latest findings. The WHO Tuberculosis Research Office in Copenhagen is actively engaged in assessing what BCG has contributed to the reduction in mortality and a possible decrease of morbidity. There is little doubt that in the countries which have shown the greatest reduction in tuberculosis mortality, the general standard of living has been raised since the end of the second world war; and this may be the chief cause of the recent improvements in tuberculosis death rates.

Besides this decrease, which was recorded in a study made by WHO, a very marked reduction in the incidence of typhoid infections since 1947 was observed in Europe and reported in a survey published by WHO during the year. New weapons have also quite recently been evolved to strengthen antityphoid therapy, and the progress so far achieved in this domain should be consolidated and extended.

A problem of major importance to the future health and welfare of the peoples of many countries, and one which is only beginning to gain widespread attention, is that of excessive population increases. Such increases and their distribution over the globe are now matters of serious concern to all thinking and responsible people. The Regional Committee for South-East Asia has drawn attention to the gravity of the problem in that region, and the Governments of India and of Ceylon have asked WHO, under the expanded programme of technical assistance, to provide advice and assistance in their attempts to deal with it. In India, a pilot experiment in the use of the "rhythm method" of population control has been initiated which, if successful, will provide a powerful method of preventing malnutrition, disease and death. The United Nations collaborated in the planning of this experiment, and is taking preliminary steps to arrange for an international congress on population problems in 1953 or 1954.

During the year there was an influenza epidemic in Europe and other regions, which, however, in its spread and severity cannot be compared with the more serious epidemics occurring in the earlier part of the century. The considerable progress made during the past few years in the chemotherapy of infectious diseases, especially in the use of sulfa drugs and antibiotics, has made it possible to deal effectively with the secondary infections which were largely responsible for the high death rates in 1918. During the 1951 epidemic the WHO
World Influenza Centre and its regional influenza centres undertook research on the virus and on the preparation of vaccines, and kept national health-administrations informed of developments.

The epidemics of poliomyelitis, particularly in Canada, the United States of America and parts of Europe, were the subject of a WHO survey, but, because of the lack of information on the development of this disease in vast areas of the world and of the difficulties in diagnosing it, no very reliable conclusions about its incidence can yet be reached.

In order to maintain adequate standards of health and to prevent epidemics, WHO, at the request of the United Nations, has again helped to direct the health work among the Palestine refugees and the civilian populations in Korea. It also investigated suspected plague epidemics in Saudi Arabia and Yemen, and drew up a plan of operations for the control of plague. The Executive Board took emergency action to help the Indian Government prevent possible outbreaks of cholera and malaria in a famine-stricken area of India, appropriating $30,000 for this purpose, and, on the request of the Turkish Government, allocated $50,000 worth of medical supplies to prevent epidemics among immigrants from Bulgaria. It should be noted that the measures taken by the Turkish Government for the settlement, housing and health of these people were so effective that, at the Fourth World Health Assembly, that Government generously relinquished $35,000 of this sum.

There is a growing need for quantitative data, not only to provide comparable information on the health of populations, but also for the adequate planning of health programmes and for the sound evaluation of results. In vital and health statistics there has been considerable progress during the year, because of the creation of national committees in some countries for improving the systems of collecting and compiling vital and health statistics and for co-ordinating the work of the different national agencies which deal with data of this kind. In other countries, for example, France, the United Kingdom and the United States of America, where such national committees or their equivalents were already in existence, the committees are giving practical help in solving problems of international importance which have been referred to them. WHO's work on health statistics has greatly increased during the year. A conference on morbidity statistics was held in Geneva in connexion with a meeting of the Expert Committee on Health Statistics; a training course for statistical coders from a number of countries was also held at headquarters under the auspices of WHO; regional courses in vital and health statistics were held in the South-East Asia and the Eastern Mediterranean Regions, and surveys of the existing methods of collecting and compiling statistics were made in various countries.

Another important event of 1951 was the completion of the drafting of the International Sanitary Regulations, which will replace the former International Sanitary Conventions, and their adoption by the 64 nations at the Fourth World Health Assembly. These regulations are a revision, consolidation and replacement of the main previously existing Sanitary Conventions and similar agreements for the international control of plague, cholera, yellow fever, smallpox and typhus; to these, relapsing fever has now been added. No positive act is now required by a State which desires to become a party to these regulations; they enter into force in October 1952 for all Member States which do not reject or offer reservations to them within a fixed period. It is believed that they will provide each State observing their provisions with the maximum security against the international spread of disease with the minimum interference with the international movement of peoples and commodities. Their drafting entailed years of preparation and the co-operation of many experts; a Special Committee to consider them met for a month before and during the Fourth World Health Assembly, and their approval marks the culmination of long and careful effort.

An outstanding achievement of the year was the publication of Volume I of the Pharmacopoea Internationalis in English and French. This, the first international pharmacopoeia, is the outcome of the collaboration, for more than a decade, of experts from many countries. It is a work of historic importance, marking a major advance toward meeting the need, long felt by pharmacists and physicians throughout the world, for the international standardization of the terminology, strengths and composition of therapeutic substances.

In the Organization itself the process of decentralization provided for in the Constitution was continued. With the establishment early in the year of a Regional Office for the Western Pacific in Manila, the number of regional offices was increased to four; then, during the meeting of the Consultative Committee for Europe in September, a majority of the Member States of that region decided on the immediate establishment of a regional organization for Europe and thus added a fifth regional office, recommending to the Executive Board that Geneva be selected as its temporary headquarters. Finally, the Regional Committee for Africa, also
meeting in September, undertook to set up the office for the African Region in Brazzaville, French Equatorial Africa. Arrangements for WHO's decentralization to six regional offices and six regional committees are therefore now complete, but much still needs to be done before the offices are in full operation.

WHO has had to face the difficult problem of attaining an efficient degree of decentralization without prejudicing its role as the one international authority on health. This problem was studied through the year; the respective responsibilities of headquarters and the regional offices were examined, and methods of ensuring that headquarters will exercise its true function of co-ordination and technical leadership were explored. One result of the increased decentralization of the Organization has been the need for much more travel between headquarters and the regions; to ensure mutual understanding, realistic planning and active co-ordination a frequent exchange of visits has been found to be essential.

The Fourth World Health Assembly met in Geneva from 7 to 25 May. It was preceded and followed by the seventh and eighth sessions of the Executive Board which took place in January and June, respectively. After reviewing the work done during the preceding year, the Health Assembly studied the proposed programme and budget estimates for 1952 and finally adopted a budget of $9,077,782, with an effective working budget of $7,677,782. The adoption of this increased budget, which has made decentralization and the planning of further programmes possible, will have important effects on the ability of the Organization to meet its greatly expanded responsibilities and to play its full role as the co-ordinating authority for world health. The Assembly, in order to raise additional funds for the Organization, decided to issue special world health seals, and at the end of the year the seals had been prepared and offered to those Member Governments which were willing to place them on sale to the general public. The sale of these seals will start on World Health Day 1952 in Afghanistan, Cambodia, India, Thailand and Viet Nam.

The admission of Panama to the Organization early in the year and of the Federal Republic of Germany, Japan and Spain during the Assembly brought the membership up to 79. A four-year programme of work, to start in 1952, was also adopted by the Fourth World Health Assembly; and many other problems were studied and decisions taken. Mention is made above of the adoption of the International Sanitary Regulations and also of the successful experiment, which it is planned to continue each year, of holding technical discussions in connexion with the Assembly. One important action taken was the award of the Léon Bernard Foundation medal and prize to Professor René Sand of Belgium, for his valuable contribution to social medicine. During the seventh session of the Executive Board, the Darling Foundation prize for work in malaria was awarded to Professor H. E. Shortt and Dr. P. C. C. Garnham of the United Kingdom.

Several meetings of WHO expert committees were convened in 1951, and technical advice on a variety of subjects was given on the requests of governments. Besides continuing with such important tasks as administering the Sanitary Conventions, collecting and disseminating information on epidemiology, gathering health statistics and setting international standards for biological products, WHO encouraged many new types of work during 1951. Under its sponsorship two antituberculosis centres were opened, and various kinds of seminars, study groups, new kinds of lecture tours and training courses were organized—among them the health mission to Israel and Iran and a public-health study group sent to several countries in Europe. An international research centre for antibiotics was opened in Rome in June, and the International Anti-Venereal-Disease Commission of the Rhine began operations in December.

WHO participated during the year in joint projects financed by UNICEF funds, and also in those under the United Nations expanded programme of technical assistance for economic development. These activities require a high degree of co-ordination and the fact that other agencies of the United Nations are not regionalized, or are regionalized to a lesser extent than WHO, added to the complexity of the work. Bilateral or extra-United Nations technical assistance activities undertaken by the United States of America and the British Commonwealth are continuing to develop on a larger scale than the United Nations programme itself, and for the orderly development of the health services of countries and the effective use of all such aid available for health work WHO's role as co-ordinator is of increasing importance. Joint action with other agencies has correspondingly increased.

These are the developments and trends in world health and more particularly in the World Health Organization on which it has appeared desirable to comment. WHO's programme for 1952 will show some changes of emphasis as a result of these trends, particularly because of the increased decentralization of the Organization, the close co-operation with the United Nations and other international and bilateral agencies which is essential for the development of joint projects and concentration of resources, and the need for helping governments to plan short and long-term national health programmes. At the Fourth World Health Assembly, the regular
programme for 1952 was established along the lines laid down in a four-year plan for 1952-5, which had been approved by the Third Health Assembly and elaborated by the Executive Board. Although it is, in the main, on much the same lines as the programme for 1951, it lays special stress on projects for education on preventive activities giving early and demonstrable results, such as environmental sanitation, and on meeting urgent needs for medical supplies, including the production and use of insecticides. Emphasis will still be placed on those diseases which have already been recognized by WHO as major public-health problems, but other diseases which, though less important from a world point of view still present serious problems to certain regions, will also receive attention. Centrally the Organization will continue to perform those functions which can be assumed only by an international organization—its work in such fields as epidemiological intelligence, biological standardization, international pharmacopoeia, publications and health statistics; regionally and at the national level, it will provide assistance in the form of fellowships, expert consultants, demonstration teams, training courses, travelling seminars, and a certain necessary minimum of supplies. By planning assistance to governments on the spot and in the light of local needs, and by making full use of the regional machinery provided for in the Constitution, WHO, it is felt, will best be able to reach the people, will bring to each country the experience of other countries and will itself be able to profit from the experience of all.

**Progress in Co-ordination with the United Nations**

It is now fully recognized that if the energies and resources of the United Nations family of organizations are to be used to the best advantage or concentrated on particular problems, a high degree of collaboration is necessary. Recent work under the expanded programme of technical assistance has shown that in the carrying out of many programmes there must be the same degree of collaboration with organizations outside the United Nations. In this connexion, WHO has always urged that if assistance to governments is to be effective, all the agencies concerned with projects for such assistance must consider them jointly and consult fully with one another before any of them enters into a definite commitment, whether with the government concerned or with another agency.

The Administrative Committee on Co-ordination (ACC), whose members are the Secretary-General of the United Nations and the executive heads of the specialized agencies, has taken on more and more responsibility for co-ordinating the work of these bodies. The Economic and Social Council has turned to it more often for advice and the Organization has consistently supported it on the ground that it is the body most capable of achieving this co-ordination.

Elsewhere in this report (in chapter 10) mention is made of the efforts to introduce uniform procedures into the administrative and financial practices of the United Nations and the specialized agencies. This has likewise been done mainly through the Administrative Committee on Co-ordination (ACC) which has set up a Consultative Committee on Administrative Questions for this purpose. It is hoped that even the Technical Assistance Board will find it possible to use this committee, and so bring the administrative and financial practices of the regular and technical assistance programmes—as well as the procedures for granting fellowships—into conformity with each other.

It is becoming clear that if the services given to governments by the United Nations bodies are to be effective, co-ordination is required at two points: (1) at headquarters, where general lines of policy are laid down; (2) in the country itself, both with the government and with other agencies concerned.

During the year several possible methods of achieving concentration of effort have been considered. One is for the Economic and Social Council and the agencies concerned to co-ordinate the social and economic programmes of the United Nations and the specialized agencies through the ACC. Another is that the General Assembly should prescribe budget ceilings for the specialized agencies. These budget ceilings would be based on the recommendations of the Fifth Committee, which would itself be guided by the General Assembly's Advisory Committee on Administrative and Budgetary Questions, a body of independent experts which now has a consultative arrangement with the ACC and holds joint sessions with it. Another suggestion has been that the "overheads" of organization and administration of the United Nations and the specialized agencies should be financed by contributions assessed on governments, and their actual operations covered by voluntary contributions from governments.
It seems clear, however, that if either of the last two methods were adopted, the activities of agencies engaged in economic and social work might be too greatly influenced by political considerations, even possibly by national or local political considerations.

Recent developments have made possible a fuller assumption of corporate responsibility by the governing bodies and the executives of the United Nations and the specialized agencies. This is due in part to the joint work accomplished in the Technical Assistance Board, in the ACC and its Preparatory Committee and in the Co-ordination Committee of the Economic and Social Council.

The ACC itself has been or is concerned with such questions as fundamental education, long-range activities for children, rehabilitation of the physically handicapped, migration, fellowships, public information, films and publications, the work of the libraries of the United Nations and specialized agencies and administrative questions. However, the ACC is not the only means of achieving co-ordination. Satisfactory agreement has been reached by direct negotiation between agencies concerned on such questions as the training of social workers, the prevention of crime and the treatment of offenders, and narcotics.

As described in last year's report, the Economic and Social Council itself, in its resolution 324 (XI),¹ did much to further the concentration of effort and resources by providing criteria for selecting projects for international action, which were in effect a set of rules to govern the relations between the several organizations. The Council noted with appreciation the fact that WHO's Executive Board had taken these “criteria” into account in preparing each year the general programme of work for the ensuing four years. No substantial change in these rules was made by the Council in 1951.

Certain special United Nations bodies such as the United Nations Korean Reconstruction Agency (UNKRA), the United Nations International Children's Emergency Fund (UNICEF), and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA PRNE), set up for emergencies or other special purposes, have not so far been considered as fully subject to resolutions of the Council, but at the thirteenth session of the Council they were asked to report how far they had been able to follow the principles embodied in the resolution referred to above and to consult other agencies before committing themselves to action. This in an important development, as these agencies often have much greater resources than those of the specialized agencies, and it is desirable that their special terms of reference should not prevent them from meeting the Council's request fully.

WHO and the other specialized agencies took part in the discussions of the ad hoc committee which made suggestions for improving the organization and operation of the Economic and Social Council. If the conclusions of the Council based on these suggestions are ratified by the General Assembly, the task of representing WHO at the commissions and committees of the Council will be less complicated and onerous.

The practical application of the principles outlined above is described in Part III of this report.

The First Year of Technical Assistance ²

The effective operation of the technical assistance programme started in January 1951, and since then the programme has developed rapidly.

The Technical Assistance Board, made up of the executive heads, or their representatives, of the United Nations and the specialized agencies, reports on the programme twice a year to the Technical Assistance Committee, the intergovernmental body set up by the Economic and Social Council to deal with the programme. These reports are, as far as the calendar permits, also presented to the Executive Board of WHO, and during the past year interim reports on the work—up to 31 January and 31 May respectively—were presented at the seventh and eighth sessions of the Executive Board.

In 1951, WHO was allotted a total of 2,330,000 dollar equivalents from the sums made available to the Special Fund by the countries which have so far paid their pledged contributions. At the time of writing it

¹ UN document E/1849
² The countries from which requests for technical assistance were received and those in which technical assistance projects were started are shown in annex 15.
is not possible to say how much will be pledged by the Technical Assistance Committee for the second period (the calendar year 1952), but the Economic and Social Council has recommended that it should be equal to or greater than the amount pledged for the first period.

The programme did not get under way as quickly as was expected. It was first necessary for agreement to be reached with governments on a general pattern of arrangements which could be followed by all participating agencies. Moreover, to be successful, a programme which is to be in the best economic interest of a country calls for the full understanding and confidence of the parties concerned—the government, on the one hand, and the participating agencies (whether within or outside the United Nations system), on the other.

The Technical Assistance Board has been faced with a variety of difficult administrative and fiscal problems the solution of which has taken up much of the time of the Board and of its advisory bodies. However, to economize resources, the Board has not usually set up special machinery for this work, but has made use of the consultative bodies established by the Administrative Committee on Co-ordination. It is now clear that a world programme of technical assistance for economic development has not yet been framed and will not be framed for some time to come, and that a fully co-ordinated programme can be produced only by working closely with the government in the country itself. This view was endorsed by the Economic and Social Council and its Technical Assistance Committee.

To foster joint planning with governments and to enable them to derive full benefit from the assistance received, the Technical Assistance Board has encouraged the appointment of "resident technical assistance representatives". These representatives help governments, at their request, to draw up plans for technical assistance, to ensure that their budgets provide for meeting all the obligations which they have undertaken in making requests and, when necessary, to set up or improve their machinery for planning or for co-ordinating the work of their several departments; in some countries they have acted as advisers to governmental bodies set up for this purpose. Countries that have made arrangements of this kind have almost invariably submitted requests for well-planned and integrated programmes.

The Economic and Social Council has stipulated (in resolution 222 (IX)) that requesting governments shall "undertake to maintain or set up as soon as practicable such governmental co-ordination machinery as may be needed to ensure that their own technical, natural and financial resources are mobilized, canalized and utilized in the interest of economic development designed to improve the standard of living of their peoples and through which the effective use of any major international technical assistance resources could be assured".

It is therefore indispensable for as many under-developed countries as possible to create machinery for planning and co-ordinating the technical assistance they receive, whether from the organizations participating in the United Nations system or from others (sometimes called "bilateral technical assistance agencies"), such as the United States Technical Co-operation Administration, the Colombo Plan and the like. This is not enough, however: it will also be necessary for these countries to find, at home or abroad, the capital necessary to carry forward the economic developments for which their nationals are being technically trained. It is to be hoped that even the present economic difficulties will not too long delay this essential financing, for otherwise the efforts now being made to spread technical knowledge in the under-developed countries may result only in producing technically qualified unemployed.

The slow start made has had at least one advantage, for it has given governments and the participating agencies time to know each other better, to decide on the most effective means of economic development and to investigate, together with the "bilateral organizations", how best to use the various resources available. Indeed, there is real danger in giving such assistance too rapidly and in assuming too great a part of the financial and technical responsibilities of a government. A case in point is the intervention of an agency not of the United Nations system, the result of which was a serious set-back in WHO's efforts to encourage the government to increase, year by year, financial support of its Ministry of Health.

In August 1951, the Economic and Social Council, through its Technical Assistance Committee, examined the work done by the Technical Assistance Board and by the participating organizations during the period July 1950 to July 1951. It endorsed the views of the Technical Assistance Board and discussed its effectiveness as the instrument for the day-to-day administration of the programme, ultimately deciding that any change in the
present arrangements for this administration should be gradual and based on more extensive experience. The ACC has examined these questions, and the Secretary-General of the United Nations, in full agreement with the heads of the participating agencies, is submitting to the intergovernmental working party of the Technical Assistance Committee a plan for modifying the structure and procedures of the Board which will enable it to operate with greater efficiency and flexibility.

The Council also decided that the Technical Assistance Board should be given increased responsibility for allocating funds to specific projects. As a result the participating organizations will in future automatically receive no more than 50% of the funds subscribed, and the Board will allocate the remaining 50% for individual projects; it will also have more discretion in deciding what proportion of funds may be spent on equipment and supplies. The Technical Assistance Board will thus play an increasingly large part in operating the programme. At the same time WHO will have a greater responsibility, at headquarters as well as in the regions, for ensuring that all proposals put before the Technical Assistance Board fully satisfy the criteria laid down, and are real contributions to plans for economic and social development.

In spite of the initial difficulties mentioned above and the delay in starting the technical assistance programme, WHO is now carrying out or participating in a large number of projects financed from technical assistance funds. These projects, as well as those financed from the regular budget, are described in this report.

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The Annual Report for 1951 is divided into three parts: Part I is an account of the activities of the Organization as the directing and co-ordinating authority on international health work. Part II gives details of the work carried out by the regional offices and in the countries themselves. In Part III, there is a description of the activities undertaken jointly by WHO and other organizations. The attention of the Economic and Social Council of the United Nations will be particularly invited to the last two sections of the Introduction, to Part III of the report and to the annexes, which give statistical information on WHO, much of which is specifically required by the United Nations. A supplement contains a summary analysis of reports under Article 62 of the Constitution sent by Member States.

Brock Chisholm M.D.
Director-General
PART I

DIRECTION AND CO-ORDINATION
OF INTERNATIONAL HEALTH WORK

The first function of the World Health Organization, as set out in its Constitution, is "to act as the directing and co-ordinating authority on international health work ", and this important task has been carried out, in the main, through activities at headquarters. To provide the Organization with information on many technical matters concerned with health, it has created large advisory panels of experts, and from these panels the members of its expert committees have been drawn. (For list of panels, geographical representation on panels and the members of expert committees which met during 1951, see annex 3.) These expert committees have varying terms of reference according to the subjects in which they work, but in general they advise the Organization on programmes and on the adoption of international standards, and, through those of their recommendations which are endorsed by WHO, they stimulate governments to undertake various types of activity in specific regions and countries. During 1951, 18 meetings of experts were held, including two held jointly with other specialized agencies. (For a complete list of the meetings held in 1951, see annex 4.)

As part of its directing and co-ordinating function, WHO has continued to promote improved standards of teaching and training and to encourage exchange of information on a variety of technical subjects, sponsoring or helping to organize, or providing other assistance for, a large number of regional seminars, symposia and training courses (see annex 5), and has provided fellowships for these courses, as well as for individual studies. Experts on the staff of the Organization have again written many technical articles, which have appeared not only in the publications of WHO, but also in those of many national medical associations and national health-organizations, as well as in the scientific press. Because of their number and the difficulty of making a representative selection, no attempt has been made to list them this year. For information about WHO publications, however, see chapter 8.

Activities in 1951 again include WHO's advisory services to individual governments and certain central technical services for the benefit of all countries. Not only does the responsibility for the central technical functions devolve upon headquarters, but the headquarters staff must stimulate and co-ordinate the work carried out in the regions. During the year, WHO's efforts have been directed principally to public-health services, improved standards of teaching and training, communicable diseases, co-ordination of research, epidemiological and statistical services, drugs and other therapeutic substances, arrangements for the provision of essential drugs and equipment, and a publications programme. Although, as a result of the increased decentralization of the Organization, headquarters has played a less important role in the actual operations of the three first-named subjects, it has nevertheless played a large part in planning, co-ordinating and evaluating them; on the other hand, the other activities have, with some exceptions, been actually carried out by or under the supervision of headquarters. The first eight chapters of this report are devoted to a description of all these activities. Chapters 9 and 10 give an account of WHO's work in public information and of the general administration of the Organization, respectively.
CHAPTER 1

PUBLIC-HEALTH SERVICES

WHO's work of assisting countries to strengthen their public-health services has expanded markedly during the year. As the activities carried on by the regions have increased, so close collaboration between headquarters and the regional offices has been accepted as a principle, and has characterized the arranging of plans of operation, the recruiting of staff for projects in various countries, and the briefing of such staff, first at headquarters and later in the regions. It has also entailed visits by headquarters staff to 29 countries, where current programmes have been appraised and new ones discussed.

In 1951, programmes for health demonstration areas were put into operation. These programmes are the outcome of several years of extensive planning and are a form of activity which gives great scope for joint work with other agencies. Two other new and profitable techniques—the seminar and the travelling study-group—were put to good use in studying and improving public-health services.

Among the subjects relevant to the organization of public-health services that were discussed during the year by expert advisory committees were the principles and practice of public-health administration, experiments in local health services, maternity care, rehabilitation of crippled children, the education, training and use of sanitary personnel, occupational health, hygiene of seafarers, kwashiorkor, endemic goitre, the assessment of nutritional status, infant feeding, the nursing needs of under-developed countries, and alcoholism.

It was decided that the subject of the technical discussions at the Fifth World Health Assembly would be "The Economic Value of Preventive Medicine", to be followed by a detailed discussion on the methods of health protection of local area. Preparations for the discussions were begun during the year.

This chapter describes the work which WHO has done in public-health administration, maternal and child health, environmental sanitation, mental health, social and occupational health, nutrition, health education of the public and nursing. The work provides many points of contact with that of the United Nations and the specialized agencies, and full advantage has been taken of the possibilities for joint work which is described in Part III of this report.

Public-Health Administration

During the year 27 countries asked WHO to help them with their general programmes of public-health administration, including the establishment of health demonstration areas. Missions to Iraq and to Ceylon, sponsored by the International Bank for Reconstruction and Development, and a United Nations mission to Somalia, surveyed the health needs of these countries in terms of economic development. Each mission had general public-health experts on its staff. All the regional offices have now been provided with public-health administrators (in some cases, with two or three) who are helping to plan and develop field programmes designed to strengthen the national health services in the regions concerned.

In order to demonstrate how a well-planned and well-organized medical and health service can raise the standard of health of the people and improve their economic condition, three health demonstration areas have been started in Ceylon, Egypt and El Salvador in rural districts where the population ranges from about 70,000 to 180,000. In planning and carrying out these programmes, three stages were distinguished: the preliminary survey, the development of plans, and full operation. In 1951 preliminary surveys were completed in Ceylon, Egypt and El Salvador. In the last-named country, the second stage of the programme has already started. During this second stage the social and economic aspects of the programme are being
worked out in collaboration with other specialized agencies of the United Nations and non-governmental international organizations concerned with health. It is intended to set up one health demonstration area in each region, and WHO will assist in the work of each for five or six years.

Valuable information was obtained from members of the Expert Advisory Panel on Public-Health Administration on the more important public-health problems in various countries, on the organization of medical and health services for units of population, and on the needs and training of medical and public-health personnel.

The Expert Committee on Public-Health Administration met in the first week of December. The two principal items on its agenda were basic principles and practices of public-health administration, and experiments in local health service.

In collaboration with ILO, and at its request, the Organization prepared a report on the medical examination of migrants, which included basic principles and criteria for such examinations, as requested by the Preliminary Migration Conference held in April 1950. ILO and WHO invited a group of medical experts on the selection of migrants to discuss this report, which was adopted at the Migration Conference in Naples in October 1951. At the request of the United Nations, WHO also prepared a section on the health aspects of migration for inclusion in a handbook of international measures on protection of migrants and general conditions to be observed in their settlement.

WHO helped the United Nations Department of Trusteeship and Information for Non-Self-Governing Territories to revise the section on public health of the Standard Form for the guidance of Members sending information to the United Nations under Article 73 e of the Charter. This revised form was adopted by the United Nations Special Committee on this subject in October 1951.

WHO organized a travelling study-group on public-health administration which is described in Part II of this report.

During the year, arrangements were made with the International Dental Federation for the collection of information on the training of dental-health personnel in different countries, and on the use of fluorine in water supplies to prevent dental caries.

Maternal and Child Health

The programme of work in maternal and child health, which was outlined by the expert committee at its first session in January 1949 and developed in 1950, has been further expanded. This expansion was partly due to the activities of the regional offices—in particular, those in the Americas, in South-East Asia and in the Eastern Mediterranean.

Co-operation with UNICEF was continued. By the end of the year, joint demonstration and training projects in maternal and child health were under way in 16 countries. There were also other more specialized joint projects, one of which concerned the care of premature infants. Joint programmes on prematurity were carried out in Finland, France, Italy and Yugoslavia; and, to help develop them, WHO appointed a special consultant on prematurity, who advised the Regional Office for Europe and visited some of the countries concerned. Joint maternal and child health projects in Latin America, Asia and the Eastern Mediterranean were also planned by the regional offices of WHO and by UNICEF, and administered in accordance with the principles laid down by the Joint UNICEF/WHO Committee on Health Policy, at its third session. In collaboration with the United Nations and UNICEF, special programmes for the rehabilitation of physically handicapped children were organized in 10 European countries, and a WHO/United Nations consultant was made available to prepare plans for their operation.

With the approval of the Third World Health Assembly, an Expert Committee on Maternity Care met in November 1951 to consider problems of prenatal care, the management of deliveries, and postnatal care. Another expert committee—on the physically handicapped child—was convened in December 1951. This was the first WHO expert committee to be convened in a joint meeting with the United Nations and interested specialized agencies—UNESCO and ILO.

It was part of the joint programme on rehabilitation being carried on by the United Nations and its specialized agencies, and the results proved satisfactory to all the agencies concerned.

The reports of the Expert Group on Prematurity and the Expert Committee on School Health Services (both of which met in 1950, as described in the

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1 Off. Rec. World Hlth Org. 19, 35
Annual Report for that year,² have excited much interest and led to many requests for information. The second of these reports was distributed exceptionally widely both from headquarters and from regional offices; national educational administrations received copies through the courtesy of UNESCO. In the report on prematurity ³ it had been recommended that information on this subject should be made available: a specialist therefore prepared, for regional offices and interested countries, a plan for organizing a centre for the care of premature infants. The same consultant also wrote a review of the literature on retrolental fibroplasia for publication in the Bulletin of the World Health Organization.⁴ The function of WHO in maternal and child health was given further expression in the theme, "Health for Your Child and the World's Children", which was chosen for the celebration of World Health Day in 1951.

The number of short-term fellowships which were provided by WHO for attendance at group-training courses increased: 42 were for courses in Paris (organized by the International Children's Centre), in Zurich and in London; the last-named, a course in rehabilitation and after-care of physically handicapped children, was suggested by WHO and organized jointly by WHO, the Department of Social Affairs of the United Nations, and UNICEF.

Much information on maternal and child health was supplied to other organizations, at their request. The WHO/UNICEF projects relating to school health work were reviewed, and detailed information was sent to UNESCO to help it plan fundamental education programmes in some areas. In reply to a request from ILO for help in revising the Maternity Protection Convention of 1919, WHO prepared a paper on health standards for the maternity protection of working women, and discussed with ILO how its implications should be incorporated in the proposed text of the Maternity Convention. Information was also given to ILO on WHO's work in maternal and child health in several countries in the Western Pacific. Among the topics discussed with the United Nations and, in some cases, with the other specialized agencies, were the integration of WHO's maternal and child health activities into those planned for family and child welfare by the United Nations Social Affairs Department, and proposals to hold joint expert committees in 1952 and 1953 on the pre-school child, the mentally defective child and mental health problems related to the institutional care of the child (in particular, the child deprived of normal home life).

WHO sent an expert member to the technical advisory committee of the International Children's Centre in Paris, and the Regional Office for Europe awarded several fellowships for training courses organized by the centre.

Liaison with non-governmental organizations interested in maternal and child health was further developed during the year and is described in chapter 17.

Environmental Sanitation

The increased emphasis being placed on the value of environmental sanitation is reflected in resolution WHA4.19 of the Fourth World Health Assembly, which emphasized the importance of improving environmental sanitation as an essential part of public-health programmes.

Practical help in implementing this policy should result from the appointment of an adviser on environmental sanitation to each region. At the time of writing, all but two regions had such an adviser, and it is believed that by the beginning of 1952 only the European Region will be without one. Pending the recruitment of a suitable person in Europe, short-term consultants are being used.

The increasing number of projects being carried on with the assistance of WHO, in which sanitation personnel are used, may be seen from Part II of this report. It is worth noting here, however, that, in addition to those projects which are exclusively concerned with environmental sanitation, there are many others in which personnel with special training in the techniques of sanitation are at work. Some of these projects, such as the malaria and cholera campaigns, are highly specialized; others deal with general public-health work. This use of sanitation personnel in a variety of projects enables WHO to demonstrate in practice the importance of environmental sanitation in public-health schemes.

² Off. Rec. World Hlth Org. 30, 20
⁴ Bull. World Hlth Org. 1951, 4, 4
Seminars have proved an effective means of exchanging professional knowledge and of stimulating developments in public-health practice in the participating countries. An interesting development of the First Seminar for European Sanitary Engineers, held in the Netherlands in 1950 and described in the Annual Report for that year, was the election of an ad hoc committee by the members of the seminar, independently of the sponsors; this committee met in Brussels in March 1951 to advise WHO on the conduct of future seminars in the European Region. The success of the first seminar led to a similar one being held in Rome in November 1951, under the auspices of the Italian Government, the International Health Division of the Rockefeller Foundation, and WHO. Headquarters staff assisted the Regional Office for Europe to plan this seminar, and the experience gained should be useful in other regions.

An expert advisory panel on environmental sanitation was set up, and the second session of the Expert Committee on Environmental Sanitation was held in the latter part of the year. To help carry out resolution WHA4.19 of the Fourth World Health Assembly, in which the Executive Board and the Director-General were requested to give to Member States all possible assistance in creating the necessary facilities for training sanitation personnel, the expert committee devoted itself to a study of the education, training and use of such personnel, for which the demand far exceeds the existing supply. Since this subject is closely related to the work of the Expert Advisory Panel on Professional and Technical Education of Medical and Auxiliary Personnel, a member of that panel was co-opted to serve on the Expert Committee on Environmental Sanitation. A sound fellowship programme is clearly necessary to improve the status of personnel; there was an increasing demand for fellowships for training in environmental sanitation during 1951.

WHO has co-operated with other organizations in connexion with other aspects of sanitation: the Organization took part in a conference on milk, at which the work of UNICEF and FAO in the Eastern Mediterranean area was discussed and at which most of the countries in the region were represented; it co-operated with FAO in examining the problem of meat hygiene (see also page 36); and it presented its views on the health implications of flood control and water conservation to the United Nations. A limited amount of work on housing was also done in collaboration with the Economic Commission for Europe.

It was recognized by the Fourth World Health Assembly that high standards of hygiene and sanitation should be applied in all international airports and direct transit areas. In accordance with the resolutions on that subject approved by the Assembly (WHA4.82) and the Executive Board (EB8.R22), negotiations were begun with ICAO on the possibility of setting up a joint expert committee to prepare international standards of sanitation for airports and to draft an international convention or additional WHO regulations on that subject (see chapter 5).

Mental Health

The experience of 1951 has amply confirmed the view expressed in the first report of the expert committee that in the mental health programme the use of short-term consultants would for most purposes prove more appropriate than the recruitment of staff on long-term contracts.

Throughout the year the Organization provided consultants on the lines recommended by the committee. These consultants have visited five countries to advise on different aspects of WHO's mental health programme, including such matters as the development of postgraduate training for psychiatrists, the mental-hygiene aspects of public-health practice and the mental-hygiene problems of students.

Although it has been possible to obtain highly qualified consultants for short-term missions, it has been very difficult to recruit staff of the same calibre for longer projects—the establishment of a teaching and child-guidance centre in the Philippines, for example.

In addition to providing direct services to governments, consultants have also prepared international studies on special subjects. In the earlier part of the year a consultant visited a number of countries to collect information on the present status of rehabilitation in psychiatry, which the Organization needed for its co-operation in the joint programme of rehabilitation initiated by the United Nations.
The results of two similar surveys conducted last year were made available as the first two issues of the new World Health Organization: Monograph Series. The first, published in 1951 and entitled Psychiatric Aspects of Juvenile Delinquency, was one of the Organization’s contributions to the United Nations programme for the prevention of crime and treatment of offenders. The second, Maternal Care and Mental Health, for the United Nations programme for the welfare of homeless children, breaks entirely new ground; it is already being used as a textbook in certain teaching institutions concerned with child development, child psychiatry or social work, and it seems likely to become a standard text. The favourable reception which both the professional and the lay press of many Member States gave to these publications has been gratifying.

A second meeting of experts on alcoholism was held in Copenhagen during the latter part of the year. At this meeting the committee studied in greater detail the methods and problems of providing outpatient treatment clinics for alcoholics, of using various drugs as aids in such treatment, and of collecting statistical and other information on the incidence of alcoholism. It also attempted to define the clinical types of excessive drinkers. The members of this expert committee also acted as the nucleus of the faculty for the first WHO European seminar on alcoholism, held in Copenhagen in late October and attended by many public-health workers, clinicians, and social welfare workers from Member States in Europe. These first activities on alcoholism which have been undertaken by the Organization have aroused wide interest in many Member States, and it seems likely that the Organization will be requested to sponsor similar seminars in other regions.

Collaboration with the United Nations and the specialized agencies on mental health questions of common interest has continued and become even closer. The Organization co-operated in the United Nations’ European seminar on social casework by providing a lecturer on the mental health aspects of the problem. In addition, it provided a consultant for the seminar on juvenile delinquency, organized by the United Nations and held in Italy. It also helped to plan the United Nations seminar on the social and psychiatric examination of offenders, provided the seminar faculty with experts on the psychiatric aspects of the problem and awarded fellowships to enable psychiatrists from many Member States to attend.

Co-operation was particularly close with the unit of UNESCO that is concerned with special problems in education. The joint secretariat for the WHO/UNESCO study-group on “Mental Hygiene in the Nursery School” was drawn from the two organizations. This study-group was appointed on the recommendation of WHO’s Expert Committee on Mental Health, which, at its first session, had suggested that WHO should seek the co-operation of UNESCO in developing the training of teachers in mental hygiene and in encouraging them to take advantage of the opportunities provided in schools for promoting mental health among children. The study-group met in Paris, in September, and produced a report which is intended for all concerned with nursery schools and which dealt, in particular, with the training of those who work in them. The report will be published in due course.

Co-operation with the International Children’s Centre on the mental health problems of childhood has also been considerably extended. An expert from headquarters, who acted as chairman of the technical working group established by the centre, was responsible for co-ordinating the work of the teams which, supported financially by the centre, have been studying, in a number of countries, the effects on infants and young children of separation from the mother during early childhood. This work is an interesting example of co-operation among several bodies. It was the United Nations which, in its general programme for the welfare of homeless children, suggested that this study should be made. WHO then contributed by providing a consultant, who made a thorough technical survey of the research already done on this subject (which has since been published as a monograph, as described above) and, as a third step, the International Children’s Centre has taken the initiative of sponsoring further research on those aspects of the problem which WHO’s survey has shown to need further study.

There has been particularly close co-operation with the World Federation for Mental Health. This body, under its contract of service with the Organization, collected much information on individual and group psychotherapy in prisons and penal institutions, and on the rehabilitation of psychiatric patients. At the end of the year it was engaged in collecting information on child-guidance services and training facilities, student mental-hygiene, and mental-hygiene work within public health services.
Social and Occupational Health

In these days of expanding industrialization and of increased emphasis on social well-being, not only the more highly developed countries but others are becoming aware of the great importance of various administrative and social aspects of medical care. WHO is co-operating with other organizations on problems of occupational health and is helping to strengthen the services of governments responsible for the medical aspects of rehabilitation, health services for seafarers, the organization of medical care, the medical aspects of social security, hospital planning and administration, chronic diseases, problems of the aged, medical social services and related activities.

In the past, most requests for assistance in occupational health were addressed to ILO; now, however, a number are coming to WHO. Under the technical assistance programme, many governments have asked for expert help in studying industrial hygiene and occupational diseases in their countries and in organizing, planning and staffing training centres. Arrangements have been made to provide such advisory services by the sending of consultants, responsible to both ILO and WHO, regardless of which agency has received the initial request. Close working relationships have been maintained with ILO not only in planning the work of such consultants, but also in recruiting staff for teaching institutions and granting fellowships in occupational health.

In pursuance of resolutions of the Fourth World Health Assembly (WHA4.31) and of the Executive Board (EB8.852), WHO is also collaborating with ILO and FAO in ascertaining the extent of toxicity to human beings of certain insecticides and similar substances, and the measures which might be taken to reduce it.

During 1951, the Administrative Committee on Co-ordination, of which the Organization is a member, set up a technical working party on the rehabilitation of the physically handicapped. The work of WHO on rehabilitation problems has thus been carried on in close collaboration with the United Nations Division of Social Welfare, ILO, UNESCO and UNICEF. WHO is carrying the responsibility for the medical aspects of rehabilitation, which include plans for producing technical monographs and compiling bibliographies on this subject, formulating an internationally acceptable definition of blindness, setting up international standards for the manufacture and fitting of prosthetic appliances, and providing information on the importance of rehabilitation in programmes of public health and medical care. During the year a training course was held on the rehabilitation of the physically handicapped child (see page 14), and another such course to serve several countries was planned for 1952 or 1953. Requests for advice on rehabilitation programmes, and especially on establishing demonstration and training centres for this purpose, have been received from about ten countries.

In accordance with decisions of the Joint ILO/WHO Committee on the Hygiene of Seafarers, an analysis has been made of the contents of medical chests used at sea, and work is proceeding on other aspects of health services for seafarers. A WHO field study on the medical facilities available in major ports in Europe is providing information which may be useful in developing broader international programmes for dealing with this problem.

WHO has co-operated with ILO in providing fellowships for students to take part in international seminars on social security (see chapter 17). Also, during the year, a WHO medical consultant was included in an advisory team sent to one country which was interested in modifying its social security system. In December, at the request of ILO, WHO convened a consultant group of experts on the medical aspects of social security, which made recommendations on the content of the relevant part of ILO's new proposed International Conventions on Social Security. This report will be considered by the International Labour Conference in 1952.

Another project on which WHO has begun to work with ILO is that for moving physicians from highly developed to under-developed countries, where they will serve in the general medical services in rural areas. This project may have broad implications for the future.

In response to requests from two countries, nation-wide surveys in hospital planning were carried out during the year. Consultants also gave

technical advice in planning hospitals to several other countries. WHO’s services in this type of assistance will be expanded, in accordance with resolution WHA4.20 of the Fourth World Health Assembly.

WHO has also begun work in the control of chronic diseases. The first request for assistance in a cancer programme was received in 1951, and will be implemented in 1952. Plans are also under way for convening an expert committee on the rheumatic diseases, in accordance with a resolution of the Third World Health Assembly (WHA3.29). Certain conditions affecting the aged were discussed with the Division of Social Welfare of the United Nations and other specialized agencies, with a view to planning joint work on various aspects of these problems.

The Organization has considered numerous questions on medical-social services, such as standards of medical care for prisoners as a basis for a proposed international agreement, the training of medical-social workers, health services for medical students and the duties of family health and welfare workers (see page 22).

In all the types of assistance to governments described above—in the medical side of rehabilitation, the hygiene of seafarers, the medical aspects of social security and related subjects—WHO has constantly aimed at ensuring the proper integration of services for medical care into the preventive and other public-health services in each country. In this way countries can concentrate and direct their available resources towards attaining the highest possible standards of health for their peoples.

Nutrition

During the year WHO has, either alone or in association with FAO, worked on or stimulated interest in studies in kwashiorkor, in the assessment of nutritional status, in endemic goitre and in infant feeding. This work was reviewed by the Joint FAO/WHO Expert Committee on Nutrition at its second session held in Rome in April 1951. The committee was composed of ten members, of whom five were designated by FAO and five by WHO; observers from the United Nations and a number of specialized agencies and representatives of the League of Red Cross Societies and the Italian Ministry of Food were also present at the meeting. The committee considered that, in planning, priority should be given to continuing the work already undertaken, and it suggested certain additional projects to be begun when resources permitted.

In the Annual Report of the Director-General for 1950, reference was made to a joint FAO/WHO project in which a consultant recruited by WHO, together with a member of the FAO staff, made a survey of kwashiorkor in Central Africa. The report on this survey was submitted early this year. The main objects of the survey were to attempt to define the syndrome of kwashiorkor, to indicate its incidence, to ascertain its relation to food habits and diet in general and during pregnancy, lactation, infancy and early childhood in particular, to assess the part played in causation by other factors such as tropical parasitism, and to determine the most effective treatment and the best means of prevention. In recent years interest in this form of malnutrition has increased all over the world, and this report will undoubtedly stimulate further work. To quote the report on *Kwashiorkor in Africa*, "A wide and general appraisal of its nature and relationships suggests that it is the most serious and widespread nutritional disorder known to medical and nutritional science". The information from certain parts of the world is insufficient to allow of definite conclusions as to the importance of this form of malnutrition, but the available data indicate a high incidence in under-developed countries.

The matter was also considered by the Joint FAO/WHO Expert Committee on Nutrition, which emphasized the importance of finding effective means of prevention and control, and of spreading the knowledge already available. It also outlined the questions which it considered should receive priority in future investigations. After the meeting of the committee, two projects were started: the first, a combined FAO/WHO plan, was a visit of consultants to Latin America; and the second, a WHO project, was a visit of a short-term consultant to countries in the Western Pacific. As was recommended by the FAO/WHO expert committee, arrangements were made to distribute the joint FAO/WHO report on *Kwashiorkor in Africa* widely.

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among Member States. It is also being published in the *Bulletin of the World Health Organization* and in separate English and French editions in the *World Health Organization: Monograph Series*.

WHO has been actively interested during the year in endemic goitre and its control. In many parts of the world, deaf-mutism and feeble-mindedness result from this disease. The Organization has stimulated interest in the development of methods for iodizing solar-evaporated salt, which is the form of salt in general use in many countries: with its Regional Office for the Americas, it has helped to set up the field trials of methods of iodine enrichment which are now being carried on in Guatemala in association with the Institute of Nutrition of Central America and Panama.

The very important and difficult problem of assessing nutritional status has been studied. A report on this subject was submitted to the Joint FAO/WHO Expert Committee on Nutrition, together with the views of members of the expert advisory panel, and the committee prepared a document summarizing the present state of knowledge. It was emphasized that this was an interim paper only; it could be used as a guide by nutrition workers, but it should be reviewed from time to time in accordance with advances in knowledge and thinking on this subject. A bibliography was started, and copies of the report on nutritional status are now available for distribution.

The Third World Health Assembly, in resolution WHA3.40, requested the Director-General to refer the question of the prevention and treatment of severe malnutrition in times of disaster to the Joint FAO/WHO Expert Committee on Nutrition for further study. A report of a group of consultants convened by the Director-General and another prepared by a member of the Laboratory of Physiological Hygiene, of the University of Minnesota, United States of America, were combined in a comprehensive document, which was considered by the committee in April and noted by the Fourth World Health Assembly.

At the request of the Government of Austria, a WHO consultant and an expert from headquarters visited that country, with a representative from FAO, to examine problems in nutrition. A report of this visit will be forwarded through the Regional Office for Europe to the Austrian Ministry of Health.

A training course in nutrition financed by technical assistance funds was given in Calcutta, under the supervision of the director of the All-India Institute of Hygiene and Public Health. An expert from headquarters helped with the course for over three months and gave a number of lectures.

### Health Education of the Public

Governmental and non-governmental bodies and international agencies are showing increased interest in the need for enlisting the aid of the public in public-health programmes, and there has been a consequent increase in the number of requests for WHO assistance in health education. WHO has provided assistance to six countries by making surveys of existing programmes and future possibilities in health education. Health educators continued their work in three local demonstration projects which were started in 1950, and are jointly sponsored by WHO and the governments. Four educators were asked to serve as advisers to national ministries of health in evolving plans of work with the aid of matching members; two others will work in public-health institutes, their task being to plan, develop and conduct courses of instruction for prospective public-health workers on the methods and practices of health education in schools and communities. These plans will become effective early in 1952.

An expert advisory panel on the health education of the public was established in 1951. Correspondence with members of this panel has provided valuable information, particularly on the opportunities of training for professional leadership in this subject.

In consultation with the Regional Office for the Americas and by correspondence with members of the expert advisory panel, WHO has examined the possibility of co-operating in a regional conference on health education of the public in Latin America,

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9 *Bull. World Hlth Org.* 1951, 5

proposed for 1952. Public-health educators from two other regions have suggested that WHO might support conferences along the same lines in other regions as well.

In three regions, the expansion of regional and national programmes justified the appointment of full-time regional advisers on the health education of the public. A health educator was also added to the headquarters staff.

One of the more serious obstacles to be overcome by most countries in including health education among their health services is the shortage or complete absence of workers who are qualified to give professional guidance and assistance. This shortage was met in part by granting short-term fellowships in health education of the public, and by the end of the year, national health authorities in twelve or more countries were making plans to secure, either from WHO or from other sources, fellowship aid for graduate study in public health and health education.

In collaboration with UNESCO and the governments concerned, WHO carried out field observations and assisted in the health education aspects of a number of experiments in fundamental education. During the year, it assigned one full-time health educator to a regional fundamental education production and training centre in Patzcuaro, Mexico, a project directed by UNESCO and aided by the United Nations and other specialized agencies —FAO and ILO. This was part of a scheme for establishing a network of such centres, and a second regional centre is now being planned. WHO also planned to send health educators to take part in local experiments in fundamental education in South-East Asia, where, in co-operation with local health educators, they will work out plans and suggest visual material for school teachers, school children, parents and village groups. With the assistance of UNESCO, an experiment in the local production of visual material for health education was begun in the WHO/governmental demonstration project in the Eastern Mediterranean Region. At the end of the year, six further experiments in fundamental education were being studied, and action was being taken to carry them out jointly with governments in 1952.

WHO helped UNESCO to prepare an annotated bibliography of health education references, which was published by UNESCO as a special number of the *Fundamental Education Abstracts*. WHO also prepared a complete issue of the *Fundamental Education Quarterly Bulletin*, on health education practices throughout the world, for publication in 1952. With the help of the Regional Office for South-East Asia work on a health education handbook for teachers was also begun.

WHO prepared, for the consideration of various agencies—the Canadian Film Board, the Colombo Plan for Co-operative Economic Development of South and South-East Asia, and the Point Four Programme—plans for stimulating the production and use of visual aids in health education.

The Organization helped to conduct an orientation course for health personnel at the School of Hygiene and Public Health of Harvard University: it took part in the conference on community studies held at Royaumont, France, with the help of UNESCO, and in the UNESCO Consultative Meeting on the Question of International Social Science Institutes held in Paris. Further details on co-operation with other organizations are given in chapter 17.

**Nursing**

It is encouraging to note that during 1951 more governments added nursing divisions to their national health administrations, and appointed nurses to be in charge of them. Four Member governments have asked WHO for assistance in developing such divisions.

During the year, special attention was given to the need for helping national health administrations to study their nursing requirements and resources, and a guide to facilitate these studies was prepared early in the year. This guide has been used by regional staff in joint work with national health administrations, and will be revised in the light of experience before it is published.

Most of the requests received from Member States have been for assistance in extending their
Dr. Yung, Director of the Station, which receives and distributes information on the major epidemic diseases in the Western Pacific and South-East Asia areas.

Registering the information received.

Keeping the spot-map of diseases up-to-date.

Printing the Weekly Fasciculus, which supplies national and port health administrations with information on epidemic diseases.

Epidemiological information helps to simplify and speed quarantine measures applied to travellers by national health authorities.
INFLUENZA

A member of the international team of the WHO World Influenza Centre preparing an egg-culture of the virus—one of the methods of confirming the diagnosis of influenza.

The influenza virus, seen through an electronic microscope.

Influenza strains are kept for further research and comparison with specimens received from other parts of the world.

A supply of purified water in an Arab refugee camp.

A refugee, trained by a WHO sanitary engineer, tests the quantity of chlorine in drinking water.

ENVIRONMENTAL SANITATION

Arab refugees waterproofing tents, to be used as emergency shelter during the winter months.

Garbage being burned in an incinerator constructed by refugees under the direction of a WHO sanitary engineer.

A building in Brazzaville (French Equatorial Africa) where the French Government has offered to house the Regional Office for Africa.
A class in protein estimation during the regional course in nutrition organized by WHO, FAO and the Government of India at the All-India Institute of Hygiene and Public Health, Calcutta.

A father brings his daughter for examination by the WHO medical officer at Magdalena, Guatemala.

A WHO nurse giving vitamin tablets to a village woman for her child who is suffering from glossitis.
facilities for training in nursing and for improving the clinical teaching in hospitals and in health services. Plans have been completed in the regions for assistance to 27 nursing schools, of which at least nine had begun to operate by the end of the year. Special attention was given to the training of public-health nurses and community midwives in the joint programmes sponsored by WHO and UNICEF. The extent of the assistance given by WHO varied from the loan of an instructor from another country to the provision of an entire teaching team with equipment. The programmes included fellowships for selected local workers who wished to prepare themselves for teaching and administrative positions. By the end of 1951, 74 WHO nurses were working in field programmes.

There was an encouraging increase in the coordination between nurse-training schemes, WHO field programmes for urban and rural health, and maternal and child health services. The development of such services will enable schools to widen their curricula and so prepare their student nurses and midwives for community work.

Because it was recognized that programmes of nursing education should be adapted to meet the requirements and resources of individual countries, the Expert Committee on Nursing, at its second session, held in Geneva in October, considered the special needs of countries in which nursing was not yet fully established. With the assistance of UNESCO, the committee gave some guidance on the planning of nursing education for countries in various stages of development. A consultant at headquarters assisted in preparing for this meeting, for which members of the Expert Advisory Panel on Nursing also provided much valuable information.

The report on the first session of the WHO Expert Committee on Nursing, which was published in November 1950, has been distributed widely. It is gratifying to note that its recommendations on training, in particular, were studied and discussed in detail by the members of a Nursing Conference held at the Royal College of Nursing in London.

The report was also discussed, in May 1951, at the fifth session of the United Nations Commission on the Status of Women, at which a resolution was passed requesting the Secretary-General of the United Nations "to draw the attention of Member States to the importance of ensuring: (a) wider recognition for the professional status of nurses, and (b) legal protection for this status, and to recommend non-governmental organizations to give their co-operation to governments and professional associations of nurses for these purposes."

At the second meeting of the Florence Nightingale International Foundation Council, at which WHO was represented, the Council, which is closely associated with the International Council of Nurses, planned a programme of studies in nursing education to be undertaken during the years 1952 and 1953, in co-operation with WHO. It agreed to give priority to the study of advanced programmes for training nurse teachers and administrators and to the production of an international list of such programmes for the International Council of Nurses. This special piece of work was undertaken under contract between WHO and the International Council of Nurses and will provide valuable information for the WHO fellowship programme. The Organization is also in constant touch with the nursing divisions of the League of Red Cross Societies and the International Committee of the Red Cross.

(For details on co-operation with non-governmental organizations, see chapter 17.)

In co-operation with the Regional Office for Europe, headquarters has attempted to assess the value of the working conference for public-health nurses which was held in Noordwijk, Netherlands, in October 1950. A questionnaire was sent, in May 1951, to all who took part and replies show that the conference acted as a stimulus to a number of individual public-health nurses and administrators, and that it also led to changes in teaching methods and the greater use of group techniques. A report of the conference was distributed to all participating governments, as well as to members of the conference, and a report on the conference techniques used at Noordwijk has been prepared for WHO by the Tavistock Institute of Human Relations, in London.

WHO continued to co-operate with the Rockefeller Foundation and the United Nations in a


12 UN document E/1997/Rev.1
pilot study of workers required to meet family health and welfare needs. This study, which is being conducted in France and England, was begun early in 1951 under the direction of a WHO consultant. Its purpose is to obtain more information on the needs of families and on the type of problems encountered by the family visitor (assistante sociale, health visitor or social worker). It is being made under the auspices of the Institut Démographique in France and the Department of Human Ecology of Cambridge University, with the co-operation of the health authorities concerned.
The work of WHO on the education and training of personnel does not lend itself to a summary listing. It is an integral part of most of the activities of the Organization and is the main objective of a great variety of projects referred to throughout this report under other subject headings and under the various regions and countries. The assistance which is given in training personnel is steadily increasing, as can be seen from Part II of this report, and it is likely to continue to increase, partly because of the importance attached to it by the Technical Assistance Committee ¹ and the Technical Assistance Board ² in the programme of technical assistance for economic development.

In addition, however, to the expansion of this type of assistance to governments (and in this work the effects of emphasizing local training, and training within the region, cannot pass unnoticed), there were certain other developments in 1951 that should help to improve the standards of teaching and training. Paramount among them were the technical discussions on the education and training of medical and public-health personnel that were held during the Fourth World Health Assembly. These discussions covered three main heads: (1) undergraduate medical education (2) specialist training in public health and (3) the training and use of auxiliary personnel in medical and health services. Discussions on such a wide range of subjects in a short period of time were not expected to lead to detailed recommendations: they did, however, provide an opportunity for exchanging information and examining the problem in a spirit of co-operation and disclosed the items of primary concern and the areas of agreement. Furthermore, the conclusion of these discussions did not mean that the subject was closed; additional material continued to come in during the year from many governments and non-governmental organizations, and points which they brought out were further studied.

Technical discussions on an educational subject, the training of auxiliary personnel, were to have been held at the 1951 meeting of the Regional Committee of the Eastern Mediterranean Region, but had to be postponed because the committee itself did not meet. The Regional Committees for the Americas and for the Western Pacific decided to have technical discussions at their sessions in 1952, and also selected problems in training and education as the subject for discussion.

During the year, WHO, in co-operation with representatives of the Scandinavian countries, helped to plan and establish a school of public health in the Scandinavian area. Another example of a co-ordinated approach to international educational programmes were the discussions between WHO staff and the United States authorities responsible for providing assistance under the Point Four Programme. They covered the principles followed and the methods used in the educational and training projects planned by the United States Government under bilateral agreements. As a result of these discussions, in which the recommendations of the Expert Committee on Professional and Technical Education ³ played an important part, the educational projects planned by these authorities were generally more in conformity with the principles of WHO.

The co-ordinating influence which the Organization may have on technical education was likewise apparent in discussions held at a conference on nursing, in London, at which recommendations on personnel training made by the Expert Committee on Nursing were considered (see page 21), and in an informal meeting with representatives of the World Medical Association on problems of medical education. Participation in the Council for the Co-ordination of International Congresses of Medical Sciences continued, and is described in chapter 17.

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¹ UN document E/2102 para. 13 and annex 1
² UN document TAB/SR.14 para. 38, p. 16
Attention should also be drawn to some of the activities undertaken in certain regions and countries as examples of experimental methods which may be applicable in others. In the study tour for public-health administrators in Europe, for instance, WHO profited from the experience of similar tours organized before the war by the League of Nations, and adapted it to the present changed conditions. For the medical teaching mission to Israel, WHO prepared a co-ordinated programme covering clinical, public-health and educational subjects. This type of programme brought together all the professional groups directly responsible for the various aspects of health work in the country, not only to collaborate with the mission itself, but also to prepare plans for further work in the country. In these and other such educational projects, close contacts between health administrations and teaching institutions were particularly encouraged.

The developments in 1951 thus indicate that the training of personnel has received more and more attention as one of the bases of sound health work, and, if the programmes recommended for the next two years by the regional committees may be taken as a guide, it will be given even more emphasis in the future.

This chapter is limited to a description of those aspects of training and education which may appropriately or conveniently be grouped under the headings Fellowships, Exchange of Scientific Information, and Assistance to Educational Institutions.

**Fellowships**

This has been the fifth year in which WHO has helped governments to strengthen their health services by providing their personnel with opportunities for advanced training abroad and by fostering the exchange of scientific knowledge and techniques. The Interim Commission of WHO took over the fellowships programme from UNRRA, with funds to finance it. Initially the programme was limited to 11 countries which had been devastated by the war. It has since been expanded to cover the whole world. In 1951, 655 fellowships were granted to nationals of 73 countries. Of that number, 511 were financed by WHO; the remainder, although administered by the Organization, were financed from other sources.

The trend towards decentralization and regionalization has also affected the fellowship programme—formerly administered by headquarters only. Further, since it has been thought important to grant fellowships which will permit Fellows to obtain training and to observe advanced techniques under conditions as similar as possible to those of their own countries, a gradually increasing number of fellowships have been granted for intra-regional studies. Of the 511 fellowships granted by WHO in 1951, 339 or 61% were for such studies (annex 14, table 1).

Fellowships for group training were still awarded in preference to fellowships for individual study. From the beginning of the programme, fellowships have been awarded for attendance at organized courses, such as those leading to a diploma, in subjects like public health, child health, and the control of tropical diseases, tuberculosis and malaria. But since 1950 greater impetus was given to fellowships for group training, for in that year WHO began to help conduct special courses and seminars. In 1951, 212, or 41% of the WHO fellowships awarded were for WHO-assisted group training (annex 14, table 1). Details of the courses organized by or with the aid of WHO are given in annex 5. In some instances fellowships were granted to teams of health personnel, who were to work together in a particular undertaking on their return to their own country.

Fellowships have been awarded not only to further the projects in which the Organization is assisting governments, but also to meet the special needs expressed by the regional offices and the governments. Therefore, both the type of assistance given and the special needs expressed have influenced the choice of subjects in which fellowships are awarded, and which are summarized in table 2 of annex 14. Almost nine-tenths of the total number of awards were granted for studies related to communicable diseases and to health organization and services, i.e., communicable diseases, including...
control of tuberculosis, venereal diseases and malaria (101); public-health administration and related subjects (72); organization of maternal and child health services and paediatrics (48); nursing (28); sanitation (50); and other health services (141). In the last named group, fellowships in rehabilitation of the handicapped, in health statistics and in mental health and child guidance form the bulk of the awards.

As before, almost all the fellowships awarded were for postgraduate training of one kind or another; only 19 were for undergraduate training, of which 4 were awarded to Liberia (2 for medicine, and one each for dentistry and sanitation) and 15 to Ethiopia (5 in nursing and 10 in medicine).

Whereas in 1947 fellowships were granted for study in two regions only, i.e., North America and Europe, training facilities in most parts of the world are now being used (table 4). This is due to the preference and support given to group training and the importance attached to studying in neighbouring countries. In 1951, fellowships were granted for study in 52 countries. The greatest number of Fellows studied in: the United Kingdom (163), the United States of America (123) and Denmark (79).

WHO has also continued to administer fellowships financed by UNICEF. These are intended to assist governments in developing work which falls within the scope of that body. During the year, WHO awarded 69 such fellowships to nationals of 17 countries, as shown in table 5.

Furthermore, WHO has started to award fellowships financed under the technical assistance programme. The number so awarded has been somewhat limited (table 6). This was because, until the latter half of the year, fellowships were approved only if they formed part of a wider technical assistance project. However, it has now been recognized that fellowships not connected with internationally assisted projects may be essential to certain national projects and, as such, important to the economic development of the country. Under this programme, 87 awards were made, almost all for intra-regional fellowships, and mostly for group training.

A Fellow sent to another country for training is often tempted to go outside the course provided in order to observe as much as possible of the development of his own speciality in that country. This may lead to a neglect of the object for which the fellowship was granted, and only through the close co-operation of Fellows, beneficiary governments and regional offices can the tendency to travel far and wide be brought within the limits of time and money set by the fellowships budget.

In the past, a strict check and follow-up on all fellowships awarded has been ensured by the following requirements: (1) a report on the value of the studies undertaken, which is made by the Fellow himself on the completion of his fellowship; (2) a six-monthly report by each returned Fellow on what he can contribute to his country; and (3) a report by the national health-authorities on the services that each Fellow has given to the country during the two years following his return. It was on the basis of these reports, and such additional information as was gathered by the staff of the regional offices and headquarters on field visits, that, in previous Annual Reports, details were given of the benefits derived from WHO’s fellowship programme. There have been very few instances of failure to make use of the training acquired by Fellows after their return. Early in the fellowship programme a very limited number of Fellows did not return to take up their duties in their home countries, chiefly because of postwar political changes.

As a further step towards the better evaluation of the fellowships programme, WHO is preparing a questionnaire, based on the criteria for priorities established by the Economic and Social Council and adopted by the Fourth World Health Assembly. The difficulties of making an objective evaluation are obvious, but it is believed that the information which each country will supply on how the fellowships programme has affected its health services will contribute to appraisal of the entire programme. The information should also give the health authorities of each country an opportunity of judging whether or not they are receiving full benefit from the fellowships programme, and whether or not the choice of Fellows, the fields of study as well as the type of fellowships could be improved.

During the year the regional offices assumed full responsibility for the administration of intra-regional fellowships, and have made a greater contribution

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4 Off. Rec. World Hlth Org. 24, 17; 30 35
towards servicing them; apart from these, no important changes were made in the fellowships programme. A booklet of information for governments and for Fellows, based on the revised administrative manual, was printed.

WHO continued to co-operate with the other United Nations agencies which have fellowships programmes, in order to secure as much uniformity as possible, to avoid overlapping and to promote concerted action. It has been necessary to define the respective fields of the fellowships programme of WHO and that of the United Nations’ Department of Social Affairs, particularly in aspects of mental health, and handicapped children. WHO also took part in the orientation courses organized by the Social Affairs Department of the United Nations for its own Fellows.

The outstanding problems at the end of the year were those of helping governments to select Fellows, of choosing training institutions and finding facilities for training, and of guiding Fellows during their studies abroad.

Exchange of Scientific Information

The encouragement of the exchange of scientific information is an important part of WHO’s activities. In the last three years, new methods and techniques for this purpose have been worked out, and particular attention has been given to developing what are called “direct methods”, by which leading scientists from various countries have been brought together to exchange information on important current problems.

The problems discussed in these meetings sponsored by WHO have been either those in the traditional fields of public health, such as venereal diseases (for example, the syphilis symposia in Helsinki and Paris in 1950) and maternal and child health (the infant metabolism seminars in Leyden and Stockholm in 1950), or special problems of medical care, an example of which is the WHO training programme in anaesthesiology. The Anaesthesiology Training Centre in Copenhagen is now in its second year of operation.

As for the methods and techniques worked out, WHO, through national health-administrations, was able to establish in 1950 close working relations with a number of universities, which led to a new pattern of co-operation in the exchange of scientific information. The Anaesthesiology Training Centre in Copenhagen, for instance, has been jointly operated by the University of Copenhagen and by the World Health Organization; its diploma bears the seals of both institutions, the signature of the Dean of the Medical Faculty and that of the Director-General of the World Health Organization. The infant metabolism seminar in the Netherlands, held in 1950, was conducted jointly by the University of Leyden and by WHO.

In 1951 this method of encouraging the exchange of information was continued (for a list of seminars, symposia and training courses organized by WHO, see annex 5), and WHO also succeeded in finding new ways of attaining this objective among an increasing number and variety of scientific bodies. Co-operation with some of the non-governmental agencies in official relationship with WHO, especially with the Council for the Co-ordination of International Congresses of Medical Sciences, resulted in the joint organization of scientific meetings, such as the symposium on bacterial growth and its inhibition, held in June 1951. Co-operation with such national scientific institutions of recognized international standing as the Istituto Superiore di Sanità in Rome and the Swiss Academy of Medical Sciences enabled WHO to contribute to international seminars and studies that it would otherwise have been impossible to organize: for example, the research and training centre on antibiotics, which functioned in Rome during the entire year, and the symposium on allergy held in Zurich, in October.

WHO has made some significant innovations in the techniques used for exchanging information. As mentioned above (page 24), an entirely new co-ordinated approach to this problem was made in the medical teaching mission sent to Israel, which was composed of experts and lecturers in various branches of public health, medicine and education. This is described in detail in Part II under “Israel”. It is planned to conduct similar experiments in future years.
Assistance to Educational Institutions

In order to promote the training of professional personnel, the World Health Organization has helped national governments to establish, expand and improve such educational institutions as faculties of medicine, schools of public health, nurses' training schools and centres for training auxiliary health workers. WHO has been able to use the facilities of several of these institutes in its regional, as well as national, programmes for increasing the numbers of qualified workers. Although this assistance, given at the request of governments, has been mainly directed towards strengthening the teaching departments of educational institutions, some help was also given in research, in co-ordinating the work of the various departments and in improving their administration.

In 1951, the most important change in this part of WHO's work has been the growing tendency to consider the programmes of educational institutions as part of a complete plan for improving the health of a population. Individual projects are not thought of as entities in themselves, but as parts of broader plans to produce more and better-qualified health workers. When a foreign expert is assigned to a professorship in a medical college, this assignment is conceived of as being only part of a project for improving the general educational facilities of the country, and at the same time another person is often trained to replace the foreign expert when his appointment expires.

Not only is a WHO project now generally treated as part of a larger educational programme, but its component parts are also interrelated. For example, in the interests of achieving more lasting results, WHO has discouraged governments from asking only for teaching supplies and equipment, but when experts are assigned to a project in a country, it often sends such supplies and equipment along with them to help in the training part of their work. The tendency to consider projects in this way is growing.

The shortage of trained professional health workers in many parts of the world, and the fact that some countries are unable to support highly trained personnel in many of their areas, have brought out the need for establishing a larger number of training programmes for auxiliary workers. The importance of this personnel was emphasized during the technical discussions at the Fourth World Health Assembly, and steps have been taken to increase the number of, and to improve the training institutions for, all such workers, among whom are assistant doctors, practical nurses, village health workers, first-aid workers, sanitary instructors and assistant midwives.

As the first step in the preparation of a survey of medical education throughout the world, WHO has sponsored the compilation of a directory of faculties of medicine which will shortly be published and distributed. The Organization has also drawn up, and will soon publish, lists of minimum requirements in supplies and equipment for the several departments of instruction in faculties of medicine: separate lists were prepared for anatomy, histology, morbid anatomy, physiology, bacteriology, biochemistry, forensic medicine, public health and hygiene, and pharmacology. This information will be available not only to the authorities engaged in setting up new faculties of medicine, but also to schools that wish to expand or improve their teaching departments.
CHAPTER 3

COMMUNICABLE DISEASES

There is a growing demand, especially under the technical assistance programme, for projects to control communicable diseases. It should be realized that although in exceptional cases it may be feasible to eradicate a disease in the strict sense, the more common result of a campaign against a disease is to reduce its incidence to a minimum which is easily kept under control. One cannot assume at that stage, however, that no further control is necessary. If, for example, through insect control no new cases of malaria are found to occur, this does not mean that no further service in the control of malaria should be provided.

The principle that methods of controlling a particular disease are more effective when embodied in general work in public health is now fairly widely accepted. Instead of projects against one disease, more and more "insect control" projects have been asked for. Control of malaria has been combined with that of kala-azar, of filariasis or of yellow fever. Similarly, BCG campaigns for tuberculosis control have been undertaken only within general antituberculosis programmes. Modern techniques have made it possible to engage in mass-control of treponematoses.

In other communicable diseases, research activities have been stimulated and co-ordinated; the improvement of diagnostic methods has been studied; surveys have been encouraged and field trials initiated. WHO has also worked on a large variety of field projects in these other communicable diseases, for which its assistance was requested by governments.

Malaria

The policy of the World Health Organization in its work on malaria has been developed during the past three years on the premise that, although modern insecticides and drugs have made worldwide control of the disease a practical possibility, the widespread dearth of essential information, the lack in many countries of a suitable antimalaria organization, and the shortage of trained personnel present serious obstacles to the realization of this ideal. A number of methods have been devised in an attempt to solve these problems. Amongst them have been the establishment of demonstration teams (in India, Lebanon and Pakistan), of advisory units to governments (in Iran), and of pilot projects (in Sarawak); assistance in the organization of nation-wide campaigns against malaria and other insect-borne diseases (in Central and South America); visits to countries by short-term consultants and WHO technical staff and help to institutes and training centres.

The availability of funds under the technical assistance programme and the provision of supplies and equipment by UNICEF and the Economic Co-operation Administration have greatly accelerated the expansion of this worldwide programme, and it was possible to start 12 new projects during the year, bringing the total field projects with which WHO was associated during 1951 to 22. Two only were financed from the regular budget.

Many of these are still in the early stages of development, but others have reached a point where it is possible to evaluate them to some extent, not only as regards their technical merits but also as regards the influence they have had on the preparation of national plans for malaria control. For example, during 1951, full operative responsibility for two demonstration units in India was assumed by the State governments concerned, when WHO personnel were withdrawn. That the governmental authorities have recognized the economic and social value of
malaria control is shown by the energy with which the work has continued, in both cases with UNICEF assistance. The area in which another unit operated successfully (in Terai, India) has been considered suitable for a joint FAO/WHO project (requested by the Government) to increase food production and to improve health. This five-year programme will influence the health and well-being of many hundreds of thousands of persons. Another demonstration unit is now in its third year of operation in Afghanistan. It has not only given a sound demonstration of malaria control, but has also stimulated the Government to launch a country-wide attack on the disease under a central malaria administration. The original pilot programme started by WHO was taken over by national workers and continued on a steadily increasing scale ; at the end of the year, plans were well advanced for the Government to assume the responsibility for a second demonstration unit (at Kunduz), which was established with the collaboration of WHO. In Thailand, one of WHO's most encouraging undertakings in combating malaria has been carried out. This project, started with help from UNICEF three years ago, has brought the disease under control in an area containing almost a quarter of a million people. As a result, the Government has been stimulated to undertake, with assistance from the Economic Co-operation Administration, a national five-year programme for the elimination of malaria as a major public-health task in the country.

It has been found necessary in many cases to modify the original methods used in a demonstration. In certain areas of the world, for example in the Western Pacific Region, the reaction of the vector of the disease to residual insecticides is not fully known. In that region—in Sarawak, for example—pilot projects in malaria control have therefore been planned. Future development will be based on the results of these pilot projects and the experience thus gained will influence malaria control throughout the whole region. In other regions the feeling has grown that programmes for the control of malaria by means of residual insecticides should be revised or enlarged to include the control of other insect-borne diseases. This has been particularly evident in Central America, where the national programmes of nine countries have been modified on these lines. In Ceylon, under the technical assistance programme, a training centre for the control of insect-borne diseases has been established which is intended to assist the Government in improving training facilities, help conduct research on the control of all such diseases, and which ultimately may be available as a training centre for the whole of the South-East Asia region.

Members of teams and other units for malaria control have continued to assist and advise governments on many health problems directly or indirectly connected with their main work. They have taken part in campaigns against plague, typhus and kala-azar, and in the practical training of all categories of workers in public health assigned to the teams.

Close liaison was maintained throughout the year with specialized agencies as well as with the Economic Commission for Europe, UNICEF and other organizations interested in stimulating international antimalaria programmes. WHO continued to co-operate with FAO in the joint working party which was established to investigate suitable areas for joint FAO/WHO projects similar to that approved for the Terai area in India and mentioned above.

Regional advisers in malaria were appointed to the South-East Asia, Eastern Mediterranean and Western Pacific regions. In the Americas an adviser on insect control was made available for a short period during the year.

WHO has continued to support training courses in malaria control and to strengthen training institutions. It has helped the Malaria Institute at Kabul (Afghanistan) by providing laboratory equipment and supplies.

At an international malaria course, organized by the Portuguese Government in June 1951 at the Aguas de Moura Institute in Lisbon, a short-term consultant and an expert from headquarters gave a series of lectures. With the generous collaboration of the Government of Nigeria, preliminary plans were also made for the first African malaria course, recommended by the Malaria Conference in Equatorial Africa in 1950. It is expected that this course will be held at Lagos, Nigeria, in 1952, and that 10 or 12 students will attend.
The drafting group on the standardization of procedure in epidemiological inquiries on malaria, the establishment of which was approved by the Executive Board at its seventh session (resolution EB7.R76), met in Amsterdam during the third quarter of the year, to revise and bring up to date the "Report on Terminology in Malaria" published by the League of Nations Health Organization.

The Expert Committee on Insecticides divided its session for 1951 into two parts; at the first, held in the summer (July-August) at the Communicable Disease Center, Savannah, Georgia, questions relating to spraying equipment were discussed; at the second, convened in Geneva in late November, the committee dealt almost entirely with questions concerning specifications for insecticides and their formulations. The report of the second session of the Expert Committee on Insecticides, held in 1950 and mentioned in the Annual Report for that year, has been accepted as a standard reference book on specifications for insecticides and spraying equipment, and in the two sessions which took place this year, further information was provided which will make it even more comprehensive.

Preliminary action was taken on resolution WHA4.31 of the Fourth World Health Assembly concerning the toxic hazards to man and animals of certain insecticides and similar products used in agriculture and health work (for details see page 17).

Tuberculosis

During the year, there have been further developments in tuberculosis control both at headquarters and in the field. The inception of the expanded programme of technical assistance has permitted the establishment of a number of demonstration projects similar to those in Turkey and El Salvador, which were made possible in 1950 under funds provided from the regular budget. As will be seen in Part II under regions and countries, these new demonstration projects are now operating in Burma, Ceylon, Ecuador, India (New Delhi, Patna, and Trivandrum) and Thailand; all have proved their value as centres for the training of personnel in the countries concerned. In the latter months of 1951 headway has been made in preparing plans of operation for similar projects in Austria, Egypt, Finland, Greece, Indonesia, Iran, Iraq, Jamaica, Paraguay, Sarawak, Syria, and Yugoslavia. UNICEF is co-operating in some of these projects, more particularly by providing equipment and supplies for BCG vaccination campaigns, most of which are being conducted in association with WHO demonstration projects in tuberculosis control.

No serious difficulties in finding workers in tuberculosis control have been encountered so far and, at the end of the year, no fewer than 65 persons will be working in the different projects in the countries referred to above. These include doctors, nurses, laboratory and x-ray technicians, all of whom have been recruited from well-qualified candidates over a wide geographical area.

During the year, the work previously done by the Joint Enterprise in BCG campaigns was taken over by WHO. This major task was accomplished smoothly, thanks to the close co-operation of the previous members of the staff of the Joint Enterprise and to the assistance given by UNICEF. BCG programmes are being supervised by WHO only in countries where collateral facilities for tuberculosis control are available. This policy is in accordance with the recommendation of the Expert Committee on Tuberculosis—outlined particularly in the report on its fourth session and accepted by the World Health Assembly (WHA3.46)—that the BCG vaccination programme, to be fully effective, should be integrated into the general tuberculosis control programmes. In certain areas it has not been necessary to set up demonstration centres, since an acceptable nucleus of dispensaries and institutions which serve those areas already existed. Where these have been lacking or defective, however, every effort has been made to combine the necessary demonstration teams with BCG vaccination campaigns.

It is probable that the years 1951 and 1952 will be the peak-period of work in tuberculosis control in the regions, especially as concerns demonstration

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3 Bull. Hlth Org. L.o.N. 1940, 9, 131
teams and recruitment of staff. Most of the projects scheduled to begin in these two years will have ended in 1953 and 1954, so that, by then, the tasks of procuring supplies and providing personnel will have been lessened.

During 1951 most of the work against tuberculosis has been carried out in Europe and in the Eastern Mediterranean, South-East Asia and Western Pacific Regions. In the vast areas of Africa and South America it may be said that the task has scarcely started, so far as assistance from WHO is concerned. The admission of Germany, Japan, and Spain to membership of the Organization offers WHO further opportunities to serve in countries where assistance is undoubtedly necessary; these countries will be given particular attention in the years immediately ahead.

In 1951 no meeting of experts on tuberculosis was held, since it was felt that the necessary foundations for WHO's work in tuberculosis had been well laid by the expert committee at its sessions in previous years. Between 1947 and 1951 the committee held five meetings and produced reports, all of which were accepted by the World Health Assembly as the basis for attacking the problem, particularly in countries where programmes are as yet undeveloped. It is expected, however, that a meeting will be held in 1952 at which special attention will be given to modern methods of chemotherapy, and that a thorough appraisal of the schemes in operation will be made in the light of the experience now being accumulated.

At headquarters the work of keeping regional tuberculosis workers informed of important developments in tuberculosis has been maintained, and there has been a further addition to the number of countries, now totalling 27, from which complete details of antituberculosis programmes are available. This information has been provided to many workers interested in the progress made by different countries in the campaign against this disease.

It is still too early to assess the lasting value of the assistance and advice which is given to countries under the WHO plan for tuberculosis control, and it would certainly not be wise to accept as permanent the early successes which have been recorded in some of the centres already established. So far, however, it can be said that the system of regionalization and decentralization is working well and that, almost without exception, international personnel have been welcomed in the countries to which they have been sent. The technique of the demonstration team is certainly another link in the chain of international understanding on tuberculosis questions, and the strength of such a link must contribute to the strength of the bond between countries in programmes for tuberculosis control. The challenge of controlling tuberculosis throughout the world is enormous and can never be met by any short-term policy or even by any one organization. Recent experience has shown, however, that such an organization as WHO can give the lead; working alone it will accomplish relatively little, but with reinforcements from other inter-governmental and non-governmental organizations it has bright prospects ahead.

Venereal Disease and Treponematoses

The work of WHO in assisting governments to control syphilis and the other treponematoses (yaws and bejel) was continued, consolidated and expanded in 1951. The effective mass application of repository penicillin therapy, the training of national personnel in modern diagnostic, therapeutic and epidemiological methods, and significant advances in the standardization of serodiagnostic tests, were perhaps the outstanding developments. UNICEF has co-operated with WHO in the large programmes for the control of the treponemal diseases, which have often evolved in five stages: (1) preliminary analysis of the problem; (2) development of methods; (3) demonstration, survey and training; (4) expansion; and (5) consolidation. Such has been the general course of the mass campaigns against yaws in Haiti, Indonesia, the Philippines and Thailand, and of the campaign against bejel in Iraq. That this kind of approach is both rational and feasible has become more and more evident during the past year. Long-term campaigns against syphilis, continued with the assistance of WHO and UNICEF, have progressed favourably in Finland (where the total number of new cases of infectious syphilis has fallen from 4,769 in 1946 to 391 in 1950) and in Yugoslavia, where endemic syphilis has been effectively diminished in many areas. Reappraisals of similar campaigns against prenatal and congenital
syphilis in Italy and Greece were also made during the year.

One of the most significant developments recently has been an increased interest in the control of yaws. This disease, which adversely affects the health and economic advancement of millions of people in the humid, under-developed countries of the tropics, has long been a problem because of the difficulty of tracing cases in inaccessible rural areas and of holding them for prolonged courses of metal chemotherapy. The latter problem has been simplified by the use of penicillin in absorption-delaying vehicles, and yaws control has now become a much more feasible public-health objective than at any time in the past.

The venereal nature of syphilis, gonorrhoea, chancroid and lymphogranuloma venereum makes them more difficult to control by mass treatment than the non-venereal treponematoses. WHO began demonstration and training projects against the venereal infections during 1951 in collaboration with the Governments of Burma, Ceylon, Ecuador, Egypt and Paraguay. A similar project in Afghanistan was continued throughout the year. The first demonstration team to finish its work was the venereal-disease control demonstration and training unit in India, at Simla (Himachal Pradesh), which completed its demonstrations of modern control methods in rural areas where the prevalence of syphilis is high, and its advanced training courses for workers not only from India, but from five neighbouring countries as well.

WHO has continued to work on special aspects of venereal-disease control among merchant seamen. The model port demonstration project in Rotterdam became a reality, and the first of the special study groups began its consideration of various problems in maritime venereal-disease control. The International List of Venereal-Disease Treatment Centres at Ports was printed and made available to all Member nations, and fills a long-standing need.

The International Treponematoses Laboratory Center (in the School of Hygiene and Public Health of the Johns Hopkins University) continued its work during the year. Strains of treponema from cases of bejel (Iraq and Syria), endemic syphilis (Yugoslavia), venereal syphilis (Turkey and the United States of America), and yaws (Haiti, Indonesia, Samoa and Thailand), were isolated, and WHO field teams played an important co-operative role in this work. Long-term studies are being made on the phenomena of treponemal disease in experimental animals, the choice of animals for isolating strains, histopathology, serology, the immunologic relationships of the treponematoses, and the strain sensitivity to penicillin. These studies may result in significant advances in knowledge of the fundamental biology of the treponematoses.

During the year several steps were taken towards establishing the control and standardization of cardiolipin and lecithin antigen throughout the world. A monograph on production and control methods was prepared by the Division of Laboratories and Research of the New York State Department of Health (now a WHO centre for the standardization and control of cardiolipin and lecithin antigens), with the collaboration of WHO. The WHO Serological Reference Laboratory at the Statens Serum-institut, Copenhagen, continued its work of testing serologic antigens and reagents from many Member nations and of studying the keeping qualities of various antigens; it also co-operated with the New York State Laboratory in developing appropriate methods for controlling cardiolipin and lecithin.

In accordance with a recommendation of the Sub-Committee on Serology and Laboratory Aspects of the Expert Committee on Venereal Infections and Treponematoses, four international co-operative studies were initiated during 1951: (1) a pilot experiment to assess the usefulness of freeze-dried serum in controlling and standardizing serologic tests (involving over 4,000 specimens); and (2) an exchange of more than 6,000 serum specimens, in which 29 members of the expert advisory panel participated. Data on how the sending of serum for long distances by mail may affect the results of serologic tests for syphilis were made available by the co-operation of laboratories widely scattered throughout the world.

Advisers with specialized training in venereal-disease control supervised the field activities of WHO during all or part of the year in four of the regions: the Americas, South-East Asia, Europe, and the Eastern Mediterranean.

Research and Related Activities in other Communicable Diseases

In addition to requests for projects in malaria, tuberculosis and the treponematoses just described, help has been increasingly asked of WHO in combating such diseases as leprosy, typhus, poliomyelitis, diphtheria, pertussis, filariasis, trachoma, plague, yellow fever, cholera, ankylostomiasis, rabies, anthrax, Q fever, hydatid disease and bilharziasis. Details of the field work undertaken are given in Part II. This chapter contains a brief account of the research and other activities on some of these diseases carried out at headquarters during the year.

Pestilential Diseases

Plague

WHO continued the preparation of a manual on plague, of which six chapters were drafted during the year. The bibliography for the manual was compiled and made available to experts. The Organization also prepared a summary report based on a questionnaire completed by health administrations on the spread of wild-rat plague in tropical Africa. The report will be considered by the Expert Committee on Plague in 1952. WHO consultants were sent to Saudi Arabia and Yemen to investigate epidemics of plague which had been reported there (for details, see under the countries concerned).

Cholera

Epidemiological and bacteriological investigations on cholera, undertaken by the Indian Council of Medical Research with the assistance of WHO, were continued in 1951. They have covered the retrospective diagnosis of cholera through agglutinin response to anticholera inoculation, the diagnosis of cholera by Bandi's test, the isolation of the cholera vibrio from waters in Calcutta, the mutation of vibrios, and the influence of sulfaguanidine on the excretion of the vibrio in stools of cholera patients. Methods of discovering subclinical cases between epidemics, and the role of the cholera carrier in the spread of the disease, have been investigated in the field. Papers on these subjects were submitted to the Expert Committee on Cholera, which met in India in November in joint session with the Cholera Advisory Committee of the Indian Council of Medical Research. Among the subjects discussed at this meeting, and the session of the Expert Committee on Cholera which followed, were plans for an investigation of the possible role of fish in the spread of cholera and a proposal for the establishment of a cholera research centre. A further study of the possibility of controlling cholera through simple and inexpensive improvements in environmental sanitation was also recommended.

Smallpox

WHO continued to encourage research on the immunizing properties of dried smallpox vaccine. Several outstanding specialists in the preparation of dried smallpox vaccine were requested to submit descriptions of their respective methods and reports on the results obtained with dried smallpox vaccine. Experiments were begun at the Vaccine Institute in Belgaum, Bombay Province, to determine, in monkeys, the protective potency against virulent smallpox virus of dried vaccines prepared from various strains of vaccinia. WHO provided special equipment for these tests. The protection afforded by the Indonesian dried vaccine in endemo-epidemic conditions was tested in field trials in India; similar trials were conducted in Peru by the Pan American Sanitary Bureau, with vaccine produced by the Michigan Department of Health.

In order to test the immunizing properties of a series of vaccines dried under different conditions, it was planned to carry out a field study in several large cities where smallpox is not present. However, it will first be necessary to undertake some preliminary investigations to select a seed virus of proved potency.

Typhus

With the assistance of WHO, specialized laboratories in the Institut Pasteur in Paris and the South African Institute for Medical Research in Johannesburg prepared specific rickettsial antigens, which have been dispatched to diagnostic laboratories in Africa. In this way a body of knowledge on the presence and distribution of the various rickettsioses of that continent is gradually being built up. In order to plan protective measures such knowledge is, of course, essential.
Assistance was given in campaigns against typhus in Afghanistan, Bolivia and Peru (for details, see Part II).

**Virus Diseases**

Plans were made for WHO to help with a yellow-fever control project in Ecuador and other countries of the Americas. (For delineation of the yellow-fever endemic area and work of the yellow-fever panel, see page 42.)

**Influenza**

In the early months of the year, when influenza appeared in epidemic form in many countries of the northern hemisphere, the network of influenza centres working in conjunction with the World Influenza Centre in London was given the opportunity of collecting, isolating and typing a large number of virus strains. The results of this work were forwarded to, and in many cases checked by, the World Influenza Centre, which supplied all the centres with information on the types found. At the same time, the Organization collected and distributed information on the prevalence and trend of the disease. It also advised health administrations on quarantine questions and on where vaccine containing the prevalent virus strains could be obtained.

A preliminary report on influenza strains isolated in 1950-51 was prepared by the World Influenza Centre, and circulated to regional centres and to members of the Expert Advisory Panel on Influenza. The World Influenza Centre also made a series of comparative tests on the possible relationship between swine influenza and human influenza strains. (For network of influenza centres, see map 1 above.)

In September, advantage was taken of the presence in Copenhagen of many specialists in virus diseases to hold an informal meeting at which influenza was discussed. It was agreed that a meeting of experts in 1952 would be desirable and points for the agenda of such a meeting were discussed.

**Poliomyelitis**

The work of the European Association against Poliomyelitis and that of the International Poliomyelitis Congress in New York (which organized the Second International Poliomyelitis Conference in Copenhagen in September) were closely watched. Help was given in co-ordinating the efforts of the
American and European groups, and it is expected that WHO will be able to assist more directly in this co-ordination of research through an expert committee.

WHO made a critical study of literature on the possible causal relationships between diphtheria or whooping-cough vaccinations and the occurrence of paralysis in the limbs vaccinated. This study, and others reported during the poliomyelitis conference, indicated that vaccination campaigns could proceed in safety, provided the vaccinations were subcutaneous and were carried out during the non-epidemic months.

Infectious Hepatitis

Preparations were made to convene in 1952 an expert committee on infectious hepatitis, probably in conjunction with the meeting of the International Society of Geographical Pathology, which will be held in Brussels and will deal solely with hepatitis.

Rabies

On the recommendation of the Expert Committee on Rabies, hyperimmune serum was held in readiness in the Institut Pasteur in Teheran, to be used in conjunction with active immunization in order to prevent rabies from developing in persons severely bitten in the face, particularly by wolves. In order to avoid anaphylactic reactions, arrangements were made to combine the use of this serum with the antianaphylactic serum prepared by the Haffkine Institute in Bombay.

The Flury strain of (avianized) rabies virus was sent to the Belgian Congo, Ceylon, India, Indonesia, Italy, Malaya, Philippines, Spain, Sweden and Turkey. Strains of seed virus for vaccine production (Semple type) were sent to Pakistan at the request of FAO.

WHO gave technical advice and assistance to Israel for its demonstration project for the control of rabies by the vaccination of dogs. The number of cases fell considerably, apparently as a result of the mass vaccinations carried out. Advice was also given on another large experimental project for the vaccination of dogs against rabies, which is being carried out by the United States Public Health Service in Montgomery, Alabama. A rabies specialist was borrowed from that service to give technical advice to a number of countries in the African, South-East Asia, and Eastern Mediterranean Regions. Another specialist visited Spain to help with a rabies-control programme in that country. Problems in rabies control in Latin America were dealt with by the Regional Office for the Americas.

Zoonoses

In addition to rabies, WHO dealt with the following communicable diseases common to man and animals:

Brucellosis

Co-operation with and among the FAO/WHO network of brucellosis centres has been continued. WHO has provided them with technical information on standard laboratory procedures, standard antigens, bacteriological media, chemicals and dyes, so that the results obtained may be strictly comparable. In some cases laboratory equipment was also supplied.

Five laboratories exchanged brucella strains for the purpose of studying the several characteristics of these strains and of selecting three brucella-type species for distribution, freeze-dried, to all brucellosis centres for reference purposes.

Several laboratories in the Americas and in the Mediterranean area were supplied with ring-test antigen and instructions for a research project on the testing of goats' milk for brucellosis infection. Other research projects in human and animal brucellosis were carried out in the FAO/WHO brucellosis centres shown on map 2.

Technical information on brucellosis was supplied to health administrations and agricultural departments in countries throughout the world by correspondence, and visits both by members of WHO's staff and by a special consultant under the technical assistance programme. Unified diagnostic procedures, made possible by WHO's co-ordination and assistance, have enabled the brucellosis centres to accumulate more accurate information than had previously been available on the distribution of the various types of brucella infection in man and animals in a large number of countries. For collaboration with the Office International des Epizooties, see Chapter 17.
Q Fever

The survey to determine the presence and extent of Q fever in cattle and other animals, which both the Joint WHO/FAO Expert Group on Zoonoses⁶ and the Joint OIHP/WHO Study-Group on African Rickettsioses⁷ had recommended, has been started. For this purpose, a standard complement fixation test, similar to the complement fixation test now widely used in viral and rickettsial diseases in some countries, was worked out by WHO, in consultation with prominent workers in Q fever. WHO recommended a uniform technique for the Q-fever study, so that the results of present and future tests would be comparable. Q-fever antigen and control serum have been sent to 23 countries, widely distributed throughout the world, which are taking part in the survey.

Bovine Tuberculosis

In accordance with recommendations of the Joint WHO/FAO Expert Group on Zoonoses,⁷ work was done in collaboration with the Office International des Epizooties to establish a standard PPD tuberculin to be used in the detection of bovine tuberculosis. The Weybridge Veterinary Laboratory will make a special study of the practical value of the Dubos haemagglutination test, in the diagnosis of bovine tuberculosis.

Hydatid Disease

Since hydatid disease affects the economy as well as the health of several countries, a specialist in meat hygiene was recruited and, acting as joint representative of WHO and FAO, visited a number of countries in the Eastern Mediterranean Region in need of technical advice on the subject, under the technical assistance programme.

Close collaboration on problems connected with zoonoses was maintained between WHO, FAO and the Office International des Epizooties, in Paris.

Parasitic Diseases

An expert advisory panel on parasitic diseases, including a number of specialists in the various aspects of bilharziasis, was set up during the year.

Bilharziasis

The survey on bilharziasis in Africa and in the Eastern Mediterranean Region, recommended by the joint OIHP/WHO study-group on the subject in 1949,⁸ has made progress. WHO experts visited a

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number of territories not visited in 1950, including Liberia, Madagascar, Réunion, Mauritius and British territories in West Africa. Arrangements were made with the health authorities of the Belgian Congo and the Portuguese territories for specialists from the metropolitan countries to complete their part of the survey along the lines recommended by the expert group. It is expected that the information collected by the various experts will provide material for a comprehensive study which will draw the attention of the administrations concerned both to the prevalence of recognized bilharzia infection and to the danger of its extension, particularly in areas where new irrigation schemes are being developed. This survey will permit the Expert Committee on Bilharziasis, which is to meet in 1952, to make specific recommendations to health administrations.

Laboratories in Charlottenlund (Denmark), Paris, and Salisbury (Southern Rhodesia), selected to determine the types of mollusc that carry the disease, have continued to work on samples which were collected by WHO experts and by the officers in the various territories whom the experts had trained and who continued and extended their work. In order to work out more economical methods of mollusc control, a programme to test molluscicides in field work was planned and initiated in Egypt.

Leprosy

An expert advisory panel on leprosy was built up in the course of the year, and its members were consulted as to the future programmes of WHO and the agenda for the meeting of the expert committee, which is to take place in 1952. Preparations for that meeting are being made in collaboration with officers of the International Leprosy Association. Consultants in leprosy were sent to Burma, Ceylon and Ethiopia, at the request of the Governments.

Trachoma

An expert advisory panel on trachoma was also set up, and its members co-operated in drawing up the agenda for the meeting of the expert committee and in preparing a series of basic reports to help in the discussion of the various items. The meeting which was to take place in Alexandria in November had to be postponed until the beginning of 1952. The agenda and documentation cover control methods, the chemotherapy of the disease and associated ophthalmias and the control of trachoma in international traffic.

A trachoma specialist was sent to test the relative value of certain sulfonamides and antibiotics which were being used in the work among Palestine refugees. The trial covered 3,000 children and was made possible by the free supply of antibiotics by UNICEF and by private United States and Italian manufacturers. The work was carried out under the auspices of UNWRAPRNE, which engaged the assistant of the original expert for a period of six months, to continue the work and to extend the selected form of treatment of 100,000 patients.

In Morocco, research on the cheapest effective methods of mass treatment suitable for urban and rural populations was initiated and aided by the Organization. In this trial also, most of the drugs were donated by manufacturers. Its results should be of particular value to under-developed territories.

A new criterion for the cure of trachoma, based on the local application of cortisone, was the subject of a special study made in Tunis, at the instigation of a WHO specialist. If proved practicable, a criterion of this kind would greatly facilitate migration from countries where trachoma is endemic, for, at present, persons from such countries who show healed trachoma lesions are generally not acceptable as immigrants.

Other Diseases

Vaccination campaigns against diphtheria and pertussis were carried out with the help of WHO in Chile and Colombia. Assistance was also given in work against anthrax in Turkey and ankylostomiasis in Paraguay.
CHAPTER 4

CO-ORDINATION OF RESEARCH

Tuberculosis Research Office

The Tuberculosis Research Office in Copenhagen developed during 1951 and consolidated a programme of studies on tuberculosis, particularly in relation to mass BCG vaccination. It gave special attention to co-ordinated field and laboratory studies of BCG vaccines and tuberculins, comparative surveys of post-vaccination allergy, the results of BCG vaccination in selected countries, and the specificity of the tuberculin test in different countries and among different peoples.

In response to a proposal from the Tuberculosis Research Office, the Danish Government, with the concurrence of the Secretary-General of the United Nations, provided in 1951 2.3 million kroner from the United Nations Appeal for Children to establish and maintain a new laboratory in the grounds of the Statens Seruminstitut, where intensive research on tuberculosis immunization will be carried on. It is expected that the laboratory will be completed by the end of 1952; meanwhile, research work will begin in a temporary unit. In this connexion, an agreement between the Danish Government and WHO was recently signed.

The increased responsibility of WHO and UNICEF for continuing the International Tuberculosis Campaign after the Joint Enterprise ended has added greatly to the work of the Research Office. The office, which is responsible for collecting and handling the statistical data of the WHO/UNICEF BCG programmes, as it was under the Joint Enterprise, has taken on further responsibilities including those for training field personnel, planning and supervising field statistical services and helping with the technical aspects of mass campaigns. Experience gained during the Joint Enterprise campaigns has made it possible to use in the new programmes simplified record forms and statistical procedures which will save much time and money without impairing the value of the statistical data. It is also proposed that a trained statistician should be appointed to each of WHO’s regional offices, to assist in organizing and supervising the statistical work in the participating countries, and to act as liaison officer with the Tuberculosis Research Office.

Doctors and nurses from Iceland and the Netherlands with WHO fellowships were in Copenhagen during the year to be trained in the detailed techniques of tuberculosis research before undertaking similar work in their own countries. Tuberculosis specialists and public-health officials from some 20 countries visited the office for periods varying from a few days to several weeks in order to discuss and study special problems in tuberculosis research and control.

A report Mass BCG Vaccination in Poland, 1948-49, analysing the results of testing 4,703,561 persons and of vaccinating 2,263,952, was published by the International Tuberculosis Campaign in February. The next publication will be on the Syrian campaign, and will include, besides information on tuberculin resting and vaccination, an analysis of the data obtained from retesting in that country. Similar reports were being prepared for other countries in which the Joint Enterprise had carried out BCG campaigns.

Systematic and extensive surveys of post-vaccination allergy were made in Ecuador, Egypt, Greece, and India. Analyses of these data showed marked geographic differences even when the same batch of vaccine was used. In Egypt, Greece and Syria, with the Danish vaccine the level of post-vaccination allergy was higher among the Greek and the Syrian than among the Egyptian children, but all had lower allergy than those vaccinated in Denmark. Vaccine from the laboratories in Mexico City and Madras, South India, respectively, was used in Ecuador.

Yuan, I-C. & Nyboe, J. (1950) Mass BCG vaccination in Poland, 1948-49, with special reference to statistics on tuberculin testing and BCG vaccination, Copenhagen
and India, where the children showed an intermediate level of allergy, lower than in Denmark but higher than in Egypt. In Egypt they showed the lowest post-vaccination allergy on record, and the findings there raised two difficult problems: whether or not the Egyptian Government should make a nation-wide retest of the vaccinated population and revaccinate all those below a specified level of allergy, and what criteria could be recommended for revaccination. A special team was sent to Egypt in the latter part of September to investigate these problems further.

The Finnish national roster, based on the field records of the mass campaign of 1948 and 1949, includes 870,000 persons tested and 580,000 vaccinated in the age-group 1 to 25 years. A preliminary tabulation of the results of the direct checking of current death certificates against this roster showed that, in 1950, there were 34 deaths from tuberculosis among the vaccinated, including 11 from tuberculous meningitis and 4 from miliary tuberculosis, the corresponding figures among the natural positives being 15 and 4 respectively, out of 132 deaths. This tentative finding is at marked variance with the prevailing impression of local clinicians that acute forms of tuberculosis are rare among the vaccinated. Work has begun on checking the diagnosis, as well as the validity and time of vaccination.

The Danish Mass Tuberculosis Campaign (aimed particularly at the age-groups from 1 to 6 and 15 to 34), in which the Research Office has co-operated, has to date tuberculin-tested 667,300 persons and vaccinated 300,800. All adolescents and adults have been x-rayed, with a total of 507,200 microfluorographic examinations and 15,313 large films. For the national roster, copies were made on punch cards of 825,000 individual records, covering three categories: those tested, those vaccinated and those, in the age-groups 1 to 6 and 15 to 34, who did not appear for testing. The last category is important to complete the roster, so that tuberculosis morbidity and mortality among the three categories may be compared, and the rates observed in specific age-groups contrasted with trends expected from pre-vaccination experience.

The extensive BCG-vaccine studies undertaken during the past two years comprised 21 projects, 14 of which were started in 1951. The entire series covered 37,000 children tuberculin tested and 22,000 vaccinated. The first examination, eight to eleven weeks after vaccination, was completed for 18 of these projects; the one-year examination was made for 7, and for the early projects the two-year follow-up examination was begun. Co-operation in the programme was again excellent: of the vaccinated children still attending school, approximately 85% returned for post-vaccination examinations.

In these studies the findings of the one-year post-vaccination examination generally confirmed those of the early examination; one significant finding which they confirmed was that up to one month the age of vaccine has little or no effect on its capacity to produce allergy. This applied both to the Danish vaccine and to vaccines from other production centres. Adequate tuberculin allergy was found in a more recent project in which vaccine 2½ months old was used. Vaccine stored for long periods at 30° C produced extremely weak post-vaccination tuberculin sensitivity, even with 100 Tuberculin Units (TU). In examinations carried out one year after vaccination, it was found that vaccines stored at 20° and 30° C produced less durable allergy than those stored at 2° to 4° C.

Preliminary investigation showed that variations in the depth of injection of the vaccine had no effect on the amount of allergy produced, although they greatly affected the severity of the vaccination lesion: the deeper the injection, the larger the lesion and the more frequent the formation of abscesses. Variations in the dosage (either by varying the volume within the limits of 0.05 to 0.3 ml, keeping the concentration constant, or by varying the concentration from 1/4 to 1/8 standard strength, keeping the volume constant) had relatively little effect on either vaccination lesion or allergy.

An important finding during the past year was that the effect of vaccination does not depend solely on the number of viable organisms administered, but that the dead organisms in the vaccine markedly increase the post-vaccination allergy and influence even more the vaccination lesion. The office made further studies on a more exact definition of the nature and durability of the allergy produced by the non-viable component of the vaccine.
During 1951, further investigations were made on how the efficacy of the vaccine is affected by various environmental factors, such as exposure to high temperatures and sunlight and methods of storage and transportation.

Other studies completed or begun in 1951 included:
1) an extension of the family study, in which the results of retesting after one year confirmed those obtained after ten weeks, and showed, in both cases, similarities within sibling groups and differences between families in the level of tuberculin sensitivity;
2) an examination of a possible relation between the level of tuberculin sensitivity in these children and the incidence of tuberculosis among their close relatives;
3) an investigation of the experimental error in tuberculin testing, where errors made in reading were found to be responsible for half, or sometimes even more than half, the total error of the Mantoux test, which is largely responsible for the "false" conversions and reversions;
4) a comparison of the Mantoux and Trambusti tests, in which there was found to be a remarkable agreement of 82% when the two tests were read by different readers, and 92% when duplicate Mantoux tests were read by the same person; and
5) a comparison of tuberculins, showing a linear relationship between the mean size of indurations and the dose or potency of the tuberculins used.

An important and interesting finding, reported from Darjeeling, India, was that among tea plantation workers and their families, living within a circle of three miles' radius, reactivity to tuberculin varied with the altitude at which they lived. To explain the variations it is postulated that a non-pathogenic but closely related infection is prevalent at the lower altitudes and that infection with both the non-specific organisms and the tubercle bacillus results in a lower sensitivity than that produced by the tubercle bacillus alone.

The field station in Reykjavik, Iceland, has continued to study reactions to various types of tuberculins, and has also been engaged in transferring to punch cards the information on identification which it obtained in the nation-wide census completed in December 1950. This is the first stage in compiling a national roster for tuberculosis, which will permit observations to be made on epidemiological factors which influence the rapid decline of this disease.

The programme of testing and vaccinating in rural communities was continued at the field station in Madanapalle, South India, where during the year a controlled evaluation study was begun, in which only alternate non-reactors were vaccinated, the other non-reactors being left unvaccinated to serve as controls.

Other Research Centres

In addition to maintaining the Tuberculosis Research Office, WHO has encouraged the coordination of research by supporting other international research centres, by helping to establish and administer networks of national research centres and by supplying technical advice, and in some cases, providing grants to institutes to enable them to carry on essential work. The network of brucellosis, influenza and salmonella centres is illustrated in maps 2, 1 and 5. Work has been continued in the International Treponematosis Laboratory Center (at Johns Hopkins University, Baltimore), the WHO Serological Reference Laboratory (in the Statens Serum-institut in Copenhagen), the International Salmonella Centre and the World Influenza Centre. In addition, the Belgaum Institute in Bombay has carried on with the production of dried smallpox vaccine; the India Council of Medical Research with research in cholera; and the Institut Pasteur and other institutes with work on typhus and rickettsial antigens. Other research which was carried on under the auspices of WHO during the year was in field trials of trachoma treatments, trials of dried smallpox vaccine, a survey on bilharziasis in Africa and the Eastern Mediterranean Region, the species determination of bilharzia snail vectors, field trials on mollusicides, the preparation and distribution of rickettsioses antigens and Q-fever antigen and sera tests. Details of this work may be found under the subjects concerned.
CHAPTER 5

EPIDEMIOLOGICAL AND STATISTICAL SERVICES

Sanitary Conventions and Regulations

Adoption of International Sanitary Regulations, (WHO Regulations No. 2)

The adoption by the Fourth World Health Assembly of the International Sanitary Regulations on 25 May 1951 is perhaps one of the most important achievements of the World Health Organization.

The question of revising the International Sanitary Conventions and consolidating them into one text applicable to sea, land and air traffic was first considered by the Technical Preparatory Committee for the International Health Conference held in Paris in March and April 1946. In October of that year the Interim Commission of the World Health Organization, at its second session, emphasized that revision of the International Sanitary Conventions was urgent. Preliminary work was then begun. Now, four years of patient and careful consideration of expert advice on all aspects of the problem have culminated in the unanimous adoption of the text of the International Sanitary Regulations by the 67 nations represented at the Fourth World Health Assembly.

The progress made in the preparation of these Regulations was recorded in some detail in the Annual Report of the Director-General for 1950. Since then, a Special Committee met in April and May—just before the Fourth World Health Assembly—to examine the draft Regulations. It was attended by delegates from 40 governments and 36 plenary meetings, as well as numerous meetings of three sub-committees, were held. During the session of this committee the articles of the draft text were discussed seriatim and in detail, and agreement was reached on each; the articles were then redrafted by a juridical sub-committee, to secure consistency. In this manner, the final text was established. It was again fully discussed at the Fourth World Health Assembly and adopted unanimously.

The proceedings of this Special Committee will be published early in 1952 in Official Records No. 37, together with the text of the Regulations, the covering explanatory memorandum, and an analytical index.

There are certain important differences between these Regulations and the conventions and agreements which they will replace. In contrast with the procedure followed for the acceptance of the previous conventions, which had to be adopted by international treaty, the Regulations adopted by the Health Assembly come into force for all Members, except for those signifying rejection or reservations within a given period, after simple notification. Further, the Regulations are flexible and particularly suited to a technical international agreement, which has to keep abreast of the changing epidemiological situation, the experience gained, the progress of science and the techniques of its application. A more detailed explanation of the legal aspects of the new Regulations is given in the explanatory memorandum printed with them. At the meeting at which the Regulations were adopted the World Health Assembly decided to appoint a committee to review their application annually, so that, where necessary, amendments or alterations to the text could be quickly and easily made.

In drafting the Regulations special efforts were made to ensure that the maximum protection against the international spread of disease was combined with the minimum of interference with world traffic. It was difficult to reach agreement on all points, but the text, although not always technically perfect, was deemed to be the best that could be attained at the time. Since the date on which the Regulations were adopted, WHO has dealt with many requests from governments seeking information on the application of certain articles.

WHO has also prepared the new form of international certificates of vaccination. Article 114 of the Regulations provides for the new international certificates of vaccination to come into use on 1 December 1951, subject to certain conditions. The Member States which have notified the Organization that they will accept the new certificates after 1 December 1951 (before the Regulations enter into force) are: Burma, Denmark, Ethiopia, France, the Hashemite Kingdom of the Jordan, Japan,
for the control both of disease vectors and of agricultural pests has for some time been normal practice in many countries. A certain amount of information on this subject was collected during 1947 and 1948, but in order to bring it up to date, WHO has asked Member States for further details. The replies received will be collated, and a report on present-day practice throughout the world will be prepared and submitted to the appropriate expert committee as a basis for further supplementary regulations.

Administration of Existing International Sanitary Conventions

The adoption of new Regulations for the future did not release governments and WHO from their obligations under the existing International Conventions during 1951. WHO's obligations included work on the settlement of international disputes on international quarantine, on the preparation of an annual report on the health conditions of the Mecca Pilgrimage, and on the delineation of the yellow-fever endemic area in Africa.

Settlement of Disputes on International Quarantine

During the period under review 32 questions and disputes were dealt with and settled, excluding those settled by the epidemiological services of the regional offices and by the Epidemiological Intelligence Station at Singapore. By explanation, mediation or technical advice, WHO enabled the countries concerned to reach a satisfactory conclusion in each case.

Annual Report on the Mecca Pilgrimage

During the year WHO compiled the annual report on the 1950 Mecca Pilgrimage and collected information on the 1951 Pilgrimage. This information is based on reports received from the Regional Office for the Eastern Mediterranean, the Epidemiological Intelligence Station at Singapore or, in some cases, directly from the countries concerned.

Yellow Fever

Progress was made in the immunity survey which was undertaken to delineate more accurately the southernmost limits of the endemic area in Africa for purposes of international quarantine, as outlined in the Annual Report for 1950.

Most of the 10,000 blood samples on which the survey is based were collected in the several territories during the year and were sent for examination to the Virus Research Institutes at Entebbe and Johannesburg. It is expected that the results of the survey will be available in the coming year. They will be studied at a meeting of the Expert Committee on
Yellow Fever, to be held in South Africa in 1952, which will make recommendations for a revision of the delineation made in 1949, if this is thought necessary.

Early in the year, a request was received from the Government of the United Kingdom for British Somaliland to be removed from the African endemic yellow-fever area. This request, together with the supporting documents, was referred to the appropriate members of the Expert Advisory Panel on Yellow Fever, which unanimously supported it. In June, therefore, the Executive Board approved the exclusion of British Somaliland from the endemic area.

In pursuance of resolution WHA4.77 of the Fourth World Health Assembly, the text of the International Sanitary Regulations was referred to the members of the Expert Advisory Panel on Yellow Fever for an opinion on the technical adequacy of the Regulations in so far as they refer to yellow fever. At the same time, in accordance with a further resolution (WHA4.83), the members of the panel were asked to advise the Director-General on the definition of technical criteria for delineating yellow-fever endemic zones, as defined in the International Sanitary Regulations. This information will soon be available.

**Epidemiological Information**

One of the essentials for the successful administration of legislation on the control of infectious diseases in international traffic is a system which provides for the collection and dissemination of information concerning these diseases.

WHO receives annually some 7,000 epidemiological messages, reports and statistical bulletins; it abstracts the information which they contain and distributes it to national health administrations and quarantine officials in all parts of the world.

A radio broadcast bulletin giving the details of the incidence of pestilential or quarantinable diseases in ports and airports is compiled daily from the latest information. This broadcast also includes additional information on the application or withdrawal of quarantine measures. The message is broadcast at a definite time each day in both English and French from "Radio Nations", on wavelengths which ensure its reception in various continents.

Similar bulletins containing information collected locally are transmitted from the Epidemiological Intelligence Station at Singapore and the Eastern Mediterranean Regional Office at Alexandria. By special arrangement, they are also re-broadcast over a wide area by a network of stations. The Singapore messages, for example, are relayed by radio stations covering countries that border on the Western Pacific and the Indian Oceans.

The information contained in the radio broadcasts and in telegrams sent out is confirmed and complemented by weekly epidemiological publications, distributed by air from Geneva, Washington, Alexandria, and Singapore. In these publications, additional information on the incidence of pestilential diseases, on quarantine measures, vaccinations of travellers, arrangements within countries for securing such vaccinations, and brief reports on epidemics of other communicable diseases also appear. During the period under review some 600 short epidemiological notices were published in one of the epidemiological publications, the *Weekly Epidemiological Record*. The influenza pandemic of the winter 1950-1 was given special attention; other notes concerned poliomyelitis, infectious hepatitis, cerebro-spinal meningitis, whooping cough, diphtheria, measles, undulant fever, dysentery, relapsing fever and scarlet fever.

Several supplements to the *Weekly Epidemiological Record* have been published during the year; these have contained, under separate covers, a collection of current information on the inoculation and vaccination requirements of various countries; arrangements for immunization against yellow fever; the issue of international certificates of vaccination against yellow fever; aerodromes designated as sanitary or authorized under the International Sanitary Conventions for Aerial Navigation, 1933 and 1944, and a report on the Mecca Pilgrimage for 1949.

WHO has continued to keep a close watch on the figures collected from 170 countries and territories, so that it may detect and report any epidemic outbreaks or abnormal prevalence of those communicable diseases which, although not pestilential, are nevertheless of importance to most health administrations, i.e., such diseases as influenza, poliomyelitis and cerebro-spinal meningitis. To help in such detection, 320 graphs, of which 170 were prepared in the course of the year, were kept.

In the monthly *Epidemiological and Vital Statistics Report*, in addition to routine tables of communicable diseases occurring in the various countries, WHO has published a series of reviews on the distribution...
and trend of the following diseases: poliomyelitis, influenza, cerebro-spinal meningitis, scarlet fever and smallpox. For information on other studies, see the section on health statistics, below.

As described elsewhere (page 46), Part I of Annual Epidemiological and Vital Statistics, 1939-1946, was issued. Part II of the same publication, which is concerned with the corrected statistics of notifiable diseases, was prepared and in press by the end of the year. The withholding of information for military reasons by certain countries during the war, and the many changes in boundaries in Europe, complicated the task of collecting the material presented in this volume. The information as it stands, reflecting the influence of war on the health of the people, is unique.

The Epidemiological Intelligence Station in Singapore continued to collect and distribute information on epidemiology and quarantine in the countries bordering on the Western Pacific and the Indian Oceans, as described in the Annual Report for 1950.\(^3\)

Within this area, it took part in all the work in epidemiological intelligence which was carried on by the Organization, and supplied much information on the incidence of influenza and of poliomyelitis, paralytic and otherwise.

WHO also continued to improve its network of wireless stations for distributing weekly and daily epidemiological bulletins. It arranged for relays of the messages to be broadcast from several stations; for others, wavelengths that ensured better reception were adopted. It was arranged also that the bulletin's broadcast from the Geneva-Prangins station should be relayed once a week from the Cairo (Abu-Zabaal) Station. The use of new equipment by Geneva-Prangins may further improve the reception of the epidemiological bulletins in Africa and South America.

The main part of the new epidemiological cable code (CODEPID), which will further reduce the cost of exchanging epidemiological information has been completed and is being prepared for publication. WHO also prepared a geographical index to the code, which will make it possible to give the precise designation of infected local areas for notifications under the new International Sanitary Regulations, and a map supplement to facilitate the location of areas referred to in the epidemiological cables.
Health Statistics

The health statistics programme was carried out during the year in accordance with the directives given by the World Health Assembly.

The Sub-Committee on the Registration of Cases of Cancer as well as their Statistical Presentation met in Paris from 18 to 21 September; it studied, on the recommendation of the Expert Committee on Health Statistics, the items of the programme in its own subject which had not been dealt with at the first session. It prepared a classification of neoplasms according to anatomical location of lesion, which is intended for general use in cancer registration and morbidity statistics within the framework of the International Statistical Classification; it reviewed the complex subject of the classification of neoplasms according to histological type on the basis of recent work in the United States of America; it recommended that trials should be made of the Manual of Tumor Nomenclature and Coding, and made a proposal for stage-grouping of cancer of accessible sites. Finally, it urged the extension of cancer registration systems.

The Expert Committee on Health Statistics held its third session in Geneva in November. In accordance with the recommendation made by the committee at its second session, some members of the Expert Advisory Panel on Health Statistics were called, prior to the session, to a four-day conference (from 21 to 26 November) to consider morbidity statistics, and in particular, to select projects requiring international action. The present state of morbidity statistics was reviewed, particularly with regard to notifiable communicable diseases, hospital statistics, sickness surveys, social security records, absenteeism in special population groups, sickness records for armed forces and definitions of morbidity, and recommendations were made on projects to be developed both by national committees on vital and health statistics and by WHO.

The expert committee, which met immediately after this conference, adopted, with some amendments, the report of the sub-committee mentioned above, reviewed the work of the WHO centre at Southport, England, on problems arising from the application of the International Statistical Classification of Diseases, Injuries and Causes of Death, and after considering the requirements of the periodic revisions of the International List, recommended that the decennial revisions of this list should be made in the middle of, rather than at the end of, each decennium. The committee also examined recommendations of the United Nations Population Commission on collaboration with WHO, reviewed the progress made in organizing national committees throughout the world, and recommended that an international conference of such committees should be convened in 1953 under the auspices of WHO.

In pursuance of resolutions WHA2.38 and WHA 3.71.2 of the Second and Third World Health Assemblies, a clearing centre to deal with problems arising from the application of the International Statistical Classification of Diseases, Injuries and Causes of Death was established (as mentioned in the Annual Report of the Director-General for 1950), on 1 January 1951, at the General Register Office, London. Thanks are due to the Registrar-General of England and Wales for the facilities which he offered for this purpose. During the year the chief of the centre visited several statistical offices in the Americas and Europe and discussed with the statistical authorities common difficulties such as those encountered in medical certification, in the classification of diseases, and the coding of diagnoses. The purpose was to attain as much uniformity as possible in the processes involved in compiling morbidity and mortality statistics, in order to ensure easier international comparability of data.

With the same general aim and under the auspices of the Special Office for Europe, the clearing centre organized a course for statistical coders, which was attended by representatives of 14 countries. This course, given in Geneva, in June, provided practical training in the type of problem usually encountered in national statistical offices entrusted with classifying diseases and causes of death.

WHO and the Statistical Office of the United Nations sponsored two training courses, organized by the Regional Offices for South-East Asia and the Eastern Mediterranean with the Governments of Ceylon and Egypt to which most countries in the regions sent students. The first course was held at Nuwara Eliya, Ceylon, from 19 September to 11 December, and the second at Cairo, Egypt, from 8 October to 8 December. The immediate purpose of the courses

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4 American Cancer Society (1951) New York
was to train personnel in the theory and practice of vital and health statistics; to familiarize them with the aims and programmes of the international agencies concerned; to disseminate and exchange information on international standards, international comparability of national statistics and on ways to improve them; and to encourage closer working relationships and co-ordination among national agencies concerned with the registration of vital events, among public-health services and statistical services. The curricula included basic courses, refresher courses, field projects, visits and demonstrations.

The first part of the volume Annual Epidemiological and Vital Statistics, 1939-1946 which appeared in April, contained numerous tables with information on area and population, nuptiality, natality, fertility and general and infant mortality—both absolute numbers and rates. It showed mortality by cause for many countries and also vital statistics for large towns. Its publication, linked with the last Annual Epidemiological Report issued by the Health Organization of the League of Nations, which contained statistics for 1938, thus re-established the continuity of the statistical series. Work on Part II of the volume is described earlier in this chapter (see page 44). At the end of 1951 Part I of the volume relating to statistics for 1947-1949 was in preparation.

Continuing the activities already mentioned in the Annual Report of the Director-General for 1950, the following studies were made during the year:

(1) a third study on the “Evolution of Mortality in Europe during the Twentieth Century”, containing basic documentation for the analysis of, and comments on, the changes in mortality during that period caused by typhoid fevers, scarlet fever, whooping cough, diphtheria, measles, malaria, smallpox and typhus in 15 Western European countries; 6

(2) a review, by country, of the “Growth of Population in the World” dealing mainly with increases in population from 1900 onwards; 7

(3) an article on “Deaths by Cause, Sex and Age in Europe” 8 giving, by those categories, tables of mortality statistics—referring mostly to very recent years (1948, 1949) for 16 selected European countries. (Tables showing corresponding population figures by age and sex, and the number of live births by sex, were annexed to this study, so as to permit of adequate calculation of specific death-rates);

(4) an article together with tabulated data on Natality, Mortality, Natural Increase of Populations and Infant Mortality in 1950 9 reviewing the main events of that kind in the world during the past year.

In addition, two further documents on health statistics were issued, but not printed, as they were only provisional. The first of these contained statistics of hospital facilities, medical and public-health personnel and of certain public-health measures, such as immunizations against certain infectious diseases. The second was a study of comparability of statistics of causes of death according to the Fifth and Sixth Revisions of the International List of Causes of Death, and analysed the conditions and circumstances for the comparability of mortality data as classified by the detailed lists of the 1938 and 1948 Revisions.

The part assigned to WHO in the publication on Pregnancy Wastage and Childhood Mortality (being prepared jointly with the United Nations) was finished in the allotted time. This work will appear shortly.

WHO followed closely the different activities of the various national committees on vital and health statistics; during the year, it issued a series of 16 documents and distributed them to the other national committees and interested agencies.

The Organization was able to supply information in answer to a great many queries dealing with morbidity and mortality statistics submitted to it by governments, semi-official agencies, non-official institutions and responsible individuals, the basic register of demographic materials greatly facilitating the task of giving information and advice.

Advice has also been given on various statistical aspects of WHO programmes.

7 Epidem. vital Stat. Rep., 1951, 47
9 Epidem. vital Stat. Rep., 1951, 50
CHAPTER 6

DRUGS AND OTHER THERAPEUTIC SUBSTANCES

Biological Standardization

During the year WHO’s work in biological standardization was carried out in accordance with the recommendations of the expert committee on this subject, which had held its fourth session in November 1950. The two world centres for biological standards, the Statens Serum Institut in Copenhagen and the National Institute for Medical Research in London, with their network of national centres, continued with research and the co-ordination of research on international biological standards and the distribution of these standards to receiving countries (for location of centres, see map 4.)

Because of the increase in the work on preparing and assaying proposed standards and on replacing those already existing, WHO gave the National Institute for Medical Research a grant-in-aid for the employment of a full-time assistant. The biologist selected started work in London at the beginning of the year.

The following subjects were given special attention in 1951:

Replacement of Standards

The international standard for histolyticus antitoxin was used up and had to be replaced. The international unit corresponds to the activity of 0.2 mg. of the new standard. Four hundred ampoules were prepared.

The third international standard for sulfarsphenamine was also prepared and circulated.

To replace the second insulin standard, which has been exhausted, material was obtained and examined for its suitability. The material seems to be satisfactory; no glycogenolytic factor has been detected; but the material has still to be investigated by the Insulin Committee of the University of Toronto, which was appointed the distributor for North America.

The results of an assay of penicillin, carried out in several laboratories with a view to establishing a new international standard for that substance, will soon be available.

Work on New Standards and Reference Preparations

Vaccines

The proposed international reference preparations of cholera vaccines were assayed, not only to decide which preparation would prove to be suitable as the reference vaccine, but also to test the validity of different techniques for the mouse protection test. For this purpose six cholera vaccines of the Ogawa and Inaba types were distributed for assay. To facilitate these experiments, freeze-dried cultures of the cholera vibrio were provided as challenge material, together with a batch of mucin.

Dried standard preparations of the cholera vibrio of the Ogawa and Inaba types were prepared for use in the production of diagnostic antisera in the rabbit, and were sent to the Statens Serum Institut for distribution. The Statens Serum Institut also received from the Central Research Institute in Kasauli, further specimens of diagnostic cholera antisera, which will be distributed to persons who wish to use this reference preparation.

The Statens Serum Institut has investigated pertussis vaccines of different origins that have proved effective in man, with a view to selecting one as a suitable international reference preparation.

Toxoids

The expert committee, at its fourth session in 1950, had recommended the establishment of two provisional diphtheria toxoid reference preparations, one a plain toxoid and the other an aluminium-phosphate adsorbed toxoid. The Statens Serum Institut was asked to investigate the possibility of assigning to these preparations a unitage based on their immunizing power. A difference of opinion exists as to the feasibility of establishing the aluminium-phosphate adsorbed preparation as a reference material, some workers maintaining that the difficulties of assaying and preparing it will make it impracticable.

The reference preparation of tetanus toxoid was distributed to several institutes for assay.

**Streptococcus Antitoxin**

The provisional international standard preparation for streptococcus antitoxin was examined in laboratories in several countries. These laboratories found certain difficulties arising out of methods of assay and the magnitude of existing units but it was hoped that a unit could soon be assigned to this preparation.

**MAP 4. LOCATION OF CENTRES FOR BIOLOGICAL STANDARDS**

**Hormones**

Work on establishing an international standard for adrenocorticotrophic hormone (ACTH) was continued but there has been a shortage of material to form the basis of this standard. It will probably be necessary to issue it rather sparingly at first and to confine its use to the characterization of the national working standards prepared by the national control centres.

Material was contributed to form the basis of an international reference preparation of thyrotrophic hormone, and the specification of this preparation will be completed shortly.

It was not possible to collect a specimen of growth hormone suitable for the international reference preparation recommended by the expert committee at its fourth session since little purified material was available.

**Antibiotics**

The proposed international standard for dihydrostreptomycin was obtained, and assays were made for the establishment of the unit, based on the activity of one microgram of dihydrostreptomycin.

Manufacturers were asked if they would supply aureomycin and terramycin to be used in establishing international standards; and material for the international reference preparation of chloramphenicol was also asked for. A specimen of bacitracin was obtained, but its suitability for use as an international preparation has not yet been investigated.

**Vitamin B₁₂**

Progress was made in characterizing the Vitamin B₁₂ standard preparation. The chemical analysis of part
of the sample of this material had to be revised before blending could be undertaken.

**Rh Blood-Grouping Sera**

It was not possible to collect material for the standards of the anti-rh blood-grouping sera as quickly or as easily as was at first expected. However, the Lister Institute, London, is helping in the collection.

**Tuberculin**

New methods of assay elaborated at the National Institute for Medical Research permitted a further comparison of samples of PPD (Pure Protein Derivative) and IP48 (Institut Pasteur 1948).

**Cardiolipin and Lecithin**

In preparation for the establishment of standards for cardiolipin and lecithin, used in the serodiagnosis of syphilis, the Division of Laboratories and Research of the New York State Department of Health, in Albany, sent a batch of these two substances to the Statens Seruminstitut for distribution.

**Other Substances**

In following up a request from the Expert Committee on the International Pharmacopoeia, the Expert Committee on Biological Standardization had decided that standards or reference preparations should be established for three substances, to appear in Volume II of the *Pharmacopoeia Internationalis*. By the end of the year the establishment of the Canadian-British standard as the international standard for oxophenarsine had been completed; the international standard for dextro-tubocurarine was ready for distribution, and the material to form the basis of the proposed international standard for dimercaprol had been sent out to several national laboratories for comment.

The antisera for the specification of agglutinating suspensions used in the serodiagnosis of rickettsial, typhoid and para-typhoid infections were freeze-dried and ampouled. At the end of the year these standard preparations, recommended by the Joint OIHP/WHO Study-Group on African Rickettsioses, were almost completed.

In order to provide international standards for certain preparations in veterinary use the work of the Expert Committee on Biological Standardization had to be extended and, during the year, a veterinary expert helped the members of the expert committee.

**BCG**

The expert committee was requested to approve the BCG vaccine prepared in the BCG Producing Institute of Alabang, in the Philippines. A consultant visited this institute on behalf of the expert committee, and after considering his report which was circulated to its members, the committee unanimously approved the institute as a BCG-producing centre.

Information was received from the Director of the Institut Pasteur in Saigon, that the structural alterations to its BCG-producing laboratory, recommended

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**MAP 5. WHO SALMONELLA CENTRES**
in the report on the inspection of this institute, had been carried out. The members of the committee accordingly decided that this institute also could now be approved as a BCG-producing centre.

International Salmonella and Shigella Centres

Acting upon a resolution of the Permanent International Committee on Bacteriological Nomenclature, the Expert Committee on Biological Standardization recommended that (1) the International Salmonella Centre at the Statens Seruminstitut, Copenhagen, should be extended to become the International Salmonella and Escherichia Centre, and that (2) international shigella centres should be established in the United States of America, at Atlanta, Georgia, and in England, at Oxford. The Executive Board, in resolution EB7.R63, subsequently asked the Director-General to examine ways and means of giving effect to this recommendation. At the end of the year, the inquiry on the shigella centres was not complete, but WHO has been informed by the Director of the Statens Seruminstitut that as the proposed extension of the International Salmonella Centre would entail no additional expense, he would not ask for an additional grant.

The International Salmonella Centre continued to supply salmonella test strains and salmonella test sera to the 37 centres located in different parts of the world (see map 5 above), and to receive strains from other laboratories for diagnosis.

International Pharmacopoeia

The publication of Volume I of the Pharmacopoeia Internationalis on 30 October 1951 marked an important advance in unifying throughout the world standards for purity and methods of assaying drugs. This volume was issued simultaneously in English and in French, and a Spanish translation is being prepared from the two original texts. Advance copies in French and in English were presented at the official opening of the Fourteenth General Assembly of the International Pharmaceutical Federation in Rome in September.

For the publication of this volume, much work was necessary from all members of the Expert Committee on the Unification of Pharmacopoeias. Other expert committees of WHO also collaborated, as did many international and national organizations (in particular, the International Union of Pure and Applied Chemistry, the International Pharmaceutical Federation, the World Medical Association, the International Organization for Standardization, the International Bureau of Weights and Measures, and national pharmacopoeia commissions), as well as research workers and specialists throughout the world.

Volume I comprises 200 monographs containing descriptions, standards, tests and assays designed to provide as complete a specification as possible for the control of each drug. There are 43 appendices, in which general tests and methods are defined and other data necessary for the understanding and use of the monographs are given. The monographs themselves form a representative selection of the most valuable members of the various pharmacological groups—for example, the anaesthetics, analgesics, antimalarials and hypnotics. In addition to the vegetable drugs and inorganic and organic substances which are described in most pharmacopoeias, Volume I contains monographs on sera, vitamins, hormones and a selection from the range of sulfonamides and barbiturates. The international biological standard preparations and units are those worked out by the Expert Committee on Biological Standardization and officially adopted by WHO.

The Third World Health Assembly had approved, in resolution WHA3.10, the publication of the Pharmacopoeia Internationalis, and had recommended that its provisions, after adoption by the appropriate authorities of Member States, should be included in the national pharmacopoeias. Its acceptance by those countries which already have complete and up-to-date pharmacopoeias would do much to unify drug standards throughout the world. The Pharmacopoeia Internationalis will not give rise to legal inconsistencies with national pharmacopoeias, for it will have no legal authority in any country beyond that which the government of that country decides to give to it. It should be especially useful to countries whose national pharmacopoeias need to be revised or brought up to date. It is hoped that in such countries, as well as in those which have not yet developed national pharmacopoeias of their own, the Pharmacopoeia Internationalis will be adopted as a whole as the official pharmacopoeia.

As the work on the volume proceeded, and as the programme expanded, it became evident that the preparation of all the material proposed for inclusion could not be completed in a reasonable time. In certain subjects, for instance the antibiotics, knowledge was advancing so rapidly that it seemed

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\(^a\) Since called the Expert Committee on the International Pharmacopoeia
advisable to wait a while before attempting to define international standards. It was therefore decided to issue the Pharmacopoea Internationalis in two volumes. The preparation of Volume II is well advanced: 134 monographs and 9 appendices were completed at the ninth session of the Expert Committee on the International Pharmacopoeia (29 October-3 November 1951). This volume will contain monographs on the antibiotics, certain biological preparations and hormones (including the various forms of insulin), solutions for injection, compressed tablets, certain tinctures and some of the newer synthetic organic chemicals, together with appendices on the necessary control tests.

Action was taken to substitute the provisions of the Pharmacopoea Internationalis for some of the technical provisions of the 1929 Brussels Agreement, which differ from the specifications of Volume I of the Pharmacopoea Internationalis.

In pursuance of resolution WHA3.11 of the Third World Health Assembly, two lists containing a total of 520 generic names for drugs which might be included in the Pharmacopoea Internationalis, selected by the Sub-Committee on Non-Proprietary Names, were submitted to Member States with a request that these names be officially recognized and approved and that measures be taken to prevent the use of the names selected for unauthorized purposes, in particular, the granting of exclusive proprietary rights in these names to manufacturers. By the end of the year several countries had agreed to grant the protection requested. As provided for in Article 21 (d) and (e) of the Constitution, regulations to give legal protection to these international non-proprietary names will be drawn up and submitted to the World Health Assembly.

The International Union for the Protection of Industrial Property agreed to study ways of ensuring that international non-proprietary names have the desired protection in the territories of countries which are parties to the International Convention for the Protection of Industrial Property, and to propose the inclusion of appropriate provisions in this Convention.

Work on compiling for publication a list of synonyms of drugs included in Volume I of the Pharmacopoea Internationalis was continued. This list will be of practical value to physicians and pharmacists. A list of synonyms of drugs to be included in Volume II was also being prepared. Information was collected on the pharmacological properties as well as the packaging, labelling and sources of supply of new pharmaceuticals for use in conjunction with the lists of international non-proprietary names and their synonyms and in answering inquiries concerning them.

To encourage the health administrations of Member States to collaborate effectively in the control of pharmaceuticals WHO continued to prepare for a conference on that subject, which is to be held in the autumn of 1953. At the end of 1951, 52 Member States, in answer to a request from WHO, had given information on the methods of control and the legislation in force in their own countries. The World Medical Association and the International Pharmaceutical Federation also studied problems connected with the control of pharmaceuticals. On this subject the authorities responsible for pharmacopoeias and the control of drugs were interviewed in Canada, Italy and the United States of America.

A number of fellowships were awarded for the study of methods of controlling pharmaceuticals and preparing pharmacopoeias. Most of the Fellows have been workers employed in the control of pharmaceuticals in their own countries, and their research is expected to be of direct benefit and help to the health authorities of the countries concerned.

**Antibiotics**

The difficulties experienced by Member States in acquiring knowledge of methods of production and research in the new field of antibiotics led to the establishment of an Expert Committee on Antibiotics, which was convened in Geneva in April 1950. This committee recommended several methods of tackling the problems encountered by Member States, and during 1951 the Organization has been engaged in working out a programme along the lines suggested by the committee.

The idea, first suggested by the committee, of linking a number of national research institutes into an international group for research on antibiotics and for training the scientists of Member States has been further developed. The first national research institute to be approved as a training centre was the Istituto Superiore di Sanità, in Rome; and, in collaboration with WHO and the Council for the Co-ordination of International Congresses of Medical Sciences, it organized a symposium in Rome from 25 to 30 June 1951. Those present at this symposium gave enthusiastic support to the idea of an international group: representatives from the Department of Biochemistry at the Univer-
Drugs Liable to Produce Addiction

The World Health Organization has certain technical and advisory obligations with regard to the enforcement of the conventions for limiting the manufacture and regulating the distribution of narcotic drugs. In 1951 it notified the Secretary-General of the United Nations that, in accordance with the Protocol of 19 November 1948, which brought under international control drugs outside the scope of the 1931 Convention, it considered ten substances capable of producing addiction and therefore subject to the provisions of Article 1, paragraph 2, Group I of the Convention; and further that dihydrocodeine and acetyldihydrocodeine were convertible into drugs capable of producing addiction and, as such, were subject to the provisions for drugs specified in Article 1, paragraph 2, Group II.

During the year, WHO has closely followed the development of new synthetic substances, with a view to ascertaining whether some of them, not yet on the market, may not have advantages over the existing ones. In March 1951 it sent a reminder to those countries which had not replied to the inquiry on the use or dispensability of diacetylmorphine (heroin)—described in the Annual Report of the Director-General for 1950—and at the end of the year, was making an analysis of the results obtained.

It has maintained close collaboration with the United Nations Permanent Central Opium Board and Drug Supervisory Body, and was represented at meetings of those organs, at which the work of WHO, particularly on the new synthetic drugs and on diacetylmorphine, needed to be explained.

In April 1951, the Organization was represented at the sixth session of the Commission on Narcotic Drugs, held in New York. At this session the Narcotics Commission closely examined the definitions set up by the WHO Expert Committee on Drugs Liable to Produce Addiction; it did not consider in detail the establishment of the single convention which is to be prepared by the United Nations, embodying the various conventions and protocols now in force, but will examine this convention and also the Report of the Commission of Enquiry on the Coca Leaf at its next session, which will probably be held in New York in 1952.

While in the United States of America an expert from headquarters visited several centres concerned with problems of drug addiction and alcohol; he lectured at the United States Public Health Service Hospital at Lexington, which specializes in treating drug addicts, and discussed at this hospital the addiction of juveniles to heroin.

Lectures on questions of drug addiction and on the activities of WHO were given at the National Commission on Control of Addiction Producing Drugs in Rio de Janeiro; the Faculty of Medicine in São Paulo; the Medical Society in Santos; and at the Society of Forensic Medicine and Toxicology, the Ministry of Health, the Faculty of Medicine and the Faculty of Pharmacy in Buenos Aires.

In Buenos Aires the representative of WHO presided at a round table conference on alcohol questions, held under the auspices of the Ministry of Health. Contact was made with several groups working on alcohol and alcoholism in the United States of America, in particular the Yale School for the Study of Alcohol, and Alcoholics Anonymous (for other work on alcoholism, see p. 16).

3 Article 1, para. 3
4 These are:
1-methyl-4-phenyl-piperidine-4-carboxylic acid ethyl ester (in the form of the hydrochloride, known under the names of Dolantin, Demerol, Pethidine, Isonicotian, etc.);
4-(3-hydroxyphenyl)-1-methyl-4-piperidyl ethyl ketone hydrochloride (known as Keto-bemidone);
1-methyl-4-methoxyphenyl-piperidine-4-carboxylic acid ethyl ester (known as Bemidone);
α,1,3-dimethyl-4-phenyl-4-propionoxyppiperidine (known as NU-1196, or Nisentil);
β,1,3-dimethyl-4-phenyl-4-propionoxyppiperidine (otherwise identified by symbol NU-1779);
4,4-diphenyl-6-dimethylamino-heptane-3 (also known as Methadone, Amidone, Dolophine, Adanon, etc.);
4,4-diphenyl-3-methyl-6-dimethylamino-hexanone-3 (known as Iso-methadone);
6-dimethylamino-4,4-diphenyl-3-heptanol (otherwise identified by symbol N.I.H.-2933);
6-dimethylamino-4,4-diphenyl-3-acetoxyheptane (otherwise identified by symbol N.I.H.-2953);
6-morpholin-4,4-diphenyl-3-heptanol (also known as CB-11, Heptazone or Heptalin)
5 Off. Rec. World Hlth Org. 30, 43
6 World Hlth Org. techn. Rep. Ser. 1950, 21, 6, 7
ANTITUBERCULOSIS CAMPAIGN IN EL SALVADOR

A technical adviser of the WHO tuberculosis field-team instructing local technicians in the maintenance of x-ray equipment.

The Central Diagnostic Laboratory of the Public Health Department in San Salvador (equipment was contributed by WHO).

The medical director of the WHO tuberculosis project and the senior adviser preparing a patient for pneumothorax treatment.
The leader of the WHO team in the Ernad area of Madras State, examining mosquito larvae.

MALARIA CONTROL

An insect collector at work in an isolated forest hut.

The foreman of the WHO team in Chiangmai, Thailand, writes on the wall of a house the date when DDT spraying was completed.

One of the spraying squads attached to the team working in Orissa, India, entering a village.
Some of the nurses who carried out the delousing campaign in Kabul and Kandahar under the supervision of WHO technical personnel.

The frontispiece of one of the earliest pharmacopoeias, the *Pharmacopoea Amsterdamiensis*, published in 1636.

CHAPTER 7

PROCUREMENT OF ESSENTIAL DRUGS AND EQUIPMENT

Supply Services

A supply service for Member States has been built up during the year in association with the work of providing supplies and equipment for regular and technical assistance programmes and in pursuance of decisions taken by the First and Second World Health Assemblies.\textsuperscript{1} This service provides information on the sources, prices and suitability of different kinds of supplies and equipment, buys and ships supplies on behalf of governments, gives advice on purchasing methods and cost estimates for health projects, and brings to the notice of the appropriate authorities any serious supply problems which it encounters.

It is possible for WHO to provide adequate information on the sources and prices of supplies and on project costing only if, from time to time, it also purchases supplies, since manufacturers naturally will not take inquiries seriously unless they are sometimes followed by orders. A clear statement of the basis upon which WHO will procure supplies for Member States is submitted to governments either when cost estimates are provided or when they ask the Organization to make purchases for them. One of the conditions on which WHO will undertake this service is that the currency or currencies needed for the purchases must be paid before steps are taken to purchase supplies, for the Director-General has been given neither the authority nor the resources to finance such purchases from WHO funds.

The lines along which this supply service has developed were approved by the Executive Board at its eighth session in resolution EB8.R53.

From July to October 1951 Member Governments requested the World Health Organization to purchase supplies amounting to $1,646,000, and inquiries were made about others totalling over half a million dollars. In addition, WHO was commissioned by the United Nations Relief and Works Agency for Palestinian Refugees and the United Nations Korean Reconstruction Agency to purchase medical supplies and equipment for them up to a total value of $125,000.

Standard lists of basic equipment for field demonstration projects and for certain other activities were drawn up during the year.

Insecticides

WHO has the responsibility of drawing attention to serious supply problems affecting public health, as a step towards their solution by the appropriate authorities. The critical shortage of chlorine-based insecticides for public health was discussed at the Fourth World Health Assembly which, in resolution WHA4.30, requested the United Nations, through its economic commissions, to establish a working party to investigate the problem and make recommendations for relieving it. As a result of representations by organizations interested in health—in particular, the Pan American Sanitary Bureau and WHO—and with the vigorous support of the United States Public Health Service, the United States National Production Authority agreed in July that, in the interests of world health and in order to maintain the continuity of certain public-health programmes, an additional quantity (up to 15 million pounds) of DDT Technical for health and agricultural purposes might be made available for export during the remaining part of the year from the United States of America. Member States were immediately notified of this grant of priority. By the end of October, the allocations made to a number of countries under it had either been exhausted or were nearing exhaustion, and WHO took further action.

\textsuperscript{1} Off. Rec. World Hlth Org. 13, 310 ; 21, 48
to assist those countries whose requirements for 1952 were not yet fully ensured.

In addition, an informal meeting of representatives of the associations of European insecticide producers was convened in July by the United Nations Economic Commission for Europe, with the active collaboration of WHO. At this meeting relevant questions of production were examined and suggestions made as to how these producers might best deal with them.

The Economic and Social Council, at its thirteenth session, requested the Secretary-General to form a working party to examine the world supply and requirements of certain insecticides (see Part III, chapter 17), and WHO has prepared statistical and other material for this working party, which will meet in February 1952.

Another service offered by WHO in which governments have shown great interest is that of providing governments with advice and technical assistance in the production of insecticides and antibiotics. During the year surveys were made in Brazil, Ceylon, Egypt, India and Pakistan, in order to ascertain how far the local production of insecticides was feasible. In most cases it was found that it would be first necessary to make arrangements for producing certain essential raw materials, and it is understood that in most of the countries surveyed, plans have been made to develop other industrial projects for this purpose.

The difficulties which came to light in the course of these surveys were not minimized, and governments were not encouraged to undertake the production of insecticides unless there was a reasonable prospect of success. The surveys also stressed that before local production could be justified, the extent to which health programmes had been developed and their capacity to absorb insecticides had to be determined, and further that the availability of raw materials, capital costs and the costs of production, the site proposed for the production plant and the plans for administering the project also required study. From the surveys, it was clear that it would not be practicable for some countries to produce their own insecticides.

Ceylon and Pakistan will receive financial aid from UNICEF for the purchase of equipment, and Egypt and India have also asked for help from that organization. Technical guidance in these projects is given by WHO.

The 1951 sessions of the Expert Committee on Insecticides are described in Part I, chapter 3, page 30.

Production of Antibiotics

WHO has also continued to advise governments and give technical help in the production of antibiotics. It has made surveys in certain interested States, and has endeavoured to help the governments of these States to establish production centres. Funds for the purchase of equipment for India and for extra equipment to supplement that already existing in Yugoslavia were supplied by UNICEF, on the technical recommendations of WHO and on the understanding that WHO would help by providing technical advice. In these new centres to be set up, the governments concerned have agreed to accept and to train personnel from other centres, in addition to their own workers.

Several other countries asked for advice during the year, and plans for further surveys were made. Because of the difficulties of training technical personnel, WHO has advised certain governments to consider the problem carefully before embarking on the national production of antibiotics. For research on antibiotics, see chapter 6.
CHAPTER 8

PUBLICATIONS AND REFERENCE SERVICES

Publications

A general description of the regular publications of WHO was included in the Annual Report for 1950. In that year, the principal innovation in the publications programme was the issuing of the first 29 numbers of the Technical Report Series. In 1951, the most important development has been the publication of a further seven numbers of the new Monograph Series, the first of the series having appeared at the end of 1950.

Another important event was the publication on 30 October of Volume I of the Pharmacopoea Internationalis in separate English and French editions. Two other publications which first appeared in 1951 were the International List of Venereal-Disease Treatment Centres at Ports and Part I of Annual Epidemiological and Vital Statistics, 1939-1946.

The Executive Board at its eighth session instructed its Standing Committee on Administration and Finance to continue its study of the structure and efficiency of the Organization, and suggested that "publications" should be one of the subjects for special examination. A report on publications was accordingly prepared for the consideration of the committee at its meeting in January 1952.

Bulletin

Seven numbers of the Bulletin were issued during the year; the Organization thus came closer to fulfilling the desire of the Third Health Assembly (WHA3.63) that this journal should be published more frequently. These numbers included several important studies which were considered worthy of reprinting in the Monograph Series (see below), and also the first two of a series of studies on plague, which will ultimately be reprinted together as a manual on this disease.

Supplements to the Bulletin

The only supplement to the Bulletin of the World Health Organization which appeared during the year was the Pharmacopoea Internationalis, published in English and French, as mentioned above. In preparation for its publication, headquarters compiled special publicity material and mailing lists for the distribution of review copies. Responsibility for preparing the Spanish edition was delegated to the WHO Regional Office for the Americas. A substantial number of advance orders for the Pharmacopoea Internationalis had already been received before it was published.

Monograph Series

The response to the new Monograph Series has fully justified expectations; some of the monographs have received widespread and favourable comment in the medical and lay press and have had a considerable sale. The series now includes the following monographs:

No. 1. Psychiatric Aspects of Juvenile Delinquency, L. Bovet (English and French editions)
No. 2. Maternal Care and Mental Health, J. Bowlby (English and French editions)
No. 3. Lutte Antipaludique par les Insecticides à Action Rémantine, E. J. Pampana (French edition only)
No. 4. Experiment in Dental Care, J. T. Fulton (English edition only)
No. 7. The Cost of Sickness and the Price of Health, C.-E. A. Winslow (English and French editions)

Reprints of the first two monographs were necessary by the autumn.

International Digest of Health Legislation

The Digest continues in the form which was introduced in 1950. As some Member States have not yet met their obligations under Article 63 of the Constitution to communicate promptly to the Organization important laws and regulations, the Digest is not yet as comprehensive as would be

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1 One of these carries the date 1950, as it was already in press at the end of that year.
desirable. The co-operation of the Library of the European Office of the United Nations has, however, made it possible to fill many of the gaps which would otherwise have existed.

During the year, discussions were held with members of the Secretariat of FAO on a new legislative series which that agency may soon be publishing. The informal arrangements which had been made with the United Nations and the International Labour Office to avoid unnecessary duplication in the publication of legislative material were continued.

The Chronicle

From the beginning of 1951, arrangements for the translation, publication and distribution of the Spanish edition of the Chronicle were delegated to the WHO Regional Office for the Americas. The Russian edition remains much in arrears.

Technical Report Series

By the end of the year, the 45th number in this series had been published. The technical press has given a considerable amount of attention to the series, and sales of some of the reports have been so large as to necessitate reprinting.

The Official Records

Six numbers of the Official Records of the World Health Organization were published during 1951. They included the Annual Report of the Director-General for 1950, the Proposed Programme and Budget Estimates for 1952, the reports of the seventh and eighth sessions of the Executive Board, the Financial Report, 1 January-31 December 1950, and Report of the External Auditor. The proceedings of the Fourth World Health Assembly and of the Special Committee of the World Health Assembly on International Sanitary Regulations were in press at the end of the year. The Resolutions and Decisions of the Fourth World Health Assembly and a Table of Comparison for use in the application of the International Sanitary Regulations were produced as advance offprints of the larger volumes.

Before the Fourth World Health Assembly, a third edition of the Handbook of Basic Documents was published, and fourth edition, with a detailed index, was prepared during the year for publication early in 1952.

Other Publications

Three publications, the International List of Venereal-Disease Treatment Centres at Ports, Part I of Annual Epidemiological and Vital Statistics, 1939-1946 and Periodica Medica Mundi (published jointly with UNESCO), which were mentioned as being in press in the Annual Report for 1950, were issued in 1951. Other epidemiological and statistical publications are referred to in chapter 5.

Distribution and Sales

A special effort has been made during the year to build up mailing lists of technical periodicals throughout the world, to which review copies of WHO publications, accompanied by short descriptive notices and specifications, should be sent. The first complete catalogue of WHO publications was published and distributed early in the year. Although, to ensure satisfactory sales of a technical publication, a good network of sales agencies is indispensable, the most important element is the reception that it receives in the scientific and technical press.

Library and Reference Services

As the resources of the Library improve, not only members of the Secretariat but health workers in Member countries also tend to make fuller use of them.

For the technical discussions during the Fourth Health Assembly, WHO established a special Delegates’ Library, which contained a collection of about 250 books, reports, reprints and photocopies, as well as a collection of prospectuses of medical schools and schools of public health and a display of medical books covering the fields of interest of the Organization. More than 500 photocopies or reprints of articles were supplied to delegates from this special library. In addition to providing background information for the technical discussions, it was valuable in drawing the attention of delegates to the library services that the Organization could provide for Member countries, and many delegates who visited the main WHO Library have subsequently made requests for library service.

During the year the librarian of the Ministry of Health of a Member government spent a period of three months training in the WHO Library, the second WHO fellow to receive such training at headquarters.
Although the difficulty, described in the Annual Report for 1950, of keeping pace with the growing number of requests for general information about the Organization was again evident during the past year, progress has been made in the task of making the work of WHO known through the various forms of mass communication, particularly through the visual media. This also applies to one large project combining several media, entitled “Men Against Disease”, in which the United Nations Department of Public Information and the information services of ILO, FAO, UNESCO and UNICEF co-operated with WHO and the London News Chronicle. Further details of this undertaking are given below. In addition, it should be noted that increasingly close co-operation with the United Nations information centres throughout the world and with various non-governmental organizations—especially the World Federation of United Nations Associations—has resulted in spreading information much more widely than would have been possible with the limited facilities available to WHO itself.

Press and Publications

Factual reporting of WHO’s activities was continued by issuing press releases and press notes, as well as by briefing individual correspondents and writers. A considerable increase in the total number of cuttings on WHO received from international press-cutting services both at headquarters and in the regions has demonstrated the growing interest in the work of the Organization. Articles have been published by the daily and periodical press in many countries on various subjects of concern to WHO, such as the International Sanitary Regulations, the worldwide shortage of DDT and the publication of the Pharmacopoea Internationalis.

Another indication of growing interest in the aims and activities of WHO has been the favourable reception given to the publication The Lamp Is Lit, the first illustrated popular booklet on the Organization. Published in 1951 in English and French, the booklet was placed on sale through the official sales and distribution agents of the United Nations and WHO, several of which have undertaken special programmes to promote its sale. Editions in several other languages are planned for 1952.

A fifth, completely revised edition of the leaflet WHO: What It Is . . . What It Does . . . How It Works was published in English and French, and translations into several other languages were prepared, for publication early in 1952. The number of copies of this leaflet distributed annually, in each of the languages, ranges from 15,000 to 80,000. These figures represent the total numbers printed and considerably larger editions will be required to meet the growing demand for this kind of material. In 1951 one country alone asked for 15,000 copies of the leaflet, and for 5,000 copies of the first WHO poster for use in schools.

Similarly, the number of institutions and individuals asking for the monthly WHO NEWSLETTER is steadily increasing. The demand for this four-page publication, particularly for use in teaching about international public-health work and the United Nations system as a whole, has grown to such a point that it may be necessary to reconsider the policy of free distribution.

Various important medical journals have used material supplied by WHO for special issues devoted to the aims and activities of the Organization. These include the Presse Médicale (Paris), the Österreichische Ärztezeitung (Vienna), and the Journal of the American Medical Women’s Association (New York).

Radio

Radio services were approximately the same as during 1950, when twice-weekly WHO broadcasts were started on the United Nations shortwave service from Geneva. Recordings and radio news items were regularly supplied to the Radio Division of the United Nations’ Department of Public Information in New York and the United Nations information centres in different parts of the world. In addition, regular broadcasts on WHO in Spanish were continued in New York, over the shortwave transmission of the United Nations.

The Organization made a large number of recordings and distributed them to national radio
stations and networks in 32 languages, particularly when prominent medical and public-health specialists from many countries were in Geneva for the World Health Assembly, sessions of the Executive Board or meetings of expert committees.

Special recordings were made by the Director-General and by regional directors, at the request of national networks, for broadcast on World Health Day, United Nations Day and other occasions. A recording made in Geneva by the Director-General inaugurated a series entitled "Man's Last Enemy is Man Himself", which was broadcast over the stations of the Canadian Broadcasting Corporation, starting in August 1951. A WHO radio feature based on the malaria conference in Kampala, Uganda, was produced and distributed to a number of radio stations.

To extend the use of radio in the regional offices and to send feature material to headquarters, for use by United Nations radio and other networks, three portable recorders were sent to the regional offices in Alexandria, Manila and New Delhi. One of these was lent to the "Men Against Disease" expedition mentioned below.

Visual Media

During 1951 it was possible to bring the work of WHO before the public in pictures much more effectively and completely than before. The demand for pictorial information still far exceeded the supply, but by the end of the year WHO was for the first time in a position to provide still photographs on its activities in most parts of the world. There remained gaps in the photograph files—especially as regards Central and South America, and Africa—but it was expected that these would soon be filled.

Requests for photographs and "photo-stories" continued to increase. 300 photographs were distributed in a single month. Over 50 separate sets of photos or photo-stories were supplied, and there was a constant stream of demands for single photographs. Through a formal agreement with a commercial photographic agency which provides world-wide distribution, several complete picture stories were placed in important illustrated weeklies in half a dozen countries.

A travelling exhibit showing the aims and activities of the Organization was produced in 15 identical sets and distributed to all parts of the world. It comprised seven large descriptive panels, as well as separate panels of photographic enlargements; its cost was low and it was especially designed to be assembled, dismantled and transported easily and rapidly. In addition a booklet was printed explaining the form of the exhibit, and suggesting methods of use and instructions for handling it. Sets, with texts in appropriate languages, were sent to the regional offices, the New York Liaison Office, the United Nations information centres in London, Paris and Copenhagen and to other strategic places where itineraries and schedules for public display can be effectively arranged. So far as is known, this is the first time that such an exhibit has been "mass produced".

As WHO has no budgetary allotment for film production, several projects which were planned in 1950 had to be delayed; the sponsoring organizations, for various reasons of their own, did not complete any films dealing specifically with WHO. The motion picture section of the Economic Co-operation Administration, however, completed a technicolour film on health work in Europe in which WHO is featured, and began to produce two short films on WHO's activities. A film on malaria and methods of combating the disease was sponsored by the State Department of the United States of America. The script for the film, which gives prominence to WHO's work on malaria, was submitted in advance to the Organization for technical guidance, and production was fully under way by the early autumn. On the request of the producer and at his expense, an information officer from WHO was sent to Thailand, to act as liaison officer for the location work on this ambitious production.

A film on malaria control in the Terai region of India, started in 1950 by the Government of India with assistance from WHO, was nearly completed, and another film on general health problems in that country was under consideration. The Organization gave some assistance to the United Nations' Department of Public Information in the production of film material on WHO for use in the "United Nations Screen Magazine."

A commercial firm in London made plans for producing a series of filmstrips on WHO's activities. The Organization has agreed to purchase a limited number of these strips; it will supply the visual material and the text, and the manufacturer will be
responsible for producing and distributing the strips. Production will soon begin.

Over 35,000 copies of the first WHO poster, designed by a well-known Swiss artist, were forwarded to the regional offices and to United Nations information centres for distribution. Most of the copies have been printed in English, French, Spanish, Portuguese or Arabic, but 2,500 have been distributed without text, so that they can be overprinted in any language. WHO supplied 5,000 copies of this poster to the Australian Commonwealth Office of Education, at its request.

“Men Against Disease” Project in Asia

The joint effort of the United Nations and its specialized agencies to help to improve economic and social conditions among the peoples of Asia was the general theme of an important project which was largely made possible by the co-operation of the editors of the London News Chronicle. Under the leadership of the science editor, a three-man team — writer, photographer and radio commentator — was sent on a ten-week mission to cover the work of various United Nations bodies in Borneo, Burma, India, Indonesia, Pakistan and Thailand. The material collected is being given the widest and most varied distribution in newspapers and other publications, radio, television, films and filmstrips in four continents. The United Nations Department of Public Information, ILO, FAO, UNESCO, UNICEF and WHO co-operated in this mission.

Public Information Material for CARE

At the request of the Co-operative for American Remittances to Europe Inc. (generally known as CARE),1 a member of the headquarters staff made a seven-week tour of the countries in the Eastern Mediterranean and South-East Asia regions to collect material which could be used by CARE in publicity campaigns to raise funds for gifts to hospitals and institutions in need of help. The funds thus raised will be used to finance projects approved by the government concerned and WHO.

The tour included visits to Egypt, Lebanon, Jordan, Israel, India and Burma. The WHO representative received some hundreds of requests for help which he transmitted to CARE with an outline for four major projects, a number of short publicity stories and a supply of pictures.

World Health Day, 1951

The general theme for the observance of World Health Day in 1951 was: "Health for Your Child and the World’s Children".

The reports that have reached WHO indicate that World Health Day was observed by a much larger number of countries than in previous years. At least 30 countries arranged for widespread public observance; in many others the occasion was marked by receptions in ministries of health, by lectures and by radio broadcasts by public health and other officials. The day seemed to have been observed particularly widely in some countries of South-East Asia and in Central and South America. To help in preparations for World Health Day, WHO, as in earlier years, sent a folder containing specially prepared material for the use of selected newspapers, radio stations, etc. in all parts of the world. The material comprised 14 articles on various aspects of maternal and child health written in popular style.

1 This activity has been extended to regions other than Europe.
CHAPTER 10

GENERAL ADMINISTRATION

Administration and Finance

In 1951 there were no important modifications of the structure of the Secretariat at headquarters (for structural chart and list of senior officials, see annexes 11 and 12), and no far-reaching changes in administrative policy. However, the administration of the Organization was greatly affected by the rapid decentralization—the establishment of the regional offices described below—and also by the development of the technical assistance programme and the problems which WHO's participation in that programme entailed. Close co-operation on administrative and financial matters was maintained with the United Nations and the other specialized agencies; representatives of WHO continued to participate in meetings of the Technical Assistance Board, the International Civil Service Advisory Board, the Consultative Committee on Administrative Questions, the Joint Staff Pension Board and various ad hoc committees of the agencies in Geneva which were convened to study administrative matters of common interest. Details of this co-operation are given under the subjects which follow.

Regional Organization

For the Western Pacific, the establishment of a regional office in place of the existing temporary office was approved by the Executive Board at its eighth session. The Board accepted the recommendation of the Regional Committee that the office should be located in Manila, and appointed a regional director. The office was accordingly moved from Hong Kong to Manila in August.

For Europe, the Executive Board, in June, authorized the Director-General to establish the regional organization as soon as the consent of the majority of the Member States in the region had been obtained. On the first day of the September meeting of the Consultative Committee for Europe, the majority of the Members approved of this action. The committee then met as the Regional Committee and the Regional Office for Europe was immediately established to replace the existing Special Office. Subject to the approval of the Executive Board, a regional director was nominated and Geneva was selected as the temporary site of the regional office, which was allocated office space in the Palais des Nations.

Subsequently, the Regional Committee for Africa, in September, established the Regional Office for Africa to replace the existing office at headquarters. The committee agreed to recommend to the Board that the office should be located at Brazzaville (French Equatorial Africa) and nominated a director, subject to confirmation by the Executive Board.

To prevent regional organizations from developing along lines more divergent than those which the differing circumstances of each require, a basic organizational pattern for regional offices (see annex 11) was established early in the year. The existing regional offices conform closely to this pattern, or are evolving towards it. For the Regional Office of the Americas, it has been necessary to vary the pattern more than for the other regional offices.

Recruitment of Staff

During the year it was necessary to concentrate on recruiting persons with high technical qualifications to act as consultants and specialists and to serve on field teams. In addition, the volume of recruitment was increased, because staff was also required for the Regional Office for the Western Pacific, which developed rapidly during the year, and for the Regional Offices for Europe and Africa. Apart from replacements, comparatively few persons were recruited for the headquarters staff or for the staffs of the other three regional offices.

The rapid expansion of the programme, and the growing numbers of technical assistance projects led to an increased competition for technically trained people throughout the world and thus made recruiting more difficult. Nevertheless, without lowering the standard of qualifications it requires, the Organization was able to recruit almost all the persons needed.
The following table shows the size of the staff at the end of 1951 compared with that at the beginning of the year. Two points are worthy of mention: the increased number of officers employed for the expanded programme of technical assistance and the considerable number still working on joint UNICEF/WHO projects.

### Growth of Regular Staff in 1951

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<th>Organizational breakdown</th>
<th>Size of staff * on 1 January 1951</th>
<th>Size of staff * on 31 December 1951</th>
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<td>Headquarters</td>
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<tr>
<td>internationally recruited</td>
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<td>170</td>
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<td>locally recruited</td>
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<td>Regional offices</td>
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<td>internationally recruited</td>
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<td>3</td>
</tr>
<tr>
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<tr>
<td>Region of the Americas</td>
<td></td>
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<tr>
<td>internationally recruited</td>
<td>13</td>
<td>20</td>
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<tr>
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<td>South-East Asia Region</td>
<td></td>
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<tr>
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<td>15</td>
<td>13</td>
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<tr>
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</tr>
<tr>
<td>European Region</td>
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<tr>
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<td>3</td>
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</tr>
<tr>
<td>locally recruited</td>
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</tr>
<tr>
<td>Eastern Mediterranean Region</td>
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<tr>
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<td>Western Pacific Region</td>
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<td>Field staff in countries</td>
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<tr>
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<td>6</td>
</tr>
<tr>
<td>New York Liaison Office</td>
<td></td>
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</tr>
<tr>
<td>internationally recruited</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>locally recruited</td>
<td>4</td>
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<tr>
<td>UNICEF liaison office, New York</td>
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<tr>
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<td>1</td>
<td></td>
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<tr>
<td>locally recruited</td>
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<td></td>
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<tr>
<td>Epidemiological Intelligence Station, Singapore</td>
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<td></td>
</tr>
<tr>
<td>internationally recruited</td>
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<td>1</td>
</tr>
<tr>
<td>locally recruited</td>
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<td>14</td>
</tr>
<tr>
<td>Tuberculosis Research Office, Copenhagen</td>
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</tr>
<tr>
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<tr>
<td>locally recruited</td>
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<tr>
<td>Clearing Centre, Southport</td>
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<td></td>
<td></td>
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<tr>
<td>Total staff paid from regular funds</td>
<td>682</td>
<td>742</td>
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<tr>
<td>Staff paid from UNICEF funds</td>
<td>31</td>
<td>74</td>
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<tr>
<td>Staff paid from technical assistance funds</td>
<td>—</td>
<td>164</td>
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<tr>
<td>Staff for whom reimbursement is made by countries</td>
<td>1</td>
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<tr>
<td>Other staff on loan or reimbursable basis</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Unpaid staff</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

**GRAND TOTAL** | 720 | 985

* Excluding consultants

Every endeavour has been made to improve the geographical distribution of the regular staff which included, on 31 December, nationals of 44 out of 78 Member States. This compares with 27 out of 54 on 1 September 1948, 36 out of 68 on 31 December 1949 and 42 out of 74 on 31 December 1950 (for details, see table in annex 13). As recognized, however, by the Executive Board at its seventh session it will probably not be possible to maintain this standard under the technical assistance programme, for the reasons given above.

### Briefing of New Staff

A comprehensive plan for the briefing of all staff on their appointment to the Organization was initiated during the year. This briefing starts with correspondence during the recruitment phase and is continued during the period spent at headquarters and at the regional office. It includes not only the orientation of the individual member to WHO as an international health agency but is also designed to give to field staff some knowledge and appreciation of the culture of the countries in which they will be working. The stage has not yet been reached when the value of this activity can be fully assessed, but enough encouraging information has been received to justify its continuation.

### Salaries and Allowances

The new plan of salaries and allowances recommended to the Executive Board at its seventh session was accepted and, as was proposed by the Director-General, came into force on 1 January 1951. The complex transition which it entailed was accomplished smoothly and completed in a short time, and the operation of the plan during its first year was highly satisfactory. Although changes in the basic plan have been made from time to time, it seems to be well suited to the needs of the Organization.

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1 The nationals of six other Member States were serving on the technical assistance staff.

2 Of Rec. World Hlth Org. 33, 35
In the Consultative Committee on Administrative Questions, WHO's representatives have joined with those of other agencies to secure a more uniform interpretation of the new salary and allowance system that was introduced on 1 January 1951. Representatives of the United Nations and of the specialized agencies located in Geneva have also met frequently and made progress towards the uniform application of conditions of employment for locally recruited staff, and the interpretation of the common staff rules and rates for temporarily engaged staff.

During the year, local salary scales, classification systems and local conditions of employment, along the lines laid down by the Committee of Experts on Salary, Allowance and Leave Systems, were established for the regional offices in 1951 and put fully into operation.

The salary differential established for Geneva by the United Nations was not accepted by the Fourth World Health Assembly or the Executive Board, nor applied to WHO staff, since it was felt that it was not based on a reliable survey. The subject was again brought before the Executive Board at its eighth session, at which time the Board agreed to apply any salary differential which might result from a survey which would be statistically reliable and realistic.

At the end of the year, a new survey of the comparative cost of living in New York and Geneva was being made on the basis of criteria agreed upon with ILO and the United Nations and agreement had been reached in the Administrative Committee on Co-ordination that a set of principles should be established to govern the application of cost-of-living adjustments in the various cities where the international organizations have offices.

Staff and Financial Regulations

Recognizing the desirability of applying uniform staff and financial regulations throughout the United Nations and the specialized agencies, the Fourth World Health Assembly (in resolutions WHA4.50 and WHA4.51) adopted the revised Financial Regulations and the revised Staff Regulations which had been prepared by the Administrative Committee on Co-ordination, and modified to meet the special requirements of WHO.

Financial Position

The financial position of the Organization at the beginning of 1951 was far stronger than at the beginning of 1950. As a result of the action taken by the Third World Health Assembly to establish expenditure ceilings for both years, the expenses of the Organization were kept within the limit of the actual cash which could reasonably be expected to be received in respect of those budget years. The establishment of the Assembly Suspense Account and the credit to it of the unused budget surpluses of 1949 and 1950 helped to improve the financial situation of the Organization.

There still remained the problem of the withdrawals from the Working Capital Fund to meet the deficits of 1948 and 1949, which were caused by the failure of the inactive Member States to pay their assessed contributions. On the recommendation of the Director-General and the Executive Board, the Fourth World Health Assembly decided (in resolution WHA4.40) that, in order to liquidate these deficits, the unused budget surpluses of 1948, which had been placed in the Working Capital Fund by the First World Health Assembly, should be transferred to the Assembly Suspense Account, and that from the cash portion of these surpluses the Working Capital Fund should be reimbursed. The inactive Member States were in no way relieved of their obligations with regard to their contributions to the Organization, but these liabilities became due to the Assembly Suspense Account instead of to the Working Capital Fund. This action had the effect of (1) replenishing the Working Capital Fund, (2) treating the budgetary surpluses of 1948 in the same way as those of 1949 and 1950 and (3) simplifying the accounting arrangements for the Working Capital Fund.

The Fourth World Health Assembly also authorized the Director-General to establish a building fund by using the cash balance of the Assembly Suspense Account instead of by drawing on the Working Capital Fund, as had been previously decided by the Third Health Assembly. This change served to strengthen the Working Capital Fund still more.

As a result of these actions the financial position of the Organization at the end of 1951 was considered satisfactory.

Working Capital Fund

The Fourth World Health Assembly, after taking into consideration the transfer of the 1948 budget surpluses from the Working Capital Fund to the Assembly Suspense Account, decided (WHA4.64) to maintain the Working Capital Fund as then constituted, and to add to it the assessments of Members joining after 1 May 1951. The payment of advances to the Working Capital Fund came in more quickly in 1951 than in previous years. Excluding payments from inactive Members and from
some of the new Members that had not time to complete the legislative processes for making them, the unpaid advances were less than 3% of the total Fund as established.

Budgetary Provision for, and Expenditure on, the 1951 Programme

The amount voted by the Third World Health Assembly for the 1951 programme was $7,300,000. This amount was increased by the Fourth World Health Assembly by $265,344. Moreover, the Executive Board at its seventh session authorized the Director-General (in resolution EB7.R30) to use from the funds transferred from the Office International d'Hygiène Publique an amount of $82,057 to cover the expenses of certain epidemiological activities of the Organization. The Executive Board, at its eighth session (in resolution EB8.R55), further authorized the Director-General to withdraw a sum not to exceed $30,000 from the Working Capital Fund in order to assist the Government of India in combating epidemics.

The total amount available for the 1951 programme is thus $7,677,401.

Annex 9 gives the details as to how this amount is apportioned between the various activities of the Organization.

According to a decision of the Health Assembly, the Director-General, however, is bound, in order to keep expenditure within available income, to limit the obligations to be incurred in 1951 to an expenditure ceiling, the establishment of which was left to the Executive Board and which the Board fixed at $6,150,000, subsequently increased to $6,527,401.

The actual expenditure will be known only as and when the closed accounts for 1951 will be available. The Financial Report for 1951 which the Director-General will submit to the Fifth World Health Assembly, together with the Report of the External Auditor, will contain details of income and expenditure, a comparison between the amounts voted by the Health Assembly for the 1951 programme and the expenditure on that programme, as well as summaries of obligations incurred in respect of the various activities, and details of the cost of services to individual States.

Form of Presentation of Programme and Budget

The Consultative Committee on Administrative Questions, during its meeting in 1951, continued to study how the objects of expenditure of the United Nations and specialized agencies might be more uniformly presented. In particular, it agreed that organizations which, because of the number of their field activities, needed to distinguish administrative from operational expenses, should adopt the definition which has been used by WHO for this purpose. Agreement was reached on the main headings of a common panel of objects of expenditure for the use of the United Nations and specialized agencies, and this panel was submitted to the Administrative Committee on Co-ordination for approval. The Consultative Committee also agreed that the Technical Assistance Board should be kept informed of these questions so as to ensure uniformity under the technical assistance programme.

The question of standardizing the presentation of the budgets of the specialized agencies was given further consideration.

Assessments and Contributions

When fixing the scale of assessments for 1952, the World Health Assembly discussed whether or not WHO should continue to assess its inactive Members. It decided to include these Members in the scale of assessments, but to set aside an amount equivalent to their combined assessments in the Appropriation Resolution and to treat it as an undistributed reserve not available for expenditure. The principle that no one Member State should contribute more than one-third of the regular budget (which was, by an earlier resolution of the Assembly, to be put into effect gradually, starting in 1950) was confirmed, and the contribution of the United States of America, which was fixed at 35% for the year 1951, was reduced to 33 1/3% for 1952.

During 1951 the arrears of contributions by the Member States were reduced considerably, certain Members which had been in arrears for 1948 and 1949 having paid their contributions for those years. However, many Member States, because of the requirements of their legislative processes and the terms of their financial years, are unable to pay their contributions until the year following that for which the contribution is due. Although this situation is not serious, since funds can be advanced from the Working Capital Fund to meet necessary expenditures until such contributions have been paid, this expedient would be unnecessary if States would provide in their national budgets for the regular payment of annual contributions in the year for which the contributions are due. The Fourth World Health Assembly recognized this fact and requested in resolution WHA4.35 Member States to make such provision in their national budgets.

A statement showing the status of contributions and advances to the Working Capital Fund as at 31 December 1951 is given in annex 10.
Technical Assistance

By 31 December 1951 WHO had received the equivalent of US$2,867,000 as its share of the contributions to the Special Account for the expanded programme of technical assistance.

The financial problems of the technical assistance programme were at first complicated by the many different currencies in which contributions are paid, the receipt of contributions in kind, and the many restrictions placed on the use of the funds. However, as the programmes developed, it became easier to find uses for the various currencies. A difficulty, met in 1951, arose from the fact that several countries did not pay their contributions to the technical assistance programme. As a result, the cost of work which could have been met in those currencies had to be paid for in other convertible currencies. When the contributions are paid, the Organization may thus find itself with currencies which are not convertible and for which it may be difficult to find a use.

Supply lists for technical assistance came forward during the year as and when final plans were agreed upon with governments, and it was necessary to consider carefully what supplies could be bought with currencies other than dollars and Swiss francs. In order to make the best use of the non-convertible currencies which form a part of the WHO share of the technical assistance funds, it was often necessary to find acceptable substitutes for goods originally requested and to obtain offers for supplying them from other contributing countries. Restrictions on the use of currencies, the need for clearing certain transactions with exchange control authorities, (or, in other cases, for referring possible alternatives back to the regional office concerned) all slowed down buying. Indications seemed to justify the belief that the required supplies could be obtained with the currencies available, but it sometimes happened that rather more had to be paid, in terms of the dollar conversion values of these other currencies, than if dollars or Swiss francs had been used.

Special efforts were made both in the Technical Assistance Board and in the Consultative Committee on Administrative Questions to clarify and to make more uniform the administrative practices to be followed for staff appointed under the technical assistance programme. Particular problems which this programme has caused in the recruitment of staff are mentioned elsewhere. WHO has been particularly fortunate in that the nature of its regular programme has given it several years of experience in this type of field work.

Audit

The steady expansion in the activities of the Organization and the progressive decentralization of the work greatly increased the responsibilities of internal auditing. This work, which ensures a careful control of expenditures, was done in close cooperation with the external auditor, who plans his own examination in such a way that he benefits fully from the detailed work carried out by the internal auditors and, within the limits which he deems practicable, is able to restrict his detailed checking of daily transactions. This work also tends to maintain standard methods of dealing with financial and accounting problems both at the regional offices and at headquarters. The external auditor of WHO is a member of the Joint Panel of Auditors of the United Nations which discusses problems common to all the agencies concerned and standardizes methods for dealing with them.

Headquarters Accommodation

By the end of the year the new additions and alterations to the Palais des Nations had been virtually completed. This finished the arrangements which were necessary to provide WHO with the space it requires to house conveniently the headquarters offices and the Regional Office for Europe. The first part of the building operations begun in April 1950, namely, the raising by three floors of the former two-floor annex to the Palais, was completed in July 1951, and WHO immediately occupied the new annex and will vacate a corresponding number of offices in the old part of the Palais, where additional premises so provided. The second part—to provide a new six-floor annex to the Palais—was completed by the end of the year. The United Nations will move some of its services into the new annex and will vacate a corresponding number of offices in the old part of the Palais, where under the contract for a 99-year lease entered into with the United Nations, WHO will definitely establish its headquarters office. It is not expected that the cost of the new constructions, estimated at approximately 4,000,000 Swiss francs (of which the Swiss Government generously contributed 3,000,000) will have exceeded that amount, despite the rise in the cost of building materials and in wages.

Conference Arrangements

Among the 78 Members of the World Health Organization there are 17 (or about 22.5%) whose mother tongue is Spanish. Other international organizations have also found that a fairly large percentage of their Members are Spanish speaking,
and the United Nations and many of its specialized agencies have therefore made arrangements to use Spanish to varying extents. The Fourth World Health Assembly and the Executive Board decided that during their sessions and those of the expert committees all speeches should be interpreted not only into the two working languages (English and French) but also, where necessary, into Spanish. This decision was put into effect in 1951.

The use of a third language made it necessary for the Organization to use simultaneous interpretation in almost all its meetings. It has been found that by this method of interpretation the efficient conduct of the debates has been considerably increased.

Common Services with the United Nations

In accordance with resolution 411 (V) passed by the General Assembly of the United Nations in December 1950, special attention was paid during 1951 to developing satisfactory arrangements for services common to the United Nations and its specialized agencies. To that end, WHO co-operated with the United Nations in preparing a report (embodifying the views of the heads of the larger specialized agencies in Geneva and of the Secretary-General of the United Nations) to be submitted to the Advisory Committee on Administrative and Budgetary Questions which, in turn, would present it to the General Assembly at the sixth session.

The report to the General Assembly proposes that the surveys of certain existing services which some agencies at present conduct separately should be made jointly in order to determine whether or not amalgamation of such services would make them cheaper and more efficient—a method which WHO has consistently advocated as a necessary preliminary to the further use of common services. These surveys cover the purchase and distribution of administrative supplies, and printing services.

Co-ordination between WHO and the United Nations European Office is already highly developed and includes:

(a) agreement on standard rates of payment for various categories of temporary staff (in particular, conference staff—see below); the exchange of information on the engagement of such staff, and, where possible, the use of common staff for conferences;
(b) a joint medical service covering the staffs of WHO, the ILO and the United Nations European Office;
(c) a joint purchasing committee centralizing the procurement of all major administrative supplies for the two specialized agencies and the United Nations European Office;
(d) building management and maintenance;
(e) printing;
(f) distribution;
(g) mailing;
(h) sales of publications;
(i) reproduction of documents;
(j) freight transport

In the past it has frequently been less costly to engage temporary staff, particularly for conference work, than to obtain them on loan from the United Nations or another agency. To overcome this serious obstacle to co-operation, the above-mentioned report proposes that the Geneva group of organizations should adopt the agreed rates for temporary staff as the amounts to be paid to an organization when lending staff to another organization.

Legal and Constitutional Matters

Membership of the World Health Organization

At the end of 1951 there were 78 Members of the World Health Organization (including those States which are inactive Members *) and one Associate Member. The list of the Members of WHO is given in annex 1. Four States became Members of the Organization in 1951: Panama, Japan, Spain and the Federal Republic of Germany. The first became a Member early in the year; the others were admitted by vote of the Fourth World Health Assembly under Article 6 of the Constitution.

In August 1950, the Government of Poland notified the Director-General that Poland no longer considered itself a Member. The text of this notification was forwarded to governments and brought to the attention of the Fourth World Health

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* Albania, Bulgaria, Byelorussian SSR, China, Czechoslovakia, Hungary, Poland, Roumania, Ukrainian SSR, Union of Soviet Socialist Republics
Assembly; which declared that it would always welcome the resumption by Poland of full cooperation in the work of the Organization.

Biennial Health Assemblies

Because of the importance of the question of holding biennial, rather than annual, health assemblies, and the repercussions which such a decision would have not only on the work but also on the structure of the Organization, the Director-General was requested by the Fourth World Health Assembly to continue the study of this problem through 1951 and to report to the Executive Board and to the Fifth World Health Assembly. An outline for a study and report was approved by the Executive Board at its eighth session and is to be considered by the Board and the Assembly in 1952. It will be recalled that the Third World Health Assembly approved the plan for biennial assemblies in principle, but recognized the desirability of giving it further consideration before making the amendments to the WHO Constitution which its implementation would involve.

Agreements with Governments

A revised text of the agreement with the Egyptian Government on the granting of the necessary privileges, immunities and facilities to WHO's staff in Egypt, and an exchange of letters between the Egyptian Government and the Organization were approved by the Fourth World Health Assembly. The Assembly’s resolution on the subject was transmitted to the Government of Egypt, which ratified the agreement on 9 July 1951.

When the Regional Organization for the Western Pacific was established, it was decided to locate the Regional Office in Manila. The text of a “host government” agreement, similar to those already approved by the Health Assembly for India and Egypt, was accordingly submitted to the Philippine Government and was signed in Manila on 22 July 1951. This agreement will be submitted to the Fifth World Health Assembly for approval.

Other Agreements

Other agreements with governments, including basic agreements and supplementary project agreements for technical assistance (described in Part II), were concluded during the year. Many of them concern methods for giving effect to the various projects described in other parts of this report.

Privileges and Immunities

In 1951, three further Members acceded to the Convention on the Privileges and Immunities of the Specialized Agencies: Guatemala (30 June), Sweden (12 September), and Chile (21 September). This brought to 12 the number of countries which have acceded to this Convention, the others being Austria, Denmark, the Hashemite Kingdom of the Jordan, India, Luxembourg, the Netherlands, Norway, the Philippines and the United Kingdom (for dates and details, see the Annual Report of the Director-General for 1950, page 79).

Denmark, the Netherlands and Norway, which had previously accepted the original Annex VII to the Convention, notified the Secretary-General of the United Nations of their acceptance of the revised annex on 14 September 1950, 15 February 1951 and 22 May 1951, respectively.

Office International d’Hygiène Publique

In execution of resolution WHA4.58 adopted by the Fourth World Health Assembly, WHO asked the Governments of the Federal Republic of Germany, Japan and Spain what decisions they had taken concerning the denunciation of the Rome Agreement of 1907, by which the Office International d’Hygiène Publique in Paris had been created. Japan informed WHO in August that it had notified the denunciation of the Agreement to the Italian Minister for Foreign Affairs, the depositary of the Diplomatic Act; the Government of the Federal Republic of Germany denounced the Agreement on 1 September 1950, and the Spanish Government on 16 November 1950. As the Agreement has now been denounced by all the Governments parties to it, the Office International d’Hygiène Publique has officially ceased to exist.

The transfer of the assets of the Office to WHO was completed in 1951. These assets consisted of the library of approximately 15,000 volumes, of furniture and equipment valued at $730 and cash sums in various currencies equal to approximately $171,500. Of this sum $82,057 was appropriated in 1951 and $43,846 in 1952, to continue activities undertaken by the Office. The balance of the sum will be available for use in 1953 or future years.
Owing to the small scale of this map, a precise delineation of the boundaries of each region cannot be given here.
PART II

ASSISTANCE TO GOVERNMENTS IN STRENGTHENING HEALTH SERVICES

An important function of the World Health Organization is “to assist governments, upon request, in strengthening health services.” With the establishment in 1951 of regional offices for Africa, Europe and the Western Pacific, the regional machinery provided for in the Constitution of the Organization was completed and more and more responsibility for this work, which involves direct negotiation with the countries in the regions, is being assumed by the regional offices, headquarters retaining only the responsibility for advising and supervising, and for co-ordinating and evaluating the programmes.

Regional organizations now exist for all the six regions delineated by the First World Health Assembly. The regional offices are at widely different stages of development, and thus the reports of the regions, on which the six following chapters are based, are not fully comparable. In Africa, WHO's assistance is as yet hardly under way; recruitment has been slow, and the office itself—the location of which at the end of 1951 still awaited the approval of the Executive Board—has not actually been established. The Regional Office for the Americas, on the other hand, has carried out a great many activities, and the high degree of co-ordination with the Pan American Sanitary Bureau mentioned in the annual report for 1950 was even more characteristic of 1951. In South-East Asia, where the first regional office was established, of the Organization's efforts over a period of several years are beginning to bear fruit; a considerable amount of experience has been gained, and a large number of projects are in train, particularly under the expanded programme of technical assistance for economic development. In Europe, WHO is continuing its experiments with inter-country programmes—regional study-groups, training courses, and many highly specialized types of activity; it is also operating a very extensive fellowships programme, and is giving technical advice to UNICEF on supply programmes for many countries. For the Regional Office for the Eastern Mediterranean, 1951 was, for the most part, a year of planning: some projects were started or continued, but, in the main, the regional office continued to collect information on the health needs of the region. Surveys were made, many agreements with governments signed, and careful and detailed plans drawn up for a number of projects to be started in 1952. Planning was also the main preoccupation of the governments represented on the Regional Committee for the Western Pacific; however, some projects were started, many of them jointly with UNICEF or under the technical assistance programme. The office for this region was set up in Manila during the year.

In all, WHO gave assistance to 101 countries or territories during 1951.

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1 The selection of Brazzaville as the site for the Regional Office for Africa was approved by the Executive Board at its ninth session in February 1952 (EB9.R37).
CHAPTER 11

AFRICAN REGION

In 1951 the Office for Africa, established in accordance with resolution WHA3.55 of the Third World Health Assembly at the headquarters of WHO in Geneva, continued its preliminary work by (1) making contact with the governments concerned in order to ascertain their wishes and promote their co-operation with the regional office; (2) planning an organizational structure for the future regional office which will correspond with the different wishes expressed and be able to operate successfully in Africa; and (3) collecting as much information as possible about the problems to be dealt with.

During the year the office functioned with a skeleton staff consisting of a chief, an administrative assistant and a secretary. The chief, who had consulted authorities of the Member States and the Associate Member State in Africa at the end of 1950, completed his visits in 1951 to Member States in Europe responsible for territories in Africa; he consulted the authorities in London, Paris, Brussels, Lisbon and also in Madrid after Spain had become a Member of WHO.

During the Fourth World Health Assembly, two Member States in Africa expressed the desire to set up the regional organization for Africa, and after the consent of the majority of the Members in the region had been obtained the Executive Board, at its eighth session (EB8.R14), authorized the establishment of a regional organization for Africa, on the basis of Article 44(b) of the Constitution. At the Preparatory Meeting of African Governments convened with the approval of the Board in Geneva in June, Kampala, Brazzaville and Monrovia were suggested as possible sites for the regional headquarters, and the town of Santa Isabel (Fernando Po) was later added as the result of an offer by the Spanish Government.

After that meeting the chief of the regional office visited the four localities suggested for the regional headquarters. At the same time he examined the work of the Service général d’Hygiène mobile et de Prophylaxie in French West Africa and French Equatorial Africa, the present health developments in Liberia, training activities in Accra, Lagos and Ibadan, the amenities of the capital of the Cameroons, the training of medical staff in Léopoldville and present developments in Angola.

The first session of the Regional Committee was held from 24 to 26 September in Geneva. All the Member States and the Associate Member State in the region were represented: Belgium, France, Liberia, Portugal, Southern Rhodesia, Spain, the Union of South Africa and the United Kingdom. Representatives or observers were present from the following organizations: the United Nations, ILO, FAO, UNICEF, International Children’s Centre and the World Federation of United Nations Associations.

The committee nominated a regional director and selected Brazzaville as the site of the regional office, subject to confirmation by the Executive Board. It also recommended to the Executive Board that measures should be taken to establish and maintain co-operation with the Commission for Technical Co-operation in Africa South of the Sahara (CCTA) and with its technical offices dealing with health, and that the Technical Assistance Board should be requested to give due consideration to applications from certain African territories for supplies and equipment forming an integral part of programmes for which technical services already existed in the territories. The Regional Committee asked the Director-General to take into account, when allocating unexpended income at the end of each financial year, the fact that the funds allotted to the African Region had been smaller than those for other regions and to consider maintaining salaries at normal levels in the countries in Africa which have devalued currency, in view of the very high cost of living there. The committee approved the present organization of the regional office and most of the suggestions for further developments, adopted budgets for 1952 and 1953, and decided to hold its second session in Monrovia in August 1952.

General interest was shown in the intention of the regional office to send out into the countries of the region public-health officers who, by co-operating on the spot with directors of medical services, will

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1 This region comprises those parts of Africa not included in the Eastern Mediterranean Region or in the French and Spanish Territories of North Africa. It was delineated by the First World Health Assembly (see Off. Rec. World Hth Org. 13, 80, 330).

2 The Executive Board at its ninth session confirmed the nomination of Dr. F. Daubenton as Regional Director and the selection of Brazzaville as the site for the regional office.
be in a better position to advise the regional director as to how and where WHO can be of service. In this way WHO’s work will be planned to complement the great efforts being made by the governments themselves, for all the countries in the region already have detailed health schemes, some covering a period of ten years. Instead of public-health officers, in specific instances sanitary engineers, inspectors or sociologists will be sent to help build up sound and comprehensive programmes for 1953 in their own special branches of activity. These plans are in conformity with the wishes that were expressed in the different capitals and the opinions stated in other parts of Africa.

The effort to engage public-health officers and technical officers has, however, met considerable difficulties. It appears that the high cost of living in Africa, the possibility of married officers having to maintain two homes, the more generous leave conditions granted to government officials from metropolitan countries as well as to certain missionaries, and the assumption, not always correct, that the African continent has an unhealthy climate have combined to make the salaries and leave regulations of WHO seem unattractive. This problem was discussed at the first session of the Regional Committee.

At the end of the year, a public-health officer, a sanitary engineer and a sanitary inspector had been engaged, and the appointment of a medical officer
was under consideration. It was expected that these officers would soon be in the field, although attached to the regional office as advisers. The greatest difficulty was found in trying to engage the small administrative staff necessary for the office, and it was thought that a special cost-of-living survey might have to be made and special leave arrangements considered. The offer by the French Government to provide excellent offices and living quarters at a reduced rate in Brazzaville will, however, help to solve these problems.

Sixteen fellowships were granted in 1951 to countries in the region.

The survey of bilharziasis was continued and was extended to British territories in West Africa, and to Liberia, Madagascar, Réunion and Mauritius. Specialists from the Belgian Congo and the Portuguese territories will also complete the survey in those areas. The plans for delineating the southernmost limit of yellow-fever endemicity in Africa were further discussed and developed at a conference held late in 1950 in Kampala. The results of this study should be known early in 1952.

The reports by the consultants who, under the auspices of WHO and FAO, surveyed the epidemiology of malignant malnutrition (kwashiorkor) among African infants (see page 18) will form the basis for a nutrition conference to be held in 1952. The lack of proteins, the lack of vitamins, the living habits of the people and the presence of worm infestation will also be studied at this conference.

WHO has continued to co-operate with other international organizations working on health problems in Africa. Liberia signed a basic agreement with WHO for technical assistance and other programmes, and work has been started on two technical assistance projects in that country.

The French and Belgian authorities asked UNICEF to supply dried milk to controlled schools, hospitals and other institutions in the territories for which they are responsible and WHO has worked with UNICEF in two projects in Liberia.

A very important development has been the close co-operation with the Commission for Technical Co-operation in Africa South of the Sahara, on which all governments belonging to the African Region, except Liberia and Spain, are represented, and which is especially concerned with health matters. It is expected that close relations with the commission will lead to much useful work.

The following activities have been undertaken in the individual countries in the region:

**Work in Individual Countries in the Region**

*Work which was or is to be carried out with technical assistance funds is marked with an asterisk.*

**Angola**

During the visit of the acting regional director to Angola, a request was made for the services of a sanitary engineer to advise on the water supply and the installation of different sewage systems. This engineer has been engaged, and consultations with the Portuguese Government are proceeding.

**French Equatorial Africa**

A project in the control of malaria under the technical assistance programme was suggested for French Equatorial Africa by the French delegation at the first session of the Regional Committee. A large supply of DDT will be needed, but sufficient staff to carry out this programme is already available in the country.

**Gold Coast**

One fellowship was awarded to the Gold Coast during 1951.

**Liberia**

After the surveys on public-health administration and environmental sanitation made in 1950, a basic agreement for technical assistance to this country was signed. A public-health officer was sent to help the Director of Public Health and Sanitation to frame a public-health law and by-laws. A sanitary engineer was appointed to train local sanitary workers in Liberia and set up a national programme in environmental sanitation.

In co-operation with UNESCO, WHO is recruiting a health educator for Liberia.*

Two large projects in this country are being discussed by WHO and UNICEF: a five-year yaws campaign* and a programme for the control of malaria. A member of the headquarters staff has already visited Liberia to discuss the yaws project and plans have been made for holding a seminar on yaws control in March 1952. For this seminar WHO will provide experts and award fellowships.
Another expert from headquarters went to study the malaria situation in Liberia and to help draw up suitable plans.

Six fellowships (one under technical assistance) were awarded to undergraduates; two of them were for study within the region. Teaching equipment was also provided.

**Mauritius**

One fellowship was awarded to Mauritius during 1951.

**Nigeria**

Following the recommendations made at the Malaria Conference in Equatorial Africa which was held in Kampala in 1950, further steps have been taken to organize a short course for malarialogists in Nigeria.

Nigeria was awarded one fellowship during the year.

**Northern Rhodesia**

An expert on rabies visited Northern Rhodesia to study the question of vaccine production, and specialists from Southern Rhodesia came to Northern Rhodesia to confer with him.

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**Seychelles**

The Government of the Seychelles sent a request similar to that received from Angola for the services of a sanitary engineer to advise on water supply and sewage schemes. Consultations have taken place on this subject, and it is expected that the sanitary engineer recruited for Angola will also be able to visit these islands.

**Southern Rhodesia**

Two fellowships were awarded to Southern Rhodesia in 1951. (See also Northern Rhodesia.)

**Uganda**

In October, the Makerere Medical College, at which certain WHO Fellows from Africa have been placed for undergraduate work in medicine, lost much equipment, including microscopes, as the result of an explosion. WHO has investigated the possibilities of obtaining equipment for this school, to replace that which was destroyed.

WHO has supplied medical literature and teaching equipment to Uganda.

**Union of South Africa**

Six fellowships were provided by WHO to students from the Union of South Africa.

WHO continued to support the FAO/WHO brucellosis centre in the Onderstepoort Veterinary Laboratory.
In accordance with the agreement between the World Health Organization and the Pan American Sanitary Organization, which was approved by the Second World Health Assembly in June 1949 and the Directing Council of the Pan American Sanitary Organization in October 1948, the Pan American Sanitary Bureau continues to serve as the WHO Regional Office for the Americas.

The Republic of Panama became a Member of the World Health Organization on 20 February 1951. In the Region of the Americas, therefore, the following countries are Members of WHO: Argentina, Bolivia, Brazil, Canada, Chile, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, the United States of America, Uruguay and Venezuela. France, the Netherlands and the United Kingdom, responsible for the international relations of certain territories in the Americas, also take part in the Regional Committee.

The Directing Council of the Pan American Sanitary Organization at its fifth meeting, held in Washington from 24 September to 3 October, served also as the Regional Committee for the Americas. At this (the third) session of the Regional Committee, all the Member States mentioned above were represented and there were also representatives or observers from the following inter-governmental and non-governmental organizations: the United Nations (with special representation from UNICEF), Pan American Sanitary Bureau, Organization of American States, American College of Chest Physicians, Biometric Society, International Council of Nurses, International Unions against Cancer, Tuberculosis and Venereal Diseases, League of Red Cross Societies, Pan American Medical Confederation, World Federation for Mental Health, World Federation of United Nations Associations and World Medical Association. Among the subjects considered by the committee at this session were: the proposed programme and budget for the Region of the Americas in 1953; the general programme of work for a specific period, which was prepared by the regional office; long-range projects for regional needs; authority for the Executive Committee to review, on behalf of the Regional Committee, questions of administration, budget and finance; the participation in the committee of certain Members of WHO whose seats of government are not within the region; technical discussions at future meetings of the Regional Committee; and the revision of the Pan American Sanitary Code (Havana 1924) in accordance with the International Sanitary Regulations. It also discussed the recommendation of the Fourth World Health Assembly urging all governments to improve sanitary and environmental conditions; the recommendations made at the second session of the Joint FAO/WHO Expert Committee on Nutrition; national programmes for the benefit of children; the supply of insecticides, and the form and content of annual reports from Member States.

In January 1951, at the seventh session of the Executive Board of WHO, the director of the Regional Office for the Americas was, on the recommendation of the Regional Committee, reappointed for a period of four years starting on 1 February.

Two buildings in Washington (at 1501 and 1515 New Hampshire Avenue, N.W.) were bought, to be used as interim headquarters. The W. K. Kellogg Foundation and the Rockefeller Foundation, which have both taken part in international public-health work in Latin America for many years, each made a loan of $150,000, free of interest, to the regional office in order to facilitate this transaction. The move to the new quarters was made at the end of May.

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1 This region comprises all of the Americas, in accordance with the decision of the First World Health Assembly. (See Off. Rec. World Hlth Org. 13, 81, 331)

The Pan American Sanitary Bureau continued to serve the American republics by means of staff and services financed under the terms of the Pan American Sanitary Code. Only the work in which WHO assisted is reported here, but in these activities also the Pan American Sanitary Bureau gave technical advice and administrative assistance in the field.

The regional office not only served the countries within the region, but also gave assistance to many Member States outside the region, in particular
with regard to fellowships and supplies. For 1951, the WHO budget for fellowships in the region was $135,000. During the year, 82 fellowships were awarded, including 15 on behalf of UNICEF and 12 under technical assistance. Of this total, 66 were given to Latin American countries, 15 to the United States of America and one to Canada. The regional office also arranged programmes for a large number of Fellows who came from outside the region to study in the United States. Medical supplies and equipment required for WHO projects were procured for countries outside the Americas, as well as for countries in the region. To meet a shortage of insecticides, a survey was made of requirements in the Americas, and the results were submitted to the United States Government, which granted priority for the export of insecticides, without which it would have been impossible to continue programmes of insect control in some countries.

An important function of the regional office has been to supply the peoples of the Americas with information about WHO. Press releases were widely distributed. A series of five articles on PASB/WHO programmes appeared in the Sunday edition of the New York Times, and later in other newspapers as syndicated articles. Tape recordings were made for the United Nations Radio, the Voice of America, and local Washington stations. During the last seven months of the year, a tape recording in Spanish was prepared every week by the Washington office for the United Nations radio programme for Latin American countries entitled "For the Peoples' Health". Several exhibits were prepared, and material was furnished for others. The WHO Folder was translated into Spanish and Portuguese; 40,000 copies were printed in Spanish and 10,000 in Portuguese. Copies of the WHO Newsletter in English and Spanish were also distributed.

On the occasion of the celebration of World Health Day (7 April), information kits were distributed; statements by the Surgeon-General of the United States Public Health Service, the Director-General of WHO, the Regional Director of the Americas and the Secretary-General of the Pan American Sanitary Bureau were broadcast by short wave to Latin America and throughout the United States. Special programmes and ceremonies were held in Mexico City, in Lima, Peru, and in other places in the region.

As the regional centre for epidemiological statistics and information, the Regional Office for the Americas exchanged epidemiological information by telegraph with the stations in Geneva, Singapore and Manila, and continued to publish weekly and monthly epidemiological reports. Special notifications were sent to certain countries when outbreaks or epidemics occurred, such as those of influenza in Europe and of jungle yellow-fever in Brazil and in Costa Rica. In these cases, the office recommended suitable protective measures and, where necessary, discouraged special requirements, such as vaccination certificates, for international travellers.

During the height of the influenza epidemic in Europe, telegrams on the progress of the epidemic were sent twice a week to the health services in the region. Outbreaks or any unusual prevalence of the disease in the Americas were reported by telegraph to Geneva and to the World Influenza Centre in London. In response to many requests, information on prophylactic measures, with special reference to the value of the vaccine used, was prepared and distributed.

The office recommended that the following quarantine restrictions were unnecessary and should be withdrawn: (1) those against influenza imposed by various American countries on other American and European countries; (2) those against yellow fever imposed by Trinidad on Brazil and Venezuela and by Egypt, Cuba, Guatemala and Honduras on Costa Rica; (3) those against plague imposed by Cuba on Brazil and (4) those against poliomyelitis, by Cuba on Panama.

In accordance with the decision of the Directing Council of the Pan American Sanitary Organization, initial steps were taken to bring the Pan American Sanitary Code into conformity with the International Sanitary Regulations.

Health statistics relating to the countries in the region were compiled.

Informal meetings were held with representatives of other interested international organizations to discuss the possibility of establishing, under the technical assistance programme, a permanent training-centre for biostatistics in the School of Public Health of the University of Chile.

The Library supplied information to the field offices and to doctors and public-health workers in the Americas. The PASB Bulletin continued to be published monthly and special publications were issued during 1951. The report of the first session of the Expert Committee on Nursing was translated into Spanish in the regional office. In January 1951 the Pan American Sanitary Bureau arranged with headquarters to translate, prepare for publica-
tion and distribute in the region a Spanish edition of the *Chronicle of the World Health Organization*.

Towards the end of 1951 the regional office printed information on the evolution of the antismallpox vaccine, to be distributed among the countries collaborating in the campaign against smallpox. It was also publishing 10,000 copies of a second edition of the pamphlet on the control of communicable diseases for further distribution; a report in Spanish of the First Congress of Nurses in Costa Rica and the Second Congress in Peru, which will serve as an official record of the development of an inter-American nursing association; the Spanish translation of a pamphlet on “Safer Ways in Nursing,” endorsed by the joint tuberculosis nursing advisory service of the National Tuberculosis Association of the United States and of another on the “Basic Education of the Professional Nurse,” to be distributed to all schools of nursing in Latin America; a series of lectures in Spanish and Portuguese delivered at the Third International Seminar on Hospital Administration held in Rio de Janeiro and sponsored by the Pan American Sanitary Bureau; and the Portuguese translation of an official report for the United States Public Health Service on the control of communicable diseases. Spanish translations of the following reports of WHO expert committees were also published: the first session of the Expert Committee on Environmental Sanitation, the second session of the Expert Committee on Mental Health, the first session of the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel and the first session of the Expert Committee on School Health Services.

A regional adviser in environmental sanitation was added to the staff of the regional office in February. He visited Central America as well as Argentina, Brazil, Chile, Haiti, Mexico, Panama and Peru to give advice on environmental sanitation, to encourage the strengthening of national programmes in this work and to see how WHO might help under the technical assistance programme.

With a view to gathering information on existing sanitary facilities, which would enable the Organization to assess their adequacy as a basis for future programmes, WHO issued a questionnaire to sanitary engineers in national health-administrations. Preliminary information was received from Chile, Guatemala and the State of São Paulo, Brazil.

During the year an extensive programme in insect control was carried out with WHO assistance in British Honduras, Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua. A further programme in insect control in Peru and a malaria-control project in Haiti were being negotiated.

In 1951, basic agreements for technical assistance and other WHO programmes were signed with Bolivia, Ecuador, El Salvador, Honduras, Nicaragua, Panama, Paraguay and Venezuela. Similar agreements for WHO programmes were concluded in 1950 with Haiti and Peru. A number of project agreements were also signed.

Requests for health demonstration areas, to be established under the technical assistance programme, were received from Chile, Colombia, Ecuador, El Salvador, Haiti, Peru and Venezuela. An area in El Salvador was selected for the first health demonstration area in the region. The United Nations, ILO, FAO and UNESCO are participating in this programme which began in May when personnel were recruited. Surveys were also made in Chile, Haiti, and Peru; for these programmes WHO will supply personnel, supplies and fellowships.

The BCG campaign in Ecuador, which was taken over from the Joint Enterprise by WHO and UNICEF, was continued. Teams for carrying out similar programmes in Costa Rica, El Salvador, Jamaica and Peru were being trained in Ecuador during the year. BCG programmes were also being considered for Guatemala and Haiti, and a tuberculosis diagnostic laboratory in Chile was under negotiation.

An agreement to strengthen the Institute of Nutrition of Central America and Panama (INCAP) under technical assistance, so that it might become a training centre for the entire region, was signed by FAO, WHO and the Governments of Costa Rica, El Salvador, Guatemala, Honduras and Panama.
Activities by Individual Countries with Help from WHO

Work which was or is to be carried out with technical assistance funds is marked with an asterisk.

Argentina

A grant was made to the FAO/WHO Brucellosis Centre in Buenos Aires to help it pursue studies of special interest to WHO and FAO.

Bolivia

Bolivia and Peru are conducting nation-wide campaigns in typhus control. For these campaigns WHO is lending expert assistance and UNICEF will provide supplies and equipment. Staff and administrative arrangements were completed early in the year when a supervisor was provided, and the first quota of supplies was delivered; the campaign was started in May, when the areas bordering on Lake Titicaca were sprayed. It is proposed to apply DDT twice a year to persons and dwellings in the typhus endemic areas of the country. In the first three months of the campaign DDT was applied to some 17,000 persons, 68,000 pieces of clothing and 5,000 beds. This work is being carried on concurrently with an antismallpox campaign, in which some 10,300 persons were vaccinated during the same period.

WHO has continued to give technical advice on constructing, equipping and organizing a children’s hospital at La Paz for which UNICEF is providing equipment. Assistance was given to the architect who is planning the essential mechanical units of the hospital and a consultant gave advice on the personnel needed and an appropriate salary scale.*

WHO was also helping with plans for a project in fundamental and health education in Bolivia, in connexion with UNESCO.* For this purpose an expert from WHO and one from UNESCO visited the country during the year.

Brazil

WHO, together with UNICEF, has helped to operate a maternal and child health programme in Brazil, which provides for supplies and equipment for maternal and child health centres, advice on feeding, the training of midwives and child-care aides, and general health education in the four north-eastern States of Paraiba, Piauí, Ceará and Rio Grande do Norte. This programme began in 1951.* A consultant in maternal and child health, sent by WHO to review the programme, subsequently made recommendations on the future development of the programme and its extension to five other states in north-east Brazil.

With the help of a WHO adviser, technicians are being trained in the serology of syphilis at the Faculty of Hygiene and Public Health of the University of São Paulo, and the university has started to appoint necessary professional and auxiliary personnel to continue the project after the adviser completes her work. Equipment was purchased and personnel recruited for this programme, which began in August.

British Honduras

With the assistance of WHO and UNICEF, British Honduras has carried out an insect-control programme to fight malaria and to control yellow fever. Local staff has been trained by advisers from WHO and the Pan American Sanitary Bureau. The second cycle of spraying (with DDT emulsion) was completed during the year, and the third cycle was in progress. From January to the end of June, spraying was carried on in the six districts with the following results: inhabitants directly protected, 36,000; houses sprayed with DDT, 8,500; kilogrammes of 100% DDT used, 2,620; grammes of DDT per square metre, 2.05. This work was well received by the people.

Chile

A diphtheria-pertussis vaccination campaign, in which the Chilean Government has been assisted by WHO and UNICEF, began in the Province of Santiago at the end of 1950. Both medical and social welfare institutions in the country are taking part in this campaign, which aims at immunizing 40% of the children between three months and six years of age. During the year, all of the equipment and supplies provided by UNICEF for the manufacture of vaccine and the development of the programme arrived in Chile. The Michigan State Health Laboratories (United States of America), after testing the first mixed vaccine prepared in the Bacteriological Institute of Chile, reported that it was satisfactory for use in the campaign, and this vaccine has been supplied by the institute to the health services of the country. During an eight-month
During 1951 a preliminary survey was made in a rural section of the province of Concepción. The major health problems of this area—which is both agricultural and industrial—are: infant mortality, tuberculosis, and diseases caused by poor environmental sanitation, inadequate industrial health conditions and malnutrition. On the basis of the survey WHO will help to organize a health demonstration area in this country in 1952.*

Plans were made for work to be started on a project for the control of communicable diseases in the province of Santiago.*

The consultant who visited Chile at the end of 1950, to advise on the collection and disposal of garbage in the city of Santiago, submitted a report containing recommendations to the Government of Chile.

**Colombia**

At the end of the year Colombia was not yet a Member of WHO. WHO, however, has helped the Government in a nation-wide campaign of vaccination against diphtheria and pertussis. UNICEF has assisted with equipment, supplies and preparation of vaccines for the campaign, and WHO has provided a consultant, who has also been available to help with the work in Chile. In 1951, the Instituto Samper Martínez began to produce mixed vaccines. The first doses of the vaccine were administered in Cúcuta as early as September 1950, as described in the annual report for that year, when a WHO consultant was working with the Government. The campaign in this city was completed in August 1951, after 46% of the children between four months and six years of age had been immunized with three doses. It was later extended to the cities of Cali, Manizales, Cartagena and Barranquilla. In more than 100,000 doses, which were given during one year of the work in Colombia, there were no serious post-vaccinal reactions. An intensive campaign in the health education of the public is usually carried out before the project is begun in each city, so as to ensure the co-operation of the people concerned.

The birth-rate in Colombia is very high (30 per 1,000) and so also is mortality among mothers and children (the infant mortality rate is about 150 per 1,000 births). In the rural areas, where two-thirds of the births occur, there are no physicians, no trained midwives and no maternity beds. Most of the causes of death are preventable by known methods of control; besides deaths in pregnancy and childbirth, some of the other causes are diarrhoea, enteritis, pertussis, measles, tuberculosis and other communicable diseases. Child-health services are almost entirely limited to larger municipalities and only half the deaths of children are certified by a physician. The greatest need is for trained personnel. WHO, with UNICEF, has therefore started a programme for training midwives,* which aims at producing a number of highly trained nurse-midwives who will act as instructors and supervisors of practical midwives. A department of midwifery is to be established in the School of Public Health, and instructors for this department will be trained: in this way it is hoped to provide training for a large number of personnel in both rural and urban areas. For a further training programme for students at the national School of Public Health, WHO is supplying a medical officer and a nurse-midwife for one year or longer; three fellowships for local staff who will eventually replace the consultants are being provided.

A health demonstration programme requested by the Government is under consideration.*

A malaria and insect-control programme, which includes a campaign for the eradication of *Aedes aegypti*, is being organized by WHO and UNICEF.*

**Costa Rica**

In the insect-control programme conducted by the Government with the assistance of WHO and UNICEF, DDT spraying was carried out from January to the end of July (second cycle) as follows: communities sprayed with DDT, 1,000; houses sprayed, 22,000; inhabitants directly protected,
115,000; kilogrammes of 100% DDT used, 6,684; grammes of DDT per square metre, 2.35.

In April a study of the school of nursing attached to the San Juan de Dios Hospital in Costa Rica was made; the plans for WHO's assistance to that school were completed, and in July an international team of three nurses arrived in San José. The object of this four-year programme is to train public health as well as hospital nurses, since up to now public-health nursing has not been a part of the curriculum of nursing schools. Training courses for first-year students were started; selected hospital wards were prepared for clinical teaching, and the hospital authorities agreed to provide classroom space and utility rooms for each ward. To facilitate the reorganization of the school, the Government, by decree, abolished the teaching of midwifery as an essential part of the course for basic nursing, set up a special school committee with wide representation, provided additions to the resident hall for nurses and new quarters for the nursing arts laboratory, voted funds for constructing science laboratories, added two full-time nurses to the faculty and increased the space for the library and rooms in the school. Supplies and fellowships for this project were also provided.*

The architect who was appointed as consultant to the Government in 1950, to prepare preliminary drawings for buildings for cancer and maternity services in the San Juan de Dios Hospital, completed his work in 1951.

Experts from WHO and UNESCO have visited Costa Rica to plan assistance to this country in fundamental and health education.* This programme will be implemented in 1952.

Under the auspices of WHO and UNICEF, a mass vaccination campaign with BCG had been planned for 1952, in which it is expected that all the inhabitants of Costa Rica between the ages of one and thirty years will be tuberculin tested, and the negatives vaccinated with BCG. The team to carry out this campaign was trained in Ecuador.

During the year WHO provided a consultant who investigated the possibility of organizing a school of medicine in Costa Rica.

Cuba

For an insect-control programme, for which assistance from WHO and UNICEF was requested by the Government, a detailed plan of operations was prepared during the year. Consultants will be sent to assist with this project, which is to be part of a regional insect-control programme for Central America.*

Dominican Republic

An insect-control programme was being planned for the Dominican Republic, to be carried out with the help of WHO and UNICEF.*

Ecuador

The BCG-vaccination campaign, begun in July 1950 by the Government and the Joint Enterprise with the help of WHO's regional adviser in tuberculosis, was completed in July 1951. In this campaign 640,000 persons in the age-group 1-30 were examined and about 350,000 of them vaccinated. Not only did the number of persons examined and vaccinated reach the expected figure, but the 10 vaccinating teams that travelled about the country for a year started an intensive antituberculosis educational programme. Another result of this campaign was that the work carried out in co-operation with the radiographic research centres led to the discovery and treatment of many incipient cases of tuberculosis.

A tuberculosis control and teaching centre, set up in Ecuador with the help of WHO and UNICEF, began to operate in the latter part of the year.* WHO experts have assisted the authorities in drawing up a national and international project for training. The institute has a laboratory in which national and foreign personnel will be trained. Two bacteriologists from Ecuador who had finished their WHO fellowships at the Statens Seruminstitut in Copenhagen, will help with the bacteriological side of this project. The Government of Ecuador has offered a number of fellowships to enable students from other countries of the Americas to be trained in tuberculosis control in this institute.

The WHO team which has been carrying on an experimental programme for the control of syphilis by mass treatment with penicillin began operations at Portoviejo in January, and completed its work in April. In this programme, in which the Pan American Sanitary Bureau also co-operated, some 6,000 persons were treated with penicillin; a continuous follow-up was maintained to observe relapses and reinfections, and at the same time a mass serological survey was made for the evaluation of this work. The Ecuadorian authorities have asked WHO to extend this project and to enlarge the area to include the Manta district.* They also propose to set up a similar
project themselves in the Cayambe area. This programme will therefore probably be continued for two more years.

As Ecuador, like many other countries in the region, has a high maternal and infantile mortality rate, a programme to strengthen maternal and child health services and to train technical and auxiliary personnel was planned during the year. To help the Government with these plans, WHO appointed a medical and a nursing consultant for two months to survey the maternal and child health facilities in the country and to help draw up a programme for improving maternal and child health services within the general public-health administration. Further help will be given to the Government by WHO and UNICEF in 1952.

At the end of the year WHO was also planning the establishment of a health demonstration area in the province of Los Ríos.* The main health problems of this province, which is located in an agricultural region, are malaria, intestinal parasitosis and enteric infections.

A programme for controlling yellow fever and eradicating Aëdes aegypti, which was requested by the Government, was ready to be started.

El Salvador

The WHO consultant who went to El Salvador at the end of 1950 to obtain information on the possibility of setting up a health demonstration area completed his survey in 1951. Detailed plans of operation were worked out, and WHO has started to provide experts, equipment, supplies and fellowships. By the end of the year a chief medical officer, a sanitary engineer and a public-health nurse had started work. The area selected is in the valley of San Andrés, which has a population of 167,000 and is some 1,200 square kilometres in area. The main health problems are dysenteries and other gastrointestinal infections, pulmonary tuberculosis, malaria, malnutrition, infections of the respiratory tract and intestinal infestations. The aim of the programme is to improve not only public-health conditions but also agriculture, education and industry. It started in May when the personnel was recruited, and will probably be continued for five years.*

WHO's work in a tuberculosis project in El Salvador, which began in July 1950, was completed in San Miguel in February 1951, in San Vicente in September, and was about to be started in Sonsonate. In San Miguel, where work was carried on for about seven months, approximately 15,000 persons out of a population of 22,000 were examined. Radiographical examination revealed suspicious shadows in 574 persons; of these 512 were examined bacteriologically by using specimens of sputum or gastric lavage, and about two-thirds were found positive. In the BCG part of this campaign, which began late last year, more than 4,000 persons in San Miguel were vaccinated by the team. In San Miguel and San Vicente, physicians and nurses connected with the Department of Health were trained in modern techniques of tuberculosis control.

On 3 September 1951 the mass BCG-programme assisted by WHO and UNICEF was begun; during the first week 35,000 persons were tested and 18,000 vaccinated, most of them children of school age. The authorities have requested that this programme be continued through 1952, in order to make it an integral part of the health demonstration area described above. Work was also done during the year in improving maintenance of medical records, in training bacteriological laboratory technicians and in forming a national team which will carry on the programme in the health demonstration area.

In response to the offer from the Pan American Sanitary Bureau of emergency assistance when an earthquake occurred in El Salvador in May, the Ministry of Health said that antibiotics and water-purifying agents were urgently needed. The regional office sent by air 4,000 capsules of chloramphenicol and 4,000 capsules of aureomycin to treat victims of the disaster; 225 pounds of chlorinated lime were also sent to purify water and prevent epidemics which might break out as a result of the earthquake. The WHO team of medical and technical personnel for the tuberculosis demonstration area in El Salvador immediately made itself available for emergency work, and helped treat the injured in the San Miguel hospital.

In the insect-control programme being carried out by the Government with WHO and UNICEF assistance, the preliminary inspection covered 110 out of 260 counties in the country, and Aëdes aegypti were found in 70 of them. From January to the end of July, the DDT spraying was as follows: some 350 communities sprayed; 140,000 inhabitants and 57,000 houses directly protected; 29,000 kilogrammes of 100 % DDT (2.19 grammes per square metre) used.

The infant mortality rate in El Salvador—107 per 1,000—is relatively high. There are 289 doctors for a population of 2,000,000; however, 285 towns in the rural areas (with a combined population of 1,465,000) have no medical services whatever. Of approxi-
mately 80,000 annual births, only 5% are properly attended; 20% of the children are born prematurely, and there is no special service to deal with such cases. In 1951 UNICEF and WHO have given assistance to a programme for improving and increasing maternal and child health facilities, extending the health services to areas where there are none, increasing the number of deliveries in hospitals and attended by doctors and giving additional training to midwives.

Guatemala

The insect-control programme in Guatemala, which was started in July 1950 with the help of WHO and UNICEF, provided for spraying the whole endemic malaria area in the country with DDT. From 60% to 75% of the work planned was completed. Up to July, 94 communities were found by the preliminary inspection of the malaria endemic area to have Aedes aegypti also; 66 seemed to be free from it. From January to the end of July, the DDT spraying was as follows: communities sprayed, 1,500; inhabitants directly protected, 630,000; houses sprayed, 123,000; kilogrammes of DDT used, 38,000 (grammes per square metre, 2.27). All houses in malarious areas were sprayed with DDT at least twice. A reduction in the number of cases of malaria and an increase in the number of areas free from Aedes aegypti were reported. By the end of the year typhus was also practically under control. The Guatemalan Government has asked WHO for help in a project covering the development of nursing schools, public-health services and a "model health unit." The Government has asked for this insect-control campaign to be continued, and for this purpose two advisers and three sanitarians, who will also be available for similar activities in Central America and Panama, are being recruited.

The Government has asked WHO for help in a project covering the development of nursing schools, public-health services and a "model health unit." The model health unit will be located in Antigua and will serve the entire department of Sacatepequez.

Assistance was being given to the Institute of Nutrition of Central America and Panama, which is located in Guatemala, to enable it to become a training centre for the entire region.

Haiti

The programme for yaws eradication and the control of syphilis in rural areas, which had been started with the assistance of WHO, the Pan American Sanitary Bureau and UNICEF in July 1950, has been carried on in several large areas. By August 1951 543,000 persons had been treated: of these, 293,000 had shown clinical symptoms of these diseases. Over 1,200 communities were treated. The yaws cases under observation in Bainet from February to August numbered 12,800, of which some 1,800 were of infectious yaws (1,250 children, 550 adults) and 11,000 non-infectious (2,700 children, 8,300 adults). To date, no failures or reinfections have been seen. The consultant-serologist reported for duty in Haiti in March, and three local serologists have since been trained in the serology of treponemal diseases. In addition, three local Haitian doctors were working full time on the programme in order that trained local physicians might be available to continue the work in yaws control after the end of the campaign. A statistician from the Washington office has helped with this work, and a consultant was sent to evaluate the results. The Government has taken steps to train personnel and will eventually develop a national yaws service within its division of communicable diseases. WHO will continue its technical support of the programme throughout 1952 and probably 1953.

A WHO consultant in health education continued to work with the Ministry of Health in Haiti to strengthen its section on health education, to expand the services in the country and to advise on specific programmes. The Government has asked for two fellowships to enable it carry on the programme after the WHO consultant has been withdrawn.

WHO is collaborating with UNESCO in the fundamental education programme in the Marbial Valley and is providing two fellowships, one for a nurse, the other for a sanitarian, as well as medical supplies.

The regional adviser on environmental sanitation made a survey of the sanitation services in Haiti and made suggestions for strengthening the programme in environmental sanitation of the national health administration. WHO was also asked for assistance by the Government in establishing a health demonstration area in the district of Petit-Goave, which has a population of 100,000. The preliminary survey was completed in 1951, and a health unit will be established early in 1952 in the city of Petit-Goave. A public-health programme will be carried on there, with emphasis on environmental sanitation and the control of communicable diseases, particularly yaws, syphilis and tuberculosis.
Honduras

WHO and UNICEF have continued to assist the Government with its insect-control programme. Full co-operation has been received from many private organizations, communities and the local people. Morbidity and mortality from malaria showed a tendency to decrease. From January to the end of August, the extent of the DDT spraying was approximately: 160 communities sprayed; 200,000 inhabitants directly protected; 40,000 houses sprayed; 25,000 kilogrammes of 100% DDT used (2.14 grammes per square metre).

At the end of the year, plans were being made for a health education programme in Honduras.*

Jamaica

The mass BCG-vaccination campaign mentioned in the Annual Report of the Director-General for 1950 was started in September 1951. It includes a survey of tuberculosis by means of radiographical and bacteriological investigations. UNICEF furnished $106,000 worth of supplies and equipment and WHO provided training in Ecuador for a doctor and two nurses, and sent a BCG adviser for one month to supervise the programme.

The Government of Jamaica has asked for a radiographer and a bacteriologist to carry out a survey of this programme.

Mexico

WHO gave help to the Regional Centre of Fundamental Education for Latin America, * set up by the Government of Mexico and UNESCO in Patzcuaro, Mexico, which is also being supported by the Organization of American States. A consultant in health education has worked for this centre since April as a member of the staff. He has given training courses in health education, planned and supervised field work, and helped the director of the centre to integrate all aspects of health education with the general programme of training in fundamental education of the centre itself. In building up a selected stock of books for the centre the regional office tested and revised the teaching material provided by the centre and the Latin American Office for the Production of Materials for Fundamental Education, Washington.

A grant was made to the FAO/WHO Brucellosis Centre in Mexico City to help it pursue studies of special interest to WHO and FAO.

Plans were made to start an insect-control project in 1952.

Negotiations have been carried on with health and agricultural officials in Mexico concerning a project for producing avianized antirabies vaccine, with the assistance of WHO.*

A request has been made for a short-term project in nursing education which aims at training instructors in schools of nursing, and plans have been made for a four months' course, to start in January 1952.*

Nicaragua

WHO has planned to give technical advice on health education to Nicaragua, and at the end of the year a consultant was being recruited for this project.* Fellowships in health education were also provided.

In the insect-control programme that the Government has carried out with the assistance of WHO and UNICEF, the second DDT-spraying cycle was completed, as follows: communities sprayed, 2,000; houses sprayed, 115,000; inhabitants directly protected, 600,000; kilogrammes of 100% DDT used, 63,300 (grammes per square metre, 2.00). The third cycle, in which about 90% of the total number of houses (210,000) in the country will be sprayed, has started. During the period 1948 to 1950, many cases of malaria among children were reported to the clinics in Managua; during 1951, however, cases of malaria were reported only rarely. Fewer antimalarial drugs have been imported, as the amount sold has been much smaller than before DDT spraying. At the request of the Government, WHO and UNICEF have agreed to help extend this programme.

Panama

The Government of Panama has requested the co-operation of WHO and UNICEF in an insect-control programme. At the request of the Director of Public Health, the regional adviser on tuberculosis visited Panama to study a co-operative programme in tuberculosis control.

Paraguay

In 1951, a programme was started, with assistance from WHO, the Pan American Sanitary Bureau and UNICEF, to combat malaria and complete the eradication of Aedes aegypti. In this programme, sanitarians were trained; the Alto Paraguay and Alto Paraná River areas were inspected; a topographical study of the areas was made and the houses
manned. The houses were sprayed twice, and the population was treated with antimalarial drugs.

WHO has agreed to help organize a maternal and child health programme in the Asunción-Villarrica area, and an adviser and nursing consultant began to work on this project in September.* Because of the high mortality among mothers and children and the high incidence of communicable diseases in this area, it has been selected for this demonstration of maternal and child health care.

In this project, prenatal and postnatal services, and also assistance to mothers during childbirth, are being developed. To promote the health of, and to control communicable diseases in, children up to the age of 14, infant, pre-school and school health services have been developed. The ultimate aim of this programme is to integrate the maternal and child health services into the general public-health services through a network of health centres. The Organization will also provide fellowships, and UNICEF has furnished supplies.

Hookworm disease is an important social and economic, as well as a public-health, problem in Paraguay; it is estimated that 80% of the rural population is infected, and consequently its working capacity is greatly reduced. WHO has started to recruit five experts to help with this problem, and is providing material on health education, supplies for the demonstration of control methods, transportation, and material to construct latrines.* The urban-rural area of Asunción-Villarrica has been chosen for the activities of the team, which will concentrate on improving general health conditions, health education and the treatment of the sick.

Further help was given in setting up a demonstration project in the control of venereal diseases in the same area.* Between the two cities of Asunción and Villarrica are ten towns in which additional clinics for venereal-disease control will be established; health education of the public will be begun and local staff trained in the epidemiology, diagnosis and treatment of venereal diseases. The estimated population of this area is 400,000. A consultant and a public-health nurse are being sent to Paraguay, and some equipment has already arrived.

WHO also made detailed plans for helping with an improved programme in tuberculosis control and a rural demonstration scheme to combat tuberculosis.* This project will amplify the work in tuberculosis control in Asunción and will extend it into a number of larger rural communities. Personnel and fellowships will be provided. The programme will begin in early 1952 and will last for two years.

Peru

The campaign against typhus, which has been carried on with the help of WHO and UNICEF in the border areas of Bolivia and Peru, began in October in the El Cuzco area. A smallpox vaccination campaign was begun at the same time. This project has the same objectives as the campaign in Bolivia.

WHO and UNICEF plan to help with an integrated programme of general public-health services in the Lima-Pativilca-Huáraz area: those in maternal and child health, communicable diseases (including tuberculosis), health education and nutrition.* The nursing consultant at the Pan American Sanitary Bureau’s Zone Office, in Lima, briefed local nursing staff in the Lima-Pativilca-Huáraz projects and helped to draw up plans for training public-health nursing aides for those projects.

Work on the programme against communicable diseases, which also is part of the integrated programme of general public health, has been going on in the Lima-Pativilca-Huáraz area since September 1950. In this programme DDT was applied and immunization given against smallpox, diphtheria, pertussis and typhoid fever. Equipment was furnished by UNICEF. From the beginning of the programme to the end of February 1951, some 24,000 anti-smallpox vaccinations were administered; 11,000 persons and 3,000 dwellings directly protected with DDT; 670 children were given the first dose and 220 the second dose of combined diphtheria-pertussis vaccine. During March, some 3,500 first vaccinations were administered and 1,800 persons revaccinated. 1,500 dwellings and 5,000 persons were directly protected with DDT. At the same time, vaccinations were given against diphtheria and pertussis. A survey of the public services bearing on health was begun as a basis for future work in the area. It was noted that the reporting of cases of infectious diseases had improved.

WHO is also helping to organize Peru’s medical record libraries which are administered by the Social Security Administration and the Department of Social Welfare.*

For a public-health demonstration programme in the province of Callao, near Lima, the Government has requested assistance from WHO and UNICEF.* The plan of operations for this project calls for a
A comprehensive health programme with special emphasis on maternal and child health, the control of communicable diseases (venereal diseases and tuberculosis), environmental sanitation, school hygiene and health education of the public.

A demonstration programme in tuberculosis control will be started early in 1952 with the help of WHO and UNICEF.

The Government has asked WHO for help in establishing a health demonstration area in the province of Chiclayo.* The preliminary survey of this area was completed in 1951 and a public-health programme will be begun there in 1952.

**Trinidad**

At the request of the Government, WHO and the Pan American Sanitary Bureau gave technical advice on a mental health programme and helped to draw up preliminary plans for the proposed additions to the mental hospital in Port of Spain. The programme was prepared and discussed with the authorities concerned.

BCG vaccination will be started in 1952, under the auspices of WHO and UNICEF. A team from Trinidad is being trained in Jamaica.

**United States of America**

In 1951 the FAO/WHO Brucellosis Centre in Minneapolis, Minnesota, was engaged in research of international importance.

The International Treponematoses Laboratory Center, at the Johns Hopkins School of Hygiene and Public Health, continued its work.

The United States of America participated in the Q-fever survey being carried on by WHO, and continued to provide the Organization with a large number of experts.

**Venezuela**

The Government requested assistance from WHO in establishing a health demonstration area in the Tuy valley.* This valley, with an area of 3,039 square kilometres and a population of about 80,000, is predominantly agricultural. The principal health problems of the area are infantile diarrhoea and enteritis, intestinal parasitosis, water-borne diseases, bilharziasis and nutritional deficiencies. After a preliminary survey, the project will start in 1952 when a health unit to work on the problems mentioned above will be established.

A consultant helped the Government of Venezuela carry out a survey to determine the nature and extent of bovine tuberculosis in the country. Another consultant gave technical advice on measures necessary for the control of a rabies epidemic in the city of Caracas.

To prepare them for work in anti-venereal-disease projects in their own country, two doctors from Paraguay received training at the Venereal Disease Serology Laboratory and Training Centre in Caracas.
Although this chapter is mainly a description of the Organization's field operations in South-East Asia, it includes a reference to the changes in the organization of the regional office as a result of the rapid increase in the number of programmes since its establishment in January 1949. Whereas in 1949 there were 11 field programmes and a field staff of about 25, the 1952 programme provides for 74 projects, with a field staff of 227, and some 144 fellowships. Since many of these projects have as their purpose the raising of the level of economic development in the region, they are carried out with technical assistance funds, which have enabled the regional office to help governments with many health projects. However, the limitations on the use to which these funds may be put, especially with regard to medical supplies and equipment, give rise to some difficulties in planning.

As a result of regionalization and the expansion of the field programmes, the Regional Committee's responsibility for guiding the staff engaged on the programmes has greatly increased. In 1950, when the Regional Committee was still being formed, the regional office originated most of the proposals for programmes, but in 1951, the proposals for the 1952 and 1953 programmes emanated largely from the Regional Committee and the governments represented on it.

The Regional Committee held its fourth session in Rangoon, Burma, from 20 to 25 September. It was attended by representatives of the six Member States in the region and the two Members responsible for the international relations of territories in the region. Representatives of the Economic Commission for Asia and the Far East (ECAFE), FAO, UNICEF, and observers from the three missions of the Economic Co-operation Administration (ECA), working in the region, were also present.

The committee examined and approved the programme and budget for 1952 and for 1953, and discussed the 1951 report of the Regional Director. It noted the progress made in developing the activities of the Organization, and reviewed the work of the regional office. It recommended that the limitation on the use of technical assistance funds, mentioned above, should be removed, since it led to difficulties in providing essential supplies and equipment for projects in the region. It placed particular stress on the necessity for continuing for a number of years the programmes at present in operation, for providing health services as a basis for various health programmes and for establishing at least one model demonstration and training centre in a rural area in each country. Other subjects discussed were technical assistance programmes and their co-ordination, quarantine measures, the form of the annual reports from Member States, fellowships, and population problems.

After the session, representatives of countries in South-East Asia and the Western Pacific attended a three-day conference on BCG, organized by WHO and UNICEF, at which mass campaigns were planned in detail.

The structure of the regional office remains as approved by the Executive Board at its seventh session and although it can be readily adjusted, if necessary, to cover any expansion of programmes, it should remain unchanged for some time. Among the changes made to the original structure was the establishment, under the Assistant Regional Director, of an office of public-health services, staffed by three public-health advisers in addition to the seven regional advisers. The purpose of the office is to secure better integration of field programmes into the public-health programmes for each country. Another change was the creation of a personnel unit in the office of administration and finance.

The number of international staff in the regional office has been increased by one only since July 1950; on the other hand, the number of staff in the field has been growing steadily and, on 1 July 1951, was 60, or 40 more than in the same month of the
previous year. The WHO Staff Rules were applied to all locally recruited staff at the beginning of the year, and a new post-classification scheme and salary scale were prepared and put into force in April.

By the end of 1951 many requests under technical assistance had been received. Five basic agreements had been signed for technical assistance and other WHO programmes—with Afghanistan, Burma, Ceylon, Indonesia and Thailand—and a large number of project agreements had been signed. Of over 40 projects requested under technical assistance, 10 were in operation, 30 were being prepared and two were withdrawn. The requests covered a wide range of public-health subjects, including the provision of public-health advisers and teachers for national institutions; a tuberculosis demonstration project; the development of a health demonstration area; the services of consultants in industrial hygiene, nursing, physiotherapy and population studies; and help in the local manufacture of antibiotics and insecticides.

Collaboration with the United Nations and with other specialized agencies has become even closer during the year. Particularly close collaboration was maintained with the regional office of UNICEF on matters pertaining to maternal and child health, the control of communicable diseases, and the production of penicillin and DDT. In co-operation with FAO, work was carried out on nutrition, malaria control and food production; with UNESCO, on fundamental education; with the United Nations Statistical Office, on a regional course in vital statistics; and with the Economic Commission for Asia and the Far East on DDT supplies. There has also been more co-operation with agencies outside the United Nations. Towards the end of the year the Colombo Plan authorities agreed to consider requests for equipment and supplies for WHO programmes.
General Review of Work in the Region

The most urgent needs of the region are to control malaria, tuberculosis and venereal diseases; to reorganize and foster maternal and child health services; to train personnel, particularly nurses; and to strengthen the existing medical and paramedical institutions. The greater part of the work done in the region has been devoted to meeting these needs but attention has also been given to cholera, leprosy and filariasis and a small beginning has been made with the difficult but important subject of nutrition.

Malaria is still the most important public-health problem in South-East Asia. During the year WHO continued to support six projects designed to demonstrate methods of malaria control and to train local personnel, and started two new ones. In India, two were completed and handed over to the Government; three others, in India, Afghanistan and Thailand, were in operation; one in Terai, United Provinces, India, was expanded into a joint project with FAO. The demonstrations have covered areas of nearly 6,000 square miles populated by one million persons. New projects are being set up in Burma and Indonesia.

These projects have aroused in all the countries of the region a keen desire to undertake large projects in malaria control, and in Afghanistan and Thailand the Governments themselves, with technical guidance from WHO, have taken up and extended the work, bringing additional areas under control. With help from WHO control measures could be spread to the whole of the two countries in a few years. The necessary WHO guidance will continue in Afghanistan, but the Government of Thailand has not agreed to such continuance.

In India national institutions have already shown that malaria can be brought under control by DDT spraying on a large scale and, stimulated by the success of the four WHO/UNICEF demonstration projects, the country now seems ready for a really big effort: the Government’s proposals for a five-year programme have received the active support of the Indian Planning Commission, which should guarantee adequate budget provision.

Two new projects for malaria control have been started in Burma and Indonesia respectively and, in Ceylon, where an effective organization for malaria control already exists, the Government, with the help of WHO, is planning to establish an institute for the control of insect-borne diseases. WHO is thus helping to control malaria in each of the six Member countries in the region.

To carry out malaria-control work effectively, however, it is essential that at least part of the required insecticides should be produced locally. To this end, plans have been made for WHO and UNICEF to aid the Governments of India and Ceylon to establish plants for the manufacture of DDT. These plants should be producing in 1954. In the interim, UNICEF has offered to provide, free of cost, one ton of DDT against each ton supplied by the governments in the region over and above their previous average annual consumption.

Reliable morbidity and mortality statistics for tuberculosis in the region are not available, but there is reason to believe that in some of the larger centres of population, the mortality exceeds 300 deaths per 100,000 of the population. The problem is broadly the same in each country and is characterized by a large amount of infection, less in the rural than in urban areas, where it is accentuated by bad environmental conditions, grossly insufficient hospital beds for the tuberculous, and a dearth of trained medical and nursing staff. By helping governments to establish demonstration and training centres and carry out BCG-vaccination campaigns, WHO has endeavoured to provide them with a practical means of dealing with the problem of tuberculosis. The centres provide facilities for the diagnosis, control and prevention of tuberculosis, and for training local staff in BCG vaccination and other antituberculosis work. So far as equipment and team work are concerned, the centres are models of their kind and it is hoped that their success will stimulate national health-authorities to provide additional centres as a means for the control of tuberculosis and the reduction of infection.

On 1 July, WHO and UNICEF assumed responsibility for the BCG-vaccination campaigns in India and Ceylon, started by the Joint Enterprise (the combination of UNICEF and the Scandinavian group of countries in mass BCG-campaigns). The experience gained in India has been found useful
in planning BCG campaigns for other countries in the region. The BCG conference, held after the meeting of the Regional Committee, gave a further impetus to the planning of other campaigns. By permitting an exchange of views on the special problems of BCG-vaccination campaigns in the South-East Asia and Western Pacific Regions and the pooling of experience gained in the course of such campaigns it helped to determine suitable methods for campaigns in other countries.

WHO's work in India, Indonesia and Thailand on the mass control of treponemal diseases has confirmed the original estimates of the prevalence of these diseases. Out of over half a million people examined during the first half of the year in Indonesia and Thailand, about 140,000 cases of yaws were discovered and treated. In these two countries the programmes are being extended, but great efforts will be needed before effective control can be established. One of the major obstacles to the success of this work is the scarcity of supplies. In one programme alone, over 90,000 cc. of penicillin were used and this fell far short of the total needs of the country. To ease this difficulty it is proposed to establish a penicillin factory in the region and also to produce supplies of the newer diagnostic antigens. For the latter project, equipment has already been ordered and production should start early in 1952. In the laboratory, valuable contributions have been made to the studies on the behaviour of the newer antigens in the tropics.

To pave the way for mass campaigns against venereal diseases and to evolve standardized techniques for the large-scale diagnosis of syphilis suited to the conditions of work in South-East Asia, a three-day regional serology conference was held at the regional office in November. Serologists and other specialists from Burma, Ceylon, India, Indonesia, Thailand and the French Settlements in India attended this conference, which recommended the reorganization of methods and the adoption of newer, simplified tests which may ultimately be accepted as standard in all countries of the region.

Another major obstacle to the programmes for the control of venereal disease and treponematoses is the scarcity of trained staff, and WHO has helped to remedy this deficiency by training personnel and supporting teaching institutions. The programmes inaugurated in Burma, Ceylon and Indonesia are associated with such institutions and provide training for all classes of health workers. In India, the centre at Simla, where the WHO demonstration team continued its work, has served as a training centre for the whole region.

Study of conditions in South-East Asia has revealed the need for both non-institutional and institutional services for mothers and children and for increased attention to child care. It has been found that in many so-called “child welfare” centres, doctors spend their time examining expectant mothers and leave the babies to the care of health visitors, most of whom have no experience in paediatrics. In the overcrowded waiting rooms of hospital out-patient departments, babies and children in all stages of disease, many of whom have been brought from great distances, are crowded together with adults. Hospital accommodation for children is inadequate and as yet follow-up work has been little developed. Greater attention needs to be given to the training of doctors and nurses in paediatrics and to the organization of services for the care of children. During the year, some progress was made in this respect in Burma, Ceylon, Afghanistan and in India, where four WHO teams in maternal and child health and nursing, for most of which UNICEF provided supplies, were at work. In India, the maternal and child health department of the All-India Institute of Hygiene and Public Health in Calcutta is to be strengthened and will become a training centre of regional importance. Help was also given to the Government of Indonesia to develop its maternal and child health services, and in Thailand, the Government, with aid from WHO and UNICEF, was setting up a rural demonstration centre. As a result of these efforts, national authorities are focusing their attention on paediatrics and the training of personnel for this work. Many of the States have advisers in maternal and child health in the national health services; the care of children in hospitals is being taken more seriously, and it is understood that, in India, the Medical Council is considering a regulation which would oblige medical students to spend at least six weeks with paediatric units. None the less, there is still too little connexion between curative medicine and the hospital on the one hand and preventive medicine and welfare centres on the other,
although in some places, ways of overcoming this difficulty have been explored. The importance of obtaining the co-operation of parents and of teaching them child care in the home has still to be recognized.

In accordance with recommendations made at the third session of the Regional Committee, the Technical Assistance Board has been urged to give favourable consideration to requests from countries in the region for assistance in improving environmental sanitation; national health-administrations have been encouraged to establish sections on public-health engineering, and the possibilities of initiating small pilot projects on environmental sanitation in rural areas have been explored. Consultants from WHO have helped with public-health engineering in Thailand and with sanitation problems in Afghanistan, and have helped to develop training courses in both countries. WHO also assisted the All-India Institute of Hygiene and Public Health in Calcutta by supplying teaching materials for its department of public-health engineering, and, in most countries of the region, sanitary inspectors were being trained, in some cases, as part of the work of the WHO teams. The Regional Committee recommended that public-health advisers should be assigned to the Governments of Afghanistan, Burma, Indonesia and Thailand. One is already in Burma and another will shortly take up duty in Afghanistan, where a consultant has already advised on sanitation problems and training courses. With the Governments of Indonesia and Thailand agreement has not yet been reached.

In the course of work on nutrition in the region, surveys have been carried out, programmes developed and technical services provided to laboratories. Consultants, dietitians and nutritionists were assigned to Ceylon, India, Indonesia, and Thailand and a three-and-a-half-month course on nutrition, organized on the lines recommended by the Joint FAO/WHO Expert Committee on Nutrition, was held in Calcutta, with India as the host country. For this course, WHO and FAO provided visiting lecturers and teaching and laboratory materials and awarded 25 fellowships for trainees. WHO and FAO also collaborated in the joint project for controlling malaria and increasing food production in the Terai area of India.

As yet, health education of the public has been little developed in the South-East Asia Region. However, as WHO demonstration and training projects come into full operation, health education programmes will be initiated and the people for whom they are intended will be encouraged to continue them. Trained staff are scarce, but a health educator has been recruited by WHO for a fundamental education project to be carried out by UNESCO in Ceylon. Requests have also been received for assistance in similar joint projects in Ceylon and Indonesia. An expert from headquarters made a rapid survey of the possibilities of stimulating health education in the countries of this region during the year.

Nursing and the training of nurses have formed a part of almost every teaching and demonstration programme in the region. The nurses provided by WHO for this work have usually been nursing tutors, who have taught in selected schools of nursing, and public-health nurses, who have been attached to teaching institutions, urban and rural clinics and field teams. They have done much to promote health work in poorly developed areas and improve nursing services. Assistance in nursing education was, in particular, given to several nursing schools in Afghanistan, Burma and Ceylon and in nursing schools, hospitals, medical colleges and demonstration projects in India and Thailand. The difficulty which some governments have had in providing matching teams to understudy the international personnel has focused attention on the need to expand and improve basic training for nurses. In 1951, short-term training and refresher courses in specialized branches of nursing have proved of value and have stimulated interest in nursing education. Training centres for midwives, health visitors and "dhais" (traditional midwives) have been conducted and in selected areas staff education programmes have been developed. From September, a three months' course in tuberculosis nursing was given in Delhi and one for sister tutors in Rangoon. WHO provided fellowships for both these courses.
In rural areas, the interest of the villagers and their cooperation in school health and health education programmes have been most encouraging.

It has become increasingly apparent that the ultimate success of many of WHO's projects in this region depends on the development of the nursing side of the work, particularly in such projects as the promotion of maternal and child health and the control of tuberculosis, malaria and venereal diseases, where a link with the home is most important.

The scarcity of trained staff for health services has underlined the importance of education and training as a means of strengthening these services and, therefore, special attention has been paid to training in almost every WHO project. A survey of undergraduate medical education in Afghanistan was made during the year and a professor of epidemiology and social medicine was appointed to that country. Fellowships were given to India to enable teachers to be trained at medical colleges, and teaching staff for Indian medical schools was also recruited. Two regional courses began in September, one in Calcutta on nutrition and the other in Ceylon on vital and health statistics. This latter course, which was sponsored by the Government of Ceylon and the United Nations Statistical Office, was given by a consultant, who, in accordance with a resolution of the Regional Committee, also made a survey of the methods used to collect vital and health statistics in the region.

As recommended by the Regional Committee, information was collected on the possibility of helping institutes within the region to train medical assistants. Further information is being collected.

Medical literature and teaching equipment were provided to the different countries of the region during the year. Forty fellowships were awarded under the regular budget and 55 under technical assistance, and 27 were administered on behalf of UNICEF.

Epidemiological and vital statistical reports were received regularly from Member countries in the region, from Geneva and from the Epidemiological Intelligence Station at Singapore and the regional offices at Alexandria and Washington. Telegraphic notifications of the incidence of epidemic diseases and on quarantine restrictions were also received from Geneva and Singapore. The information obtained from these records was sorted and tabulated.

On 19 and 20 November the first session of the WHO Expert Committee on Cholera was held at the regional office in New Delhi, immediately following a joint three-day meeting with the Cholera Advisory Committee of the Indian Council of Medical Research. After attending the session, one of the experts, Professor Subrahmanyan, was killed in an aeroplane crash on his return to Calcutta and it is with deep regret that his death is recorded here.

The problem of over-population and its effect on employment, food production and living standards in the region was first discussed by the Regional Committee at its third session, at which action with other international agencies, particularly for the collection of demographic data, was recommended. It was again considered by the committee at its fourth session, when a paper prepared by the Regional Director was presented. There seems to be a general desire in the region to tackle this problem; the Governments of India and Ceylon have asked WHO for technical advice on the health aspects, and a pilot project in family planning, for which a WHO consultant started preliminary investigations at the end of 1951, should provide a valuable basis for future work in the region.

**Activities by Individual Governments with Help from WHO**

*Work which was or is to be carried out with technical assistance funds is marked with an asterisk.*

**Afghanistan**

The malaria-control team, consisting of three WHO experts and appropriate national personnel, which commenced operations in May 1950, has continued its work in the Kunduz district. The area of 175 square miles with a population of 45,000, originally covered by the team, has been expanded to 610 square miles with a population of 120,000. The Government took advantage of the opportunities for training national workers which this project offered and has
continued the work of the WHO team in the Leghman and Phulekumri areas. It is also considering the extension of control measures, along the lines recommended by WHO, to other hyperendemic parts of the country (Jalalabad, Wazir, Serobi, Khost, Nijrab, Ghor, Baglan, and Kabul and its surroundings). Towards the end of the year, it asked WHO for help for a malaria-control project in an urban area.

Five medical officers and one entomologist received training in malariology outside the region, and four senior and eight malaria inspectors as well as 22 insect collectors have been trained locally. A good start has thus been made in laying the foundations for an antimalaria organization and a malaria institute. Adequate financial provision has been made for this programme.

During the malaria off-season the team also helped the Government to conduct an antityphus campaign in Kabul and Khandahar, where typhus epidemics occurred every year. Delousing with insecticides was organized by the malariologist and the sanitary engineer. The Government sent local staff as understudies, asking WHO, and later UNICEF, for help in procuring supplies for the project. Since these operations were carried out, only two cases of typhus have been reported in either of these two towns. Both were in Kabul and both were found to have been imported. This success has aroused much enthusiasm and has led to an increased demand from the people for similar campaigns in other areas.

The team also started to train sanitary inspectors, insect collectors and malaria inspectors during the winter months and the Government has asked for the sanitary engineer to be retained till the end of 1952 so that he may continue this work. A course in health-education was begun at the teachers’ training centre.

WHO provided a public-health adviser * to help the Government survey its medical and public-health needs and determine how to organize a more adequate public-health service. This survey will enable the Government to make the best possible use of any additional funds that may be forthcoming from outside agencies.

In 1950, with help from WHO and UNICEF which provided a team of three experts, the Government inaugurated a pilot project to promote maternal and child health and to control venereal diseases. In 1951, the programme was expanded under technical assistance and two more nurses were recruited. It is planned, in 1952, that a staff of nine will be working in Kabul on this project. The team also trained midwives and established a teaching programme at the training school for women nurses.

Two WHO experts made a survey of the medical training facilities in the country and made recommendations for improving them. The Organization also recruited two international male nurse instructors for the male nurses’ school and provided a professor of epidemiology and social medicine for the Faculty of Medicine in Kabul. In addition to his academic work, he will take part in the teaching programme and establish a department of hygiene and social medicine and a field training-centre for undergraduates.

Medical literature was sent to Afghanistan and four fellowships were awarded in 1951.

Burma

WHO’s work in Burma did not begin until 1951 and, in view of the disturbed conditions prevailing in the country, much of the work has been carried out in urban areas. It has centred round improving maternal and child health work, establishing adequate nursing services and controlling communicable diseases, in particular, malaria, tuberculosis and venereal diseases.

Mortality among infants and children is high and there is a lack of facilities for training doctors and nurses in paediatrics. Accordingly, plans for a project * to provide training and improve services for maternal and child health and nursing were the subject of consultations in 1950 in which the Government, UNICEF and WHO took part. A project was inaugurated in 1951 when a WHO team of a paediatrician, five nurse-educators and four public-health nurses started work in Rangoon and Mandalay. The cost of two members of the team was borne by UNICEF, which also provided equipment and supplies for maternal and child health centres and maternity wards.

Eight fellowships were awarded to nurses from outside Rangoon to enable them to attend a three-
months course of nurse-educators which began in September at the Rangoon General Hospital. The course was conducted with the assistance of the WHO nurse-educators mentioned above. Plans have also been made to assign further nurse-educators to the nursing schools of two selected hospitals in other parts of the country. Work on this project had started at the end of the year.

The maternal and child health programme was linked with work on the control of venereal diseases among women and children and for this part of the project a venereologist, a serologist and a public-health nurse were provided and were working in the field by the end of the year. UNICEF has furnished supplies and equipment and it is expected that the Government will provide additional national staff. Two short-term fellowships in venereal diseases were provided in 1951.

Malaria is the country's chief public-health problem. It is estimated that out of a population of 17 millions, about 5 million cases occur annually. From 6,000 to 10,000 deaths from it are registered every year. WHO has provided a demonstration team in malaria control, consisting of a malariologist, an entomologist, a sanitarian, a public-health nurse and some auxiliary personnel.* Equipment and supplies were furnished by the Government through bilateral assistance. The preliminary survey, which was delayed owing to disturbed conditions, was started in October in the neighbourhood of Lashio. Three fellowships in malaria were awarded, two for one month's study in Thailand and one, in entomology, for one year's study outside the region.

Various international and other agencies have been asked for help in rebuilding the health services of Burma which were disrupted by the war. WHO has provided an expert in public-health administration * who, since August, has been advising the Government on the planning, development and co-ordination of its health services and on ways of improving the training of medical and para-medicinal personnel.

A tuberculosis demonstration and training centre * was set up in Rangoon. It is manned by an international team, consisting of a senior adviser, an epidemiologist, a laboratory technician and a radiographer, and has been in operation since May. Equipment and supplies were provided by UNICEF. The work has progressed well and towards the end of the year a BCG team, asked for by the Government, also started work.

Surveys of various population groups are being made by means of tuberculin tests and mass radiography. The BCG team was paid for by UNICEF and a mobile apparatus for mass radiography was being sent by WHO under technical assistance. Provision was also made for a lecturer on tuberculosis * who will also act as adviser to the Government. He will help organize the academic teaching on tuberculosis in the country, and make recommendations for improving it by collaboration, for example, with the tuberculosis demonstration and training centre in Rangoon. He will also try to organize a diploma course in tuberculous diseases. Medical literature and teaching equipment for this project will be provided.

In the latter part of the year, a consultant provided by WHO made a survey of leprosy in the country. He will make recommendations to the Government. Further assistance from WHO will be based on his findings.

Medical literature was provided. Five fellowships were awarded under the technical assistance programme, and one fellowship under the regular budget.

Ceylon

In Ceylon the national health service is comparatively well organized and well staffed, but the Government requires help with some special problems. During the year, the aid given to Ceylon by WHO was aimed at improving the training of nurses, hospital and institutional diets, tuberculosis services and measures for the control of malaria and venereal diseases.

As the country is seriously short of fully-trained nurses, one nurse to teach paediatrics and two to teach midwifery were posted to Colombo, where, since May, they have been assisting with various training activities. At the end of the year a second paediatric nurse was also appointed. Though
prospects are favourable, progress has been slow, because the Government has found it difficult to obtain adequate matching personnel and basic equipment. As another part of this project, WHO and UNICEF have helped to strengthen Colombo's school of nursing and in November a nurse was sent to this school to draw up a balanced teaching programme and to correlate the teaching in the lecture room with that in the hospital ward.

A second nurses' training school * was established at Kandy, with the help of WHO, and was opened in October. Funds for the school were provided under the technical assistance programme, and WHO has recruited a principal and two nurse educators. The necessary teaching equipment will also be supplied by WHO. In 1951, four UNICEF fellowships administered by WHO were awarded to enable nurses to study in the United Kingdom.

The Government also asked for a hospital dietitian to survey hospital and institutional diets and to train auxiliary personnel in dietetics. This expert started work in September.

National teams in tuberculosis, which were trained by the BCG team sent by the Joint Enterprise in 1950, have continued the campaign against tuberculosis. The Government asked WHO and UNICEF to help further by providing additional personnel to strengthen this programme and to expand it to a full demonstration and training project. Accordingly, WHO appointed a radiographer at the end of June, and sent a mobile mass-radiography unit and laboratory equipment. By the end of the year, mass radiography was being provided and a temporary laboratory had been opened at the Welisara Sanatorium. The second stage of the project will be postponed until a new laboratory and larger clinic have been provided by the Government.

Ceylon has dealt with malaria by means of a country-wide DDT spraying programme, which it has carried on successfully for several years without international assistance. Malaria is no longer a serious problem but is still a potential danger for the country. The Government, therefore, has asked for assistance in improving facilities at a training centre for the control of insect-borne diseases at Kuranegala, and WHO has provided * the necessary equipment and supplies, and an entomologist, who will work there for two years.

A plan for the establishment of a DDT plant jointly with the Government has been approved. UNICEF will give $250,000 worth of equipment and supplies for this project, and WHO will supply four international experts for three years.* Preliminary work on the plant will soon be started.

A venereologist, a serologist and a nurse, as well as equipment and supplies, were provided for a demonstration project in venereal-disease control in Colombo. This team arrived in July and started work at the General Hospital. Its programme will later be incorporated into the city's existing services for controlling venereal diseases, and it is expected that two new centres, staffed by trained national teams, will be set up in the provinces in 1952.

At the request of the Government, it was decided to establish a health demonstration area * in Ceylon. After a consultant had made a preliminary survey, an area with a population of about 60,000 was selected for this demonstration, which will be begun as soon as working arrangements with the Government have been completed. At the end of the year some equipment and supplies had been ordered, and negotiations started for the recruitment of staff.

The Government also requested two experts to study and make recommendations for improving the financial and administrative procedures of its department of medical and sanitary services. This project will be organized by the United Nations.

A health educator * has been recruited by WHO to take part in the UNESCO fundamental education project in Ceylon, since health education forms an important part of the UNESCO project.

A WHO consultant on leprosy was sent to Ceylon for two months and made a detailed survey, as a result of which, the Government has asked WHO for a team in 1952.

As recommended by the Regional Committee, a three months' course in vital and health statistics was started in Nuwara Eliya in September. It was sponsored by the Government of Ceylon, WHO and the United Nations Statistical Office. Ceylon acted as host country. Twenty-eight fellowships were awarded to students from Ceylon and other parts of the region to attend this course ; * five Fellows were accepted from countries outside the region.

Medical literature was sent to Ceylon. Two fellowships were awarded under WHO's regular
programme, and ten under technical assistance; four were administered on behalf of UNICEF.

India

The major part of WHO’s work in India during the period covered by this report has been devoted to the control of malaria, tuberculosis and venereal diseases, the improvement of maternal and child health services and the strengthening of medical education. WHO has been operating demonstration projects in these fields for about two and a half years, and sufficient experience has been gained to allow of some assessment of their value. This experience indicates that India will not need any more demonstrations in malaria: the experienced staff is there, and the problem is only to ensure that the Government uses it. WHO has therefore concentrated on helping the Government to produce badly needed supplies of insecticides which will enable it to extend malaria control throughout the country with its own resources. In maternal and child health there is a great lack of higher grade supervisory staff, and WHO has therefore concentrated recently on helping to establish training programmes. National support for the demonstration project for the control of venereal diseases, which has been in operation for over two years, has been slow in developing and the Organization’s efforts have been redirected towards training staff and helping to set up satellite laboratories in the Indian States. There seems to be substantial scope for demonstrations in tuberculosis control, and four big projects have been initiated. The difficulties of obtaining local staff and facilities are gradually being overcome.

This experience, then, suggests that much of WHO’s effort in India should be devoted to strengthening medical and para-medical institutions and establishing local training programmes and refresher courses. In 1951, therefore, teaching staff has been provided for medical institutions, courses have been given, and personnel trained. WHO, along with UNICEF, is also giving substantial help to the Government in setting up plants for the local manufacture of penicillin and DDT.

Malaria Team No. 1 — Terai (Uttar Pradesh)

The demonstration team in malaria control, which began operations in Terai in May 1949 with a WHO malarialogist and public-health nurse, had, after two years’ operations, covered an area of 1,500 square miles with a population of 110,000. Originally the spleen rate there had ranged from 50% to 80%, and the parasite rate from 40% to 80%. A survey made in January 1951 revealed a marked reduction in the spleen rate; the infant parasite rate was nil. An analysis of the results in nine of the villages (361 children) showed a decrease of over 50% in the spleen rate and of 30% in the average spleen size (compared with those obtained in 1950). No vectors were found in the villages that had been sprayed. The success of this demonstration has made it possible for the Government to develop a big colonization scheme in this fertile, but hitherto undeveloped, area. As a result, food supplies have increased. On the basis of the work of this team, a FAO/WHO joint project * to control malaria and increase food production is now being undertaken in this area. The project will cover 1,730 square miles and a population of 145,000. Community schemes for the improvement of maternal and child health, nutrition, and for work on the water supply, waste disposal and drainage will also be stimulated.

Malaria Team No. 2 — Jeypore Hills (Orissa)

During its first year, the WHO team in Orissa—a malarialogist and public-health nurse—which started work in May 1949 covered an area of 340 square miles with a population of 61,000; in the second year the area was extended to 664 square miles with a population of 120,000. The spleen rate in this area was originally 90% to 95%; but at the end of the second year there had been a reduction of 15% to 20%; the average enlarged spleen rate had been reduced by about 30%, and a 50% reduction in parasite rates among children aged two to nine was also noted. The morbidity rate, which had varied between 18 and 20 per 1,000 people in 1950, fell to 1.5 to 3.75 per 1,000—at the close of the operations. Entomological observations showed that a dose of 200 milligrammes of DDT per square foot gave satisfactory vector control for about ten months. The cost per head of the control measures, as worked
out in the interim report, was eight annas (about 10 US cents) per year. The international staff was withdrawn in May 1951, and it is hoped that the Government of Orissa will not only carry on the programme, but expand it.

Malaria Team No. 3 — Malnad (Mysore)

The Malnad team, which was in the field in June 1949, with a malaria engineer and public-health nurse, covered in its first year an area of 488 square miles with a population of about 49,000. Before the spraying, the spleen index in this area was about 38%, and in the check area (unsprayed), 36%. After the first year there was a decrease to 19% in the demonstration area and in the check area, to 24%. The parasite rate among infants, which before the spraying was 4.6%, dropped to zero after the first spraying; in the control area it remained at 3.4%. In the second year the area covered was 1,600 square miles with a population of 120,000. At the close of this year the spleen rate in the demonstration area varied from 11% to 13%; in the untreated areas it increased slightly. Of 1,067 blood smears from infants born after the spraying, not one was found to be positive. Morbidity data, recorded as clinically diagnosed malaria, also revealed a substantial reduction in the incidence of the disease. As a side effect of the DDT spraying, there was a drop in the incidence of plague. A programme of school health education was also built up, and roadside clinics, particularly popular with the villagers, were established. The team also carried out an intensive teaching and training programme, in which the people and the national Government co-operated. The international staff was withdrawn in May, and the Government made satisfactory arrangements for continuing the work. The team received active local co-operation.

Malaria Team No. 4 — Ernad (Madras)

In Ernad, Madras State, a WHO team of a malarialogist and public-health nurse began work in December 1949. During 1950 the team covered 93 square miles with a population of 52,502. Among the population the spleen rate had been above 43%; at the end of 1950 it had been reduced to 18%, while in the control area it ranged between 45% and 53%. In 1951 the area was increased to 803 square miles, and about 115,000 people were protected. There was a significant reduction in the morbidity figures, from 1,450 in June 1949 to 425 in June 1951. The State government which used the facilities available for training local staff and co-operated fully with the team, took over the work at the end of the year when the international staff was withdrawn.

In maternal and child health WHO has assisted the Government in two areas, one urban, the other rural, which have served for demonstrating modern techniques and also as training areas. The maternal and child health team, composed of a paediatrician and public-health nurse, which had started work in the rural area of Najafgarh, near Delhi, in 1950, has continued its operations, with supplies and equipment provided by UNICEF. Although its work has progressed very slowly, it has greatly improved maternal and child health services in this area. This team has also helped in teaching programmes and provided the Delhi College of Nursing and the Lady Reading Health Visitors’ School with a field for rural practice. Its work is now being extended to the urban area in Delhi, where it will strengthen the city’s present maternal and child health services. Another paediatrician and a paediatric nurse have worked in the Irwin Hospital in Delhi and have helped to develop a paediatric department and the paediatric training of nurses from Delhi and other parts of India. A new paediatric ward to this hospital has been built by the Indian Government and is being operated with equipment supplied by UNICEF. The team in Delhi is also helping the Indian Government to set up an improved maternal and child health experience field and to show the relationships between the work in this field on the one hand and that of the paediatric department of the Irwin Hospital and the Lady Hardinge Medical College (where medical students are being trained) on the other.

With the help of UNICEF an up-to-date department of maternal and child health has been developed at the All-India Institute of Hygiene and Public Health in Calcutta. Students from India and the neighbouring countries in the region will be trained there. UNICEF is also supplying equipment for 100 maternal and child health centres in India and for
paediatric teaching centres in Bombay, Delhi, Madras, Patna and Vellore.

To deal with the shortage of nurses, a nursing project was established at the Medical College Hospital in Calcutta with an international staff of four. It is also hoped to post a paediatric nurse to the nurses’ training school in Madras. Further training and refresher courses will be developed.

With the help of WHO and UNICEF, the Government is establishing three large demonstration areas for tuberculosis control and training, in Delhi, Trivandrum and Patna. Those in Delhi and Trivandrum commenced operations and training programmes were started during the year. The buildings for the Patna centre were not completed, but the equipment was received, and arrangements were made for the members of the local team to be trained at the centre in Delhi.

In 1951 WHO and UNICEF took over the responsibility for assisting the BCG-vaccination campaign in India, which was formerly directed by the Joint Enterprise. They helped the Government to continue and extend the mass campaigns already started in Uttar Pradesh, Punjab and Madhya Bharat.

The demonstration project in the control of venereal diseases which was begun in Simla (Himachal Pradesh) in 1949 continued its activities, with one venereologist, one serologist, a nurse and a health educator. In addition to making surveys and giving treatment, the team organized courses for training venereologists, serologists and auxiliary personnel. At the end of the year the international staff was withdrawn, and the work was transferred to the national health-administration.

The experience gained at this centre has shown the need for establishing a network of venereal-disease training centres, and as a first step the training activities which had been carried out at Simla were transferred to the Government General Hospital in Madras. WHO recruited staff in October to help strengthen the venereal disease department of that hospital.

Equipment for the production of cardiolipin antigen in Calcutta was procured by UNICEF. WHO will give general technical advice and will provide a fellowship for a biochemist,* who will later help with the production of this antigen, which is used in the serodiagnosis of syphilis.

In co-operation with the Government of India WHO and FAO conducted a regional course in nutrition* at Calcutta. It started in September and lasted three months. It aimed to provide basic training in the principles of nutrition and their application to the countries of the region. Both medical and non-medical trainees took part in this course.

The Government availed itself of the services of a WHO consultant in mental health during the last three months of the year to help it draw up a plan for developing the mental hospital at Bangalore into an All-India Research and Teaching Institute in Psychiatry.

As mentioned above, the Government of India has requested WHO’s services in establishing a DDT factory and a penicillin plant.* WHO will provide technical staff to design these units and bring them into operation, and to help train national personnel. For both of these projects UNICEF will provide imported equipment.

In order to assist the Government of India with medical education,* WHO is recruiting a principal for the Medical College in Trivandrum and a professor of pharmacology for the School of Tropical Medicine in Calcutta.

A consultant was recruited, at the request of the Government, to advise on the setting up of a pilot experiment in the use of the “rhythm” method of population control. After completing his work in the middle of December, he went to Ceylon to conduct similar studies there.

Sixteen fellowships were awarded to India under the regular programme, and 25 under technical assistance. Ten were administered on behalf of UNICEF. Medical literature was provided.

India, French Settlements in

At the request of the French Government, WHO sent equipment and supplies to the value of US $1,500 to the leprosy laboratory at Pondicherry. This laboratory is being used to train leprosy workers.

One fellowship was awarded to the French Settlements in India under the regular programme.

India, Portuguese

To assist and strengthen the public-health services in Portuguese India, four fellowships were awarded
During the year, in malaria, tuberculosis, maternal and child health and public health, and one other was awarded under technical assistance.

**Indonesia**

A medical nutritionist and a biochemist are being provided by WHO in response to a request from the Government, which wishes to continue and extend the activities of the Nutrition Institute at Djakarta.

To control malaria, which is a serious problem in Indonesia, a plan of operations was developed by WHO and the Government to set up a demonstration team in the Tjilatjap area in mid-Java with a training centre for local personnel. WHO will provide four international experts for two years and the Government will contribute supplies, equipment and local staff. The team will help develop a national malaria control service. The malariologist and entomologist were in the field at the end of the year.

There is an urgent need for better services in child health. The infant and child mortality and morbidity in the country are exceedingly high. The hospitals are over-crowded, under-staffed and ill-equipped. It is therefore essential to train staff to undertake preventive and curative paediatrics in the children's clinics. UNICEF has contributed by equipping maternal and child health clinics and hospitals and by sending supplies of drugs and dried milk; WHO is providing advisers, who will arrive early in 1952, in social paediatrics and in public-health nursing. Fellowships for study, outside the region, in maternal and child health were awarded to four Indonesians, two of whom completed their studies during the year. In July, ten Indonesian doctors and nurse-midwives visited Singapore and Penang on a short study-tour.

A large treponematoses-control programme which was started in Indonesia in 1950, with the help of UNICEF—which provided almost one million dollars' worth of supplies—has been continued throughout 1951. Over 160 male “mantris” (health inspectors) out of a total of about 800 in the country are taking part. The programme covers the three main sections of the Island of Java; and will later be extended to Sumatra and Borneo. It was hoped that by the beginning of 1952 there would be 28 national teams at work. Up to the end of August, areas with a total population of 1,465,781 people had been covered. Out of 951,338 people examined, 154,522 cases of yaws were diagnosed. The Government has helped to operate and expand this programme, for which WHO has provided an adviser and a serologist. A biostatistician will soon be sent to assess the data so far obtained and give guidance on the extension of the programme.

Finally, a plan of operations for a demonstration and control project in tuberculosis, including BCG vaccination, was worked out for Indonesia on the lines of the projects in Burma, India and Thailand. WHO will provide an adviser, public-health nurse, one BCG adviser and two BCG nurses for this project, which will begin in 1952 and be carried on with technical assistance funds. The BCG work, however, will be financed by UNICEF. Medical literature was sent and 18 fellowships awarded to Indonesia, including four under technical assistance and eleven given by UNICEF.

**Thailand**

From various international organizations and bilateral agencies Thailand has obtained a large amount of assistance in developing its health and other services. WHO has helped mainly with the control of malaria, yaws and venereal diseases, and with the reorganization of nursing and maternal and child health services.

In August 1949, WHO initiated a malaria-control demonstration project at Chiengmai. UNICEF furnished equipment and supplies. During the first year, a population of about 40,000 was protected by DDT indoor residual spraying. The team, which at first consisted of a malariologist, an entomologist and auxiliary personnel, was later joined by a public-health nurse and a sanitarian. It made epidemiological and entomological surveys of the Serapee district before starting control measures. In 1951 these operations were successfully extended to the surrounding districts of Chiengmai, and covered an area of 1,270 square miles with a population of 188,000. The control operations have
been reported as being very effective. In many villages the spraying squads, who were much appreciated, not only received the voluntary help of the local people but were provided with mid-day meals. From people in adjacent areas which had not been sprayed, petitions were received asking for the work to be extended to these districts. This will be done by a team of national workers who have been given intensive training in control work. While the trained national staff could maintain the programme so far developed, an international team would be required to guide and supervise the proposed nation-wide campaign, to be supported by a malaria institute. Unfortunately the Government has not agreed to the retention of the WHO staff, and it is feared that the initial advantage may not be fully exploited.

During 1951 provision was made for WHO to help with a maternal and child health and nursing programme* in Bangkok. For this project WHO agreed to provide a paediatrician, a nurse consultant, a midwifery adviser, a public-health nurse and a sanitarian; UNICEF will send supplies and equipment. By the end of the year the paediatrician had started work, and the rest of the staff was being recruited. The nurse consultant will be attached to the Ministry of Health and will work with the national nursing adviser who will eventually take over this work. At present, the national nursing adviser is on a WHO fellowship. Five other fellowships were also provided in connexion with this project. Provision was also made for a nurse* to advise on the school health aspects of the teachers' training programme being conducted by UNESCO. UNICEF supplied laboratory and clinical equipment for work in venereal-disease control at the Bangkok Hospital, which is part of the maternal and child health programme.

A further training and demonstration programme in maternal and child health and nursing* was set up in the Chiengmai area, with equipment and supplies from UNICEF. The public-health nurse with the WHO malaria team already in the country and a public-health adviser started on this project in the autumn. In December, it was planned to set up a rural health demonstration unit by expanding the maternal and child health and nursing programme by adding a public-health nurse and sanitarian, by providing equipment and supplies and awarding two fellowships.

Early in October, work was started on establishing a demonstration and training centre in tuberculosis* in Bangkok. For this centre an adviser, a public-health nurse, an epidemiologist, a bacteriologist and a radiographer and laboratory technician were provided. Equipment and supplies were sent by UNICEF.

The treponematoses-control project* which was established in 1950 at Rajburi was continued in 1951, and the work was extended to other parts of the country. The team, consisting of a venereologist, a serologist and a public health nurse, is training 80 sanitary inspectors; three groups of these inspectors completed their courses during the year and were stationed in the field. Nine doctors also trained with the team. By July, areas with a population of 180,000 had been covered; 120,213 people had been examined, and over 21,000 cases of yaws diagnosed and treated. One fellowship in serology was awarded for this project, for which UNICEF provided the supplies.

WHO is taking steps to recruit a sanitary engineer who will help organize the teaching of sanitary engineers and inspectors in Thailand and plan a demonstration area in environmental sanitation,* which is to be set up near Bangkok. Meanwhile, the regional adviser in environmental sanitation has helped with this work. The services of a further sanitarian were used in the maternal and child health project in Bangkok, mentioned above, and a fellowship was given to a sanitary engineer for training at the All-India Institute of Hygiene and Public Health in Calcutta.

A survey in mental health was conducted in Thailand during the year by a consultant from headquarters.

With the help of FAO and WHO, nutrition surveys were started as a guide for plans to develop a nutrition programme for the country. Thailand sent five Fellows to the regional training-course in nutrition* in Calcutta.
A consultant in filariasis with two assistants made a three months' survey during the year. Further WHO assistance in combating this disease will be based on their findings and recommendations.

To study the system of collecting vital statistics, the consultant who made a survey in several countries in the region was sent to Thailand during the year. Four fellowships were awarded to send students to the regional course in vital and health statistics held in Ceylon.*

Altogether, Thailand was awarded 21 fellowships in 1951, of which 10 were financed under technical assistance and two were administered on behalf of UNICEF.
A street scene in the walled village of Kan Tin, Formosa, and (right) a woman rowing the sampan which is her home. It is against such conditions and among such peoples that the Regional Office for the Western Pacific is working.

Thai personnel, trained by UNICEF/WHO experts, are carrying out a campaign against yaws. Here they are seen in a clinic set up in the Buddhist temple at Wat Plaeng (Thailand).

A mother watches her child being examined at the UNICEF/WHO rural demonstration and training centre at Quezon City, Philippines.
An Indian village woman with her children waiting to be examined at a local clinic manned by a WHO team.

In the course of their field training, student nurses give treatment for minor ailments and injuries.

One of the students of the Delhi College of Nursing teaching school children about health.

Student nurses teaching the husband, whose wife is blind, how to care for the baby.

Children practising what they have learned.
At the Irwin Hospital, New Delhi, nurses trained by a WHO paediatric team supervise constructive play in the open air.

A WHO paediatric nurse, teaching local nurses in the children’s ward at the Irwin Hospital.
CHAPTER 14

EUROPEAN REGION

The Special Office for Europe, which was established at headquarters in Geneva on 1 January 1949, with the authorization of the First Health Assembly, has administered the European programmes of the Organization during the past two years with a very small staff. As 1951 approached, it became clear that the rather rapid expansion of programmes, particularly of those involving more than one country in the region, would make it necessary not only to strengthen the staff of the office but also to set up machinery for group consultation with Member Governments in the region.

In May 1951 WHO convened an ad hoc session of a European Consultative Committee, which laid down the principles on which the work of WHO in Europe over a four-year period should be based. No time was then available to bring the programme already under way or the plans already made into conformity with these principles, but during the ensuing few months a detailed draft programme was prepared to serve as a basis for discussion at a further meeting in the autumn, and submitted to Member Governments for comment.

On 3 September this consultative committee, at its second meeting, decided, by a majority of the Member States, to establish a regional organization for Europe. The committee then reconvened immediately as the first session of the Regional Committee for Europe, nominated a regional director and recommended to the Executive Board that the regional office should be situated for the time being at headquarters in Geneva. On 4 and 5 September, the Regional Committee examined the 1952 programme in detail, studied the principles on which the 1953 programme should be based and the staff required to carry out these programmes. It decided to hold the second session of the Regional Committee in September 1952.

Although the formal establishment of the European Region has solved many problems that arose from the temporary nature of the Special Office for Europe, it has not greatly affected the staffing pattern of the office. The status of some officers was changed, but no other staffing changes, apart from those which would have been necessary in any case in 1952 seemed to be required. Of course, many economies in staffing have resulted from the proximity of the regional office to headquarters and as long as the office remains in Geneva, there will probably continue to be opportunities for experiments in the staffing pattern.

Although during 1949, 1950 and the year now under review, WHO programmes in Europe have been mainly devoted to education and training, they have, nevertheless, included a great variety of other subjects. In 1951 work was done on malaria and insect control, tuberculosis, venereal diseases, other communicable diseases, the zoonoses, public health (including vital and health statistics), environmental sanitation, nursing, social and occupational health, health education of the public, maternal and child health, mental health, nutrition, and penicillin production. Such a variety of activities is inevitable in a region such as Europe, which is technically highly developed, and, as a consequence, it raises some important staffing problems. The experience of 1951 indicates, however, that with the full and appropriate use of staff at headquarters, it is possible to implement WHO programmes in the European Region with the following classes of technical staff: (1) short-term experts, to advise governments on specific problems and to undertake lectures (experts in this group, who normally hold professorial or other teaching positions in their own countries and have a high international status, are usually not available, nor required for, long periods, and it would be difficult to maintain continuity of the work with such staff but for the willingness of some experts to accept repeated short-term assignments with WHO during the months of university vacations and over a period of several years); (2) regional consultants, to prepare and carry through a regional activity, such as a symposium or a training course (these experts, also necessarily of high academic status, may have assignments of up to two years—as technical advisers to pilot studies of long duration, for example—but more usually are employed for from three to six months) and (3) regional health officers, to administer a variety of specific programmes, to co-ordinate health work and to follow up specific activities, i.e., regional symposia or visits of experts, in order to check the development of sporadic and unrelated parts of individual programmes (there has been a good deal of experiment

1 According to decisions of the First and Second World Health Assemblies (Off. Rec. World Hith Org. 13, 80; 21, 53), the region comprises the whole of Europe, except for Turkey.
with this type of adviser, but experience suggests that in Europe a young officer with public-health training can exercise technical responsibility for several types of work if he has the co-operation of short-term experts, regional consultants and headquarters). The Regional Committee carefully considered the type of regional health officer required and recommended that not more than four such officers should be recruited for the present. By the end of the year, two had been appointed. In addition, two regional health officers were engaged, one for technical assistance, the other for UNICEF programmes.

The Regular WHO Programme in Europe

The Annual Reports for 1949 and 1950 showed a steady trend towards activities designed for several
or all of the countries in the European Region. This
trend continued to develop during 1951, and a point
has now been reached where, except for individual
fellowship awards, nearly all the regular work in the
region can be reported under " inter-country pro-
grammes ", which experience has shown best serve
the needs of the region. It may also be expected that
some of them—for example, group training in new
techniques or studies of health patterns and practices
—may have results which will be valuable, or at least
interesting, to those who plan health programmes
for other regions of the world. The increasing
tendency of the Organization to use the highly
developed services of Europe for pilot studies and
demonstrations is perhaps the most important
development to record for 1951.

European countries have also taken part in several
international research projects and surveys being
conducted by headquarters. For example, in 1951
the Q-fever survey was extended to Denmark,
Finland, France, Italy, Norway, Spain, Sweden,
Switzerland, the United Kingdom and Yugoslavia.
Brucellosis centres in Denmark, France and the
United Kingdom continued to work as part of the
network established by FAO and WHO, and advice
in brucellosis was given to Italy. The work of the
Tuberculosis Research Office in Copenhagen is
described in chapter 4.

Inter-Country Programmes

Inter-country programmes have become a regular
feature of WHO's work in Europe. Sometimes they
are planned for the region as a whole; sometimes
they deal with problems of particular interest to a
group of countries, for example, those in northern
Europe.

These programmes fall into four main groups:
regional commissions, such as the inter-governmental
commission set up to control venereal diseases
amongst boatmen and their families along the Rhine;
special studies, for example, the pilot study of the
type of health visitor most suited for the health and
welfare needs of the family being carried out in
France and the United Kingdom; group-training
courses, such as the tuberculosis course in Scandi-
navia, the training course in malaria control in
Lisbon and the teaching seminar on alcoholism;
and studies combined with training. The Rotterdam
port project, where maritime problems in the control
of venereal diseases are studied and the findings
applied in training courses, and the seminar of
sanitary engineers in Rome, which provided training
opportunities for junior staff who attended as
observers, are examples of the last group.

All these types of programme have been directed
towards professional education or have clear impli-
cations for that subject. A practical attempt has
been made in Europe to develop programmes which
primarily co-ordinate health policies on common
problems and facilitate the exchange of experience
among the participating Member States. A summary
of inter-country programmes in Europe is set out
in Table I.

In some of these inter-country programmes the
financial contribution of WHO is relatively small and
is confined to a payment towards the cost of prepara-
tory meetings. In others, the costs are shared between
the host government and WHO. So far there has
been no case in which the total cost has been borne
by WHO. Another interesting point is that inter-
country programmes of this kind not only encourage
cooperation between countries, but are also particu-
larly suitable for co-operation between inter-
national organizations.

Wherever possible, the inter-country programmes
have been so designed as to ensure the development
of an activity over a period of years. This is not
always apparent in a report on one year's work.
For example, the Roffey Park training course on
human relations in industry mentioned in this report
was the direct result of the visits paid to the Scandi-
navian countries in 1950 by a WHO consultant in
the psychiatric aspects of industrial medicine. This
course will in turn influence the work on co-operative
training in industrial hygiene in Helsinki, planned for
1952. Another kind of work whose continuity is not
apparent from the table is that, for example, of a
short-term consultant in nursing, who concentrated
wholly on maintaining contact with some of the
teams of public-health nurses who had taken part in
the nurses’ working conference in the Netherlands
in 1950. Similarly, work has been done in preparation
for new programmes in 1952 and later years but is not
recorded in the tabular statement. For example,
after a preliminary conference in Geneva with the
representatives of the Scandinavian countries, a
member of the headquarters staff visited those
countries and, with a representative of the Rocke-
feller Foundation, took part in a subsequent con-
ference in Sweden on the establishment of an all-
Scandinavian school of public health.
### TABLE I. — INTER-COUNTRY PROGRAMMES IN EUROPE

<table>
<thead>
<tr>
<th>Description of Programme</th>
<th>Duration</th>
<th>Government(s) principally concerned</th>
<th>Other Participating Countries</th>
<th>Regional Fellowships</th>
<th>Participating Agencies and Role of Regional Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholism</td>
<td>2 weeks</td>
<td>Denmark</td>
<td>Austria, Belgium, Finland, France, Germany, Norway, Sweden</td>
<td>29</td>
<td>University of Copenhagen, headquarters, United Nations and the regional office which provided a consultant</td>
</tr>
<tr>
<td>Allergy †</td>
<td>2 days</td>
<td>Switzerland</td>
<td>Denmark, Finland, France, Norway, Spain, Sweden</td>
<td>10</td>
<td>Swiss Academy of Medical Sciences in connexion with the International Congress of Allergists at Zurich</td>
</tr>
<tr>
<td>Anaesthesiology</td>
<td>12 months</td>
<td>Denmark</td>
<td>Austria, Finland, France, Greece, Norway, Sweden, Switzerland, Yugoslavia</td>
<td>10</td>
<td>University of Copenhagen and the regional office, which provided outside lecturers and some teaching equipment</td>
</tr>
<tr>
<td>Antibiotics †</td>
<td>12 months</td>
<td>Italy</td>
<td>Finland, Netherlands</td>
<td>2</td>
<td>Headquarters</td>
</tr>
<tr>
<td>Child Health †</td>
<td>10 days</td>
<td>France</td>
<td>Austria, Finland, Sweden</td>
<td>3</td>
<td>International Children's Centre</td>
</tr>
<tr>
<td>Environmental Sanitation</td>
<td>1 week</td>
<td>Italy</td>
<td>Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Netherlands, Norway, Portugal, Sweden, Switzerland, United Kingdom, Yugoslavia</td>
<td>32</td>
<td>Rockefeller Foundation, headquarters, and the regional office, which provided a consultant</td>
</tr>
<tr>
<td>Handicapped Children †</td>
<td>6 months</td>
<td>France, Greece, Italy</td>
<td>Portugal, Switzerland</td>
<td>3</td>
<td>International Children's Centre</td>
</tr>
<tr>
<td>(a) a training course for medical auxiliaries</td>
<td>2 months</td>
<td>France</td>
<td>Switzerland</td>
<td>1</td>
<td>International Children's Centre</td>
</tr>
<tr>
<td>(b) a course for physicians</td>
<td></td>
<td>France</td>
<td>Switzerland</td>
<td>1</td>
<td>United Nations and UNICEF</td>
</tr>
<tr>
<td>(c) An orientation course for country teams composed of medical and social welfare workers; held in London</td>
<td>2 months</td>
<td>United Kingdom</td>
<td>Austria, Finland, France, Greece, Italy, Yugoslavia</td>
<td>15</td>
<td>United Nations and UNICEF</td>
</tr>
</tbody>
</table>

† Although these European group-training centres offer training facilities for other regions, only European fellowships are recorded in above table.
<table>
<thead>
<tr>
<th>Description of Programme</th>
<th>Duration</th>
<th>Government(s) principally concerned</th>
<th>Other Participating Countries</th>
<th>Regional Fellowships</th>
<th>Participating Agencies and Role of Regional Office</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Visitors</strong></td>
<td>2 years</td>
<td>France, United Kingdom</td>
<td></td>
<td></td>
<td>Rockefeller Foundation and the regional office which provided the technical adviser and the services for the technical advisory committee</td>
</tr>
<tr>
<td>A pilot study to determine the kind of worker best suited to meet family health and welfare needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Human Relations in Industry</strong></td>
<td>1 week</td>
<td>United Kingdom</td>
<td>Denmark, Norway, Finland, Sweden</td>
<td>12</td>
<td>Roffey Park Institute, International Labour Organisation and the regional office, which provided a lecturer</td>
</tr>
<tr>
<td>A special course for Scandinavian industrial medical officers, executives, works managers and personnel managers; held at Horsham, Surrey</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Malaria †</strong></td>
<td>10 weeks</td>
<td>Portugal, Belgium, France, Greece, Spain</td>
<td></td>
<td>5</td>
<td>Headquarters and the regional office, which provided a lecturer</td>
</tr>
<tr>
<td>A training course, combining laboratory and field work; held at Lisbon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medico-socio-psychological Examination of Offenders †</strong></td>
<td>2 weeks</td>
<td>Belgium, Austria, Netherlands, Denmark, Poland, France, Portugal, Sweden, Switzerland, Japan, United Kingdom</td>
<td></td>
<td>16</td>
<td>United Nations, headquarters and the regional office, which provided 5 discussion leaders</td>
</tr>
<tr>
<td>A group-training seminar for country teams composed of psychiatrists, magistrates, penal administrators and social workers; held at Brussels</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td>6 weeks</td>
<td>Denmark, Finland, France, Germany, Norway, Sweden, United Kingdom</td>
<td></td>
<td></td>
<td>Regional office provided the visiting expert who lectured and conducted group discussions in seven countries. He also participated in the Seminar on Alcohol Studies, Copenhagen</td>
</tr>
<tr>
<td>Group discussions with particular reference to behaviour and neurosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Paediatrics</strong></td>
<td>3 weeks</td>
<td>Switzerland, Austria, Belgium, Denmark, Finland</td>
<td></td>
<td>12</td>
<td>International Paediatric Association and the Medical Faculty of the University of Zurich</td>
</tr>
<tr>
<td>A postgraduate training course in child psychology, child psychiatry, paediatrics and general medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public Health Administration</strong></td>
<td>6 weeks</td>
<td>Belgium, Sweden, Denmark, Finland, France, Germany, Greece, Iceland, Italy, Netherlands</td>
<td></td>
<td>16</td>
<td>Headquarters and the regional office, which provided a consultant</td>
</tr>
<tr>
<td>A study of certain aspects of public-health administration in Europe for senior health officers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description of Programme</td>
<td>Duration</td>
<td>Government(s) principally concerned</td>
<td>Other Participating Countries</td>
<td>Regional Fellowships</td>
<td>Participating Agencies and Role of Regional Office</td>
</tr>
<tr>
<td>--------------------------</td>
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<td>-----------------------------</td>
<td>---------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td><strong>Public Health</strong></td>
<td>1 day</td>
<td>France</td>
<td></td>
<td></td>
<td>Held during the French Congress of Hygiene and sponsored by the Provisional Committee of the International Union of Hygiene and Preventive Medicine. The regional office provided some discussion leaders</td>
</tr>
<tr>
<td>A conference on the training of public-health officers</td>
<td>1 day</td>
<td>France</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Statistical Codes †</strong></td>
<td>1 week</td>
<td>Switzerland</td>
<td>Austria, Belgium, Denmark, Finland, France, Greece, Iceland, Ireland, Italy, Netherlands, Switzerland, Sweden, United Kingdom, Yugoslavia</td>
<td>20</td>
<td>Headquarters and the regional office, which provided a lecturer</td>
</tr>
<tr>
<td>A training course with particular reference to the application of the International Statistical Classification of Diseases, Injuries and Causes of Death</td>
<td>1 week</td>
<td>Switzerland</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Social Paediatrics †</strong></td>
<td>4 months</td>
<td>France</td>
<td>Finland, Portugal, Yugoslavia</td>
<td>5</td>
<td>International Children’s Centre</td>
</tr>
<tr>
<td><strong>Thoracic Surgery</strong></td>
<td>6 weeks</td>
<td>Netherlands</td>
<td>Belgium, Denmark, France</td>
<td>7</td>
<td>University of Groningen</td>
</tr>
<tr>
<td>A systematic course on the theoretical and practical aspects of chest surgery; held at Groningen</td>
<td>6 weeks</td>
<td>Netherlands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tuberculosis †</strong></td>
<td>3 months</td>
<td>Denmark, Norway, Sweden</td>
<td>France, Germany, Spain</td>
<td>4</td>
<td>Headquarters</td>
</tr>
<tr>
<td>A basic course in tuberculosis control centred round the services in Sweden</td>
<td>3 months</td>
<td>Denmark, Norway, Sweden</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vaccination against Communicable Diseases †</strong></td>
<td>2 months</td>
<td>France, Finland, Italy, Netherlands</td>
<td></td>
<td>7</td>
<td>International Children’s Centre</td>
</tr>
<tr>
<td>An intergovernmental commission established to regulate venereal diseases among the Rhine River boatmen and their families</td>
<td>2 months</td>
<td>France, Finland, Italy, Netherlands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Venereal Diseases</strong></td>
<td>3 years</td>
<td>Belgium, France, Germany, Netherlands, Switzerland</td>
<td></td>
<td></td>
<td>Headquarters, International Anti-Venereal-Disease Commission of the Rhine, and the regional office, which provided the services for the meetings and initial supplies of information folders and treatment cards</td>
</tr>
<tr>
<td><strong>Venereal Diseases (Maritime) †</strong></td>
<td>3 years</td>
<td>Netherlands</td>
<td></td>
<td></td>
<td>Headquarters and the regional office, which provided a medical officer, some outside experts and lecturers, and teaching equipment</td>
</tr>
<tr>
<td>A demonstration and training centre dealing with the special problems of venereal disease among seafarers, situated in the Port of Rotterdam</td>
<td>3 years</td>
<td>Netherlands</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

† Although these European group-training centres offer training facilities for other regions, only European fellowships are recorded in above table.
Fellowship Programme

The fellowship programme in Europe is WHO's most important means of assisting the national health administrations of particular countries. Normally about one-third of the regular budget of the European Region is devoted to it. During 1951, 296 fellowships were awarded under the regular programme. WHO administered relatively few fellowships (18) on behalf of UNICEF, and only four fellowships were awarded under technical assistance, although in future the number will doubtless increase.

It may be useful to examine the fellowship programme in the year under review, particularly with regard to the fields of study. In the period of the Interim Commission and the years immediately after the establishment of the permanent Organization, the pattern of the fellowship programme in Europe undoubtedly reflected the high postwar incidence of communicable diseases (including tuberculosis and venereal diseases) and—owing to the disruption by the war of the free exchange of information—the need for acquainting the senior teaching staffs of medical training institutions in many countries with recent scientific developments. The Annual Report of the Director-General for 1950 shows that fellowships awarded for the study of communicable diseases and the basic and clinical medical sciences heavily outnumbered those in all other subjects. Table I on page 104 of fellowships awarded in Europe in 1951 tells a different story. It shows a marked shift towards the study of public health administration and other health services, and it is expected that this trend will persist. There remain two important subjects in which there appear to have been relatively few requests for fellowships; nursing, in which there was however an appreciable rise in 1951, and environmental sanitation, in which the number of fellowships requested still remains quite insignificant.

UNICEF Programmes

The work of WHO and UNICEF in Europe has been better co-ordinated in 1951 than in any previous year. Perhaps the most important reason for this was the assignment, early in the year, of a member of the staff of the European Regional Office as liaison officer to UNICEF. Although stationed in the Paris office of UNICEF, he regularly visits Geneva, takes part in weekly staff conferences, discusses programmes with the regional office staff and, with UNICEF, undertakes joint visits to countries. As a result, international assistance for governmental programmes is now being jointly planned and implemented.

It is quite clear that, in the future, new UNICEF supply programmes in Europe cannot be expected to reach the level of the past four years. Nevertheless, the decision of the Executive Board of UNICEF to concentrate on programmes, such as those for maternal and child health, for training and for the mass eradication of diseases, may mean that a number of countries in Europe will receive key supplies and equipment for important governmental programmes planned jointly with WHO, under either the regular or expanded technical assistance programme. Not all UNICEF supply programmes which were approved in late 1950 and 1951 have yet been completed; they represent much work for WHO, which, through its advisory and fellowship programmes, must secure the best use of the supplies for UNICEF programmes now in operation in Europe.

Technical Assistance

The procedures for giving and receiving technical assistance require that requests should be presented, and basic and supplemental agreements negotiated, in a certain form with individual governments, and, therefore, are not suited to international programmes in which assistance is given simultaneously to a number of countries. This difficulty may be only temporary, but the result so far has been that in Europe the regular activities of the Organization, which, as has been said earlier, are concentrated on inter-country programmes, have been different from those of the technical assistance programmes. At the same time, certain items do recur in the requests of many countries and are met by arrangements for international staff to act as experts in similar types of programme for four or five countries.

During 1951 basic agreements for technical assistance and other WHO programmes were signed with the Governments of Greece and Yugoslavia, a similar agreement for WHO programmes having already been signed with the Government of Ireland; specific requests were also received from the Governments of
Austria and Finland. Other countries were considering participating in the programme. At the request of the Governments of Norway and Sweden, a preliminary survey of the existing health services for seafarers in Europe was made in the latter part of 1951, with a view to setting up, under the expanded programme, port demonstrations of such services in suitable regions of the world.

Co-operation with Other Organizations

In 1951 housing problems and the problems of medical supplies, in particular of insecticides, have been studied with the United Nations Economic Commission for Europe. The European Office has worked with ILO on a preliminary survey of the health of seafarers, described more fully in chapters 1 and 3 of this report, and on the International Anti-Venereal-Disease Commission of the Rhine. Close contact has been maintained with UNESCO on education, and particularly on mental health in childhood. With FAO, WHO has worked on nutrition and the veterinary aspects of animal diseases transmissible to man.

Joint work was also undertaken or continued with the Rockefeller Foundation on a number of subjects. A member of the staff of the European office took part in the work of the technical advisory committee of the International Children's Centre in Paris, and WHO awarded fellowships for each of four training schemes organized by the centre in 1951. Training courses and seminars in which WHO co-operated with the United Nations and other organizations are listed in annex 5.

Activities by Individual Governments with Help from WHO

Work which was or is to be carried out with technical assistance funds is marked with an asterisk

Austria

At the request of the Government, staff members of WHO and FAO, together with a nutritional expert provided by WHO, visited Austria during the year. This group gave lectures in several parts of the country and held a series of conferences with Austrian experts on nutritional problems of immediate importance.

After preliminary plans had been made in a series of visits to Austria by WHO experts, the Government requested help under the technical assistance programme in a number of fields, including tuberculosis control, environmental sanitation, maternal and child health, library organization, penicillin production and the development of a new school of public health.

Under the regular programme, a WHO consultant visited the country to help draw up a plan for work in environmental sanitation.

A visiting team sent by WHO in 1950 had advised on the establishment of a heart clinic in the University of Vienna, and UNICEF had provided initial supplies. During 1951, WHO assisted this clinic further by supplementing the supply programme with some important items of equipment. The Government has continued the project, and the centre is now teaching and training specialists in the treatment of congenital heart disease.

At the request of the High Commissioner for Refugees and in co-operation with the International Refugee Organization, WHO arranged for a consultant to investigate and to report to the responsible organizations on the incidence of tuberculosis amongst refugees in Zone A of Trieste.

Steps were taken towards the end of the year to establish relations between the regional office and the Council for Europe, which, through its Social Commission, has been studying joint measures which European countries may undertake to improve health and social conditions.

The text which follows summarizes, by country, the training courses and inter-country programmes as well as other activities fostered by the Organization. In the regular programme, these other activities have consisted mainly in the award of individual fellowships, the provision of medical literature and teaching equipment to specific training institutions and technical advisory services in relation to medical supply programmes assisted by UNICEF. A description of technical assistance programmes is also included.

Certain activities which appear to imply help from WHO to a single government actually have an international purpose towards which the 1951 programme should be regarded only as a preparatory step. For example, WHO's co-operation in developing national training-centres or training-courses may often represent the first steps towards establishing centres which will in due course provide facilities for international training.
During 1950, a member of WHO's staff went to Austria to help develop a programme for the prevention of juvenile epilepsy in Vienna. UNICEF has helped with this programme by sending supplies, and WHO by providing a consultant and awarding fellowships. The centre has been established; most of the supplies are already in the country, and a student took advantage of a fellowship in special diagnostic work. At the end of the year a programme for helping with the development of child guidance work was also being planned.

After the visit of a WHO consultant, the Austrian Government prepared a programme for work with handicapped children, in which UNICEF is assisting with supplies. The main object of this programme is to provide equipment for improving orthopaedic treatment and strengthening departments of physical medicine and schools for handicapped children. Special equipment for blind, deaf, dumb and spastic children will also be provided. As part of this programme, fellowships for the course on physical rehabilitation given in the United Kingdom were awarded jointly by WHO, UNICEF and the United Nations. The Fellows who took advantage of this course have now returned to their respective hospitals, and a follow-up visit by the WHO/United Nations consultant has been planned.

A WHO consultant visited Austria in 1950 to help in framing a comprehensive scheme for improving diagnostic and treatment facilities in tuberculosis control. This plan calls for the establishment of central diagnostic laboratories in each of the six provinces, assistance to the City of Vienna in strengthening its central laboratory and central dispensary, and the provision of equipment for mass radiography. During 1951 the supplies and equipment arrived in the country, and the central laboratories were being established. In Vienna, the central dispensary was reorganized, with the help of UNICEF supplies, and the mass case-finding programme was begun at the end of the year. UNICEF has also assisted with supplies for the establishment of a BCG laboratory which is to provide the vaccine for a BCG-vaccination programme being carried on throughout the country. A WHO consultant visited Austria during 1951 to discuss the expansion of the work in tuberculosis control and the organization of special case-finding procedures in areas of high incidence. The Government is also carrying out a programme for the treatment and control of tuberculous meningitis, with supplies contributed by UNICEF and WHO. Towards the end of the year, the streptomycin supplies sent by UNICEF will have been exhausted, and the Government will provide its own streptomycin to continue the work already begun in eight centres.

Plans were also worked out with the Government for the further expansion of its child health work, by improving and increasing the production of sera and vaccine with possible assistance from UNICEF, and by providing supplies and equipment for teaching and training a number of maternal and child health workers.

Medical literature, medical periodicals and some teaching films on the subject of mental hygiene, were supplied by WHO. Twenty-three fellowships were awarded, including three from UNICEF. Some were for participation in the inter-country programmes referred to earlier in this report. The training courses and inter-regional programmes in which Austria took part are shown in Table I.

**Belgium**

During 1951 a WHO study-group on public-health administration visited Belgium, where it gave particular attention to problems of industrial health. Belgium was represented at the first meeting of the newly constituted International Anti-Venereal-Disease Commission of the Rhine held at Geneva in December.

Fifteen fellowships were awarded to Belgium during the year. The inter-country programmes in which Belgium participated and for which fellowships were awarded, are shown in Table I.

During December, the Government, jointly with the United Nations and with the collaboration of WHO, sponsored a two weeks' seminar on the medico-socio-psychological examination of offenders, to which participating teams of psychiatrists, jurists and social workers came from other European countries. In this seminar the general problem of the examination of offenders was studied, particularly from scientific, legal and administrative points of view. As well as awarding fellowships to psychiatrists, WHO appointed a number of experts who presented short papers on particular aspects of this problem.

**Bulgaria**

Although the Bulgarian Government did not request direct services from the Organization in 1951, WHO continued to advise on UNICEF supply programmes, which were developed with the assistance of the WHO liaison officer attached to the European headquarters of UNICEF. This officer visited Bulgaria during the latter part of 1950, and is expected to pay follow-up visits early in 1952.
With UNICEF supplies, the Government has established a central institute for tuberculosis control in Sofia. This institute directs and co-ordinates all tuberculosis work throughout the country, including its clinical and epidemiological aspects, the training of personnel, and the organization, on a large scale, of an early case-finding programme. UNICEF has provided (1) laboratory supplies, equipment for mass-radiography, films, and other equipment to enable the Government to screen and provide other diagnostic facilities for approximately one million persons during 1951; (2) supplies for a BCG laboratory, to enable the Government to carry out a controlled BCG-vaccination programme, and (3) streptomycin supplies for centres throughout the country.

For the Government’s mass vaccination programme against diphtheria, smallpox and pertussis which was carried out during the year, UNICEF contributed supplies for the sera and vaccine production centre of the National Institute of Hygiene. At the end of 1951 most of the supplies were already in the country and the production centre had begun to expand its operations and to train laboratory workers. A UNICEF fellowship in biological production was also awarded.

In the Government’s project for training midwives for rural health centres UNICEF sent essential supplies and equipment to centres to enable personnel to be trained in the care of premature infants.

The special project for the control of congenital syphilis was continued, with laboratory supplies and penicillin from UNICEF.

The University of Sofia has established an orthopaedic rehabilitation centre for children, for which UNICEF has furnished supplies. A programme designed to expand the work of this centre and include the provision of prosthetic equipment and workshops for occupational and pre-vocational therapy, was also approved by WHO and started during 1951.

Czechoslovakia

The Czechoslovak Government did not request direct services from the Organization in 1951, but, as in Bulgaria, WHO continued to advise on UNICEF supply programmes with the assistance of the liaison officer attached to the European headquarters of UNICEF who visited the country at the end of 1950. A further visit was planned for 1952.

The Government has continued the BCG-vaccination programme which had been started with the assistance of the Joint Enterprise and technical guidance from WHO. This programme has now been integrated into the general services for tuberculosis control which, with supplies and equipment for mass-radiography from UNICEF, have strengthened their laboratory diagnosis facilities. During 1950, UNICEF supplies also enabled the Government to carry out over a million radiographical examinations and the clinical follow-up of suspect cases: it is estimated that over two million persons were examined in 1951 and over 60,000 cases followed up. Aid given by UNICEF to a central institute for childhood tuberculosis has enabled the centre to promote nation-wide health education activities, contact investigation, and rehabilitation. Most of the supplies from UNICEF are already in the country, and the remainder are expected to be shipped by early 1952. The streptomycin programme, carried on during 1951 with UNICEF supplies, was completed by the end of 1951, when the Government was prepared to continue it with its own resources.

A nation-wide programme for the serological screening of the population for venereal diseases was undertaken during 1950 and continued in 1951, UNICEF providing laboratory supplies and penicillin for treatment. During 1951, it is estimated that about two and a half million serological examinations were made throughout the country. In several areas, a mass blood-testing programme for syphilis was carried out jointly with the BCG project, the tuberculosis campaign and antitrachoma work.

A project to help the Government to expand its services for dealing with premature births was approved by WHO in 1950. Supplies and equipment were provided by UNICEF, and nine centres were established during 1951. The training of nurses, paediatricians and other personnel was undertaken by the hospital attached to the Charles University in Prague.

WHO approved a project designed to increase the production of diphtheria toxoid and the preparation of pertussis vaccine. The supplies were shipped during 1950, and during 1951 the first preparation of combined toxoids was introduced for use in maternal and child health centres. WHO has also approved a project for expanding the facilities for the blind and the deaf. UNICEF is providing equipment for this project as well as a small amount of equipment for three poliomyelitis and rehabilitation centres. The supplies and equipment were sent by UNICEF in 1951.
Denmark

The Anaesthesiology Centre in Copenhagen completed its second year of work, under the joint sponsorship of the Danish Government, the University of Copenhagen and WHO. Trainees from eight European countries, in addition to Danish trainees, attended. WHO provided an instructor for the entire course, a second instructor for shorter periods and a series of visiting lecturers on specialized topics, together with some supplies of books and teaching equipment. A feature of the second training-course was the increasingly important role played by Danish instructors, five of whom were officially recognized as teachers in the course. This project is designed to develop the centre to the point where, after three years, it can be wholly taken over by Denmark. The centre is progressing rapidly and successfully towards that point.

During the year WHO helped the Government and the University of Copenhagen to organize a seminar on alcohol studies, which was attended by joint health and social welfare teams from 10 other European countries.

A WHO consultant visited Denmark to follow up the team of public-health nurses who had participated in the nursing conference in the Netherlands in 1950.

An expert on the staff of WHO visited Denmark to study problems relating to the health of seafarers and the development of programmes for seafarers in other regions.

Various current problems were discussed with the authorities in Copenhagen including the possibility of WHO participation in an organized statistical survey of morbidity which is being carried out in the country.

Denmark continued to provide experts for the work of WHO and the inter-country programmes. Those in which it took part are shown in Table I. Including fellowships for these programmes, 20 were awarded during the year.

Finland

At the request of the Government, a WHO consultant paid a short visit to Finland to help plan a national study on nursing. The Organization was represented at the opening of the Institute of Industrial Hygiene in Helsinki, which, it is hoped, will later offer group-training facilities for the region.

Two members of the WHO staff visited the country for discussions on a general health programme to be carried out under technical assistance. Subsequently, WHO provided, under the regular programme, experts in environmental sanitation, health education and venereal-disease control to advise on these particular aspects of the programme requested.

The Finnish Government has continued to give high priority to the study of infant diarrhoea, which is widely prevalent and, through the use of UNICEF local funds, was able to intensify its work on milk control, that is, the investigation of the quality and distribution of milk and the improvement of methods of milk hygiene in the home. WHO awarded a fellowship to a Finnish bacteriologist to study the problems of infant diarrhoea with a view to making a special laboratory investigation of this problem on his return to Finland. The children's clinic in Helsinki, through the use of UNICEF local funds, has carried out a special programme during the year, in which 15 public-health nurses have trained local public-health nurses throughout the country in methods of health education with special emphasis on milk hygiene.

After a WHO adviser had visited Finland in 1950, WHO, with the Government, planned a programme to help the maternal and child health services develop additional teaching and training facilities for public-health nurses, medical students, physicians and midwives. WHO also gave assistance for a project for the care of premature infants, which made possible the expansion of the services in eight key hospitals throughout the country and enabled the Government to extend its plans for a national programme.

Assistance in establishing a congenital heart-disease centre was also approved by WHO and UNICEF during 1951. Although the heart clinic has begun operations, the project will not be in full operation until early 1952.

The Government began a demonstration project for the control of congenital syphilis in 1950 and continued it throughout 1951, UNICEF providing penicillin, laboratory equipment, x-ray, films and vehicles. The Government is now continuing the project under its own resources. Early indications were that by the end of 1951 congenital syphilis had been considerably reduced and no longer represented a major public-health problem. During the year a visit was paid by the WHO consultant on venereal diseases to help evaluate the work.
After a visit of a WHO consultant on handicapped children, the Government submitted a request to UNICEF for assistance with this problem. UNICEF agreed, on the basis of WHO's advice, to provide equipment for developing a centre in Helsinki for instructing deaf and dumb children, and an audiometric apparatus for screening deaf and partially deaf children. UNICEF is also providing assistance, with WHO approval, to an orthopaedic hospital for the rehabilitation of crippled children and to a boarding school for crippled children. The WHO consultant is expected to visit Finland early in 1952 to follow up this project.

A joint WHO/UNICEF project in tuberculosis control was requested during 1950. This project was designed to help the Government expand its dispensary services, improve its laboratory services, including those for a central laboratory in Helsinki, and provide supplies for mass radiography, and motor transport for case-finding work. UNICEF sent the necessary supplies early in the year. The project began in 1951, and the Government consolidated its services for tuberculosis control throughout the country, bringing the BCG campaign directly under them. It is estimated that during 1951 over a million chest radiographical examinations were made. The dispensary system was improved and over half a million children were tested and vaccinated. The central diagnostic laboratory in Helsinki was organized early in 1951.

At the request of the Government a WHO expert on mental health lectured in Finland on behaviour patterns and neurosis.

Following the visit in 1950 of a WHO consultant in psychiatric problems in industry, a training course on human relations in industry was organized in 1951 at Roffey Park in England for the Scandinavian countries. Finland participated in this course and was also represented in many of the inter-country programmes in Europe. Including individual fellowships, 26 awards were made during the year, and medical books, periodicals and an electrical auscultation apparatus for teaching were supplied.

France

In France excellent progress was made in 1951 with a study, sponsored by WHO and the Rockefeller Foundation, which is designed to determine the type of health visitor best suited to meet the health and welfare needs of the family. After a pilot study had been completed under the direction of the Institut national d'Etudes démographiques in Paris, representatives of the United Kingdom and France were convened in London as the technical advisory committee, principally to determine the objectives and to co-ordinate the studies in the two countries. WHO has provided the general technical adviser for the project and staff to act as secretariat for the meetings of the technical advisory committee. The field studies are being largely financed by the Rockefeller Foundation.

A WHO expert gave a lecture at the Sorbonne on special aspects of behaviour in relation to mental health. During the Congress of Hygiene in Paris, a short discussion was organized on the training of public-health officers, health visitors and sanitarians. WHO provided some of the discussion leaders for this conference and helped financially with the publication of a report.

France was represented at the joint meeting of the International Anti-Venereal-Disease Commission of the Rhine in Geneva in December.

For some time the Government has been studying the possibility of developing an advanced training centre in anaesthesiology. WHO indicated its willingness to co-operate during the initial stage of its establishment, and provided a consultant to discuss planning.

A WHO staff member, accompanied by a consultant, discussed with the Government the next stage in developing a programme for premature infants. This national programme which envisages the expansion of facilities for the care of premature infants had been planned by the French Government for 1949 with the help of WHO and supplies from UNICEF. The project included the strengthening and expansion of prenatal services, the increase of hospital facilities for premature babies in selected centres throughout France, the improvement of teaching and training services in the care of the new-born and the extension of laboratory services for clinical work and research in important centres throughout the country. These plans were implemented in 1950, and by the end of 1951 over 30 centres for the care of premature infants had been established. Six centres have been organized to teach and train personnel, and to carry out research on the new-born. UNICEF has decided to contribute, during 1951, a further sum of money for supplies, and the Government's plans, approved by WHO, are now to establish 41 centres in all and to strengthen teaching, training and research facilities. UNICEF has also provided fellowships for spe-
specialists and nursing personnel, to be administered by WHO.

WHO has participated in further conferences with the Government, the Rockefeller Foundation and other interested agencies in developing a demonstration and training area in rural public health in Soissons. UNICEF is providing supplies and equipment for the maternal and child health aspects of this project, in which it is expected that the International Children’s Centre also will co-operate, in particular in the training of public-health personnel. Considerable progress was made during the year with the establishment of this demonstration area.

UNICEF, with the approval of WHO, has provided equipment and supplies to three centres for the re-education and rehabilitation of children who have had acute poliomyelitis. One of these centres is being used by the International Children’s Centre for training medical and auxiliary personnel.

WHO has also given technical approval of supplies and equipment to be provided for expanding facilities for dealing with children suffering from congenital heart-disease and for screening school-children for auditory difficulties.

With the co-operation of WHO and supplies from UNICEF, the French Government has also strengthened two child-guidance centres, which were developed in 1951. Six fellowships for this work were provided by UNICEF and administered by WHO.

WHO has agreed to help with a plan to strengthen 50 rural maternal and child health centres, for which radiographical equipment for screening mothers and children suspected of having tuberculosis will be provided by UNICEF.

Also, with WHO approval, UNICEF has provided supplies and equipment for producing gamma globulin and pertussis vaccine. It is envisaged that under the Centre national de Transfusion sanguine, gamma globulin will be produced on a large scale early in 1952. The production of pertussis vaccine supervised by the Institut Pasteur has already begun and will be further expanded. Special laboratory equipment, approved by WHO, has been provided to clinics in France to further the study of maternal and child health problems. The WHO liaison officer and members of the regional office staff, with UNICEF, helped to plan and develop various other projects in maternal and child health being undertaken by the Government.

Co-operation with the International Children’s Centre in Paris continued during the year. Frequent contacts were made by staff members not only through the technical advisory committee, but also in general conferences on research and training. WHO, in addition, provided 19 fellowships to symposia and training courses organized by the centre.

The training courses and inter-country programmes in which France participated and for which fellowships were granted are shown in Table I. Including fellowships for individual studies, 40 were awarded, of which 9 were UNICEF fellowships. Medical books, periodicals and some teaching equipment were also provided.

**Germany, Federal Republic of**

After Germany had been admitted to full membership of the World Health Organization, the Director-General, accompanied by the acting regional director, visited Bonn to establish relations with the Government and to discuss programmes.

Germany was represented at the first meeting of the International Anti-Venereal-Disease Commission of the Rhine in Geneva during December.

In 1950, the Government had requested assistance in the establishment of centres for the treatment of miliary tuberculosis and tuberculous meningitis. By 1951, three main centres and 24 sub-centres had been established, and over 5,000 children had been treated. Supplies were provided by UNICEF until the end of August; since then the Government has continued the project with its own resources.

An adviser was sent by WHO and the United Nations to Germany in connexion with the national programme for handicapped children, for which supplies are being provided by UNICEF. This project envisages the improvement of five institutions concerned with orthopaedic disability, particularly with victims of poliomyelitis. The Government has decided to expand the facilities for these institutions and undertake a large project in rehabilitation. UNICEF supplies are expected by the end of 1951, and it is anticipated that the work will be fully under way during the early part of 1952.

The training courses in which Germany took part and for which fellowships were awarded are shown in Table I. In addition, 11 fellowships were awarded by WHO and 5 administered for UNICEF.

**Greece**

A WHO consultant visited Greece to discuss problems in environmental sanitation, in particular advanced training for sanitary engineers.
After WHO staff members had visited the country to make preliminary plans, the Government requested help from WHO with a health programme.* This project is mainly concerned with tuberculosis control, but also includes the control of venereal diseases, leprosy and trachoma. Assistance for medical training institutions, including library organization, has also been requested. WHO has provided an expert to help develop some aspects of the control programme for communicable diseases.

Following the visit of a WHO consultant on tuberculosis control in 1949, the Government requested laboratory supplies and equipment to help it improve its diagnostic facilities. Laboratories, equipped by UNICEF, have now been installed and are operating. With WHO approval and advice, specialized equipment for diagnosis was sent to selected centres; streptomycin was provided and laboratory facilities were made available for the hospital care of children suffering from tuberculous meningitis and miliary tuberculosis. These projects have been implemented during 1951. WHO has provided an expert to help develop further a national tuberculosis programme with emphasis on early case finding and treatment. This project* will be implemented during 1952 and 1953.

As a result of a visit of a WHO adviser, the Government has made plans for expanding its facilities for handicapped children. These plans were presented to WHO and UNICEF during 1950, and included the provision of supplies from UNICEF for the national institute for deaf and dumb children, and also educational and vocational equipment for selected hospitals. The Government also requested supplies for the Athens clinic for remedial therapy, for the Voula convalescent home and for a new orthopaedic clinic in Salonika. UNICEF has provided equipment, for which WHO has given technical approval. The Government requested that this project should be expanded to include a national programme for orthopaedically crippled children. The implementation of this request, which was approved by WHO, is planned for 1952.

WHO has also advised on the provision of mobile clinics for rural areas and on the continuation of the project for venereal-disease control. Both of these projects have been under way during 1951. Plans were made with UNICEF to help the Government improve the maternal and child health services, the control of communicable diseases and the teaching and training of maternal and child health workers.

The training courses and inter-country programmes in which Greece took part and for which fellowships were awarded are shown in Table I. Medical books and periodicals were provided to various training institutions in Greece. Twelve fellowships were awarded.

Iceland

The training courses in which Iceland took part and for which fellowships were granted are shown in Table I. In addition, three fellowships were awarded, including two for study at the Tuberculosis Research Office in Copenhagen.

Ireland

A WHO consultant followed up the work of the group of public-health nurses from Ireland who had attended the nursing conference in the Netherlands in 1950.

WHO provided a lecturer, who visited Ireland at the request of the Government to lecture on the history and present development of health services in Denmark. Four fellowships were granted to Ireland in 1951. The training courses and inter-country programmes in which Ireland took part and for which fellowships were granted are shown in Table I.

Italy

The Italian Government acted as host to a seminar on environmental sanitation which was held in Rome in November. Members of the staff of WHO and of the Rockefeller Foundation took part in two meetings of the Italian committee of arrangements earlier in the year, and a conference was held with full participation by sanitary engineers from 16 European countries.

After visits had been made by WHO advisers, the Government developed a national plan for the care of premature infants. This plan has been put into effect with supplies from UNICEF; its objectives are to extend, strengthen and expand services for premature infants in selected areas, and to train special personnel in their general care. It is planned to establish centres in all provinces of the country. The first are those to be set up in Milan and Genoa. In 1952, services will be extended to centres in Rome, Florence, Cagliari and Palermo. From funds
provided by UNICEF, WHO will administer fellowships for training six teams (each consisting of a doctor and two nurses) in the special problems of the new-born.

The joint UNICEF/WHO programme for the control of syphilis continued during 1951. From centres in southern Italy, in Rome, Naples, Messina, Catania, Palermo and Agrigento, this project was extended to three northern regions.

The programme being carried out by the Ministry of Health for the special treatment of children with tuberculous meningitis and miliary tuberculosis has continued during 1951 with the assistance of WHO and UNICEF. The delivery of UNICEF supplies was completed during the year, and the project was continued by the Government with its own resources.

After an expert, sent jointly by WHO and the United Nations, had visited Italy, a programme for handicapped children was developed with the Government during 1950. Contributions from UNICEF included general physiotherapy and remedial gymnastic equipment for centres under the supervision of the Don Gnocchi Society in Parma, Turin and Rome, and supplies for centres in Rome and Naples. WHO is administering a fellowship for the study of modern methods of occupational rehabilitation, and negotiations are now under way for an expert in the organization of physiotherapy and occupational rehabilitation to visit the three centres that are receiving equipment.

Medical periodicals were sent to Italy and 17 fellowships were awarded, including several for participation in the group-training programmes in Europe. The training courses and inter-country programmes in which Italy took part are shown in Table I.

**Luxembourg**

One fellowship was awarded for the study of juvenile delinquency.

**Monaco**

WHO provided Monaco with films for training nurses.

**Netherlands**

During the year further discussions took place with the Government on the establishment of a port demonstration and training centre in Rotterdam. This centre, in which the special problems of venereal diseases amongst seafarers will receive particular attention, will work in close co-operation with the newly-established International Anti-Venereal Disease Commission of the Rhine. All outstanding questions of detail were settled during the year, and WHO was represented at the official opening of the centre in December. The Rotterdam centre will offer valuable study and training facilities for many areas of the world.

The Government of the Netherlands was represented at the first meeting of the International Anti-Venereal Disease Commission of the Rhine, held in Geneva in December.

The Government also offered a training course in the specialized aspects of thoracic surgery, which was conducted at the University of Groningen and attended by participants from many countries, including WHO Fellows.

The training courses and inter-country programmes in which the Netherlands took part and for which fellowships were granted are shown in Table I. In all, 16 fellowships were awarded.

**Norway**

A WHO expert lectured in Norway and held discussions with the national groups interested in certain aspects of mental health, particularly in research on behaviour patterns. His visit was part of a regional activity which involved several countries and is set out in summary form in the table on page 104.

A WHO consultant visited the country to follow up the work of a team of public-health nurses who took part in the nurses’ conference in the Netherlands in 1950.

At the instigation of Norway and Sweden, WHO began a study of problems connected with the health and welfare of seafarers. A preliminary investigation of related questions was also begun by ILO and other agencies, with the objective of developing internationally sponsored port demonstration and training centres in other regions of the world. The European part of the fact-finding survey was carried out by members of the WHO staff, who went to Norway for this purpose in the latter part of the year and established close contact with many national groups interested in maritime health.

Discussions also took place during the year on a seminar on child psychiatry for Scandinavian countries, which will take place in Norway in April 1952, and on the possibility of Norway’s receiving a study group on public-health administration next year.
The training courses and inter-country programmes in which Norway took part and for which fellowships were granted are shown in Table I. In all, 23 fellowships were awarded.

A nucleus of a medical library was supplied to the new university medical school in Bergen.

Poland

WHO has continued to advise on UNICEF supply programmes in Poland, most of which were completed in the early part of 1951. The WHO liaison officer attached to UNICEF visited the country late in 1950 in connexion with such programmes, and a further visit early in 1952 was planned.

The national institute of maternal and child health, which acts for the entire country as a co-ordinating, operating, training and research institute, has been given assistance by UNICEF with the technical approval of WHO. This institute, operating in Warsaw, has special sections dealing with the problems of neo-natal care and prematurity, nutrition and the control of communicable diseases. During 1951, it trained large numbers of special maternal and child health personnel, who later took up work in the general programme of child care. Special studies on rickets and the use of combined vaccines of pertussis and diphtheria have led to nation-wide campaigns against these diseases, carried on with the assistance of UNICEF. The section on care of the new-born has already helped to establish several centres with specialized services for the care of premature infants. Supplies for these centres have been provided by UNICEF.

During 1950, UNICEF also supplied transport for medical and nursing personnel so as to help the Government extend health services to rural areas. Teams operating from rural centres have been engaged in health supervision, health education, training, child-care demonstrations and immunization and anti-rickets campaigns throughout the country.

A project to supply an existing centre for the care of orthopaedically handicapped children with specialized physiotherapy and orthopaedic equipment was approved by WHO; UNICEF supplies are being delivered, and the project will be implemented early in 1952.

In 1950 WHO had approved the provision of radiographical supplies to equip tuberculosis dispensaries, in order to increase case-finding facilities and to strengthen dispensary work. This project, which was to include a nation-wide campaign in tuberculosis, mass education, laboratory control, the isolation of infected infants and a continuation of the BCG project, was implemented during 1951. Over 300 dispensaries are being developed throughout the country, and of them approximately 140 were furnished with supplies by UNICEF.

WHO has also approved a project in which the national institute of hygiene will be provided with supplies to enable it to improve its sera- and vaccine-production facilities and to begin the preparation of combined anti-diphtheria/pertussis toxoids. During 1951, the production of vaccines was increased and the preparation of combined toxoids is expected to begin early in 1952.

In the national campaign against venereal diseases, undertaken by the Government in 1949, with the help of UNICEF and WHO, and completed in 1950, it is estimated that over 35,000 patients were treated. The Government is continuing the campaign in 1951 under its own resources, through health centres and special venereal-disease clinics directed by a venereal-disease institute, to which UNICEF has sent supplies. Although technical evaluation of the mass campaign has not yet been completed, such evidence as is available indicates that venereal diseases are no longer a major public-health problem.

UNICEF, with the approval of WHO, is also assisting the Government with supplies and equipment for producing plasma and gamma globulin. This project will be implemented early in 1952, and through hospitals and clinics the entire output of this production plant will be distributed for the treatment of mothers and children.

Portugal

During the year, the Government offered the facilities of its well-developed malaria institutions and field control centres for an organized training course in malaria, designed principally for candidates from outside Europe. A member of the WHO staff participated in the course as an instructor, and WHO also provided one lecturer. WHO Fellows from the Eastern Mediterranean Region, as well as from Europe, attended.

During a visit of the regional health officer in maternal and child health to Portugal early in the year it was learned that the Government was considering the possibility of expanding certain of its national health programmes, particularly those relating to child health protection and the control of communicable diseases. Assistance for
these projects may be requested both from WHO under the technical assistance programme, and from UNICEF.

The training courses and inter-country programmes in which Portugal took part and for which fellowships are awarded are shown in Table I. In all, 11 fellowships were awarded.

A collection of medical books was supplied to the Instituto Superior de Higiene in Lisbon.

Spain

As soon as Spain was admitted to full membership of the World Health Organization, the acting regional director visited Madrid to establish relations with the Government and to discuss possible programmes. He was accompanied by a malaria expert from headquarters and had an opportunity to see some field work in the successful campaign of malaria control which the Government had been conducting with modern insecticides. Arrangements were made for WHO to provide an important item of control equipment for the use of the insecticide, BHC (benzine-hexachloride).

A member of the WHO staff subsequently visited Spain for discussions on animal diseases transmissible to man. The experience of Spanish experts in the control of brucellosis and the other zoonoses will be of particular value to the work of WHO. A request was received from Spain towards the end of the year for assistance in expanding the national programme for control of the zoonoses. This request may be implemented under the technical assistance programme.

Another member of the headquarters staff conducted a short survey of the venereal-disease situation in Madrid and Barcelona and held preliminary discussion with the Government on the methods for dealing with these diseases.

The training courses and inter-country programmes in which Spain took part and for which fellowships were granted are shown in Table I. Including individual fellowships, 25 were awarded in all.

Switzerland

Switzerland was represented at the first meeting of the International Anti-Venereal-Disease Commission of the Rhine, held in Geneva in December.

A short symposium on allergy was organized by the Swiss Academy of Medical Sciences immediately after the First International Congress of the International Association of Allergists was held in Zurich. Ten participants from other European countries, who had a particular interest in the relations of the hypophysis and adrenal cortex to allergy, were awarded fellowships by WHO. In addition, the International Paediatric Association and the Medical Faculty of Zurich jointly organized a paediatric training course, principally devoted to the problems of child psychology and child psychiatry. Twelve WHO Fellows from other European countries attended.
The training courses and inter-country programmes in which Switzerland took part and for which fellowships were granted are shown in Table I. In all, 16 fellowships were awarded, including some for individual study.

**United Kingdom**

During the year, the United Kingdom continued to assist WHO in a number of ways. Regular visits were paid by members of the WHO staff to maintain contact with medical workers in the United Kingdom, and the United Kingdom provided many experts for consultant services and other assignments for the Organization.

In this report mention has already been made of the training course in human relations in industry, organized for Scandinavian countries at Roffey Park near London.

The pilot study of workers for health and welfare needs proceeded simultaneously in England and France, and a meeting of the technical advisory committee for this study took place late in 1951 in London. In addition, with the assistance of the British Council, England's rehabilitation services were used during the year to organize a two months' training course in the management of physically handicapped children. This course, which was sponsored jointly by WHO, UNICEF, the United Nations and some of its other specialized agencies, was designed for composite teams interested in the various aspects of work with handicapped children. WHO awarded 15 fellowships to these teams, on which six European countries were represented. The technical organizer of this training course, who previously visited the countries concerned, is now joint adviser to the participating agencies for a follow-up in those European countries which wish to expand their services for the handicapped child.

A WHO expert visited England to lecture on behaviour patterns in relation to mental health and also addressed the Royal Society of Medicine in London.

An opportunity to study medical services in rural areas was afforded to a WHO study-group on public-health administration which visited Scotland in the autumn. The group visited the health department in Edinburgh, remote areas of the highlands and the islands, and industrial health installations in Glasgow. As in Belgium and Sweden, detailed and valuable preparations were made by the Government for the visit of this travelling study-group.

The training courses and inter-country programmes in which the United Kingdom took part are shown in Table I. WHO awarded five fellowships for individual studies; in all 13 fellowships were awarded.

**Yugoslavia**

In 1951 WHO provided supplies, approved by the Executive Board in 1950, for the newly established heart clinic in Zagreb. It will be remembered that WHO helped to develop this clinic in 1950 by providing an expert team from Sweden. Reports from Zagreb indicate that rapid progress has been made in the study of the management of children handicapped by congenital heart disease and in the development of surgical techniques. The staff of the heart clinic has been strengthened by the return of an anaesthesiologist, who was trained for one year at the Anaesthesiology Centre in Copenhagen and then received specialized training in Sweden and England. WHO gave further assistance during the year by providing a small number of essential supplies for anaesthesiology.

Similarly, the Nutrition Institute in Zagreb continued to develop. As part of a national training course at this institute, a WHO consultant, who had visited Yugoslavia during the previous year, lectured on some of the biochemical aspects of nutrition. To the teaching equipment provided in 1950, WHO has added a supply of some of the important chemicals required to enable the institute to conduct further training and research in the nutritional problems of Yugoslavia.

The most important development in the year was the approval of a request submitted for help from WHO in an expanded health programme in public health and related subjects.* The programme is a relatively large one and includes assistance in communicable-disease and virus control, environmental sanitation, food hygiene, health education of the public, assistance to medical training institutes (including libraries) and penicillin production. The Government has collaborated very closely with WHO at all stages in planning this programme. Discussions were held on the supplies required, and WHO pro-
vided, under its regular programme, two consultants to assist in planning the environmental sanitation and health education parts of the programme. The first expert to be requested under the technical assistance programme visited Yugoslavia to help with the expansion of services in communicable diseases. In 1951 the need for other technical experts was studied, and Yugoslav Fellows were selected for training abroad, so that the programme may be expected to be in full operation in 1952. Many parts of it are of interest to UNICEF, with which WHO has established particularly close contact on the programmes of communicable-disease control and penicillin production. On the advice of a WHO expert who visited Yugoslavia in 1950, UNICEF has already allocated $90,000 towards supplies required to modernize a penicillin plant donated to Yugoslavia by UNRRA.

Further assistance in improving the production of this plant is planned and WHO has been requested to provide production experts and to arrange for further training of personnel. Increased penicillin production is also vital to the entire programme for the control of communicable diseases, and particularly to the campaign against endemic syphilis in Bosnia and Herzegovina, which has been supported jointly by WHO and UNICEF. A WHO consultant who revisited these areas during the year emphasized that unless an adequate supply of penicillin continued to be made available, the substantial gains already made in the control of endemic syphilis would be lost.

Over 1,300,000 serologic examinations were made by the end of 1951 and over 99,000 patients treated. UNICEF provided the necessary penicillin, laboratory equipment and transport. This programme not only contributed to the treatment of endemic syphilis but stimulated the interest of the people in the permanent health stations, which are being set up by the Government and which will become centres of action on general public-health problems.

A WHO consultant visited Yugoslavia in connexion with its brucellosis centre, for which UNICEF has given laboratory supplies, equipment and drugs. It has been reported that in a selected area this disease has been brought under control. The efforts of the Government in dealing with this problem are continuing, and co-operation with other brucellosis centres throughout the world has been established.

The Government’s plans for a national programme to strengthen maternal and child health activities, assisted by supplies from UNICEF and advice from WHO consultants, have proceeded during 1951. Through the provision of transport by UNICEF, health workers have been mobilized, particularly for rural and semi-rural areas: groups of workers have been enabled to move into relatively inaccessible areas to conduct vaccination campaigns, introduce health education and supervise workers. With help from WHO, the Government has also planned a programme for assisting the sanitary epidemiological stations, with special reference to maternal and child health. For this programme, which is designed to strengthen diagnostic field facilities for the control of communicable diseases, UNICEF has supplied the necessary laboratory supplies and some transport for the teams.

A project for controlling mycotic diseases of the scalp has also been undertaken by the Government with UNICEF supplies and WHO’s technical approval. For this project, which began during 1951, four mobile clinics were attached to 24 central section dispensaries.

The Government requested, and WHO approved, a project for setting up two training stations for the care of premature infants. These two centres began operations in the autumn of the year. WHO has granted special fellowships to the leaders of these centres, who will, in turn, train other workers in this branch of child care.

After a WHO consultant had visited the country, a plan was developed to introduce modern techniques in preparing vaccines and sera in the National Institute of Hygiene in Zagreb. Supplies from UNICEF were delivered during the year. A special consultant in the control of communicable diseases visited the laboratory and made several recommendations on this project. Two fellowships for the study of vaccine production will also be administered by WHO.

The Government requested supplies and equipment for the production of plasma and gamma globulin to be distributed to hospitals, clinics and maternal and child health centres. UNICEF and WHO have approved the request, which will probably be implemented early in 1952. Fellowships provided by UNICEF under this programme will be administered by WHO.
A WHO adviser on maternal and child health visited Yugoslavia, and subsequently the Government planned a programme to expand its work in after-care and rehabilitation of orthopaedically handicapped children. Supplies for blind and deaf children were also requested, and were being shipped into the country at the end of the year. A follow-up visit by the United Nations/WHO consultant is planned early in 1952.

WHO approved the provision of supplies by UNICEF to a tuberculosis control project being undertaken by the Government. Central laboratory diagnostic facilities have been set up in Zagreb and Belgrade, and certain essential equipment for mass radiography was also made available. These will be used in a campaign for the early detection of tuberculosis as well as for demonstrations, teaching and training. UNICEF, with the approval of WHO, has also supplied six main centres and 17 sub-centres with streptomycin for use in the treatment of tuberculous meningitis and miliary tuberculosis.

During the year, a WHO consultant visited Yugoslavia to advise on the expansion of a national health programme in mental hygiene.

The training courses and inter-country programmes in which Yugoslavia took part and for which fellowships were granted are shown in Table I. In all, 33 fellowships were awarded (one from UNICEF and 4 under technical assistance), including those for individual studies.

As well as sending teaching equipment to particular institutions, WHO provided supplies of 560 medical periodicals to 45 medical libraries and training institutions throughout Yugoslavia.
CHAPTER 15

EASTERN MEDITERRANEAN REGION

The major task of the Regional Office for the Eastern Mediterranean during the first two years of its existence has been to collect information on the most important health problems and needs of the Member States in the region. This work was intensified during 1951: surveys were made, and the regional director and his staff continued to visit the countries of the region to discuss health needs with the appropriate authorities. Although most of the work in the region is still at the planning stage, the number of proposals budgeted for in 1951 has risen to 75; most of these proposals will come into operation in 1952.

The growing mass of information and the many studies and activities carried out in the region show that before further progress can be achieved the standards of basic medical education must be raised, the public-health services further developed and strengthened, and more medical personnel directed to preventive medicine. Experience in the field has also revealed the need for supplementing the supply of DDT and antibiotics in the region.

Accordingly, the principal aims of future work in the region will be: (1) the better co-ordination of all health programmes; (2) the improvement of local training facilities for all types of medical and auxiliary personnel; (3) the provision of facilities for training outside the region, and (4) the establishment of further DDT and antibiotic plants.

Unfortunately, it was not possible to hold the third session of the Regional Committee in 1951, and it was therefore necessary to plan both the programme for 1952 and the programme and budget estimates for 1953 with the countries of the region individually. In spite of these difficulties, basic agreements for technical assistance and other programmes were signed with Aden, Egypt, Ethiopia, Iran, Iraq, Jordan, Lebanon, Pakistan, Saudi Arabia, Syria and Turkey. Many agreements for specific projects were also negotiated. Those which were initiated or continued during the year are progressing satisfactorily.

Of the projects carried out during the year, two are worthy of special mention, the malaria advisory control project in East Pakistan, which encouraged the Government to undertake a considerable expansion of its malaria service, and the regional course in vital and health statistics, held in Cairo in October under the auspices of the regional office and the United Nations. Of the 44 Fellows who attended this course, seven held fellowships awarded by WHO. Four additional fellowships were awarded by the United States of America under the Point Four Programme.

Another important development during the year was the increase in co-operation with the many international agencies in the region concerned with the health and welfare of the people. To avoid duplication of effort, close liaison with these agencies has become indispensable, and the most practical methods of co-operation have already been discussed informally with them at regular meetings. At these meetings, the need for obtaining uniform conditions of service for staff has been particularly emphasized.

Co-operation has been particularly close with FAO and UNICEF. FAO and WHO have made joint surveys in the Jezireh, in Syria, with a view to setting up a joint FAO/WHO demonstration area there. They also helped to create, and took part in, a working party on milk conservation, which met in Beirut under the auspices of UNICEF. It is hoped that this work on milk conservation will stimulate the countries in the region to provide more and better milk for mothers and children: Iran and Iraq have already submitted formal requests for assistance with their milk supply.

The Host Agreement with the Egyptian Government was ratified by the Egyptian Chamber of Deputies on 25 June, by the Senate on 8 July and received the Royal Assent on 15 October.

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1 The region, according to the decisions of the First and Second World Health Assemblies (Off. Rec. World Hlth Org. 13, 80, 330, 21, 17, 53), comprises Aden, British Somaliland, Cyprus, Egypt, Eritrea, Ethiopia, French Somaliland, the Hashemite Kingdom of the Jordan, Iran, Iraq, Israel, Lebanon, Pakistan, Saudi Arabia, Syria, Tripolitania, Turkey and Yemen.
Owing to the expansion of regional activities and the decentralization of functions from headquarters, the work of the regional office has greatly increased. To meet this increase, the following additional appointments were made during the year: two public-health administrators, a public-health adviser to act as liaison officer with UNICEF, and advisers on malaria, tuberculosis, BCG, nursing and environmental sanitation. With these additions, the Regional Office for the Eastern Mediterranean was, at the end of 1951, in a better position to undertake, alone or in co-operation with other agencies, its task of helping the Member nations of the region in health matters.

MAP 12. EASTERN MEDITERRANEAN REGION
Work, including joint activities, undertaken in 1951

Regional Activities involving Several Countries

To help with the improvement of public-health administration, the regional public-health adviser visited a number of countries in the region in 1951. In Lebanon he investigated the public-health administration and school medical services; in Syria, he studied special aspects of the public-health services and programme; and in the Sudan he advised on a ten-year programme which includes extensive plans for tuberculosis control. His visit to Aden was mainly to examine the possibility of starting a BCG-vaccination campaign, and in Turkey he ascertained whether WHO's help would be needed in preparing for the reception and rehabilitation of Turkish refugees from Bulgaria.

Environmental sanitation is an important factor in several projects which have been or will be started; for example, the health demonstration area in Egypt, and projects for the control of cholera in Pakistan, of bilharziasis and malaria in Syria and of occupational diseases in Egypt. The appointment of
supplies from UNICEF.

which, at the same time, requested equipment and
were received from three countries in the region,
assistance in establishing DDT production plants
facilities.

countries have shown an interest in supplementing
caused serious concern in the region and various
logist had studied the incidence of the disease in the
work among the Palestine refugees.

UNRWAPRNE, has continued its malaria control
auxiliary medical personnel.

programme in Iran.

programme for many of the countries.

Health education is also beginning to be em-
phasized in regional programmes. WHO con-
tinued to assist UNESCO with a survey on the
fundamental education needs in Arab States, and
towards the end of the year a request was received
from Egypt for equipment and the services of a health
educator to teach personnel how to produce teaching
aids for use in schools. An expert in health education
of the public has been attached to the venereal-
disease project at Tanta and, with the matching
member of the team, has worked with the people
in that area. A survey of health education in Iraq
was also made.

Work in the control of malaria, tuberculosis and
venereal diseases plays an important part in the
programme of the region. The demonstration project
in malaria control in East Pakistan was completed
and a final analysis of the results has shown a reduc-
tion in morbidity and an increase in the working
capacity of the people. Good progress has also
been reported by the WHO advisory unit which is
taking part in the national malaria-control pro-
gramme in Iran. In Lebanon, another WHO team
made preliminary surveys in the environs of Beirut
in July for a malaria-control project, which also
provides for the training of medical students and
auxiliary medical personnel. WHO, together with
UNR WAPRNE, has continued its malaria control
work among the Palestine refugees. Finally, plans
for a malaria-control project were signed by the
Government of Saudi Arabia after a WHO malarial-
ologist had studied the incidence of the disease in the
country.

The effect of a possible world shortage of DDT has
caused serious concern in the region and various
countries have shown an interest in supplementing
their supplies by establishing local production
facilities.

Requests for help from WHO under technical
assistance in establishing DDT production plants
were received from three countries in the region,
which, at the same time, requested equipment and
supplies from UNICEF. By the end of the year,

joint projects (UNICEF/WHO) had been approved
for Egypt and Pakistan. In the more difficult field
of antibiotics, Egypt and Pakistan have also requested
aid from WHO, under technical assistance, for the
purpose of developing local production.

During 1951, work against venereal diseases in
the region has centred round demonstrating modern
methods of control, initiating mass campaigns for
detecting and treating syphilis and related trepome-
atoses, increasing the number of qualified venereal-
disease specialists trained under conditions as near
as possible similar to those under which they work
in their own countries, and strengthening anti-
venereal-disease services throughout the region.
Demonstrations of modern methods were given by
a WHO venereal-disease team in Tanta, Egypt,
which began its activities on 1 May. A mass peni-
cillin campaign against bejel and syphilis, started in
Iraq at the beginning of the year, will be continued
in 1952. Six other countries have asked WHO for
help with venereal-disease control projects which
they intend to start next year.

Two physicians from Pakistan have benefited from
the venereal-disease training programme: one was
sent to Egypt for two months training at the venereal-
disease centre in Tanta and at Ibrahim I University
in Cairo; the other attended a six weeks' course at
the bejel/syphilis centre in Baghdad and a six weeks'
course at Ibrahim I University. These trainees
were also able to observe the anti-venereal-disease
services in the countries they visited, and on their
return to Pakistan will be assigned as matching
members to the WHO chief medical adviser for a
venereal-disease project, to start in Pakistan in
1952.

In tuberculosis two major problems remain to
be solved; to determine its incidence and to organize
control measures, especially in rural areas. In the
towns, tuberculosis services are still insufficient;
in the villages they are practically non-existent. In
the urban areas the tuberculosis mortality rate is
very high, possibly more than 200 deaths per 100,000
of the population; of the incidence of the disease
in rural areas, little is known. When more is
known, methods of control by mass radiography
and by sputum examination can be evolved. Plans
for helping governments of the region to make
accurate epidemiological surveys are therefore under
consideration.

In 1951, plans were made for demonstration and
training centres to be set up in 1952 in Egypt, Iran,
Iraq, Israel and Syria. The centre in Istanbul
continued its work and another in Karachi began part of its activities in August.

WHO and UNICEF have jointly taken over and extended the BCG campaigns in Egypt and Pakistan, from which the Joint Enterprise teams were withdrawn in July. BCG campaigns to start in 1952 were planned for at least four other countries. At the end of the year BCG-production laboratories were operating in Egypt and Turkey.

The first maternal and child health project in the region started at Lahore in Pakistan on 1 January. Its aim is to train midwives who will serve as personnel with general training for maternal and child health work. The course comprises three months preliminary training, twelve months' training in midwifery, three months in general nursing and nine months in public health—a total of 27 months. These midwives, when qualified, will be employed in maternal and child health centres, where an important part of their duties will be to train and supervise "dhais" (traditional midwives). The development of this project has been very promising, and the experiment has been followed with much interest not only in Pakistan but in other countries of the region. The maternal and child health demonstration and training centres to be established in Peshawar, Karachi and Dacca in 1952 will in general follow the Lahore pattern. It is expected that similar centres will be established in Lebanon and Syria at the beginning of 1952, and still others were planned for Turkey, Iran and Iraq. WHO also co-operated with UNICEF in preparing a supply programme for maternal and child health centres in Israel. These projects are the first step towards developing services in maternal and child health on a national scale, services in which governments have become increasingly interested. In 1952, more attention will be paid to developing school health services and the teaching of paediatrics to undergraduates.

In addition to the many surveys carried out by the regional advisers, WHO consultants investigated the incidence of bilharziasis in seven countries and the level of nutrition in three. This type of survey, in which a consultant studies a health problem in several countries, is regarded as an important development in the region. WHO experts also advised on rabies prevention, made a survey of malaria in Syria and, in co-operation with FAO, gave advice on the improvement of food hygiene. An investigation of the incidence of trachoma among the Palestine refugees was also made and a comprehensive attack is being planned on this disease, which is the most prevalent and crippling in the region. This campaign will be based on the recommendations of the WHO Expert Committee on Trachoma. Egypt, Israel, Pakistan and Turkey took part in the Q-fever survey organized by headquarters, and assistance in brucellosis control was given to Israel, Pakistan and Turkey. In 1951 WHO again assisted UNRWAPRNE with a programme for the medical relief and health protection of the Palestine refugees in Lebanon, Syria, Jordan and the Gaza area. (For details, see Part III, Chapter 18.)

The training of doctors, nurses and other health personnel continues to be one of the most important tasks of the regional office and has been the subject of many consultations between the regional advisers and the authorities of Member States. Technical education has formed part of the demonstration and training projects in tuberculosis, maternal and child health, and venereal diseases. WHO has given further assistance by helping to conduct the regional course in vital and health statistics mentioned above and by providing lectureships, postgraduate courses, teaching missions, seminars, visiting teams and fellowships.

The fellowship programme of the region was expanded during 1951. In the regular programme, fellowships outside the region increased from 47 to 53, and intra-regional fellowships from 12 to 32. Fourteen long-term fellowships (all within the region) were awarded to medical undergraduates, 10 from Ethiopia and four from Saudi Arabia. In addition, 14 fellowships were awarded under the technical assistance programme and two on behalf of UNICEF. Some 50 further fellowships were under negotiation at the end of the year. The region has acted as host to six Fellows from other regions.

The epidemiological intelligence service of the regional office continued to co-operate with the service at headquarters and the Singapore Epidemiological Intelligence Station. On the recommendation of the Regional Committee at its third session, the area covered by the regional service, in addition to the countries bordering on the Eastern Mediterranean and the Red Sea, was extended to include Iran and Turkey. Pakistan, while normally in liaison with the Epidemiological Intelligence Station at Singapore was invited to exchange epidemiological information (provided for under the International Sanitary Conventions) by airmail with the
service in the regional office. This step had also been recommended by the Regional Committee.

The office continued to broadcast a radio telegraphic bulletin twice a week, and in May arrangements were made for the broadcast at the end of the week to be delayed for one hour in order to include the whole text of the broadcast transmitted from Geneva by headquarters. Other recommendations of the Regional Committee on the adoption of the epidemiological week (from one Saturday night at 12 p.m. to the next) as the standard unit for reporting epidemiological information and the use of the AA Cable Code were discussed with governments in the region, some of which have agreed to both suggestions.

Reports on the 1950 and 1951 pilgrimages were received from the Saudi Arabian and other health authorities within the region and from the Singapore Epidemiological Intelligence Station and transmitted to headquarters. Nine disputes arising from the enforcement of quarantine restrictions or the misinterpretation of the provisions of the International Sanitary Conventions were settled or clarified during the year by the regional office.

To spread information on WHO throughout the region, press releases were issued on important subjects in English, French and Arabic and distributed by airmail to over 600 addresses; several talks were broadcast over the Egyptian State Broadcasting and BBC networks, and an exhibit of WHO activities was presented in Cairo. Photographs of WHO activities were collected and distributed to the press. A document on World Health Organization activities in the Eastern Mediterranean Region was prepared in English, French and Arabic and distributed widely, as was other WHO material, some from headquarters and some local. Special coverage was given to the international medical teaching mission in Iran and the bejel/syphilis project in Iraq.

Activities by Individual Governments with Help from WHO

Work which was or is to be carried out with technical assistance funds is marked with an asterisk.

Aden

In 1945, a survey of the schoolchildren in the Colony, which has a rapidly increasing population (now about 120,000) showed that 56% were positive to tuberculin testing. During the last three years, the authorities have carried on intensive work in tuberculosis control, and the scheme worked out might well serve as a demonstration of what can be done in a relatively under-developed area. To continue and expand this work, the health authorities have asked WHO and UNICEF for assistance in carrying out a BCG campaign, which will begin in January 1952. Plans have been made for the vaccination of the entire population under the age of 18 and for the establishment of a permanent BCG service. Medical journals were ordered for Aden during the year.

Cyprus

A small amount of medical literature was ordered for Cyprus in 1951.

Egypt

At the request of the Government, a demonstration centre for the control of venereal diseases was established at Tanta and began work in May 1951. It has made appreciable progress in spite of initial difficulties and has won the confidence of the people and local medical authorities. More than 90% of the persons examined have attended a family clinic, which was started in the second half of the year and in which husbands, wives and children are treated together. By the end of 1951, 25,000 persons had been examined and 1,000 treated for venereal diseases. Staff to assist in health education has been attached to the team and has co-ordinated the efforts of the different governmental and other agencies which provide services in the villages.

After the withdrawal of the team provided by the Joint Enterprise, which, by the end of June, had tested two million people, the BCG-vaccination campaign in Egypt was continued and expanded by the Government, with the assistance of WHO and UNICEF. In order to test a further four million people, it is planned to continue this campaign for two more years. Further research work was carried out by a special team from the Tuberculosis Research Office in Copenhagen, which arrived in Tanta on 1 October. The BCG-production centre at Agouza, Cairo, established with UNICEF assistance, received WHO approval in November, and started operations.
Plans were also made for a tuberculosis demonstration and training centre, to be started in Cairo early in 1952.* In this centre all existing tuberculosis services will be co-ordinated, and a joint project committee, representative of all the services concerned, will be set up to supervise them. Consultants on bronchoscopy, thoracic surgery and other subjects will help with this project.

Preparations for the proposed health demonstration area in the Qalyub district were continued during the year.* A WHO consultant in public-health administration made a detailed study of the project, which envisages an expansion of the pilot project in Sindibis. A plan of operations was completed and submitted to the Government for signature, and personnel was being recruited toward the end of the year.

The United Nations, in response to a request of the Government, is examining jointly with WHO a project for a rehabilitation institute for the blind, to serve the whole region.* The institute will, it is hoped, include workshops, a centre for research into the causation and prevention of blindness, and a school equipped with an Arabic braille printing press. The expert appointed to survey this project is already in the field.

The importance of including the training of public-health nurses and midwives in courses for nurses being given in Egypt was discussed with the Government by WHO advisers.

The Government requested assistance from WHO and UNICEF in establishing a DDT production plant.* WHO provided an expert to investigate what materials could be obtained locally and prepare an estimate of the cost. Plans for this project were approved by the UNICEF Executive Board in November.

Advice was given toward the end of the year by a consultant in mental health.

A programme of trachoma research was also initiated, and a lecturer for the Giza Memorial Hospital will be provided in 1952. Toward the end of the year a WHO consultant began an investigation of the value of new molluscicides in the control of bilharziasis.

Discussions were held concerning the feasibility of erecting an antibiotics production plant and of founding a training institute for sanitary inspectors.* WHO will also provide a public-health teaching mission, and will make a survey of industrial health and occupational diseases.*

WHO provided two experts for the regional training courses in vital and public-health statistics held at the training centre established in Cairo.

During the year 10 fellowships were awarded, all for study outside the region. They covered a wide range of subjects, including industrial hygiene, dentistry, tuberculosis, maternal and child health and health education.

A number of medical books were ordered for Egypt and some pamphlets were supplied.

Ethiopia

The regional adviser visited the country to discuss plans for a project in venereal-disease control.* At the end of the year, a public-health administrator to help the Government strengthen its health services was being recruited.*

The Government also requested assistance from WHO in the control of tuberculosis.* WHO plans to make an initial survey and to provide limited facilities for case finding, diagnosis and possibly ambulatory treatment, and it is hoped so to stimulate local interest that it will be possible to plan for the organization of a tuberculosis control service.

As a result of a visit of a consultant in 1950, the treatment of 700 leprosy patients was begun in 1951.* These patients will be treated with sulfetron for a year. A further specialist in leprosy will be sent, early in 1952, to carry out a survey, to make clinical studies and to advise on the leprosaria at Addis Ababa and Harar. Supplies were also provided.

The survey on the incidence of bilharziasis being made by a WHO consultant was extended to Ethiopia late in the year.

Sixteen fellowships, of which one was financed under technical assistance, were awarded during the year; 10 were for medical undergraduates, and five for student nurses.

Medical books and journals were ordered and supplied.

Iran

An adviser to the Government on public-health administration took up his duties late in the year.*

The Government's nation-wide campaign for malaria control which WHO has assisted made excellent progress. The latest reports record a growing appreciation of the work, and the Government has made a substantial allocation of funds to continue it. By the end of the year about a third of
the population which is exposed to infection had been protected. Operations were concentrated mainly in the Caspian littoral, Kharaj, Bushire, Shirag and Bandar Abbas, where *Aedes subpictus* was found, though not proved to be a vector.

A medical teaching mission, under the auspices of WHO and the Unitarian Service Committee, visited Iran in October at the request of the Government.* This mission consisted of eight of the experts who had taken part in the mission to Israel and who came to conduct the same type of work at the University of Teheran. It included experts in neurosurgery, paediatrics, general and thoracic surgery, radiology, anaesthesiology and medical education. (For details, see under Israel.) Its work was successful, and the Government asked for a similar mission two years hence.

The regional adviser on venereal diseases visited Iran late in the year to discuss a demonstration centre in venereal-disease control and training. The Government signed an agreement for a project to be established in 1952.*

A request that the Organization should investigate the possibilities of simultaneous BCG and smallpox vaccination was studied by the Tuberculosis Research Office in Copenhagen, and this study is being taken into account in planning a BCG campaign, which will be initiated in January 1952, with the help of WHO and UNICEF.

WHO also made plans to help the Government with the following projects under technical assistance: the control of trachoma, a survey of industrial health conditions, the training of nurses and the strengthening of demonstration and training centres in tuberculosis and maternal and child health. At the end of the year, personnel was being recruited for these projects.*

Medical journals and microfilms were supplied. Seven fellowships were awarded, one of which was for attendance at the course on vital statistics given in Cairo. Two were financed under technical assistance.

**Iraq**

A project in the control of bejel and syphilis * was started with the help of WHO and UNICEF at the beginning of the year. The main centre for this project was established at Baghdad, where a laboratory was completed in March. Mobile teams have given treatment to the Bedouin tribes in the Ramadi (Hit), Amara, Basra and Mosul Liwas. In the Ramadi Liwa, although strong objections were encountered, blood samples were taken. The survey in the Amara Liwa was completed in May, after the team had examined 2,881 persons, had treated 1,465 with penicillin and had given 2,762 serological tests. A training course in venereal-disease control was given in the centre from 21 July to 3 September, and attended by the members of the national team and a WHO Fellow from Pakistan. Treatment of cases of venereal disease was begun in this centre on 1 August, and in October a mass campaign to treat between 40,000 and 50,000 cases annually for the next three years was started.

Plans for a BCG campaign, to start in January 1952 with the help of WHO and UNICEF, were completed and submitted to the UNICEF Executive Board. This campaign will at first be carried out in the large cities of Iraq, and its objective is to test about 800,000 children and adolescents over a period of two years. The vaccine will be sent from Cairo. WHO also planned to help set up a tuberculosis control centre, including a diagnostic laboratory, in Baghdad.*

A WHO consultant made a survey of health education during the year and recommended that the Government appoint a trained health educator to the Ministry of Social Affairs, make an officer of the army medical corps responsible for the improvement of health education in the army, and arrange for further training in health education and close liaison with WHO advisers. The Minister of Education agreed to assign an official to spend part of his time on health education. A health education project in the Dujailah settlement was under consideration at the end of the year.*

In the latter part of the year a WHO consultant started work on a rural health survey, which the Government had requested,* and during the year another consultant in public-health administration, who was a member of a mission to the country sponsored by the International Bank, completed his work.

A WHO consultant in mental health also made a survey toward the end of the year.

The preliminary survey for a programme in the control of malaria was completed in July, and a plan of operations prepared for a project in malaria control and training in the Tanjero valley, Sulaimani Liwa, an area with a population of about 40,000.*

In February, a WHO consultant made a general survey of nutrition in Iraq. He found that the population's knowledge of foods and its nutritional status were inadequate and that there was evidence of nutritional deficiency among children. He recommended that the Government should establish a nutritional laboratory or an institute to study the assessment of nutrient values of foods, in parti-
cular the vitamin assay of common foodstuffs; encourage the medical profession to make periodic examinations of the nutritional status of the population, especially the children; and should spread knowledge of nutrition among the people.

A WHO expert gave advice on the control of rabies and, late in the year, a survey was made of the incidence of bilharziasis in the northern part of the country.

Staff was recruited for a WHO/UNICEF maternal and child health demonstration team, which will start work in 1952. Supplies and equipment will also be provided.*

Three fellowships were awarded in 1951, of which two were in public-health administration.

Israel

The programme in rabies control which was started in October 1950 was continued, and immunization was carried out in the area between Haifa, Tel Aviv and the frontier of Jordan, where rabies is most prevalent. For this programme avianized virus from the United States of America was stored in refrigerators in Tel Aviv and distributed in thermos flasks to WHO veterinary officers. At the same time, a campaign against jackals, the most dangerous vector of the disease, is being carried out.

A medical teaching mission sponsored by WHO and the Unitarian Service Committee visited the country in September.* This mission consisted of specialists in the basic medical sciences (physiology, pharmacology, biochemistry), in the clinical medical sciences (internal medicine, paediatrics, anaesthesiology, neurosurgery and general thoracic and orthopaedic surgery) and in various branches of public health (public-health administration, epidemiology and sanitary engineering), and of an adviser on medical education. Guided by specialists from Israel, they conducted surveys in their specialties and assisted national and local health authorities in solving some of the more difficult problems. The public-health experts remained in Israel for two months, and the other specialists spent four weeks there demonstrating new techniques, mainly in Tel Aviv and in the University of Jerusalem, and then went on to Iran. They took part in daily ward rounds; symposia and clinico-pathological and other conferences, performed surgical operations, gave practical demonstrations of new laboratory techniques and conducted an intensive lecture programme in which hundreds of local physicians and public-health personnel took part. There was a full-scale discussion of the country’s medical education problems with representatives of the Government, the university, the medical association and the health insurance fund. In five half-day sessions, the problems of undergraduate and postgraduate medical training and the training of auxiliary personnel were discussed. Great interest was aroused among the doctors of the country.

The regional adviser in tuberculosis visited Israel in connexion with the Government’s proposal to establish a tuberculosis control centre at Tel Aviv. Detailed plans were made, and at the end of the year staff was being recruited for this project, which may be started in 1952. The training of public-health nurses also forms part of this project.

A WHO consultant was assigned to the Government to advise on venereal-disease control.

At the end of the year negotiations were in train for a number of projects to be carried out under technical assistance: the rehabilitation and resettlement of handicapped immigrants, the control of insect-borne diseases, the provision of medical supplies, and supplies from UNICEF for maternal and child health centres. Assistance was also planned for a vaccine and serum laboratory and a central diagnostic laboratory.*

Nine fellowships (one under technical assistance), covering a wide range of public-health and general medical subjects, were awarded during the year. One was in public-health administration and two in hospital administration.

Medical books and pamphlets were also supplied.

Jordan, Hashemite Kingdom of the

A detailed plan of operations for a project in malaria control and training, to be carried out in the Ghor (Jordan) valley, was drawn up.

The regional adviser on tuberculosis visited the country to discuss a programme in tuberculosis and BCG, in which the Government had asked for assistance. However, towards the end of the year, the Government was compelled to restrict the number of requests it had made to WHO, owing to financial stringency. A list of priorities is under consideration.

Work with the Palestine refugees in Jordan is described in chapter 18.

Four fellowships were awarded under the regular programme; one was in public-health administration, two in communicable diseases, and the fourth was an intra-regional fellowship in malaria. Two further fellowships were awarded under technical assistance.

Medical books and journals were supplied.
Lebanon

In September a WHO team started a demonstration of the control of malaria by surveying the Akkar plain, several parts of the Bekaa, the littoral and the area around Tyre.* The Akkar plain, which has 20,000 inhabitants, is reported to be hyper-endemic (the spleen index is 80%) and has never had any control measures. The central part of the Bekaa, which has been subjected to control measures of the Near Eastern Foundation since 1945, is now reported free from malaria, but other areas need to be surveyed and dealt with. The measures against malaria undertaken by the Government on the littoral are reported to have been successful, but the villages in the valleys leading down to the sea have been only partially surveyed.

Work on this project will be continued in 1952 and, with the help of WHO and FAO, it is planned to enlarge its scope to include the improvement of rural health and agriculture.*

The consultant who made the survey of nutrition in Iraq made a similar survey in Lebanon. His findings were more or less the same. The Government has already established a state nutrition committee, with the Director of Public Health as president, and a proposal to create a nutrition laboratory or institute is under consideration. The prospects for carrying out an effective programme in nutrition in Lebanon are favourable.

The expert in public health appointed by WHO as adviser to the Lebanese Government has also acted as professor of public health and preventive medicine at the American University in Beirut.* Four new courses were started in October, and 65 fellowships for courses in public health were awarded to medical technologists, laboratory technicians, sanitarians and public-health nurses by the United States of America under the Point Four Programme. Lectures in preventive medicine and in hygiene were also given at the French University at Beirut, and the American University organized a symposium on tropical medicine, in which the WHO regional advisers on malaria, tuberculosis and nursing took part.

A request was made for assistance in establishing a regional microfilm production laboratory at the American University of Beirut, to serve the countries of the region.

At the end of the year two WHO public-health nurses had been appointed advisers to the Ministry of Health, to help organize courses in public health.*

In 1951, recruitment was started for a maternal and child health demonstration centre.* This project will be continued by WHO and UNICEF in 1953.

Eight fellowships, of which two were for intra-regional courses in health education and statistics, were awarded. Five were financed under technical assistance. Medical journals were also ordered for Lebanon and pamphlets supplied.

Work with the Palestine refugees is described in chapter 18.

Pakistan

The demonstration project for the control of malaria which was started in 1949 in East Pakistan was completed on 31 January 1951. Spraying operations were carried out over 193 square miles of notoriously difficult country; about 182,000 buildings were sprayed and 260,000 people were protected at a cost of $0.16 per head. As it had been ascertained that a pre-monsoon period of transmission existed, the operations were carried out in the dry season. The effect on spleen and parasitic rates and on morbidity has been remarkable, and the working capacity of the local population has increased by from 15% to 40%. The Government has continued and expanded the work in West, as well as in East, Pakistan, with the help of UNICEF which provided one ton of DDT for each ton provided by the government.

The results of the kala-azar survey, carried out by the WHO malaria advisory team in 1950, showed, at the first examination, 8.35% positives. An incidence of 1.85% only was found, however, when 2,153 previously negative children were re-examined in an area which had been sprayed with DDT. The implications are that the transmission of kala-azar is markedly checked by DDT spraying.

Arrangements were made for joint WHO/UNICEF assistance to the Government in setting up a DDT-production plant, and a WHO expert from headquarters made a preliminary survey to see whether the basic requirements for such a plant could be met.* A plan of operations was drawn up, under which work on the project will be started as soon as the Government has provided a plant for producing caustic soda and chlorine.
The feasibility of developing the production of antibiotics (particularly of penicillin) was also explored.

In August a tuberculosis control and training centre started work in Karachi, with the assistance of WHO and UNICEF.** The response of the population was good, and the project is going well. The public-health nurse attached to the WHO team gave a series of lectures in various hospitals in Karachi. It is hoped that a similar centre will be opened in Dacca in the second half of 1952.

The Government, with the assistance of WHO and UNICEF, is continuing the BCG-vaccination campaign from which the Joint Enterprise team withdrew in July. At that time approximately one million tuberculin tests had been carried out and 300,000 persons vaccinated. Vaccine will be obtained from Copenhagen until the Karachi production centre is in full operation in early 1952.

Plans were made for venereal-disease demonstration and training centres to be established in Karachi in 1952, and in Chittagong in 1953,* and towards the end of the year negotiations for these projects were nearing completion. The plans for the Karachi centre include a port health programme.

The OIHP/WHO Study-Group on Cholera recommended at its third session¹ that a field team should investigate cholera in East Pakistan, and the Government requested WHO to help with this project.* In 1951 a WHO sanitary engineer attached to the team made a survey of cholera in this part of the country and helped the Government draw up a plan of operations for the project. His proposals were submitted for comment to the Expert Committee on Cholera, which held a meeting in New Delhi in December. It is planned that the team will be sent to an area in the East Bengal province of Pakistan.

A training and demonstration centre in maternal and child health* has been in operation at Lahore since January. WHO and UNICEF are assisting with this centre, in which the number of student nurses registered reached 85 during the first nine months. It is already clear that the WHO team which has helped to operate this centre has stimulated maternal and child health work and nursing in West Punjab. Assistance was also requested in establishing maternal and child health centres in Karachi, Peshawar and Dacca.* The regional adviser on maternal and child health visited Pakistan to inspect the proposed sites and drew up a plan of operations for each centre. Work on these projects will start in March 1952.

The regional nursing adviser visited the country in June to discuss the need for training public-health nurses. Plans were subsequently completed for a nurses’ training school in Dacca, for which WHO will supply lecturers and fellowships, and UNICEF will contribute equipment and supplies.*

Eleven fellowships were awarded to Pakistan during the year, of which two were administered by WHO on behalf of UNICEF. The subjects for study included sanitary engineering, public-health administration, tuberculosis and venereal diseases. Two (in venereal diseases) were intra-regional, for study with WHO teams working in Egypt and Iraq, and another was for the course in statistics which was given in Colombo.

Medical books were ordered for Pakistan and pamphlets, catalogues, and photostat copies of reprints provided.

Saudi Arabia

In September, work was started on a building which is to serve as the quarantine station for pilgrims at the port of Jeddah.* This project, assisted by WHO, is more comprehensive than was at first envisaged and includes a general hospital, a school for training nurses and auxiliary personnel, a hospital and isolation camp for persons suffering from infectious diseases, and a laboratory. The chief of the epidemiological service in the regional office visited the country twice during the year, first to discuss the programme and budget, and later to revise the plans for the quarantine station, and obtain signed agreements. WHO will provide consultants to advise the Government on the extension of its quarantine services and will also send a laboratory expert, equipment and supplies.

When a plague epidemic in Saudi Arabia and Yemen was reported in July, a WHO consultant went with the Egyptian medical mission to investigate. He reported that there was no plague or cholera in Jeddah, Mecca, Medina or Taif. A detailed plan of operations for the control of plague in the port of Jeddah has been drawn up. It provides for a short-term consultant and a sanitarian, the protection of 100,000 people in Jeddah and nearby villages and training facilities for local personnel. Action will also be taken against rats in the ports of the country.

¹ World Hlth Org. techn. Rep. Ser. 1950, 18, 8
A WHO malariologist made a preliminary survey of the incidence of malaria in the country, and an agreement with the Government was later signed for assistance in a demonstration programme of malaria control.*

The regional adviser on venereal diseases also visited Saudi Arabia to complete arrangements for a project in venereal-disease control, which includes the training of personnel, mass serological testing and treatment.* An agreement was also signed for a leprosy-control programme for 1952. An adviser on public-health administration will also be provided.

Under the regular programme, four fellowships were awarded during the year to medical undergraduates to study at the University of Alexandria. Medical books and maps were also provided.

**Somalia**

The incidence of bilharziasis was surveyed by a WHO consultant in 1951, and a WHO expert in public health co-operated in a survey of the social and economic needs of the country.

**Sudan**

At the request of the Government, the regional adviser in public-health administration visited the Sudan to discuss, inter alia, a ten-year plan for the development of the medical services. This plan, which is based on the principle that preventive medicine should receive as much attention as curative medicine, provides for an increase in the number of specialists, the strengthening of the hospital services, and the expansion of the medical services by gradual but progressive decentralization to the provinces. To help in this programme, WHO will appoint two professors for the medical college.*

The Government is also considering a BCG campaign and the establishment of a tuberculosis centre, combined with a proposed chest hospital, where auxiliary personnel can be trained. WHO submitted detailed proposals for these projects.

Five fellowships were awarded during the year: two were intra-regional fellowships for study in Egypt, and three for work on quarantine and public-health administration in the United Kingdom.

**Syria**

An agreement was signed by the Government, by which WHO has provided advice in nursing, in the control of bejel and syphilis and in setting up a maternal and child health centre.

The project for controlling bejel and syphilis is designed as a mass control programme. Mobile equipment will be provided for serological tests. The completed plans for this project have been approved by the UNICEF Executive Board, and work will be started early in 1952.*

Both WHO and UNICEF are helping with the maternal and child project.* Staff has been recruited for this centre, which is intended both for demonstrations and for training. It will commence operations in Damascus early in 1952. At first "casa-nurses" (district nurses) and "casa-doctors" (district doctors), and ultimately other doctors, midwives, students and public-health nurses will receive training at this centre.

During the last four months of the year, a WHO expert has been advising the Government on general nursing problems.*

Progress has been made with the proposed joint WHO/FAO project for increasing food production and improving standards of health.* To plan this demonstration, the regional public-health planning officer and the FAO representative in Syria visited the Jezireh district during the year. The indications were that agriculture in the Jezireh was already fully developed, but that the recent increase in the wheat and cotton crop had been made at the expense of the rice crop. The Government was also considering two projects which will run concurrently; one, to demonstrate methods of controlling bilharziasis, which affects those who live near the Balik and Jerrahi rivers; and the other, to protect the population against malaria by DDT spraying and improve the standard of living by health education. A WHO consultant also surveyed the incidence of bilharziasis in this area.

The regional adviser in tuberculosis went to Damascus during the year to discuss with the Government a demonstration and training project in tuberculosis control. Plans for this project were approved and will be put into effect in 1952. The regional BCG adviser also visited the country to inspect the BCG campaign, which is being continued by the Government with freeze-dried vaccines from the Institut Pasteur in Paris.

The consultant on nutrition also made a survey in Syria, where there is much interest in this problem. He recommended that food analysis should be carried out, that special courses on nutrition should
The need for greater efforts in maternal and child health was reported by the regional adviser in this subject after a visit to the country. Subsequently, in response to a request from the Government, WHO submitted plans for a demonstration and training centre in maternal and child health to be established in 1952.*

The regional nursing adviser also visited the country and reported a shortage of trained nurses so acute as to threaten the development of the health programme. Plans for a postgraduate training school and for a nursing school were signed by the Government, and these projects will start in 1952.*

During the year, it was decided to provide the Government with the services of a WHO consultant in venereal diseases for two months. WHO will also provide penicillin and other equipment for a pilot project, which, it is hoped, will be expanded into a mass control programme in 1952.*

The State Veterinary Institute at Ettik has continued as a joint FAO/WHO brucellosis centre.

Twelve fellowships, of which one was financed under technical assistance, were awarded during the year in public-health administration, nursing, maternal and child health, epidemiology and other subjects. Medical literature was supplied.

**Yemen**

In July, just before the pilgrimage season, the Yemenite Government asked WHO for assistance in combating an undiagnosed epidemic. A WHO consultant accompanied the medical mission which was sent by Egypt to investigate. The presence of plague in endemic form was confirmed in Khawlan province bordering on Saudi Arabia. More than 60 villages were examined and 137 cases of bubonic plague and one of pneumonic plague were found. The patients were isolated in the villages, and six young men from Taig were trained in anti-plague work and put in charge of groups to cover the whole area. The epidemic, officially declared to have ended on 15 September, was of sylvatic origin. In 1952, a sanitary inspector will be provided by WHO to help in preventive work.

A WHO consultant made a survey of bilharziasis in Yemen in 1951.*
A clinical conference at Pahlevi Hospital, Teheran. An Iranian doctor is presenting his case to students and staff of the hospital.

Dr. Erik Warburg, Professor of Medicine at the University of Copenhagen, examining a patient with heart disease before the staff and students of Pahlevi Hospital.

Dr. Carl Semb, Professor of Surgery at the University of Oslo, conducting an operation at the Pahlevi Hospital.
MEDICAL TEACHING MISSION TO ISRAEL

Dr. K. Evang, Director-General of Health Services, Norway, inspecting facilities and health conditions in a Jewish settlement.

Dr. H. Osmond-Clarke of the Orthopaedic and Accident Hospital, London, examining a child at the Home for Crippled Children in Jerusalem.

Dr. J. Gordon of the Harvard School of Public Health, examining a child for conjunctivitis.

Dr. Carl Semb, Professor of Surgery at the University of Oslo, making a ward round at the Hadassah Hospital, Tel Aviv, with Dr. Joseph of the Hadassah Medical School.
Anti-Venereal-Disease Demonstration Centre at Tanta. The WHO and Egyptian public-health educators explain case-finding techniques to a conference of social workers.

Typical villagers of the Nile delta area, where the anti-venereal-disease campaign is in operation.

Waiting for the first examination.

Nurses taking a blood specimen for serological tests.

WHO and Egyptian serologists carrying out a test.

One of the Egyptian laboratory assistants (left) who are being trained in modern blood-testing techniques.
The Regional Committee for the Western Pacific held two sessions during 1951. This committee consists of representatives from the following countries which have their seats of government located within the region: Australia, Cambodia, China, Japan, Korea, Laos, New Zealand, the Philippines and Viet Nam, and of the following countries responsible for territories within the region: France, the Netherlands, Portugal, the United Kingdom and the United States of America.

The first session of the Regional Committee was to have been held in March 1951 but was postponed because of the international situation at that time. With the approval of the Fourth World Health Assembly the committee was convened on 18 May, and, at a one-day meeting, constituted itself by electing officers and adopting rules of procedure, recommended Manila as the site of the regional office, nominated the regional director and decided on the time and place of its second session.

The temporary office for the Western Pacific continued to function in Hong Kong until September 1951, when the regional office was established in Manila. An organizational structure considered to be suitable for the present needs of the region has been adopted, and international and local staff have been recruited. Most of the local staff have been recruited in Manila. The decision to establish the office in Manila made it necessary to transfer all the international staff and some locally recruited staff from Hong Kong. This was done in stages in order to cause as little disruption as possible, to ensure continuity in the work of the office and to enable the staff to make adequate preparation for the second session of the regional committee.

This session, which was held in Manila from 18 to 21 September, was attended by representatives of all the countries mentioned above except New Zealand and Portugal (Australia and the United States of America sending only observers, however) and also by representatives from ILO, UNESCO and UNICEF and observers from several non-governmental and inter-governmental organizations (the American College of Chest Physicians, Association of Medical Societies in the Far East, International Council of Nurses, International Union against Tuberculosis, League of Red Cross Societies, Special Technical and Economic Missions (STEM) of the Economic Co-operation Administration, World Federation for Mental Health and World Medical Association). At this session, the representatives of the States and territories within the region reported on the health problems and the progress made in health activities in their countries, and the Regional Director gave an account of the activities of the office. The 1952 programme for the region was reviewed, and the proposed programme and budget for 1953 were approved with some modification. A general programme of work for a specific period was also considered. The committee recommended the establishment of separate sections in national health-administrations to deal with international health matters; consultation with the regional office when short- and long-term health programmes were drawn up by Member Governments; the intensification of national health and sanitary measures to prevent the spread of quarantinable diseases; the inclusion of the recommendations of the Joint FAO/WHO Expert Committee on Nutrition in future programmes of the governments; the development of national programmes for the benefit of children; consultations with the regional office of UNICEF on the nature and extent of possible joint aid in medical programmes in Cambodia, Laos and Viet Nam, and an increase in the provision of equipment and supplies for medical and public-health projects. The regional supply of insecticides, the continuity of delegations to meetings of the World Health Organization, the annual reports from Member States and the cooperation of Member States in public information work were also considered. It was agreed that technical discussions on the education and training of medical and public-health personnel should be held at the next session of the Regional Committee, which is to be held in Saigon during the second or third week of September 1952.

For the regional office in Manila, the Government of the Philippines provided a two-storey concrete building on 25th Street, Port Area. Next to this building a smaller structure, vacated by the Com-
Community Chest of Greater Manila, will give room for expansion.

A host agreement, which established the conditions under which the regional office would operate, was concluded with the Government of the Philippines on 22 July.

Besides eight administrative officials, the international staff of the office includes a director of health services, two public-health administrators and four regional advisers (in maternal and child health, nursing, malaria and tuberculosis). Plans were made to add three other advisers (in education and training, health education of the public and environmental sanitation) to this staff. In addition, as at 1 October, 21 field workers were employed on various projects that were being carried out in the region by WHO alone or jointly with UNICEF.

General Review of Work in the Region

In the short time that the Regional Office for the Western Pacific has been in operation, it has given help to a number of countries in the region. The activities sponsored and administered by WHO may be divided into (1) those carried out under its regular programme, (2) those administered under the programme of technical assistance for economic development and (3) those undertaken in collaboration with other specialized agencies (and UNICEF).

When the temporary office was set up in September 1950, most of the work being carried out in the region consisted of joint projects with UNICEF. Since then the Regional Director and his advisers have visited many countries, investigated conditions on the spot and made recommendations for expanding some of these projects and modifying others. Several new projects have also been started.

Because of the economic under-development of some of the countries in the region and also because of the ravages of recent wars, there is a need for long-term projects in many areas. It has been found that projects under the technical assistance programme are well suited to meet the needs of such areas and more and more projects have therefore been requested under this programme. Several such projects were already in operation in 1951, and many more were in various stages of negotiation. Requests for projects under the technical assistance programme, to be started in 1952, were received from almost all the countries in the region (see annex 15). Four basic agreements (with Cambodia, Korea, the Philippines and Viet Nam) and many project agreements were signed during the year.

Fellowships have played an important role in helping governments in the region to improve their health services. During the year, 24 were awarded: 18 under the regular budget, 5 financed by UNICEF, and one under technical assistance (for details see chapter 2 and annex 14). In the fellowships programme WHO is now giving less emphasis to general fellowships and more to those connected with specific projects, so as to enable local technical workers, after receiving training outside the region, to carry on such projects when the international teams are withdrawn. Some projects offer particularly good opportunities for training, and short-term fellowships have been granted to enable personnel from other parts of the region or from neighbouring regions to participate in them. Wherever adequate training facilities exist, fellowships have been awarded for training within the region; those for study outside the region are usually given to senior personnel.

Almost all the Fellows, on their return, have been placed in important positions in the health services in their countries and are engaged in the work for which they were trained. A few, however, have found difficulty in returning to their own country.

The educational opportunities provided by projects have been stressed from the beginning. This emphasis on training both non-professional and professional workers has been well suited to conditions in many countries of the region. The regional office has helped several countries to develop their educational and training centres for various types of health personnel. Medical literature, supplies and teaching equipment have also been provided for many countries within the region.

As mentioned above, delegates to the second session of the Regional Committee passed a resolution urging all Member Countries to establish separate sections in their health ministries in order to secure effective liaison in international health work. To obtain the best results and to prevent duplication of effort or conflict of interests, most governments in the region have felt a need to co-ordinate the
various types of aid offered to them. Committees for this purpose have been formed in Formosa (Taiwan) Viet Nam and the Philippines.

Projects to help Member States within the region to improve their public-health administration have been planned for some time. Two countries have asked for consultants in public-health administration to help them plan their health services and to adapt modern principles to local needs and conditions; since March the Government of Viet Nam has had the services of a public-health administrator to help with long-term planning and co-ordination of
its health services, and similar assistance has been requested and is being planned for Cambodia. Most countries in the region need expert advice in public-health administration, and it is felt that they will soon take advantage of it.

During the period under review, the regional office has been successful in furthering maternal and child health work and the training of nurses in Brunei, Malaya, North Borneo, the Philippines and Sarawak, where programmes were carried out with the assistance of WHO and UNICEF. The project in the Philippines, for which WHO and UNICEF had established a rural health demonstration and training centre, was taken over by the Government. The midwifery project in Sarawak was completed on 31 October and this work is now being carried on by the Government. At the end of the year three further projects in maternal and child health were being negotiated: in Formosa (to be carried on with the help of WHO and UNICEF) in Cambodia and in Viet Nam.

The regional office made arrangements for a survey on nutrition to be made in several countries and an expert will soon be sent to the region for this purpose.

Projects in health education of the public were also planned. An expert from headquarters came to the region in October and visited several countries to find out what WHO could do to help develop a greater interest among the people in improving health conditions. Special projects in health education were planned for Hong Kong and Sarawak.

In the work in the control of epidemic and endemic diseases special attention has been paid to malaria, tuberculosis, diphtheria and yaws. Malaria and insect control projects were under way in Cambodia and in Viet Nam, and a malaria pilot-project was started in Sarawak towards the end of the year.

Jointly with UNICEF, WHO assisted with BCG projects in Malaya, the Philippines, Singapore and Formosa. The BCG-production laboratory in the Philippines produced vaccine not only for local use but for export to the neighbouring countries, and steps were taken to bring another BCG laboratory, in Formosa, up to the standard required by WHO. The structural alterations made to the Institut Pasteur in Saigon as a result of recommendations of a WHO consultant last year, and the provision of new equipment, have led to WHO's official approval of this institute as a vaccine-producing laboratory. An expanded programme of tuberculosis control in the Philippines was under way, and another, with assistance from WHO and UNICEF, was completed in Hong Kong.

Other projects being carried out with the aid of WHO and UNICEF were a diphtheria-immunization programme and a treponematoses programme in the Philippines. The Philippines, Japan, and Malaya also co-operated in the Q-fever survey which is being made by headquarters.

Great interest has been shown in the region in the various official publications of WHO, and the regional office has helped to distribute them. For the benefit of health workers and institutions in those countries where Chinese is the predominant language, the Chronicle of the World Health Organization has been translated into Chinese and distributed widely. Staff members, during their visits to Member Countries, gave lectures and broadcasts and stimulated discussions to arouse the interest of the public in the work of the Organization. Information material was distributed as widely as regional facilities permitted, and, to ensure the expansion of this work, a public information section was set up in the regional office.

Co-operation has been maintained with the United Nations on questions connected with WHO staff sent for duty in Korea, and there has also been effective co-operation with UNICEF, the health missions of the Economic Co-operation Administration and with other agencies interested in health programmes in the region. In addition to formal meetings and conferences attended by members of the regional office, such as meetings of the South Pacific Commission, the BCG conference in Rangoon, and a meeting in Bangkok convened by the Economic Co-operation Administration to discuss the co-ordination of health programmes in the region, regional advisers made contact with the scientific and professional groups during their visits to countries in the region.

Details of the various types of assistance given to the countries in the region are as follows:
Activities by Individual Countries with Help from WHO

*Work which was or is to be carried out with technical assistance funds is marked with an asterisk.*

**Australia**

The facilities in Australia for training personnel from other parts of the region have been examined, and a public-health nurse from the Philippines has already received field training there as part of a WHO fellowship. Also, one fellowship was awarded to a candidate nominated by the Government. Work was continued in the FAO/WHO brucellosis centre.

**British Solomon Islands**

One fellowship was awarded to the British Solomon Islands.

**Brunei**

As mentioned in last year's report, among the first of WHO's international staff to be sent to the region were two public-health nurses, who went to Brunei in January 1950 under the auspices of WHO and UNICEF. They helped the Government to develop health services, in particular those for mothers and children, conducted training courses for local midwives, which included instruction in pre-natal and infant care, helped to organize clinics and extend their services to new areas, and gave lessons in infant care in schools. The courses they gave were extremely popular. A nurse educator was also sent to conduct a training course for assistant nurses in the new government hospital.*

The regional adviser on malaria recently visited Brunei to consult with the governmental authorities. As a result of the consultations it was decided that technical personnel of the United Kingdom Colonial Office should make a preliminary survey of the extent of the malaria problem. This study will be used as a basis for plans for a malaria-control project to be assisted by WHO and started in 1952.*

The tuberculosis adviser's visits to Brunei in November 1950 and in July 1951 led to plans for a tuberculosis survey combined with a BCG campaign. This work will be conducted on the lines of previous international projects, but will be modified to suit local conditions. It will be integrated into the BCG work that is being done in the neighbouring territories of Sarawak and North Borneo and into the general tuberculosis-control campaign in Brunei itself.

**Cambodia**

At the request of the Government of Cambodia, a WHO malariologist was sent to Pnom-Penh on 6 October 1950 to start a malaria and insect-control project.* He was joined in August 1951 by a sanitarian. The resignation of the original malariologist in May 1951 interrupted this project for a time, but early in August a substitute was provided and the team resumed its work. The first malariologist gathered much information on malaria and other diseases in the country and drew up a set of suggestions for standardizing the collection and recording of malariometric data, which were distributed to provincial health officers.

The project includes the training of local personnel and the development of a malaria and insect-control programme in certain parts of the provinces of Kampot and Kompong-Cham and in the villages on the outskirts of Pnom-Penh. It is hoped that further areas will later become accessible and that the project will be extended to them. Local workers are being trained to carry on after the international team has withdrawn, and as a result of their work an adequate malaria and insect-control service should become a permanent feature of the general public-health services of the country.

Plans have been made for WHO to assist a demonstration and training programme in maternal and child health,* which is to start on 1 January 1952. It will be preceded by a socio-economic survey, for which WHO is recruiting a specialist in maternal and child health with a general public-health background. To make good the shortage of locally trained personnel, WHO has also been asked to help with a project in nursing education, which will run concurrently with that in maternal and child health for a period estimated at five years. A consultant was sent to Cambodia in November for this project and other experts are being recruited.

Discussions have already been begun on a BCG pilot-project, to start within the next two or three years. By then it is expected that enough local
personnel will have been trained and the general health programme sufficiently developed to permit a specialized programme of this type to be carried out.

A consultant in public-health administration will shortly start work in Cambodia; his recruitment was somewhat delayed owing to the difficulty of finding a suitably trained candidate with the necessary language qualifications.

Medical literature was sent to Cambodia during the year.

China

The Regional Director and regional advisers in malaria, maternal and child health, nursing and tuberculosis visited Formosa (Taiwan) during the year. One project was in operation, and plans were drawn up for a number of others, which should shortly begin.

As a result of the visit of the adviser in tuberculosis, it was proposed that WHO and UNICEF should provide an international BCG team of one doctor and one nurse, various items of equipment and supplies, and fellowships. The international team accompanied by the tuberculosis adviser arrived in April 1951 to launch a BCG campaign, which was in progress at the end of the year, when a large number of the 900,000 school children and 500,000 pre-school children to be treated had been tested and vaccinated.

In September 1950, at the request of the Government, WHO sent a BCG consultant to visit the BCG laboratory at Taipeh. He made certain recommendations to bring this laboratory up to the standard required by WHO, and suggested that the doctor in charge of the work should be granted a fellowship to study BCG-production abroad. Action is now being taken on all these recommendations. It is expected that this laboratory will be recognized as a BCG-producing centre in due course, and that it will then supply all the vaccine required in Taiwan.

A WHO/UNICEF maternal and child health project* is being negotiated. The Government proposes to establish a rural educational centre for training doctors, nurses and midwives, based on the provincial hospital and the rural health centres. In this centre the WHO team, with a local “matching” team, will demonstrate methods of maternal and child care. The Government also plans to create a maternal and child health division within the public-health department, and has asked for three fellowships—in maternal and child health administration, medical social work and health education.

A programme of nursing education,* which will provide five nurse educators, to strengthen the National Taiwan University School of Nursing, is being started. Fellowships in nursing education will help to prepare local nurses for teaching positions. This is a development of a teaching programme started by WHO in 1947 when a Formosan nurse was sent to Canada with a fellowship.

As malaria is a most serious public-health problem, especially in rural areas, the malaria adviser visited the country in August and again in October when he worked out details of a malaria and insect-control project.* The Government had asked for assistance in carrying out this project which will start in the first quarter of 1952 and last for four years.* The WHO team, which consists of a malarialogist, an entomologist and a public-health engineer, will not only take part in the project but will also train members of the staff of the Malaria Research Institute who are participating in this work.

A venereal-disease project* has been approved and the plan of operations is at present being revised in accordance with WHO recommendations. The problem of recurring bubonic plague in Kingmen and other islands has been referred to WHO, and the authorities concerned have been advised to ask for a short-term consultant to make a preliminary survey and recommend suitable action. Six fellowships were given to Formosa in 1951—four under the WHO programme and two on behalf of UNICEF. The Government has recently nominated ten further candidates for fellowships.

On the mainland, there has been some disruption in the fellowships programme and some Fellows have been unable to leave the country.

The supply of medical literature has continued and the Chinese edition of the Chronicle of the World Health Organization has been widely circulated.

Fiji Islands

A fellowship at the Otago University, Dunedin, New Zealand, was awarded to a senior medical officer from Fiji. A request for the tuberculosis adviser to visit the islands has been received, and it is hoped that it will be possible to arrange this visit in 1952.
Hong Kong

The control of tuberculosis was the main subject of WHO's work in Hong Kong in 1951. Under a joint WHO/UNICEF tuberculosis project which was started, a mobile dispensary and equipment for a diagnostic laboratory and some new clinics were provided. The equipment for the tuberculosis laboratory arrived and was installed; the mobile dispensary was formally taken over by the Government in June, and the fellowships granted under this project were completed.

With WHO/UNICEF assistance, a health-education project has also been planned, which is intended not only to benefit Hong Kong, but also to serve as a pilot project. It will produce simple, effective materials which can be adapted for use in similar projects in other parts of the region where the predominant language is Chinese. An expert in public-health education visited Hong Kong late in October.

WHO/UNICEF aid in a diphtheria-immunization project, to be undertaken by the Government, was also requested, and proposals for such assistance, technically approved by WHO, have been sent to UNICEF.

In view of the interest in venereal-disease control shown by the authorities, a short-term consultant will be sent to make a preliminary survey of the problem and help the Government to draw up a plan of operations.

One WHO fellowship was awarded to Hong Kong during the year.

Japan

Japan became a Member of WHO only in May, and has since taken an active part in the work of the Organization. The Government submitted a list of proposed projects for 1952 and 1953, which were discussed during the second session of the Regional Committee, at which three delegates from Japan were present.

Japan took part in the Q-fever survey carried on by WHO and asked WHO for help in preparing a cancer programme.

Korea

In 1951, a Korean doctor, with a WHO fellowship, did graduate work in Canada at the University of Saskatchewan.

WHO has continued to co-operate with the United Nations by providing assistance to the Unified Command in Korea (see Part III, chapter 18).

Laos

The WHO consultant in public-health administration assigned to Viet Nam visited Laos and discussed with the health authorities there how WHO could help the government with its public-health services.

A fellowship has been awarded to enable a physician from Laos to take a course in malarialogy in Lisbon for a period of two and a half months. Laos has also decided to send some Fellows to Cambodia as soon as the WHO-assisted school of nursing there is established.

Medical literature was provided.

Malaya

The WHO/UNICEF programme for the training of nurses continued. It was started in Penang in 1950 with the arrival of a team consisting of four nurses, covering public health, midwifery, general nursing and later paediatrics. In 1951, a hospital prenatal clinic was reorganized and a postnatal clinic established. In the prematurity unit, organized in 1950, the team established a breast-milk bank, and arranged for regular visits to the home by a health visitor after the mothers leave hospital. Additional staff was requested by the Government to teach courses in ward administration.* Once this programme is fully established it may be used for training personnel from other countries in the region. It is planned that WHO will also support the School of Nursing at Kuala Lumpur.*

The BCG campaign in the Federation of Malaya, which was begun in November 1950, was carried on for six months. In this campaign more emphasis was placed on the teaching of local teams than on actual vaccination. Statistics on the work of the team, which were compiled and classified in the Department of Social Medicine of the University of Malaya, will be sent to Copenhagen for final analysis. During the campaign foreign doctors and nurses with WHO/UNICEF travelling fellowships were attached to the team for varying periods to learn about the organization, as well as the teaching and techniques, of the work. A nurse member of the team will return to Malaya to evaluate this project.

Two fellowships for health visiting and for dental nursing were administered by WHO on behalf of UNICEF.

Technical advice on brucellosis was given to Malaya, which also took part in the Q-fever survey carried on by WHO.
New Zealand

New Zealand has so far only requested fellowships from WHO, though at one time medical literature was also supplied to the library of the medical school at Dunedin. A further fellowship was awarded. New Zealand has co-operated with WHO by providing training in various branches of public-health work for a number of WHO Fellows from the Western Pacific as well as from other regions.

North Borneo

A WHO/UNICEF team, consisting of a nurse-educator, a public-health nurse and a midwife, was sent to North Borneo, in 1950, to improve maternal and child health services in the country, and to train local personnel. In 1951 it started a school of nursing where training in midwifery, including prenatal and infant health care, was given. It also supervised domiciliary practice. The authorities have asked that this programme should be extended and that the services of the teaching staff should be made available in other areas of the colony. To meet this request, an additional nurse-educator will be required.

The regional adviser on malaria visited North Borneo during the year and discussed with the authorities a pilot project in malaria control, for which a three-year plan of operations has been drawn up. It is designed to provide training and to find out whether or not residual spraying of premises will be the most effective and economical means of controlling malaria in the area. It has not yet begun because of the difficulty of obtaining local personnel.

Plans for a BCG campaign in North Borneo, developed by the regional tuberculosis adviser, who made a visit in November 1950, have been deferred.

Philippines

Work was continued at the rural health demonstration and training centre which was established in the Philippines in August 1950, with the assistance of WHO and UNICEF. The team supplied by WHO, which consisted of a public-health nurse and a consultant on maternal and child health, was withdrawn in August 1951, and the project was taken over by the Government. This centre offers facilities that can be used by other countries in the region, since it provides training in public-health field work for doctors, nurses, midwives, health educators and sanitarians who have completed their basic training or who need refresher courses in modern public-health practice. The Government will provide in-service training there, not only for its health workers, but also for medical students and student nurses.

The WHO/UNICEF project for providing equipment to child-care centres was completed.

The BCG-production laboratory at Alabang, built and equipped through the joint efforts of UNICEF, the United States Public Health Service and the Philippines Government, is now capable of producing all the BCG vaccine required by the Philippines and supplying vaccine for export to neighbouring countries. As a result of the report of the BCG consultant who was sent by WHO to inspect the building and its equipment and to instruct the local staff in the technique of production, as mentioned in the Annual Report for 1950, the laboratory was officially approved by the Organization as a BCG-production centre. Facilities for training a WHO/UNICEF fellow in BCG production have been made available at this centre.

The Philippines Government has carried out large-scale projects in tuberculosis control, including BCG vaccination. This work was intensified in 1950 and 1951 by the International Tuberculosis Campaign, which is being supplemented by a five-year WHO/UNICEF programme. As part of this programme, a tuberculosis demonstration and training centre, equipped partly by the Government and partly by UNICEF and the United States Public Health Service, is now in operation at Santa Cruz, and by the end of the year considerable results had been achieved in a large-scale BCG campaign.

A consultant will be assigned to the Government to help it with the administration of this project, which is to continue for five years.

Planned in 1950, a WHO/UNICEF treponematoses project made some progress during the year. The director of this project was given a short-term fellowship to observe yaws control in Thailand and Indonesia before the project began.

Work on a programme on mental health, to be carried on with the help of WHO and UNICEF, will be started as soon as suitable international staff can be recruited. The Department of Social Affairs of the United Nations will probably co-operate in this programme.

A WHO/UNICEF diphtheria immunization programme has been in operation in several provinces and most cities in the Philippines. Most of the equipment for a toxoid laboratory was received, and a fellowship was awarded for training in connexion with this project.
To increase food production, to combat malaria and to raise the standards of health in the Philippines a joint FAO/WHO project* has been under negotiation for some time. However, as it has not yet been determined whether the residual spraying of premises is the most effective method of controlling malaria in this country, it is proposed to establish a pilot project to settle the question. If successful, this project could be transformed into the larger joint project originally envisaged. The Philippines took part in the WHO Q-fever survey carried on in 1951.

Eight fellowships were awarded during the year, including one administered on behalf of UNICEF and one under technical assistance.

Sarawak

Two nurses were sent to Sarawak in 1950, where they supervised the maternity and paediatric wards until October 1951. Supplies were provided by UNICEF. The nurse-midwife tutor, assisted by a local nurse, developed a programme for domiciliary midwifery and prenatal care. The Government was satisfied with the results of this project,* which, at the end of the year, was being continued by the local matching staff, who were trained in this work by the WHO team.

Malaria, which is prevalent in the rural areas of the country, hampers progress in agriculture and industry. Accordingly, during a recent visit, the malaria adviser held discussions with the health authorities concerning a two-year pilot project designed to train local personnel and to determine an effective and economical method of controlling malaria in the colony. WHO drew up a plan of operation and is providing an entomologist for this programme.*

Singapore

On 1 June 1951 the BCG team which had been working in the Federation of Malaya moved to Singapore for four months. As Singapore already has trained personnel and several tuberculosis centres, the continuity of this work will be assured. It is considered that this project will make a permanent contribution to the public-health services of the colony. The project ended on 1 October and is being carried on by the Government.

Under a programme to help the University of Malaya to build up a first-class school of public health which, in due course, may serve the needs of the whole region, WHO will provide seven lecturers. This programme will begin in January 1952.*

The Government has requested WHO to provide a nurse educator to help raise the standard of midwifery training and improve the midwifery service in Singapore.* An organized teaching programme, including pre-natal, post-natal, hospital, domiciliary and health-centre experience for pupil midwives, will be started; refresher courses for practising midwives are also planned, and the teacher will work with governmental officials to raise the standard of midwifery. The Government is arranging a fellowship for a local candidate to take the teacher's course, so that a permanent teaching programme may be ensured.

Viet Nam

The malaria and insect-control project,* for which plans were made in 1950, was continued throughout the year, with the help of a WHO team consisting of a malarialogist and a public-health engineer. The latter—assigned to Saigon in December 1950—also helped to train local workers, made surveys of malaria and environmental sanitation and gave assistance with the Government's housing plans. The malarialogist, who arrived in the spring of 1951, besides working in Viet Nam, was also assigned to supervise projects in Cambodia and Laos.

A consultant in public-health administration was assigned to Viet Nam in March to co-ordinate the projects administered by the Government in cooperation with WHO and to assist it in developing hospital and public-health services.*

At the request of the Government, a specialist in maternal and child health will be assigned to help with plans for improving maternal and child health services and educational facilities.* The personnel for this project will be increased as the need arises and the programme develops.

As a result of the changes made at the Institut Pasteur in Saigon in accordance with the recommendations of the WHO BCG-consultant, this laboratory has now been recognized as a BCG-production centre, and plans will now be made to support a BCG campaign in Viet Nam. Assistance in tuberculosis control will be given as soon as political conditions in the country permit.

One fellowship was awarded and medical books were sent to Viet Nam during the year.
PART III

COLLABORATION WITH OTHER ORGANIZATIONS

A major function of the World Health Organization is "to establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate". This function is mainly the task of headquarters and the liaison office in New York, but many of the activities described in this part of the report show that the regional offices, in the course of their work with governmental, non-governmental and international organizations which have offices within the regions, are now also assuming a larger measure of responsibility for it.

The methods which WHO is using to fulfil this function were described in detail in the Annual Report for 1950 and therefore only examples of such co-operation and the results obtained will be found in chapter 17.

With chapter 18, which describes the health services to special groups provided by WHO at the request of the United Nations, it forms a separate part of the report so that it may be referred to easily by the Economic and Social Council.

CHAPTER 17

CO-ORDINATION OF WORK WITH OTHER ORGANIZATIONS

Some of the activities described below are now in operation, some are being developed, and others are being studied. All have been facilitated by the representation of WHO at meetings called by other organizations, for such representation has permitted the Organization to present its policy on the health problems which have arisen and so promote the maximum co-ordination of effort.

Co-operation with the United Nations

Long-Range Activities for Children

The Administrative Committee on Co-ordination has set up joint bodies to examine plans for long-range activities for children and it is believed that this work will now bear fruit. Here again co-ordination in the countries served will be important, and efforts will be made to help the countries ascertain their real needs, produce their own plans, and determine what kind of assistance must come from international sources. At the end of the year, the selection of countries where such activities could be most advantageously started was under discussion.

Human Rights

The Draft Covenant on Human Rights has led to many problems in the United Nations. The first part of it deals with political and civil rights, susceptible of being implemented by courts of law. It was soon realized that the second part, which is

1 Off. Rec. World Hlth Org. 30, 61
2 Other information of particular interest to the Economic and Social Council will be found in the Introduction to the report and in the annexes.
devoted to social and economic rights, would require
a different method of implementation, probably
through reports by governments to the United
Nations, and the question then arose whether this
method should not also be applied to the first part.
The Economic and Social Council finally referred
this whole matter back to the General Assembly,
and at the time of writing the Assembly's decision
was not known. WHO has worked with the Human
Rights Commission in elaborating Article 25 of the
Draft Covenant and the section on implementing
economic and social rights. The Organization has
maintained that it would be unfortunate if the
responsibility for helping governmentsto give
practical effect to the right to health were not placed
on the appropriate specialized agency.

International Peace and Security

The Fourth World Health Assembly considered
resolution 377 (V) of the United Nations General
Assembly, "Uniting for Peace", and a further
resolution—363 (XII)—taken by the Economic and
Social Council at its twelfth session on emergency
action by the Council and specialized agencies to
assist in the maintenance of international peace and
security. The Health Assembly formally declared
(WHA4.70) that WHO, on the request of the
Security Council or the General Assembly, would
co-operate with the United Nations and would
furnish information and emergency assistance for
this purpose in accordance with its constitutional
and budgetary provisions. The Secretary-General
of the United Nations was immediately informed
of this decision, and it has also been reported to
the General Assembly.

Health Services to Special Groups

WHO, at the request of the United Nations,
has again provided health services for the Palestine
refugees and the civilian population of Korea, and
has given advice on such services to Libya. In
Korea, the Organization has already begun to
collaborate with the United Nations Korean Recon-
struction Agency, which is to take over the teams
for which WHO has provided staff. As the relief
part of the work becomes less important, so WHO's
responsibility for assisting the Korean government
to build up a strong public-health service will
increase. Details of these projects are given in
the following chapter.

Insecticides

At the suggestion of WHO, the Economic and
Social Council has made recommendations for
alleviating the world shortage of insecticides, and
included on the agenda of its thirteenth session an
item "international action on the critical shortage
of insecticides for public-health purposes." The
Council requested the Secretary-General to form a
working party of governmental representatives to
examine this subject and to report back if possible by
January 1952. WHO has prepared material for the
working party, has made further studies in collabor-
ation with the United Nations and FAO, and has
taken active steps to help solve this problem within
certain countries (see chapter 7). WHO also took
part in a meeting of European insecticide producers,
convened by ECE during the year.

Rehabilitation of the Physically Handicapped

Progress has been made in developing a co-
ordinated programme for the rehabilitation of the
physically handicapped, including the blind. Close
relations have been maintained with the newly
constituted rehabilitation unit of the United Nations
Department of Social Affairs and with other inter-
ested organizations; a working party composed of
representatives from ILO, UNESCO, UNICEF,
IRO and WHO met in April and later presented a
report on this subject to the Social Commission of
the Economic and Social Council. WHO is giving
advice on the health aspects of the problem, in-
cluding medical care and the prevention of disability,
and is helping with the preparation of technical
monographs and a bibliography and with other
activities relating to rehabilitation standards.

Rehabilitation of the Physically Handicapped Child

In co-operation with the United Nations, WHO
has continued to work on the rehabilitation of
crippled children (see UNICEF, below). Special
programmes for the rehabilitation of physically
handicapped children were organized in ten European
countries during the year, and, at the end of the
year, WHO convened an Expert Committee on
the Physically Handicapped Child whose members
were selected by the United Nations, UNESCO, ILO
and WHO respectively.

Status of Women

The United Nations Commission on the Status
of Women considered the report of the WHO
Expert Committee on Nursing at its fifth session and
passed a resolution requesting the Secretary-General
to draw the attention of Member States to the need
for ensuring wider recognition for the professional
status of nurses and legal protection of this status
(see chapter 2).
Mental Health Problems

There has been further collaboration with the United Nations on the questions of juvenile delinquency, the prevention of crime and the treatment of offenders. The WHO survey on the psychiatric aspects of juvenile delinquency was published in 1950, and later WHO provided a consultant for a seminar on the subject which was held in Italy under the auspices of the United Nations. The Organization also took part in a group-training seminar in Brussels, sponsored by the United Nations and designed to train various types of workers in the medical, sociological and psychological examination of offenders. WHO has worked with the United Nations and the International Children's Centre on the mental health problems of childhood, particularly the effects of separation from the mother during infancy. The United Nations assisted the teaching seminar on alcohol studies, sponsored by WHO and held in Copenhagen in late October.

Community Welfare Centres

To implement a resolution of the Economic and Social Council, the United Nations has begun to make plans for joint surveys of community welfare centres in different countries. ILO, FAO, UNESCO, and WHO are all collaborating in planning this project, which will probably be implemented in 1952.

Statistics

A volume entitled Pregnancy Wastage and Childhood Mortality, which WHO has helped to prepare, was finished during the year and will be published by the United Nations. With help from the United Nations and the governments concerned, the Organization held two regional training courses in vital and health statistics, one in the Eastern Mediterranean and the other in South-East Asia. There was also further co-operation on the statistical aspects of the population problem: the WHO Executive Board at its eighth session requested the Director-General to study this subject with the Population Commission of the United Nations in order to define the responsibilities of the two organizations.

Fellowships

With the United Nations and other organizations WHO has endeavoured to co-ordinate the fellowship programmes of the several organizations. During the year it took part in the orientation courses organized by the Social Affairs Department of the United Nations for its own Fellows.

Co-operation with UNICEF

As the number of projects carried out by WHO has increased, so more and more joint work with UNICEF has been undertaken and collaboration has become much closer. In 1951 UNICEF and WHO took over the international tuberculosis campaign which had been sponsored by the Joint Enterprise, details of which may be found in chapter 3 and under the countries concerned. The two organizations also co-operated on other work in tuberculosis such as the establishment and strengthening of tuberculosis training centres, and UNICEF continued to provide supplies for a large number of WHO projects in such varied types of work as the control of malaria and venereal diseases, maternal and child health, a survey of trachoma among Palestine refugees, and the training of public-health nurses and midwives.

At the same time, particularly in Europe—even in some countries that no longer consider themselves Members of the Organization—WHO continued to give technical advice on, and approval to, many projects, especially programmes for training, for the promotion of maternal and child health and for the control of disease, for which UNICEF had been asked to provide supplies. WHO continued to administer a certain number of fellowships granted by UNICEF in 1951. Further subjects of joint work during the year were milk sanitation, a study of visual aids and teaching equipment, and assistance to various technical institutions.

With the International Children's Centre in Paris, WHO has worked on general problems of child health, particularly mental-health problems of childhood. UNICEF, together with the United Nations Department of Social Affairs and WHO, sponsored the training course on handicapped children given in London. WHO contributed fellowships to two similar courses in Paris, a child health symposium held in Mégève, a course in social paediatrics, and a course in vaccination against communicable diseases, all of which were sponsored by the International Children's Centre.
(ECAFE) on water control and utilization, and on housing with the Economic Commission for Europe (ECE). It also provided an expert for a seminar on social case work sponsored by the United Nations and held in the Netherlands. WHO, together with UNICEF, ECAFE and, in some cases, with ECE, has worked out plans for helping a number of countries to establish plants for producing antibiotics and insecticides and has started to give practical assistance in this work. The United Nations has assisted WHO in the study on the health visitor which is being carried out in England and France, in which the Rockefeller Foundation is also giving assistance.

The Organization was represented at the eighth and ninth sessions of the Trusteeship Council and at meetings of the Special Committee on Information transmitted under Article 73e of the Charter, and it is hoped that the reports from WHO’s newly established regional organizations in the Western Pacific and in Africa will enable it to make a more valuable contribution to the deliberations of the United Nations on non-self-governing territories.

Finally, close co-operation has, as always, characterized the various fields of public information: radio, filmwork, exhibits and publications (see chapter 9).

Co-operation with the Specialized Agencies

International Labour Organisation

In accordance with the resolution adopted at the Preliminary Migration Conference held in Geneva in April and May 1950, ILO and WHO, with the assistance of IRO, formulated basic principles and criteria for the medical selection of migrants. A group of experts of the two specialized agencies which met in Rome in September 1951 to examine the work done prepared a working document which was presented to the Migration Conference convened by ILO in Naples in October 1951. This conference, which 28 governmental delegations attended and at which WHO was represented, unanimously adopted the basic principles and criteria for the medical selection of migrants and recommended that the Governing Body of ILO communicate them to the Member States both of ILO and of WHO. The conference also adopted other resolutions which define the work which remains to be done on the same subject; in this work also WHO will co-operate.

The principles and criteria formulated by the Naples Conference were endorsed by the Governing Body of ILO and, when the Executive Board of WHO has examined them, will be communicated jointly to the Member States of the two organizations.

At the request of the United Nations the two organizations also compiled material for a handbook on migration.

WHO has maintained close collaboration with ILO on the organization of medical care within social security schemes, and was represented at two seminars on social security organized by ILO in Costa Rica and in Turkey, as well as at various other meetings on this subject. At the suggestion of ILO, the Organization set up an expert consultant group on the medical aspects of social security to advise ILO and to submit a report to be considered by the International Labour Conference in 1952. This group was convened in December 1951.

The two organizations continued to co-operate on social and occupational health and the hygiene of seafarers, though the joint expert committees on these subjects did not meet in 1951. ILO, together with WHO, is sponsoring the International Anti-Venereal-Disease Commission of the Rhine, which regulates the control of these diseases along that river.

ILO gave advice to WHO on the training course in human relations in industry, which was given at the Roffey Park Institute in the United Kingdom.

The two agencies worked on the conditions of employment of nurses and the publication of legislative material and health standards for the maternal protection convention being drawn up by ILO.

Food and Agriculture Organization

Joint activities with FAO were increased during 1951, particularly in nutrition and the zoonoses. The Joint FAO/WHO Expert Committee on Nutrition considered the report on the 1950 survey of kwashiorkor in Africa (see chapter 2) and the organizations then started two further studies of this condition, sending consultants to Latin America and the Western Pacific. Joint studies were also begun on the assessment of nutritional status, and a start was made on compiling a bibliography of this subject. The problem of the prevention and
treatment of malnutrition in times of disaster was also investigated by WHO and by the expert committee.

Close collaboration on problems connected with the zoonoses was maintained with FAO and also with the Office International des Epizooties in Paris. The international standards with reference to biological products established by WHO for veterinary medicine have been accepted by the former and are being examined by the latter. With these organizations WHO has begun to gather information on the international transmission of zoonoses and will later examine the material collected, with a view to formulating guiding principles for national sanitary measures applicable to animals in international traffic. FAO/WHO brucellosis centres continued and increased their activities. The two organizations also co-operated on the control of hydatid disease and on rabies and a representative of the two organizations gave advice on meat hygiene in the Eastern Mediterranean Region.

Work on joint projects for the control of malaria and the increase of food production was continued and some progress is now being made, particularly in the South-East Asia Region.

Further subjects in which there has been co-operation were the establishment of new irrigation projects by FAO—for which WHO has given technical advice on the prevention of disease—rural welfare and home economics, milk supply and sanitation.

**United Nations Educational, Scientific and Cultural Organization**

In 1951 WHO has co-operated with UNESCO in its fundamental education projects, which have been greatly expanded throughout the year. On this subject the United Nations, FAO, UNESCO, WHO, and other organizations have been in frequent consultation. WHO continued to collaborate with UNESCO in the pilot project in the Marbial Valley in Haiti, and provided an expert on health education for a regional training and production centre for fundamental education programmes which was set up in Patzcuaro, Mexico, and another for a similar project in the Arab States. Other projects in which the United Nations and several of the specialized agencies will co-operate with UNESCO were being studied at the end of the year. An experiment in the local production of visual material for health education was also begun in the health demonstration project established by WHO and the Government of Egypt. The two organizations have co-operated on school health work, and WHO has helped compile an annotated bibliography of health education references.

Other UNESCO projects in which WHO has continued to give assistance have been: the setting-up of international centres for research on arid zones (WHO is represented on the Advisory Committee on Arid Zone Research); the establishment of techniques for international conferences, in which WHO has been particularly interested; medical and biological abstracting and indexing, and the creation of international research laboratories. On this last question, the International Computation Centre has been approved by the Economic and Social Council and is going ahead, and further work is being done on others.

UNESCO has helped in WHO projects in mental health in childhood, child guidance in the nursery school and the training of nursery school teachers.

The two organizations have continued to support the Council for the Co-ordination of International Congresses of Medical Sciences, a non-governmental organization which is mentioned below, and have collaborated in giving assistance to medical libraries and institutions.

**Other Specialized Agencies**

Co-operation with the other specialized agencies in the expanded programme of technical assistance of the United Nations has brought WHO into much closer relation with them.

In April 1951 the International Civil Aviation Organization was represented on the Special Committee established to consider the draft International Sanitary Regulations before their submission to the Fourth World Health Assembly. Further, in line with resolutions of the Fourth Health Assembly (WHA4.82) and the Executive Board (EB8.R22), WHO, with ICAO, is examining the possibility of setting up a joint expert committee to consider sanitary standards for airports with a view to preparing international legislation or recommendations on that subject.
WHO continued to collaborate with the International Refugee Organization in providing health services for refugees. At the end of the year, at the request of the United Nations Office of the High Commissioner for Refugees, WHO and IRO arranged to provide a consultant in tuberculosis to Zone A of Trieste.

The International Telecommunication Union has co-operated with WHO in arranging for priorities to be granted to certain kinds of epidemiological telegrams. At the sixth session of the Administrative Council of the ITU, in April 1951, a resolution was adopted urging all Members of ITU to grant to epidemiological telegrams of exceptional urgency the same treatment as they accord to communications concerning the safety of life at sea or in the air. Since that date many Member States of WHO have undertaken to give the priority requested.

WHO nominated public-health experts to serve on the missions sent by the International Bank to two countries in connexion with applications for loans and assistance for solving economic, administrative and fiscal problems.

**Co-operation with Non-Governmental Organizations**

In 1951 the Executive Board reviewed the progress made in collaborating with the non-governmental organizations which had been brought into official relationship with WHO, and expressed satisfaction at the way in which co-operation with these organizations had developed. At its seventh session it established official relations with five more such organizations: the American College of Chest Physicians, Central Council for Health Education, International Association of Microbiologists, International Paediatric Association, and International Society for the Welfare of Cripples. This brings up to 27 the number of non-governmental organizations with which WHO is in official relationship. A complete list is given in annex 8.

At the eighth session of the Executive Board it was decided (EB8.R54) that, in order to facilitate the examination of applications for official relations with WHO, requests for such relations from further non-governmental organizations would be considered at sessions of the Board other than those immediately following the World Health Assemblies. It was also decided that summaries of information concerning each application to be considered should be sent to all members of the Board three months before the opening of the session at which the application would be reviewed, and also that, in cases where working relations had been established with non-governmental organizations, requests for official relations from such organizations should not be considered until a year after the establishment of the working relations.

WHO has made use of the resources of these organizations, and instances of co-operation with them will be found throughout the report. The following details may be of particular interest:

Close co-operation has been maintained with the Council for the Co-ordination of International Congresses of Medical Sciences, which stands in a special relationship to WHO and UNESCO. The council has collaborated with WHO in two symposia held during the year. One, a symposium on microbial growth and its inhibition, was held in Rome in collaboration with the Istituto Superiore di Sanità and 46 scientists from six countries took part. The papers presented at this symposium are to be published. The other, on allergy, was held in Zurich in October with the co-operation of the Swiss Academy of Medical Sciences. WHO has continued to take part in the work of the executive committee of this council, which is emphasizing the importance of organizing courses or series of lectures in connexion with international medical congresses.

The World Medical Association has again collaborated on the table of usual and maximal doses of drugs for adults, for inclusion in the *Pharmacopoea Internationalis*: some comments from its member associations were incorporated in the text of Volume I and others will be considered for Volume II. The association also recommended that when an international non-proprietary name for a drug was being selected, the name proposed by the original discoverer of a drug should be chosen, provided that it did not conflict with the other principles adopted for naming. It was agreed that if due recognition were given to the recommendations of the discoverer of the product, the World Medical Association would help to secure general acceptance of the international non-proprietary name recommended by WHO. This association, and the International Air Transport Association, also helped WHO to prepare the International Sanitary Regulations. Early in May senior officials of WHO and the World Medical Association met informally to discuss other possible opportunities for useful co-operation.
WHO and the International Union against Tuberculosis have exchanged information, and, during the annual meeting of the union, WHO representatives visited its offices and its executive council. The union is appointing an executive secretary so that its work may become better known and its membership increase.

Co-operation with the United Nations on the rehabilitation of the physically handicapped and the prevention of blindness has been mentioned elsewhere in this chapter. To assist the United Nations bodies in this work, WHO helped to arrange a general conference of non-governmental organizations. The Society for the Welfare of Cripples submitted a paper for this conference, in which the following organizations took part: the International Committee of the Red Cross; International Association for the Prevention of Blindness; International Council of Nurses; International Hospital Federation, and League of Red Cross Societies. This was a useful experiment in a new method of consultation.

At a meeting of the Expert Committee on the Physically Handicapped Child, which was held under the aegis of the United Nations and organized by WHO as a joint meeting with the United Nations, ILO, UNESCO and WHO, an opportunity was given for close work with the International Society for the Welfare of Cripples. WHO co-operated also in a meeting which the International Union for Child Welfare arranged on special problems of refugee children in Austria, Germany and Italy, and helped plan the study of adoption which the union is carrying out. WHO also helped the union to transfer its exhibition on the crippled child to a meeting of the International Society for the Welfare of Cripples held in Sweden and to show the exhibition in Finland.

WHO was represented at a meeting of the International Paediatric Association at which the coordination of abstracting services in paediatrics was discussed. Such work in bibliographies and abstracting is becoming more involved and is being closely observed so as to ensure that WHO's influence shall be used to the best effect.

WHO receives valuable information from the national associations and international committees of the International Council of Nurses. In 1951 this information included data on nursing recruitment programmes, material on tests for selecting student nurses and a report on a study of the use of central supply rooms for Canadian hospitals. Together with the International Council of Nurses, WHO made a survey of training programmes for public-health nurses during 1951, and the findings were incorporated in a paper prepared for the technical discussions held at the Fourth World Health Assembly. The council provides space in its Quarterly Bulletin for news of WHO and at the request of WHO has undertaken a study of advance programmes for the training of nurses. This and other studies which the council helped to plan are being carried out by the Florence Nightingale International Foundation.

Information on nursing work in countries where the national Red Cross societies are active was exchanged with the League of Red Cross Societies and the International Committee of the Red Cross. The committee has helped to brief WHO field staff for work in countries with which it is familiar.

WHO continued to co-operate with the International Pharmaceutical Federation and four members of the Expert Committee on the International Pharmacopoeia gave lectures at the Fourteenth General Assembly of the Federation.

The International Dental Federation has been in liaison with WHO throughout the year. A plan has been jointly drawn up for collecting information on the training of dental health personnel in different countries and on the use of fluorides in water supplies to prevent dental caries.

The World Federation of United Nations Associations, together with the Health Committee of the Austrian United Nations Association, prepared a memorandum which was circulated by WHO during the discussions on professional and technical education held during the Fourth World Health Assembly. For three years the World Federation, in close co-operation with WHO, has annually organized seminars on world health, to show medical students and young physicians the problems that are being tackled by WHO in programmes of international co-operation. Some 20 to 25 students from about ten countries take part in the seminars. In 1951, lectures and discussion groups were arranged with some of the outstanding specialists in preventive medicine and public health who attended the World Health Assembly; the participants were also able to attend plenary meetings and meetings of the main committees of the Assembly. Plans are under way for similar seminars to be held during the Fifth
World Health Assembly. Similarly, information on the work of WHO has been given in seminars organized by the World Federation in Havana, Rome, Teheran and Beirut. All United Nations Associations now receive the Newsletter and the Folder on WHO; several national associations are sent information from WHO regional offices on the work done in the region; and many have arranged to exhibit material supplied by WHO. In Austria, Japan and Togoland, where there are no national WHO committees, the national United Nations associations have sections which concern themselves primarily with WHO. National WHO committees have been established in Finland and the United States of America.

Co-operation with the Inter-American Association of Sanitary Engineering has developed this year. At the request of WHO, the President of the association submitted to the Expert Committee on Environmental Sanitation a paper on the education, training and use of sanitary workers.

The International Association of Microbiologists has helped WHO in its work on rabies and the International Association for the Prevention of Blindness has assisted with work on trachoma.

The World Federation for Mental Health, on behalf of the Organization, has collected information on psycho-therapy in penal institutions and on the rehabilitation of psychiatric patients.

The foregoing is not of course a complete summary of work with non-governmental organizations; it touches only on the more important work of certain organizations in which there have been new or striking developments. With all non-governmental organizations in official relation with WHO there has been a continuous and lively exchange of correspondence, information and views. Most of them were represented at the Fourth World Health Assembly where they took part in the technical discussions and their own major conferences have been attended by observers from WHO. 1

There are many other organizations not in official relation with WHO with which working relations have been established or maintained. Mention may be made of the work done with the International Society of Geographical Pathology (Brussels) on infectious hepatitis; with the International Poliomyelitis Conference (Brussels) and its Permanent European Committee; with the International Veterinary Congresses and with the Inter-American Congresses on Brucellosis; with the International Organization against Trachoma, and with the American Geographical Society of New York on epidemiological information in the Pacific area.

Several WHO officials have given talks and lectures to scientific bodies in many countries, among them the Royal Society of Medicine, London, the Institut Pasteur, Paris, and the American Public Health Association.

An increasing number of WHO projects are being carried on in co-operation with the Rockefeller Foundation and CARE. 2 Many examples of these will be found throughout this volume. The Rockefeller Foundation has helped with such projects as those for public-health training schools, the demonstration in maternal and child health in Soissons, the pilot study on the health visitor and the seminar of sanitary engineers. CARE, at the end of the year, agreed to provide supplies for four large projects, two in the Eastern Mediterranean Region and two in South-East Asia.

1 The meetings called by non-governmental and other organizations at which WHO was represented are shown in annex 7.

2 Co-operative for American Remittances to Europe, Inc. The work of the organization has been extended to regions other than Europe.
CHAPTER 18

HEALTH SERVICES FOR SPECIAL GROUPS

In addition to giving services to governments at their request, WHO has provided, upon the request of the United Nations, health services for special groups. Such services fall into different categories: for instance, in 1951, in co-operation with the United Nations, WHO assisted the Palestine refugees and the civilian population of Korea. It also gave advice, on the request of the United Nations Commissioner, to health officials in Libya on the drawing up of a health programme.

Palestine Refugees

During 1951, WHO has continued to direct and assist with the medical relief and health protection of the Palestine refugees in Lebanon, Syria, Jordan (including Arab Palestine) and the Gaza area, through the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWAPRNE). The number of refugees involved is estimated at about 850,000. As before, emphasis has been placed on public health and preventive medicine. The goal in curative medicine continues to be to give care at a level similar to that provided by the host countries for their indigent nationals. UNRWAPRNE has continued its efforts to replace international by local personnel, in accordance both with its own policy and with the request, made by the Regional Committee for the Eastern Mediterranean in 1949, for "those bodies which have operational responsibility to employ local health personnel wherever possible". Of a staff of 1,444, only 21 are internationally recruited. The annual cost of operating the Agency’s programme of health sanitation and camp maintenance is about $2,000,000.

When the United Nations General Assembly extended the programme of relief and reintegration projects of UNRWAPRNE until 30 June 1952, it thanked WHO for the work it had done and urged it to give all further help possible to the Agency.

The Fourth World Health Assembly approved a grant to UNRWAPRNE of $42,857 in 1951, and WHO has continued to take responsibility for technical direction of the programme by providing the chief medical officer of the Agency; to provide a malarialogist and a sanitary engineer whose salary is reimbursed by the Agency; and to arrange visits by expert consultants.

No serious epidemic occurred among the refugees during the period ending July 1951. Only five cases of smallpox were reported, compared with 181 in 1949/50. Typhus had increased a little, although there was only a small outbreak in East Jordan; other cases were sporadic; all were comparatively mild and probably of the endemic murine type. The enteric disease incidence was not high for the population, considering the often primitive sanitary conditions in which the refugees live, nor was the mortality high. (In one hospital, the case fatality for proven cases of typhoid was said to be only 2%.)

During the year the number of clinics operated by the Agency increased from 72 to 81. Only a few of the clinics are mobile, and they are used to serve refugees scattered in villages. The main clinic divisions are: general medical, skin and dressings, ophthalmic, school health, prenatal and infant welfare. Venereal-disease and tuberculosis clinics are held in some areas; in others they are combined with the general clinics. Immunization is carried out either as a special programme or as part of the routine of the general clinics. The routine immunizations are against smallpox, typhoid and paratyphoid, and diphtheria. The total number of immunizations performed during the year for all three
diseases was almost 850,000. Every refugee is body-dusted with 10% DDT once a year—more frequently where louse infestation is high or when louse-borne diseases threaten.

The total number of hospital beds maintained by or with the help of the Agency during the period July 1950 to July 1951 was 1,806; the figure was 1,472 in the previous year, and 692 two years ago. The increases have been fairly evenly distributed throughout the area.

Under the guidance and direction of consultants from headquarters the work on controlling venereal diseases, started in 1949, has been continued and somewhat expanded. An examination of a limited number of pregnant women showed positive serum in about 5% of those examined. Because of the high incidence of trachoma in the area, a consultant from WHO made a study of the disease, and on his recommendation a programme for the control of trachoma by the use of antibiotic ointment and sulfonamides was started in some of the camps in Jordan. So far, only a few thousand patients are under treatment, but after review of the experiences obtained, and after consideration by the Expert Committee on Trachoma, it was concluded that a more extended programme might be possible in co-operation with governments concerned.

The maternal and child health programme was continued and expanded. The number of prenatal and infant-welfare clinics increased, and attendance at four infant-welfare clinics rose from 7,000 in June 1950 to 15,237 in June 1951. In several areas small maternity centres were organized so that qualified personnel could supervise local midwives, most of whom are illiterate. The standard of work has risen considerably during the past year, and in most areas schoolchildren are now receiving medical attention from nurses and doctors.

A further survey of the nutritional state of the refugees was made in the spring by a consultant from headquarters, who reported that their condition was "reasonable... having regard to their previous circumstances and those of the populations among whom they are at present living". He recommended an increase in the calorie content of the diet, and there is evidence that most refugees now supplement the basic ration given them by the Agency by one or more of the items he suggested. The basic diet, 1,500 calories in the summer, is increased to 1,600 in the winter.

In the programme of malaria control, it is apparent that the incidence of malaria is decreasing in the whole area. In the insecticidal programme, DDT, Gammexane, and Chlordane were used with good results in the control of mosquitoes, flies and lice. The residual spraying campaign against mosquitoes, which protected some 370,000 persons, was estimated to have cost 8.2 US cents per head.

More responsibility for environmental sanitation has been taken by the Health Division of the Agency. Its sanitary workers are now responsible for all "camp maintenance" work, including the provision of water and shelter for refugees in camps and the planning and erection of camps. Despite the unusual drought in the area, which had to be met by hauling water in tank cars to several camps, the standard of sanitation has improved, and, although the water shortage was acute, there was no comparable increase in the water-borne diseases.

As a result of the decision taken by the United Nations General Assembly in resolution 393 (V), the main aim of the programme was changed from providing relief to furthering the reintegration of refugees in the economic life of the Near East. This change brought to the Health Division two new tasks: that of planning medical services for the time when refugees will be resettled, and that of training personnel in health and paramedical work. Presumably, when the relief work of the Agency comes to an end, these services will form part of the normal services given by the host countries to their general population, and the health services for refugees will be absorbed into those of each country and administered by the national health agencies. If the refugees are resettled before the health services to governments are thus transferred, the Health Division will probably be called on to plan and provide services in the newly resettled areas. Some of the countries have already begun to work out plans for collaboration between their own health services and those of the Agency.

It is the training aspect of reintegration with which the Health Division of UNRWAPRNE is mainly
concerned, in that its sections of medical care, insect control, sanitation and nursing, can, to some extent, provide refugees with the opportunity to train as nurses, orderlies, sanitarians, malaria-control workers, technicians, pharmacists' helpers, and the like. The number which can be trained will not be large and the cost will be relatively low. The existing facilities can be used but may need to be supplemented by a comparatively small expenditure on equipment, books and teachers. It is hoped that governments will be able to use these trainees in their health services on the work for which they have been trained.

**Korea**

On the recommendation of the Executive Board at its seventh session, the Fourth World Health Assembly authorized the Director-General to continue WHO's contribution to the relief work being carried out among the civilian population of Korea by the United Nations and approved the sum of $245,344 for such services in 1951.

The WHO staff in Korea during the year has consisted of eleven medical officers, five public-health engineers, and five public-health sanitarians. They have been attached to the Civilian Assistance Command in Korea, and have done relief work among the civilian population and the refugees.

This has naturally been emergency work because of the conditions prevailing in Korea. However, it is worth noting that reports from the United Nations Command on operations in Korea state that, so far although some cases of sickness have been reported, ... there has been no general outbreak of disease of epidemic proportion in the areas under the control of the United Nations forces. Active measures are being taken to prevent such an occurrence, including continuation of the DDT dusting programme, expansion of the immunization programme to include typhus, smallpox and typhoid immunizations for the entire South Korean population, estimated at 20 million persons, and improvement and re-establishment of medical facilities.”

The staff now assigned to emergency relief work in Korea will be transferred to the United Nations Korean Reconstruction Agency at the end of the year or at the beginning of 1952, and WHO is helping the Agent-General to recruit additional medical and auxiliary personnel for health work.

If WHO is requested by the Korean Government to assist in the long-term programme for health work in Korea, the first task will probably be to help it to rehabilitate its public-health services.

**Libya**

As a result of the recommendations of the representative of the World Health Organization, who, in 1950, made a survey of the health conditions in Libya, a consultant in public-health administration left for that country early in 1951. At the request of the United Nations Commissioner for Libya, he has advised Libyan health officials and helped them to draw up plans for a health programme, which is to be begun when the country becomes independent in 1952.

Tentative plans have been made for WHO to help by preparing a maternal and child health programme and a BCG-vaccination campaign (both in collaboration with UNICEF), and by sending a public-health administration team to the country. Some medical literature was sent to Libya during the year.

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1 Report by the Secretary-General on Relief and Rehabilitation of Korea: UN document E/2032, Annex III
### Annex 1

**MEMBERSHIP OF THE WORLD HEALTH ORGANIZATION**

(31 December 1951)

States which have accepted or ratified the Constitution of WHO, signed in New York on 22 July 1946:

<table>
<thead>
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1 The chronological order of acceptance or ratification is indicated by the figures in parentheses following the name of each country.
Annex 2

MEMBERSHIP OF THE EXECUTIVE BOARD
(31 December 1951)

Member States entitled to designate persons to serve on the Executive Board:

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<tbody>
<tr>
<td>Professeur J. PARISOT, Doyen de la Faculté de Médecine de Nancy, Chairman</td>
<td>Dr. J. A. Höjer, Director-General, Royal Medical Board, Stockholm</td>
</tr>
<tr>
<td>Dr. A. L. BRAVO, Executive Vice-President, Compulsory Social Insurance Fund, Santiago, Vice-Chairman</td>
<td>Professor F. HURTADO, Professor of Paediatrics, School of Medicine, University of Havana</td>
</tr>
<tr>
<td>Dr. J. N. TOGBA, Director of Public Health and Sanitation, Monrovia, Vice-Chairman</td>
<td>Dr. H. HYDE, Medical Director, US Public Health Service, Washington D.C.</td>
</tr>
<tr>
<td>Dr. J. ALLWOOD-PAREDES,2 Director-General of Public Health, San Salvador</td>
<td>Dr. M. JAFAR, Director-General of Health, Karachi</td>
</tr>
<tr>
<td>Professor S. BRISKAS, Professeur agrégé at the Faculty of Medicine, Paris</td>
<td>Dr. N. KARABUDA, Deputy Under-Secretary, Ministry of Health and Social Welfare, Ankara</td>
</tr>
<tr>
<td>Professor G. A. CANAPERIA, Chief Medical Officer, Office of the High Commissioner for Hygiene and Public Health, Rome</td>
<td>Dr. W. A. KARUNARATNE, Medical Officer of International Health, Department of Medical and Sanitary Services, Colombo</td>
</tr>
<tr>
<td>Dr. S. DAENGSVANG, Deputy Director-General, Department of Public Health, Bangkok</td>
<td>Professeur M. DE LAET, Secrétaire général du Ministère de la Santé publique et de la Famille, Brussels</td>
</tr>
<tr>
<td>Dr. C. L. GONZÁLEZ, Director of Public Health, Ministry of Health and Social Welfare, Caracas</td>
<td>Dr. Melville D. MACKENZIE, Principal Medical Officer, Ministry of Health, London</td>
</tr>
<tr>
<td>Dr. S. HAYEK, Director, Epidemiological Service and International Health Relations, Ministry of Health, Beirut</td>
<td>Dr. R. G. PADUA, Under-Secretary of Health, Manila</td>
</tr>
<tr>
<td>Lebanon</td>
<td>Philippines</td>
</tr>
</tbody>
</table>

1 As from the end of the Fourth World Health Assembly (May 1951).
2 Absent from the eighth session of the Board, 1-8 June 1951
Expert Advisory Panels and Expert Committees

In accordance with the system, adopted in 1950, for supplying the Organization with technical advice by correspondence and for providing the membership of its expert committees, large panels of experts have been established for each of the following subjects:

- Antibiotics; biological standardization; brucellosis; cholera; drugs liable to produce addiction; environmental sanitation; health education of the public; health statistics; influenza; insecticides; international epidemiology and quarantine; international pharmacopoeia; leprosy; malaria; maternal and child health; mental health; nursing; nutrition; parasitic diseases; plague; professional and technical education of medical and auxiliary personnel; public-health administration; rabies; ricketsioses; social and occupational health; trachoma; tuberculosis; veneral infections and treponematoses (including serology and laboratory aspects); yellow fever.

Panels of experts will be drawn up for other subjects in due course and the membership of those already in existence will be enlarged.

For each session of an expert committee, experts from the corresponding panel are selected to be members of the committee for that session, the choice depending on the subjects to be discussed.

This annex contains a table showing the geographical distribution of the members of the expert advisory panels established by the end of the year and a list of the members (other than co-opted members) who attended the sessions of expert committees held in 1951.

Geographical Distribution of Membership of Expert Advisory Panels at the End of 1951

<table>
<thead>
<tr>
<th>Region and Country</th>
<th>Number of Members</th>
<th>Regional Total</th>
<th>Region and Country</th>
<th>Number of Members</th>
<th>Regional Total</th>
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<tbody>
<tr>
<td>Africa</td>
<td></td>
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<tr>
<td>Belgian Congo</td>
<td>2</td>
<td></td>
<td>Jamaica</td>
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<tr>
<td>Kenya</td>
<td>1</td>
<td></td>
<td>Mexico</td>
<td>12</td>
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<tr>
<td>Nigeria</td>
<td>2</td>
<td></td>
<td>Nicaragua</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Southern Rhodesia</td>
<td>1</td>
<td></td>
<td>Panama</td>
<td>7</td>
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<tr>
<td>Tanganyika</td>
<td>1</td>
<td></td>
<td>Paraguay</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>1</td>
<td></td>
<td>Peru</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Union of South Africa</td>
<td>10</td>
<td>18</td>
<td>Puerto Rico</td>
<td>2</td>
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<td></td>
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<td>Trinidad</td>
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<td></td>
<td>United States of America</td>
<td>196</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Uruguay</td>
<td>3</td>
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<td></td>
<td></td>
<td></td>
<td>Venezuela</td>
<td>11</td>
<td>345</td>
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<td>Americas</td>
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<tr>
<td>Argentina</td>
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<td>Cyprus</td>
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<tr>
<td>Bolivia</td>
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<td>Egypt</td>
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<td>Brazil</td>
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<td>Iran</td>
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<td>British Guiana</td>
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<td>Iraq</td>
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<td>British West Indies</td>
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<td>Israel</td>
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<tr>
<td>Canada</td>
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<td></td>
<td>Lebanon</td>
<td>3</td>
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<td>Chile</td>
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<td>Pakistan</td>
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<tr>
<td>Colombia</td>
<td>2</td>
<td></td>
<td>Turkey</td>
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<tr>
<td>Cuba</td>
<td>3</td>
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<tr>
<td>Dominican Republic</td>
<td>2</td>
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<tr>
<td>Ecuador</td>
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<tr>
<td>El Salvador</td>
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<td>Guatemala</td>
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<td>Haiti</td>
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</tr>
</tbody>
</table>

1 Off. Rec. World Hlth Org. 30, 143
### The Work of WHO, 1951

#### Region and Country | Number of Members | Regional Total
--- | --- | ---
Europe
- Austria | 4 |
- Belgium | 26 |
- Czechoslovakia | 1 |
- Denmark | 21 |
- Finland | 11 |
- France | 77 |
- Greece | 9 |
- Hungary | 2 |
- Iceland | 2 |
- Ireland | 5 |
- Italy | 20 |
- Netherlands | 20 |
- Norway | 10 |
- Poland | 1 |
- Portugal | 5 |
- Spain | 6 |
- Sweden | 16 |
- Switzerland | 22 |
- United Kingdom | 103 |
- Yugoslavia | 12 |

#### Region and Country | Number of Members | Regional Total
--- | --- | ---
South-East Asia
- Afghanistan | 1 |
- Assam | 1 |
- Ceylon | 6 |
- India | 44 |
- Indonesia | 5 |
- Thailand | 1 |

#### Western Pacific
- Australia | 3 |
- China | 1 |
- Hong Kong | 1 |
- Japan | 1 |
- Java | 1 |
- Malaya | 2 |
- New Guinea (Netherlands) | 1 |
- New Zealand | 3 |
- North Borneo | 1 |
- Philippines | 6 |

#### Territory not assigned to Region
- Tangiers | 1 |

#### Grand Total
- 871

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### Members of Panels Who Attended Expert Committees in 1951

#### Expert Committee on Biological Standardization

**Fifth Session**

- Dr. J. H. Gaddum, Professor of Pharmacology, Edinburgh University, United Kingdom
- Dr. E. Grasset, Directeur de l’Institut d’Hygiène ; Professeur de Bactériologie et d’Hygiène à l’Université de Genève, Geneva, Switzerland
- Dr. N. K. Jerne, Acting Chief, Department of Biological Standardization, Statens Seruminstitut, Copenhagen, Denmark
- Dr. A. A. Miles, Director, Department of Biological Standards, National Institute for Medical Research (Medical Research Council), London, United Kingdom
- Dr. C. A. Morrell, Food and Drugs Divisions, Department of National Health and Welfare, Ottawa, Ont., Canada
- Dr. J. Ørskov, Director, Statens Seruminstitut, Copenhagen, Denmark
- Dr. W. G. Workman, Chief, Laboratory of Biologics Control, National Institutes of Health (US Public Health Service), Bethesda, Md., USA

---

#### Expert Committee on Cholera

**First Session**

- Dr. W. Burrows, Professor of Bacteriology, Department of Bacteriology and Parasitology, University of Chicago, Chicago, Ill., USA
- Dr. J. Genevray, ancien Directeur général des Instituts Pasteur d’Indochine, Dijon, France
- Dr. C. C. B. Gilmour, Director, Public Health Laboratory, Memorial Hospital, Peterborough, Northants., United Kingdom
- Dr. M. A. Gohar Bey, Professor of Bacteriology, Faculty of Medicine, Fouad I University, Cairo, Egypt
- Dr. M. Jafar, Director-General of Health, Karachi, Pakistan
- Dr. C. G. Pandit, Secretary, Indian Council of Medical Research, New Delhi, India

---

* Including the French Union.
Professor K. Subrahmanyam, Professor of Sanitary Engineering, All-India Institute of Hygiene and Public Health, Calcutta, India

M. A. Lemierre, Directeur adjoint de la Station centrale d’Essais de Machines, Paris, France

Dr. R. Pal, Assistant Director, Malaria Institute of India, Delhi, India

Dr. S. W. Simmons, Scientist Director, Chief, Technical Development Services, Communicable Disease Center (US Public Health Service), Savannah, Ga., USA

Expert Committee on Environmental Sanitation

Second Session

Professor J. M. Azevedo Netto, Professor of Sanitary Engineering, Faculty of Hygiene and Public Health, University of São Paulo, Brazil

Dr. R. P. Burden, Sanitary Engineer, Division of Medicine and Public Health, Rockefeller Foundation, Paris, France

Professor G. Ippolito, Director, Institute of Hydraulics and Hydraulic Construction, University of Naples, Italy

Professor M. Petrik, Professor of Sanitary Engineering, Institute of Hygiene, Zagreb, Yugoslavia

B. W. Russell, Chief Health Inspector, City Health Department, Cape Town, Union of South Africa

Professor K. Subrahmanyam, Professor of Sanitary Engineering, All-India Institute of Hygiene and Public Health, Calcutta, India

Dr. A. Wolman, Professor of Sanitary Engineering, Johns Hopkins University, Baltimore, Md., USA.

Expert Committee on Health Statistics

Third Session

Professor R. Bachi, Director, Central Bureau of Statistics and Economic Research, Jerusalem, Israel

Dr. P. F. Denoix, Chef des Services techniques et de la Section du Cancer, Institut national d’Hygiène, Paris, France

Dr. H. L. Dunn, Chief, National Office of Vital Statistics (US Public Health Service), Washington, D.C., USA

F. Fraser Harris, Director, Health and Welfare Division, Dominion Bureau of Statistics, Ottawa, Ont., Canada

Dr. W. P. D. Logan, Chief Statistician (Medical), General Register Office, London, United Kingdom

Sub-Committee on the Registration of Cases of Cancer as well as their Statistical Presentation

Second Session

Dr. J. Clemmesen, Chief, Cancer Registry, Copenhagen, Denmark

Dr. P. F. Denoix, Chef des Services techniques et de la Section du Cancer, Institut national d’Hygiène, Paris, France

Dr. H. F. Dorn, Chief, Biometrics Section, National Cancer Institute, National Institutes of Health (US Public Health Service), Washington, D.C., USA

Expert Committee on Insecticides

Third Session

Dr. A. L. Berti, Chief, Division of Malariology, Ministry of Health and Social Welfare, Maracay, Venezuela

S. H. Fryer, Head, Engineering Section, Chemical Defence Experimental Establishment, Porton, Near Salisbury, Wilts., United Kingdom

F. W. Knipe, Assistant Superintendent, Ente Regionale per la Lotta Anti Anofelica in Sardegna (ERLAAS), Cagliari, Sardinia

Dr. R. A. E. Galley, Office of the Lord President of the Council, London, United Kingdom

Dr. H. L. Haller, Assistant to the Chief, Bureau of Entomology and Plant Quarantine, US Department of Agriculture, Washington, D.C., USA

Dr. H. Mazzarri, Chief, Chemical Laboratory, Division of Malariology, Ministry of Health and Social Welfare, Maracay, Venezuela

Dr. R. Pal, Assistant Director, Malaria Institute of India, Delhi, India

Dr. J. Treboux, Laboratoire de Recherches J. R. Geigy S.A., Basle, Switzerland

Expert Committee on the International Pharmacopoeia

Eighth Session

Dr. H. Baggesgaard Rasmussen, Professor of Organic Chemistry, Royal Danish School of Pharmacy, Copenhagen, Denmark ; Member of the Danish Pharmacopoeia Commission

Dr. I. R. Fahmy Bey, Professor of Pharmacognosy, Faculty of Medicine, Fouad I University, Cairo, Egypt ; Secretary, Egyptian Pharmacopoeia Commission

Dr. H. Flück, Professeur de Pharmacognosie à l’Ecole polytechnique fédérale, Zürich, Switzerland ; Membre de la Commission fédérale de la Pharmacopée

Dr. C. H. Hampshire, formerly Secretary, British Pharmacopoeia Commission, General Medical Council Office, London, United Kingdom

Dr. R. Hazard, Professeur de Pharmacologie et de Matière médicale à la Faculté de Médecine de l’Université de Paris, France ; Membre de la Commission de la Pharmacopée française

Dr. C. Heymans, Professor of Pharmacology and Toxicology, University of Ghent, Belgium

Dr. L. C. Miller, Director of Revision of the Pharmacopoeia of the United States of America, New York, USA

Dr. D. van Os, Professor of Pharmacy and Toxicology, University of Groningen, Netherlands ; Chairman, Netherlands Pharmacopoeia Commission

Ninth Session

Dr. H. Baggesgaard Rasmussen, Professor of Organic Chemistry, Royal Danish School of Pharmacy, Copenhagen, Denmark ; Member of the Danish Pharmacopoeia Commission and of the Scandinavian Pharmacopoeial Council

Dr. T. Canbičk, Director of the Pharmaceutical Control Laboratory, Stockholm, Sweden ; Vice-Chairman, Swedish Pharmacopoeia Commission ; Member of the Scandinavian Pharmacopoeial Council
Dr. H. Flück, Professeur de Pharmacognosie à l'Ecole polytechnique fédérale, Zürich, Switzerland; Membre de la Commission fédérale de la Pharmacopée

Dr. C. H. Hampshire, formerly Secretary, British Pharmacopoeia Commission, General Medical Council Office, London, United Kingdom

Dr. R. Hazard, Professeur de Pharmacologie et de Matière médicale à la Faculté de Médecine de l'Université de Paris, France; Membre de la Commission de la Pharmacopée française

Dr. C. Heymans, Professor of Pharmacology and Toxicology, University of Ghent, Belgium

Dr. L. C. Miller, Director of Revision of the Pharmacopeia of the United States of America, New York, USA

Dr. B. Mukerji, Director, Central Drug Research Institute, Lucknow, and Central Drugs Laboratory, Calcutta, India; Joint Secretary, Co-ordination Committee, Indian Pharmacopoeia

Dr. D. van Os, Professor of Pharmacy and Toxicology, University of Groningen, Netherlands; Chairman, Netherlands Pharmacopoeia Commission

Sub-Committee on Non-Proprietary Names

Second and Third Sessions

Dr. H. Baggesgaard Rasmussen, Professor of Organic Chemistry, Royal Danish School of Pharmacy, Copenhagen, Denmark; Member of the Danish Pharmacopoeia Commission and of the Scandinavian Pharmacopoeial Council

Dr. C. H. Hampshire, formerly Secretary, British Pharmacopoeia Commission, General Medical Council Office, London, United Kingdom

Dr. R. Hazard, Professeur de Pharmacologie et de Matière médicale à la Faculté de Médecine de l'Université de Paris, France; Membre de la Commission de la Pharmacopée française

Dr. L. C. Miller, Director of Revision of the Pharmacopoeia of the United States of America, New York, USA

Expert Committee on Maternity Care

First Session

Dr. O. Avendaño, Professor of Obstetrics, School of Medicine, University of Chile, Santiago, Chile

Miss K. Brotherus, Nursing Supervisor, Unsimaa County Teaching and Demonstration Area, Helsinki, Finland

Dr. N. J. Eastman, Johns Hopkins Hospital, Baltimore, Md., USA

Professor N. C. W. Nixon, Director, Obstetric Hospital, University College Hospital, London, United Kingdom

Dr. S. Pandit, Adviser in Maternity and Child Welfare, Directorate-General of Health Services, New Delhi, India

Professor Sarwono Prawirohardjo, Department of Obstetrics and Gynaecology, School of Medicine, University of Indonesia, Djakarta, Republic of Indonesia

Dr. W. Schmidt, Department of Maternal and Child Health, Harvard University, Boston, Mass., USA

Professeur J. Snoek, Université libre de Bruxelles; Clinique gynécologique et obstétricale, Hôpital universitaire Saint-Pierre, Brussels, Belgium

Expert Committee on Mental Health

Alcoholism Sub-Committee

Second Session

Dr. S. Bethheim, University Neuro-psychiatric Clinic, Zagreb, Yugoslavia

Dr. L. E. Dérobert, Professeur agrégé à la Faculté de Médecine de l'Université de Paris, France

Dr. R. Fleming, Director, Alcoholic Clinic, Peter Bent Brigham Hospital, Boston, Mass., USA

Dr. G. A. R. Lundquist, Associate, Professor of Psychiatry, Chief Physician, Långbro Hospital, Stockholm, Sweden

Dr. I. Matte Blanco, Professor of Psychiatry, School of Medicine, University of Chile, Santiago, Chile

Dr. M. Müller, Professeur de Psychiatrie, Médecin-Directeur de l'Hôpital psychiatrique de Münsingen, Berne, Switzerland

Dr. M. Schmidt, Chief Psychiatrist, Institute of Forensic Psychiatry, Department of Police, Copenhagen, Denmark

Expert Committee on Nursing

Second Session

Miss T. K. Adranvala, Chief Nursing Superintendent, Directorate General of Health Services, New Delhi, India

Miss M. O. C. Bonthron, Matron-in-Chief, Queen Elizabeth's Colonial Nursing Service, Medical Headquarters, Entebbe, Uganda

Mrs. L. A. de Illueca, Director, Nursing Service, and Director, School of Nursing, Santo Tomás Hospital, Panama, Panama

Miss N. S. Mackenzie, Educational Director, The School of Nursing, Montreal General Hospital, Montreal, Canada

Miss G. Peake, Director, University School of Nursing, Concepción, Chile

Miss L. Petry, Chief Nurse Officer, US Public Health Service, Washington, D.C., USA

Miss M. R. S. Pinheiro, Director, Nursing Division, Serviço especial de Saúde pública, Rio de Janeiro, D.F., Brazil

Miss M. E. Tennant, Assistant Director, Division of Medicine and Public Health, Rockefeller Foundation, Paris, France

Miss A. Türer, Director, Red Crescent Nursing School, Aksaray, Istanbul, Turkey

Expert Committee on Public-Health Administration

First Session

Dr. E. Braga, Superintendent, Serviço especial de Saúde pública, Rio de Janeiro, D.F., Brazil

Dr. B. C. Das Gupta, Director of Health Services, Medical and Public Health Department, West Bengal Government, Calcutta, India

Dr. K. Evang, Director-General of Public Health, Oslo, Norway

Dr. I. V. Hiscock, Chairman, Department of Public Health, Yale University, New Haven, Conn., USA
Dr. F. W. Jackson, Director, Health Insurance Studies, Department of National Health and Welfare, Ottawa, Ont., Canada
Dr. M. Jafar, Director-General of Health, Karachi, Pakistan
Professor J. M. Mackintosh, London School of Hygiene and Tropical Medicine, London, United Kingdom
Dr. J. W. Mountin, Assistant Surgeon-General, US Public Health Service, Washington, D.C., USA
Professor A. Stampar, President of the Yugoslav Academy of Sciences and Arts; Professor of Public Health and Social Medicine, University of Zagreb, Yugoslavia

Joint FAO/WHO Expert Committee on Nutrition

Second Session

FAO:
Professor M. J. L. Dols, State Adviser on Nutrition, Ministry of Agriculture, Fisheries and Food, The Hague; Professor of Nutritional Science, University of Amsterdam, Netherlands
Professor A. Hassan Bey, Technical Adviser of the Permanent Commission on Nutrition, Faculty of Medicine, Fouad I University, Cairo, Egypt
Dr. V. N. Patwardhan, Director, Nutrition Research Laboratories, Indian Council of Medical Research, Coonoor, India
Dr. Hazel K. Stiebeling, Chief, Bureau of Human Nutrition and Home Economics, US Department of Agriculture, Washington, D.C., USA
Professeur E. F. Terroine, Directeur du Centre national de Coordination des Etudes et Recherches sur la Nutrition et l'Alimentation, Centre national de la Recherche scientifique, Paris, France

WHO:
Dr. J. F. Brock, Professor of the Practice of Medicine, University of Cape Town, Union of South Africa
Dr. R. C. Burgess, Senior Nutrition Officer, Institute for Medical Research, Kuala Lumpur, Federation of Malaya
Professor A. B. Keys, Director, Laboratory of Physiological Hygiene, School of Public Health, University of Minnesota, Minneapolis, Minn., USA
Professor B. S. Platt, Professor of Human Nutrition, London School of Hygiene and Tropical Medicine; Director, Human Nutrition Research Unit, Medical Research Council, London, United Kingdom
Dr. A. Riquelme, Director, Department of Nutrition, National Public Health Service, Santiago, Chile

Joint Expert Committee on the Physically Handicapped Child

First Session

United Nations
Miss J. Akkerhuys, Psychiatric Social Worker, Child Guidance Clinic, Amsterdam, Netherlands
Miss B. Hall, Medical Social Consultant, Children's Bureau, US Federal Security Agency, New York, USA
H. Radl, Chief of Special Schools, Vienna, Austria

ILO:
Mlle E. M. Meyer, Secrétaire général, Association suisse " Pro-Înfirmis ", Zürich, Switzerland
M. H. Vandries, Chef de Division au Ministère du Travail et de la Prévoyance sociale (Service des Estropiés et Mutilés), Brussels, Belgium

UNESCO:
Brother B. G. Bonetto, Liaison Committee between the International Society for the Welfare of Cripples and the International Union for Child Welfare, Istituto Gonzaga, Milan, Italy
Miss M. M. Lindsay, Special Services Branch, Ministry of Education, London, United Kingdom

WHO:
Dr. E. Davens, Chief, Bureau of Preventive Medicine, State Department of Health, Baltimore, Md., USA
Dr. G. G. Deaver, Professor of Physical Medicine and Rehabilitation, College of Medicine, New York University, New York, USA
Dr. A. Grossiord, Médecin des Hôpitaux de Paris; Chef du Centre de Rééducation pour la Poliomyélite de l'Hôpital Raymond Poincaré, Garches (S. et O.), France
Dr. G. Herlitz, Director, Pediatric Department, Central Hospital, Linköping, Sweden
Sir Harry Platt, Emeritus Professor of Orthopaedic Surgery, University of Manchester, United Kingdom

Consultant Group on Medical Aspects of Social Security

Dr. E. Aujaleu, Directeur de l'Hygiène sociale au Ministère de la Santé publique et de la Population, Paris, France
Dr. A. L. Banks, Professor of Human Ecology, University of Cambridge, United Kingdom
Dr. C. van den Berg, Director-General for International Health Affairs, Ministry of Social Affairs, The Hague, Netherlands
Dr. H. E. Sigerist, Research Associate for Yale University, New Haven, Conn., USA
Annex 4

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Conference/Meeting Details</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-19 January</td>
<td>Executive Board, Standing Committee on Administration and Finance</td>
<td>Geneva</td>
</tr>
<tr>
<td>22 January - 5 February</td>
<td>Executive Board, seventh session</td>
<td>Geneva</td>
</tr>
<tr>
<td>9 April - 15 May</td>
<td>Special Committee to consider the Draft International Sanitary Regulations prepared by the Expert Committee on International Epidemiology and Quarantine</td>
<td>Geneva</td>
</tr>
<tr>
<td>10-17 April</td>
<td>FAO/WHO : Joint Expert Committee on Nutrition, second session</td>
<td>Rome</td>
</tr>
<tr>
<td>19-28 April</td>
<td>Expert Committee on International Pharmacopoeia, eighth session</td>
<td>Geneva</td>
</tr>
<tr>
<td>30 April - 1 May</td>
<td>Expert Committee on the International Pharmacopoeia, Sub-Committee on Non-Proprietary Names, second session</td>
<td>Geneva</td>
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<tr>
<td>7-25 May</td>
<td>Fourth World Health Assembly</td>
<td>Geneva</td>
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<tr>
<td>18 May</td>
<td>Regional Committee for the Western Pacific, first session</td>
<td>Geneva</td>
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<tr>
<td>28-29 May</td>
<td>Consultative Committee for Europe, first session</td>
<td>Geneva</td>
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<tr>
<td>1-8 June</td>
<td>Executive Board, eighth session</td>
<td>Geneva</td>
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<tr>
<td>11 June</td>
<td>Preparatory Meeting of African Governments on WHO Regional Organization for Africa</td>
<td>Geneva</td>
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<tr>
<td>30 July-4 August</td>
<td>Expert Committee on Insecticides, third session</td>
<td>Savannah, Ga.</td>
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<tr>
<td>13-18 August</td>
<td>Expert Committee on Malaria, Drafting Committee on the Standardization of Procedures in Epidemiological Inquiries and on Terminology in Malaria</td>
<td>Amsterdam</td>
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<tr>
<td>3 September</td>
<td>ILO/WHO : Meeting of Experts on Medical Selection of Migrants</td>
<td>Rome</td>
</tr>
<tr>
<td>3-5 September</td>
<td>Consultative Committee for Europe, second session, and Regional Committee for Europe, first session</td>
<td>Geneva</td>
</tr>
<tr>
<td>18-21 September</td>
<td>Expert Committee on Health Statistics, Sub-Committee on the Registration of Cases of Cancer as well as their Statistical Presentation, second session</td>
<td>Paris</td>
</tr>
<tr>
<td>18-21 September</td>
<td>Regional Committee for the Western Pacific, second session</td>
<td>Manila</td>
</tr>
<tr>
<td>20-25 September</td>
<td>Regional Committee for South-East Asia, fourth session</td>
<td>Rangoon</td>
</tr>
<tr>
<td>24-26 September</td>
<td>Regional Committee for Africa, first session</td>
<td>Geneva</td>
</tr>
<tr>
<td>24 September - 3 October</td>
<td>Regional Committee for the Americas, third session, and Directing Council, PASO, fifth meeting</td>
<td>Washington, D.C.</td>
</tr>
<tr>
<td>27-29 September</td>
<td>UNICEF/WHO : BCG Conference for the Countries in the South-East Asia and Western Pacific Regions</td>
<td>Rangoon</td>
</tr>
<tr>
<td>15-20 October</td>
<td>Expert Committee on Environmental Sanitation, second session</td>
<td>Geneva</td>
</tr>
<tr>
<td>15-20 October</td>
<td>Expert Committee on Mental Health, Alcoholism Sub-Committee, second session</td>
<td>Copenhagen</td>
</tr>
<tr>
<td>15-20 October</td>
<td>Expert Committee on Nursing, second session</td>
<td>Geneva</td>
</tr>
<tr>
<td>29 October - 3 November</td>
<td>Expert Committee on the International Pharmacopoeia, ninth session</td>
<td>Geneva</td>
</tr>
<tr>
<td>5 November</td>
<td>Expert Committee on the International Pharmacopoeia, Sub-Committee on Non-Proprietary Names, third session</td>
<td>Geneva</td>
</tr>
<tr>
<td>5-10 November</td>
<td>Expert Committee on Maternity Care, first session</td>
<td>Geneva</td>
</tr>
</tbody>
</table>

¹ This list does not include meetings of committees of the Health Assembly or Executive Board convened in conjunction with their sessions, Secretariat meetings with other specialized agencies, or seminars organized by WHO in co-operation with governments or other organizations. Some of the joint meetings were called by the other agency attending.

² Convened by ECE with the active collaboration of WHO
### Annex 5

**SYMPOSIA, SEMINARS AND TRAINING COURSES**

Part 1 of this annex lists the symposia, seminars and training courses which WHO organized or helped to organize in 1951. Part 2 shows courses, sponsored by other organizations, in which WHO assisted through the provision of lecturers, fellowships or financial support. WHO also awarded fellowships for attendance at some of the courses listed in part 1. Further details of the courses held in Europe will be found on page 104.

#### Part 1

**Courses organized wholly or in part by WHO**

<table>
<thead>
<tr>
<th>Date/Session</th>
<th>Course Details</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-20 November</td>
<td>Expert Committee on Cholera, first session</td>
<td>New Delhi</td>
</tr>
<tr>
<td>21-26 November</td>
<td>Conference on Morbidity Statistics</td>
<td>Geneva</td>
</tr>
<tr>
<td>27-29 November</td>
<td>Expert Committee on Health Statistics, third session</td>
<td>Geneva</td>
</tr>
<tr>
<td>28 November - 4 December</td>
<td>Expert Committee on Insecticides, fourth session</td>
<td>Geneva</td>
</tr>
<tr>
<td>3-7 December</td>
<td>Expert Committee on Public-Health Administration, first session</td>
<td>Geneva</td>
</tr>
<tr>
<td>3-8 December</td>
<td>Expert Committee on Biological Standardization, fifth session</td>
<td>Geneva</td>
</tr>
<tr>
<td>3-8 December</td>
<td>UN/ILO/UNESCO/WHO: Joint Expert Committee on the Physically Handicapped Child, first session</td>
<td>Geneva</td>
</tr>
<tr>
<td>10-11 December</td>
<td>International Anti-Venereal-Disease Commission of the Rhine, first session</td>
<td>Geneva</td>
</tr>
<tr>
<td>17-18 December</td>
<td>Consultant Group on Medical Aspects of Social Security</td>
<td>Geneva</td>
</tr>
</tbody>
</table>

This was a four weeks' postgraduate course in the following subjects: physiology, pharmacology, biochemistry, internal medicine, paediatrics, anaesthesiology, radiology, general and thoracic surgery, neurosurgery, orthopaedic surgery, pathology, public-health administration, epidemiology and sanitary engineering.
19 September - 11 December  Training Course in Vital and Health Statistics (with United Nations)  Nuwara Eliya, Ceylon
1-21 October  Medical Teaching Mission (with Unitarian Service Committee)  Iran
8 October - 8 December  Training Course in Vital and Health Statistics (with United Nations)  Cairo
22 October - 3 November  Seminar and Lecture Course on Alcoholism (with United Nations and University of Copenhagen)  Copenhagen
12-17 November  Second Seminar of European Sanitary Engineers (with Rockefeller Foundation)  Rome

Part 2

Courses in which WHO assisted

8 January - 8 July  Training Course on the Rehabilitation of Physically Handicapped Children (organized by International Children’s Centre)  Paris
5 March - 30 June  Postgraduate Course in Fundamentals of Thoracic Surgery (organized by University of Groningen)  Groningen
2 June - 6 July  Symposium on Children’s Villages (organized by International Children’s Centre)  Mégève, France
2-7 September  Advanced Course on Human Relations in Industry (organized by Roffey Park Institute of Occupational Health and Social Medicine, with ILO)  Horsham, England
1-2 October  Symposium on Allergy (organized by Swiss Academy of Medical Sciences)  Zurich
1-20 October  Training Course in Paediatrics (organized by International Paediatric Association and University of Zurich)  Zurich
15 October - 15 December  Training Course in Vaccination against Communicable Diseases of Childhood (organized by International Children’s Centre)  Paris
15 October - 15 December  Training Course on the Rehabilitation of Physically Handicapped Children (organized by International Children’s Centre)  Paris
3-15 December  Seminar on Medico-Socio-Psychological Examination of Offenders (organized by United Nations)  Brussels

Annex 6

CONFERENCES AND MEETINGS CALLED BY THE UNITED NATIONS AND SPECIALIZED AGENCIES IN 1951 AT WHICH WHO WAS REPRESENTED

7-10 January  Economic Commission for Asia and the Far East : Technical Conference on Flood Control  New Delhi
15-19 January  Technical Assistance Board, eighth meeting  New York
15-27 January  UNESCO : Executive Board, 25th session  Paris
30 January - 16 March  Trusteeship Council, eighth session  New York
2 February  Joint Staff Pension Board, first session  New York
5-6 February  Economic Commission for Europe : Industry and Materials Committee (Housing Sub-committee), ad hoc Meeting on Financing of Housing  Geneva

Footnote: This was a three weeks’ postgraduate course in the following subjects: physiology-pharmacology, biochemistry, internal medicine, paediatrics, anaesthesiology, radiology, general and thoracic surgery and neurosurgery.
5-7 February  
Technical Assistance Committee, second session  
New York

7-9 February  
Technical Assistance Board, ninth meeting  
New York

8-16 February  
Economic Commission for Latin America : Economic Development and Immigration Committee, third session  
Santiago

9-13 February  
United Nations International Children’s Emergency Fund : Executive Board, 74th to 77th meetings  
New York

10-12 February  
United Nations Children’s International Emergency Fund : Programme Committee, 117th to 120th meetings  
New York

12 February  
Administrative Committee on Co-ordination : Preparatory Committee, 14th session  
New York

12-15 February  
Technical Assistance Board : Working Party on Administrative and Financial Questions  
New York

12-23 February  
ILO : Building, Civil Engineering and Public Works Committee, third session  
Geneva

15-23 February  
Economic Commission for Asia and the Far East : Committee on Industry and Trade, third session  
Lahore

20 February - 21 March  
Economic and Social Council, 12th session  
Santiago

26-28 February  
Technical Assistance Board, tenth meeting  
Santiago

26 February - 10 March  
ILO : Governing Body, 114th session  
Geneva

27-28 February  
Administrative Committee on Co-ordination : Consultative Committee on Public Information, 14th session  
New York

28 February - 7 March  
Economic Commission for Asia and the Far East, seventh session  
Lahore

15 March  
Advisory Committee on Administrative and Budgetary Questions  
New York

16-21 March  
United Nations : Conference of Non-Governmental Organizations interested in Migration  
New York

19-22 March  
Economic Commission for Europe : Industry and Materials Committee, Housing Sub-Committee, fifth session  
Geneva

19-30 March  
Transport and Communications Commission, fifth session  
New York

19 March - 14 April  
Social Commission, seventh session  
Geneva

19 March - 28 April  
World Meteorological Organization, first congress  
Paris

27-29 March  
Administrative Committee on Co-ordination : Technical Working Group on Migration, second session  
Geneva

2-7 April  
UNESCO : Committee of Experts on Films, first session  
Paris

2-7 April  
UNESCO : Conference on Community Studies  
Royaumont

2-27 April  
Social Commission : Ad hoc Committee on Slavery, second session  
New York

3 April  
Joint Staff Pension Board : Standing Committee, second session  
New York

5-7 April  
UNESCO : Advisory Committee on Arid Zone Research, first session  
Algiers

9-18 April  
IRO : Ninth Session of Executive Committee and Seventh Session of the General Council  
Geneva

10 April - 8 May  
Commission on Narcotic Drugs, sixth session  
New York

10-13 April  
Beirut

13 April  
Economic and Social Council, 480th meeting  
New York

16-18 April  
UNESCO : Meeting on the question of International Social Science Institutes  
Paris

16 April - 19 May  
Commission on Human Rights, seventh session  
Geneva

16-27 April  
Ad hoc Committee on the Organization and Operation of the Economic and Social Council and its Commissions, first meeting  
New York

17 April - 1 May  
Joint Staff Pension Board  
Geneva

23 April - 4 May  
Population Commission, sixth session  
New York

27 April - 4 May  
Administrative Committee on Co-ordination : Consultative Committee on Administrative Questions, 11th session  
Geneva

30 April - 4 May  
United Nations International Children’s Emergency Fund : Programme Committee, 121st to 129th meetings  
New York

30 April - 14 May  
Commission on the Status of Women, fifth session  
New York
7–18 May
Statistical Commission, sixth session
New York

8–11, 14 May
Technical Assistance Board, 11th meeting
Paris

14–15 May
Administrative Committee on Co-ordination, 11th session
Paris

17–18 May
United Nations International Children’s Emergency Fund: Programme Committee, 130th to 132nd meetings
New York

17–18 May
Paris

21–25 May
International Civil Service Advisory Board, third session
New York

22–24 May
ILO: Joint Maritime Commission, 16th session
Geneva

22–24 May
United Nations International Children’s Emergency Fund: Executive Board, 78th to 83rd meetings
New York

29 May - 1 June
UNESCO: Expert Committee on the International Computation Centre
Paris

1–2 June
ILO: Governing Body, 115th session
Geneva

5–15 June
Permanent Central Opium Board and Narcotic Drugs Supervisory Body, fifth joint session
Geneva

5 June - 30 July
Trusteeship Council, ninth session
New York

6–29 June
ILO: International Labour Conference, 34th session
Geneva

7–19 June
UNESCO: Executive Board, 26th session
Paris

11–23 June
FAO: Council, 12th session
Rome

18 June - 11 July
UNESCO: General Conference, sixth session
Paris

6–7 July
United Nations Film Board, 16th session
Paris

10–14 July
Economic Commission for Europe: Inland Transport Committee, Working Party on the Prevention of Road Accidents, second session
Geneva

11–16 July
UNESCO: Executive Board, 27th session
Paris

12–21 July
UNESCO/IBE: International Conference on Public Education, 14th session
Geneva

24–28 July
Technical Assistance Board, 13th meeting
Paris

30 July - 21 September
Economic and Social Council, 13th session
Geneva

16 August - 3 December
ITU: Extraordinary Administrative Radio Conference
Geneva

29 August - 1 September
Technical Assistance Board, 14th meeting
Geneva

28 August
FAO: Second Regional Meeting for the Near East, Programmes and Outlook
Bloudane

3–5 September
UNESCO: Advisory Committee on Arid Zone Research, second session
Paris

9–14 September
BANK: Board of Governors, sixth annual meeting
Washington

10–17 September
FUND: Board of Governors, sixth annual meeting
Washington

17–22 September
Economic Commission for Europe: Meeting of European Statisticians
Geneva

27 September - 2 October
Special Committee on Information transmitted under Article 73 (e) of the Charter: Standard Form Sub-Committee
Geneva

2–16 October
ILO: Migration Conference
Naples

2–27 October
Special Committee on Information transmitted under Article 73 (e) of the Charter
Geneva

8–30 October
Advisory Committee on Administrative and Budgetary Questions
Geneva

9–12 October
Joint Panel of Auditors, second session
Geneva

9–18 October
Economic Commission for Asia and the Far East: Conference on Trade Promotion
Singapore

17–18 October
United Nations: Conference of Non-Governmental Organizations on the Rehabilitation of the Physically Handicapped
Geneva

22–24 October
UNESCO: Meeting of experts on the Technique of International Conferences
Paris

22–26 October
Administrative Committee on Co-ordination: Technical Working Party on the Rehabilitation of the Physically Handicapped, third session
Geneva

23 October - 3 November
UNESCO: Executive Board, 28th session
Paris

29–30 October
Administrative Committee on Co-ordination, 12th session
Geneva

29 October - 1 November
United Nations International Children’s Emergency Fund: Programme Committee
Paris
30 October
Administrative Committee on Co-ordination and Advisory Committee on Administrative and Budgetary Questions, joint meeting
Geneva

30 October
Administrative Committee on Co-ordination: Preparatory Committee, 17th session
Geneva

30 October - 1 November
UNESCO: Co-ordinating Committee on Abstracting and Indexing in the Medical and Biological Sciences
Paris

5-7 November
Administrative Committee on Co-ordination: Working Group on Long-Range Activities for Children, first session
Paris

6 November - 10 February
General Assembly, sixth session
Paris

8-12 November
United Nations International Children’s Emergency Fund: Executive Board, 84th-89th meetings
Paris

12-16 November
FAO: Council, 13th session
Rome

19 November - 6 December
FAO: Conference, sixth session
Rome

21 November
ICAO: Facilitation Division, third session
Buenos Aires

22-26 November
Administrative Committee on Co-ordination: Consultative Committee on Public Information, 15th session
Paris

23-25 November
United Nations Film Board, 17th session
Paris

26 November - 10 December
UNESCO: Second Regional Conference of Representatives of National Commissions
Bangkok

3-8 December
United Nations High Commissioner’s Advisory Committee on Refugees, first session
Geneva

3-13 December
Technical Assistance Board, 16th meeting
Paris

6-10 December
Administrative Committee on Co-ordination: Preparatory Committee, 18th session
Paris

11-12 December
Administrative Committee on Co-ordination, 13th session
Paris

11-15 December
ILO: Meeting of Experts on Women’s Work
Geneva

11-21 December
Economic Commission for Asia and the Far East: Inland Transport Committee
Bangkok

12-26 December
ILO: Asian Technical Manpower Conference
Bangkok

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Annex 7

CONFERENCES AND MEETINGS OF NON-GOVERNMENTAL AND OTHER ORGANIZATIONS IN 1951 AT WHICH WHO WAS REPRESENTED

5 January
Council for the Co-ordination of International Congresses of Medical Sciences, Meeting of the Bureau
Paris

4-8 February
All-India Tuberculosis Conference
Hyderabad

11-13 February
47th Annual Congress on Medical Education and Licensure
Chicago

21-23 February
International Union for Child Welfare, Round Table Conference on Young Refugees in Germany, Austria and Italy
Geneva

11-17 March
Third Pan American Medico-Social Congress
Caracas

12 March
Third Inter-American Conference on Social Security
Buenos Aires

16-18 March
Council for the Co-ordination of International Congresses of Medical Sciences, Executive Committee, eighth session, and meeting of the Bureau of the Executive Committee
Paris

27-31 March
International Union for Child Welfare, Consultative Commission on Delinquent and Socially Maladjusted Children
Roehampton, near London

27 March - 1 April
Italian Society for International Organizations, Seminar on the Problems of Under-Developed Areas
Turin

29 March - 10 April
International Council of Women, Triennial Council Meeting
Athens
3 April
World Federation for Mental Health, Inter-Professional Advisory Committee
Dublin

3-7 April
Tenth Italian National Tuberculosis Congress
Naples

3-7 April
World Federation for Mental Health, Executive Board, eighth meeting
Dublin

23-25 April
Fifth Annual Symposium on Recent Advances in the Study of Venereal Diseases
Washington, D.C.

23-27 April
Royal Sanitary Institute, Annual Health Congress
Southport

23-30 April
Pan American Sanitary Organization, Executive Committee, thirteenth session
Washington, D.C.

25-26 April
World Medical Association, Conference on Possible Wartime Activities of the World Medical Association
Geneva

25-27 April
Institute of Law Studies of Nice, meeting on International Medical Law
Nice

29 April - 6 May
World Medical Association, Council Meeting
Geneva

1-6 May
First South-East Asia Medical Conference
Manila

8-9 May
Thirteenth Congress of French-speaking Paediatricians
Algiers

10 May
Sixième Journée de Pneumo-Phtisiologie infantile
Algiers

14-18 May
First Pan American Congress on Medical Education
Lima

19 May
European Association against Poliomyelitis, Meeting of the Special Drafting Committee
Geneva

21-25 May
International Union against Venereal Diseases, Annual General Assembly
Paris

21-26 May
International Office of Epizootics, 19th Annual General Meeting
Paris

26-29 May
Institute of Occupational Health, Opening Ceremony and First Scandinavian Congress on Occupational Medicine and Hygiene
Helsinki

29-31 May
International Union for Public Health Education, Preparatory Meeting
Paris

11-16 June
International Scientific Committee for Trypanosomiasis Research, third session
Bobo-Dioulasso, French West Africa

11-17 June
International Dental Federation, 39th annual session
Paris

15-27 June
South Pacific Commission, Research Council, third session
Noumea, New Caledonia

25-30 June
International Union of Local Authorities, Ninth Congress
Brighton

3-7 July
International Social Security Association, Tenth General Meeting
Vienna

5-11 July
International Committee of Scientific Management, Ninth International Congress
Brussels

10-28 July
Students' International Clinical Congress
The Hague

15-21 July
International Hospital Federation, Seventh International Hospital Congress, and Provisional Executive Committee, first meeting
Brussels

16-18 July
International Institute of Welding, Commission on Hygiene and Safety
Oxford

23-28 July
International Blood Transfusion Society, First Annual Congress
Lisbon

3-5 August
Council for the Co-ordination of International Congresses of Medical Sciences, meeting of the Bureau
Paris

8 August
World Federation of United Nations Associations, Bureau of the Conference of Consultative Non-Governmental Organizations, sixth meeting
Geneva

8-11 August
Economic Co-operation Administration, Regional Conference of US Health Officials working in South-East Asia and Western Pacific Countries
Bangkok

13-17 August
International Council of Nurses, Florence Nightingale Foundation Council, second meeting
Brussels

20 August - 3 September
South Pacific Commission, Conference of Experts on Filariasis and Elephantiasis
Papeete, Tahiti

24-30 August
World Federation of United Nations Associations, Sixth Plenary Assembly
Stockholm

31 August - 3 September
Seventh Congress for Mental Health
Vevey

8 September
World Confederation for Physical Therapy, Inaugural Meeting
Copenhagen

9-14 September
World Medical Association, Council Meeting
Stockholm
9-14 September  International Society for the Welfare of Cripples, Fifth World Congress  Stockholm
9-15 September  Tenth International Congress on Industrial Medicine  Lisbon
10-25 September  Organization of American States, Inter-American Cultural Council, first meeting  Mexico City
14 September  Royal College of Nursing, one-day conference to discuss report of the first session of the WHO Expert Committee on Nursing  London
15-20 September  World Medical Association, Fifth General Assembly  Stockholm
20-22 September  Pan American Sanitary Organization, Executive Committee, fourteenth session  Washington, D.C.
23-29 September  International Pharmaceutical Federation, Fourteenth General Assembly  Rome
27 September  International Children's Centre, Technical Consultative Committee  Paris
28-29 September  Council for the Co-ordination of International Congresses of Medical Sciences, Executive Committee, ninth session  Paris
1-15 October  League of Red Cross Societies, Sixth Inter-American Conference  Mexico City
3-4 October  Pan American Sanitary Organization, Executive Committee, fifteenth session  Washington, D.C.
11-13 October  International Paediatric Association, Conference on Paediatric Abstracts  Zurich
22-24 October  International Congress on Public Health and Preventive Medicine  Paris
25 October  International Children's Centre, meeting of Working Party on Library and Documentation Service  Paris
29 October - 2 November  American Public Health Association, 79th annual meeting  San Francisco
17 November  World Federation of United Nations Associations, Meeting of the Bureau  Paris
5-11 December  International Statistical Institute, 27th session  New Delhi
6-19 December  World Federation for Mental Health, Inter-Professional Advisory Committee, Executive Board, ninth session, and Fourth International Congress on Mental Health  Mexico City
15 December  World Federation of United Nations Associations, Bureau of the Conference of Consultative Non-Governmental Organizations, eighth meeting  Paris

Annex 8

NON-GOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONSHIP WITH WHO

American College of Chest Physicians, Chicago, Illinois, USA
Biometric Society, New Haven, Connecticut, USA
Central Council for Health Education, London, United Kingdom
Council for the Co-ordination of International Congresses of Medical Sciences, Paris, France
Inter-American Association of Sanitary Engineering, Washington, D.C., USA
International Academy of Forensic and Social Medicine, Brussels, Belgium
International Association for the Prevention of Blindness, Paris, France
International Association of Microbiologists, Rio de Janeiro, Brazil
International Committee of the Red Cross, Geneva, Switzerland
International Conference of Social Work, Columbus, Ohio, USA
International Council of Nurses, London, United Kingdom
International Dental Federation, Brussels, Belgium
International Federation for Housing and Town Planning, Amsterdam, Netherlands
International Hospital Federation, London, United Kingdom
International League against Rheumatism, London, United Kingdom
International Leprosy Association, London, United Kingdom
International Paediatric Association, Zurich, Switzerland
International Pharmaceutical Federation, Overschie, Netherlands
International Society for the Welfare of Cripples, New York, USA
International Union against Cancer, Paris, France
International Union against Tuberculosis, Paris, France
International Union against Venereal Diseases, Paris, France
International Union for Child Welfare, Geneva, Switzerland
League of Red Cross Societies, Geneva, Switzerland
World Federation for Mental Health, London, United Kingdom
World Federation of United Nations Associations, Geneva, Switzerland
World Medical Association, New York, USA

Annex 9

BUDGETARY PROVISION FOR 1951

<table>
<thead>
<tr>
<th>Appropriation Section</th>
<th>Purpose of appropriation</th>
<th>Original amount voted ¹</th>
<th>Supplemental budget voted ²</th>
<th>Amount voted for assistance to India ³</th>
<th>Amount transferred from OIHP ⁴</th>
<th>Revised total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PART I: ORGANIZATIONAL MEETINGS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. World Health Assembly</td>
<td></td>
<td>160,278</td>
<td></td>
<td>20,000</td>
<td>180,278</td>
<td></td>
</tr>
<tr>
<td>2. Executive Board and its Committees</td>
<td></td>
<td>68,780</td>
<td></td>
<td></td>
<td>68,780</td>
<td></td>
</tr>
<tr>
<td>3. Regional Committees</td>
<td></td>
<td>48,700</td>
<td></td>
<td></td>
<td>48,700</td>
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</tr>
<tr>
<td><strong>TOTAL — PART I</strong></td>
<td></td>
<td>277,758</td>
<td></td>
<td>20,000</td>
<td>297,758</td>
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</tr>
<tr>
<td><strong>PART II: OPERATING PROGRAMME</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Central Technical Services</td>
<td></td>
<td>1,653,829</td>
<td>265,344</td>
<td>30,000</td>
<td>1,949,173</td>
<td></td>
</tr>
<tr>
<td>5. Advisory Services</td>
<td></td>
<td>3,139,657</td>
<td></td>
<td>10,000</td>
<td>3,449,657</td>
<td></td>
</tr>
<tr>
<td>6. Regional Offices</td>
<td></td>
<td>809,126</td>
<td></td>
<td></td>
<td>809,126</td>
<td></td>
</tr>
<tr>
<td>7. Expert Committees and Conferences</td>
<td></td>
<td>285,866</td>
<td>10,357</td>
<td></td>
<td>296,223</td>
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<tr>
<td><strong>TOTAL PART II</strong></td>
<td></td>
<td>5,888,478</td>
<td>265,344</td>
<td>30,000</td>
<td>6,245,879</td>
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<tr>
<td><strong>PART III: ADMINISTRATIVE SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Administrative Services</td>
<td></td>
<td>1,133,764</td>
<td></td>
<td></td>
<td>1,133,764</td>
<td></td>
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<tr>
<td><strong>TOTAL — PART III</strong></td>
<td></td>
<td>1,133,764</td>
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<td></td>
<td>1,133,764</td>
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<td><strong>TOTAL — ALL PARTS</strong></td>
<td></td>
<td>7,300,000</td>
<td>265,344</td>
<td>30,000</td>
<td>82,057</td>
<td>7,677,401</td>
</tr>
</tbody>
</table>

¹ Voted by the Third World Health Assembly (Resolution WHA3.109, Off. Rec. World Hlth Org. 28, 65)
² Voted by the Fourth World Health Assembly (Resolutions WHA4.37, WHA4.38, Off. Rec. World Hlth Org. 35, 32)
⁴ Resolution adopted by the Executive Board at its seventh session (Resolution EB7.R30, Off. Rec. World Hlth Org. 32, 11)
Annex 10

STATUS OF CONTRIBUTIONS AND ADVANCES TO THE WORKING CAPITAL FUND
(as at 31 December 1951)

1. ARREARS OF CONTRIBUTIONS IN RESPECT OF THE 1948 ASSESSMENTS
(Expressed in US dollars)

<table>
<thead>
<tr>
<th>States</th>
<th>Assessments</th>
<th>Amounts received</th>
<th>Balances due</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Active Members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Argentina</td>
<td>56,139</td>
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<td>56,139</td>
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<tr>
<td>Guatemala</td>
<td>1,023</td>
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<tr>
<td><strong>Total A</strong></td>
<td><strong>57,162</strong></td>
<td></td>
<td><strong>57,162</strong></td>
</tr>
<tr>
<td>(= 1.80%)</td>
<td></td>
<td></td>
<td>(= 1.80%)</td>
</tr>
<tr>
<td>B. Inactive Members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bulgaria</td>
<td>4,298</td>
<td>994</td>
<td>3,304</td>
</tr>
<tr>
<td>Byelorussian SSR</td>
<td>6,575</td>
<td>—</td>
<td>6,575</td>
</tr>
<tr>
<td>China</td>
<td>182,073</td>
<td>—</td>
<td>182,073</td>
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<tr>
<td>Hungary</td>
<td>6,069</td>
<td>—</td>
<td>6,069</td>
</tr>
<tr>
<td>Ukrainian SSR</td>
<td>25,541</td>
<td>—</td>
<td>25,541</td>
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<tr>
<td>USSR</td>
<td>192,440</td>
<td>—</td>
<td>192,440</td>
</tr>
<tr>
<td><strong>Total B</strong></td>
<td><strong>416,996</strong></td>
<td>994</td>
<td><strong>416,002</strong></td>
</tr>
<tr>
<td>(= 13.11%)</td>
<td></td>
<td></td>
<td>(= 13.11%)</td>
</tr>
<tr>
<td>C. Non-Member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colombia</td>
<td>7,504</td>
<td>—</td>
<td>7,504</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(= 0.24%)</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>481,662</strong></td>
<td>994</td>
<td><strong>480,668</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(= 15.15%)</td>
</tr>
</tbody>
</table>

Total assessments . . . . . . . 3,172,726
Total amounts received . . . 2,692,058 (= 84.85%)
## 2. Arrears of Contributions in Respect of the 1949 Assessments

(Expressed in US dollars)

<table>
<thead>
<tr>
<th>Members</th>
<th>Assessments</th>
<th>Cash receipts and credits given</th>
<th>Balances due</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Active Members</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Argentina</td>
<td>89,365</td>
<td>406</td>
<td>88,959</td>
</tr>
<tr>
<td>Ecuador</td>
<td>2,415</td>
<td>2,196.92</td>
<td>218.08</td>
</tr>
<tr>
<td>Guatemala</td>
<td>2,415</td>
<td></td>
<td>2,415</td>
</tr>
<tr>
<td><strong>Total A</strong></td>
<td>94,195</td>
<td>2,602.92</td>
<td>91,592.08 (= 1.82%)</td>
</tr>
</tbody>
</table>

| **B. Inactive Members** |             |                                 |              |
| Albania   | 2,013       | 9                               | 2,004        |
| Bulgaria  | 6,843       | 31                              | 6,812        |
| Byelorussian SSR | 10,466 | 48                              | 10,418       |
| China     | 289,832     | 1,317                           | 288,515      |
| Czechoslovakia | 43,475 | 3,548                           | 39,927       |
| Hungary   | 9,661       | 44                              | 9,617        |
| Poland    | 45,890      | 209                             | 45,681       |
| Roumania  | 16,907      | 1,050                           | 15,857       |
| Ukrainian SSR | 40,657 | 185                             | 40,472       |
| USSR      | 306,337     | 1,392                           | 304,945      |
| **Total B** | 772,081     | 7,833                           | 764,248 (= 15.14%) |
| **GRAND TOTAL** | 866,276 | 10,435.92                       | 855,840.08 (= 16.96%) |

Total assessments . . . . . . 5,046,293.00
Total amounts received . . . 4,190,452.92 (= 83.04%)
3. Arrears of Contributions in Respect of the 1950 Assessments
(Expressed in US dollars)

<table>
<thead>
<tr>
<th>Members</th>
<th>Assessments</th>
<th>Cash receipts and credits given</th>
<th>Balances due</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Active Members</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Argentina</td>
<td>130,333</td>
<td>—</td>
<td>130,333</td>
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<tr>
<td>Bolivia</td>
<td>5,870</td>
<td>—</td>
<td>5,870</td>
</tr>
<tr>
<td>Ecuador</td>
<td>3,523</td>
<td>—</td>
<td>3,523</td>
</tr>
<tr>
<td>Guatemala</td>
<td>3,523</td>
<td>—</td>
<td>3,523</td>
</tr>
<tr>
<td>Iran</td>
<td>31,703</td>
<td>25,486.79</td>
<td>6,216.21</td>
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<tr>
<td>Korea</td>
<td>5,870</td>
<td>2,304</td>
<td>3,566</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>2,935</td>
<td>2,082</td>
<td>853</td>
</tr>
<tr>
<td>Peru</td>
<td>14,090</td>
<td>11,441.95</td>
<td>2,648.05</td>
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<tr>
<td>Syria</td>
<td>8,220</td>
<td>26</td>
<td>8,194</td>
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<tr>
<td>Uruguay</td>
<td>12,916</td>
<td>570.70</td>
<td>12,345.30</td>
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<tr>
<td><strong>Total A</strong></td>
<td>218,983</td>
<td>41,911.44</td>
<td>177,071.56</td>
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</tbody>
</table>

**B. Inactive Members**

<table>
<thead>
<tr>
<th>Members</th>
<th>Assessments</th>
<th>Cash receipts and credits given</th>
<th>Balances due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albania</td>
<td>2,935</td>
<td>—</td>
<td>2,935</td>
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<tr>
<td>Bulgaria</td>
<td>9,980</td>
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<td>9,980</td>
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<tr>
<td>Byelorussian SSR</td>
<td>15,265</td>
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<td>15,265</td>
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<tr>
<td>China</td>
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<td>422,702</td>
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<tr>
<td>Czechoslovakia</td>
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<td>63,406</td>
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<tr>
<td>Hungary</td>
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<tr>
<td>Poland</td>
<td>66,928</td>
<td>—</td>
<td>66,928</td>
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<tr>
<td>Roumania</td>
<td>24,658</td>
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<td>24,658</td>
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<tr>
<td>Ukrainian SSR</td>
<td>59,296</td>
<td>—</td>
<td>59,296</td>
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<tr>
<td>USSR</td>
<td>446,772</td>
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</tr>
<tr>
<td><strong>Total B</strong></td>
<td>1,126,032</td>
<td>—</td>
<td>1,126,032</td>
</tr>
</tbody>
</table>

**GRAND TOTAL**

| | Assessments | Cash receipts and credits given | Balances due |
| | | | |
| Total Assessments | 7,100,977.00 | | |
| Total Amounts Received | 5,797,873.44 | 41,911.44 | 1,303,103.56 |

(= 2.49%)

(= 15.86%)

(= 18.35%)
### 4. Status of Contributions in Respect of the 1951 Assessments

(Expressed in US dollars)

<table>
<thead>
<tr>
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<th>Assessments</th>
<th>Cash receipts and credits giving</th>
<th>Balances due</th>
</tr>
</thead>
<tbody>
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<td>A. Active Members</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Afghanistan</td>
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<td>3,550</td>
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<tr>
<td>Argentina</td>
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<td>131,371</td>
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<tr>
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<td>130,514</td>
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<tr>
<td>Bolivia</td>
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<td>—</td>
<td>5,917</td>
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<tr>
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<td>59,845.64</td>
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<tr>
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<td>—</td>
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<tr>
<td>Cambodia</td>
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<td>2,959</td>
<td>—</td>
</tr>
<tr>
<td>Canada</td>
<td>218,084</td>
<td>218,084</td>
<td>—</td>
</tr>
<tr>
<td>Ceylon</td>
<td>2,959</td>
<td>2,959</td>
<td>—</td>
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<tr>
<td>Chile</td>
<td>31,956</td>
<td>22,747</td>
<td>9,209</td>
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<td>2,959</td>
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<tr>
<td>Cuba</td>
<td>20,712</td>
<td>164</td>
<td>20,548</td>
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<tr>
<td>Dominican Republic</td>
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<tr>
<td>Ecuador</td>
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<td>3,550</td>
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<td>56,218</td>
<td>174</td>
<td>56,044</td>
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<td>Ethiopia</td>
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<tr>
<td>Finland</td>
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<td>France</td>
<td>426,070</td>
<td>426,070</td>
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<td>Germany, Federal Republic of</td>
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<td>—</td>
<td>226,527</td>
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<tr>
<td>Greece</td>
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<tr>
<td>Guatemala</td>
<td>3,550</td>
<td>—</td>
<td>3,550</td>
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<tr>
<td>Haiti</td>
<td>2,959</td>
<td>2,959</td>
<td>—</td>
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<tr>
<td>Honduras</td>
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<td>2,959</td>
<td>—</td>
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<tr>
<td>Iceland</td>
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<td>2,927</td>
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<tr>
<td>India</td>
<td>230,788</td>
<td>230,788</td>
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<tr>
<td>Indonesia</td>
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<td>23,671</td>
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<tr>
<td>Iran</td>
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<td>31,956</td>
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<td>Iraq</td>
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<td>37</td>
<td>11,798</td>
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<td>25,446</td>
<td>25,446</td>
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<td>8,285</td>
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<td>Italy</td>
<td>149,125</td>
<td>145,620</td>
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<tr>
<td>Japan</td>
<td>99,508</td>
<td>99,508</td>
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<tr>
<td>Jordan, Hashemite Kingdom of</td>
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<tr>
<td>Korea</td>
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<td>—</td>
<td>5,917</td>
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<tr>
<td>Laos</td>
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<td>2,959</td>
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</tr>
<tr>
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<td>4,142</td>
<td>4,112.97</td>
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<tr>
<td>Liberia</td>
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<td>2,959</td>
<td>—</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>3,550</td>
<td>3,550</td>
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</tr>
<tr>
<td>Mexico</td>
<td>44,975</td>
<td>—</td>
<td>44,975</td>
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<tr>
<td>Monaco</td>
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<tr>
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<tr>
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<td>31,148</td>
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<tr>
<td>Nicaragua</td>
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<td>—</td>
<td>2,959</td>
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<tr>
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<tr>
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<td>2,959</td>
</tr>
<tr>
<td>Peru</td>
<td>14,202</td>
<td>—</td>
<td>14,202</td>
</tr>
</tbody>
</table>
### Members

<table>
<thead>
<tr>
<th>Members</th>
<th>Assessments</th>
<th>Cash receipts and credits given</th>
<th>Balances due</th>
</tr>
</thead>
</table>

#### A. Active Members (continued)

| Philippines | 20,712 | 20,712 | — |
| Portugal | 27,813 | 27,813 | — |
| Saudi Arabia | 5,917 | 5,917 | — |
| *Southern Rhodesia | 1,775 | 1,775 | — |
| Spain | 77,265 | — | 77,265 |
| Sweden | 117,227 | 117,227 | — |
| Switzerland | 71,012 | 71,012 | — |
| Syria | 8,285 | 8,285 | — |
| Thailand | 18,936 | 18,936 | — |
| Turkey | 64,502 | 64,502 | — |
| Union of South Africa | 79,297 | 79,297 | — |
| United Kingdom | 815,452 | 815,452 | — |
| United States of America | 2,481,159 | 2,481,159 | — |
| Uruguay | 13,019 | — | 13,019 |
| Venezuela | 18,936 | 18,936 | — |
| Viet Nam | 14,795 | 14,795 | — |
| Yugoslavia | 23,671 | 23,671 | — |

**Total A** | 6,360,869 | 5,619,153.33 | 741,715.67 (≈ 9.90%)

#### B. Inactive Members

| Albania | 2,959 | — | 2,959 |
| Bulgaria | 10,060 | — | 10,060 |
| Byelorussian SSR | 15,386 | — | 15,386 |
| China | 426,070 | — | 426,070 |
| Czechoslovakia | 63,911 | — | 63,911 |
| Hungary | 14,202 | — | 14,202 |
| Poland | 67,462 | — | 67,462 |
| Roumania | 24,855 | — | 24,855 |
| Ukraininan SSR | 59,768 | — | 59,768 |
| USSR | 450,333 | — | 450,333 |

**Total B** | 1,135,006 | — | 1,135,006 (≈ 15.14%)

**Grand Total** | 7,495,875 | 5,619,153.33 | 1,876,721.67 (≈ 25.04%)
5. **Status of Advances to the Working Capital Fund**  
(Expressed in US dollars)

<table>
<thead>
<tr>
<th>States</th>
<th>Assessments</th>
<th>Amounts received</th>
<th>Balances due</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Active Members</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afghanistan</td>
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</tr>
<tr>
<td>Argentina</td>
<td>55,714.64</td>
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<td>55,714.64</td>
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<td>59,227.51</td>
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<td>5,520.93</td>
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<td>Belgium</td>
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<td>40,656.63</td>
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<td>2,384</td>
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<td>Brazil</td>
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</tr>
<tr>
<td>Burma</td>
<td>1,505.80</td>
<td>1,505.80</td>
<td>—</td>
</tr>
<tr>
<td>Cambodia</td>
<td>1,602</td>
<td>1,602</td>
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</tr>
<tr>
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<td>96,371.27</td>
<td>96,371.27</td>
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<td>1,255.17</td>
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</tr>
<tr>
<td>Cuba</td>
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<td>11,212</td>
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</tr>
<tr>
<td>Denmark</td>
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<td>Dominican Republic</td>
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<td>1,505.80</td>
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<td>23,841.18</td>
<td>—</td>
</tr>
<tr>
<td>El Salvador</td>
<td>1,505.80</td>
<td>1,505.80</td>
<td>—</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>2,509.33</td>
<td>2,509.33</td>
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<tr>
<td>Finland</td>
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<td>4,266.77</td>
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<td>France</td>
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<td>180,696.12</td>
<td>—</td>
</tr>
<tr>
<td>Germany, Federal Republic of</td>
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* Associate Member
### Annex 11

#### STRUCTURE OF THE SECRETARIAT — 1. HEADQUARTERS

### OFFICE OF THE DIRECTOR-GENERAL

Division of Public Information ——— Division of Co-ordination of Planning and Liaison

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¹ To become a division in the Department of Advisory Services at the beginning of 1952

² Changed to Section on International Quarantine, December 1951
2. BASIC ORGANIZATION OF A REGIONAL OFFICE

Office of the Regional Director —
- Office of Health Services
- Office of Administration and Finance

- Public Health Unit
- Education and Training Unit
- Field Projects
- General Services Unit
- Personnel Unit
- Budget and Finance Unit

Annex 12

SENIOR OFFICIALS OF THE WORLD HEALTH ORGANIZATION
(31 December 1951)

Dr. Brock Chisholm
Dr. Pierre Dorolle

Director-General
Deputy Director-General

OFFICE OF THE DIRECTOR-GENERAL

Director
Division of Co-ordination of Planning and Liaison
Dr. W. P. Forrest
Mr. J. Handler
Dr. H. S. Gear
Assistant Director-General

DEPARTMENT OF CENTRAL TECHNICAL SERVICES

Director
Division of Public Information
Dr. Y. Biraud
Dr. M. Pascua
Dr. W. Timmerman
Dr. N. Howard-Jones

Division of Epidemiological Services
Division of Health Statistics
Division of Therapeutic Substances
Division of Editorial and Reference Services

DEPARTMENT OF ADVISORY SERVICES

Assistant Director-General
Dr. M. Candau
Acting Director
Dr. W. Bonnie
Director
Dr. V. Sutter
Director
Dr. E. Grzegorzekski

Division of Communicable Disease Services
Division of Organization of Public-Health Services
Division of Education and Training Services

1 To succeed Sir Sahib Singh Sokhey as Assistant Director-General, Department of Central Technical Services, on his retirement in 1952.
DEPARTMENT OF ADMINISTRATION AND FINANCE

Mr. M. P. Siegel  
Assistant Director-General

Mr. H. C. Grant  
Director

Division of Administrative Management and Personnel

REGионаL OFFICE FOR AFRICA — Brassaville³

Dr. F. Daubenton  
Acting Director³

REGionaL OFFICE FOR THE AMERICAS — Washington, D.C.

Dr. F. Soper  
Director

REGionaL OFFICE FOR SOUTH-EAST ASIA — New Delhi

Dr C. Mani  
Director

Dr. S. Chellappah  
Deputy Director

REGionaL OFFICE FOR EUROPE — Geneva

Dr. N. Begg  
Acting Director³

REGionaL OFFICE FOR THE EASTERN MEDITERRANEAN — Alexandria

Sir Aly Shousha, Pasha  
Director

REGionaL OFFICE FOR THE WESTERN PACIFIC — Manila

Dr. I. Fang  
Director

² The nomination of Dr. F. Daubenton as Regional Director and the selection of Brazzaville as the site of the Regional Office for Africa were confirmed by the Executive Board at its ninth session January-February 1952.

³ The nomination of Dr. N. Begg as Regional Director of the Regional Office for Europe was confirmed by the Executive Board at its ninth session.
## Annex 13

### COMPOSITION OF STAFF BY NATIONALITY

(as at 31 December 1951)

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* Members or Associate Members of WHO, unless otherwise stated

3 Inactive Member

4 Non-Member
## Annex 14

**DISTRIBUTION OF FELLOWSHIPS**

### 1. WHO FELLOWSHIPS BY BENEFICIARY COUNTRY AND YEAR OF AWARD: 1 JANUARY 1947 TO 31 DECEMBER 1951

(including intra-regional fellowships and fellowships for group-training)

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1 See Part I, chapter 2.

* Figures corrected to include additional fellowships in 1950, about which information was received in 1951.
### Table: Awards Made in 1951

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<td>Israel</td>
<td>4</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>Jordan, Hashemite Kingdom of the</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Lebanon</td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Pakistan</td>
<td>8</td>
<td>9</td>
<td>17</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Sudan</td>
<td>2</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Syria</td>
<td>3</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Turkey</td>
<td>5</td>
<td>11</td>
<td>16</td>
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<tr>
<td><strong>TOTAL : EASTERN MEDITERRANEAN</strong></td>
<td>82</td>
<td>85</td>
<td>167</td>
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<td><strong>Western Pacific</strong></td>
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<td></td>
</tr>
<tr>
<td>Australia</td>
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<td>1</td>
<td>3</td>
</tr>
<tr>
<td>British Solomon Islands</td>
<td>—</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>China</td>
<td>138</td>
<td>4</td>
<td>142</td>
</tr>
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<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Fiji Islands</td>
<td>—</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Korea</td>
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<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Laos</td>
<td>—</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Malaya</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>New Zealand</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Philippines</td>
<td>11</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>Singapore</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>—</td>
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<td>1</td>
</tr>
<tr>
<td><strong>TOTAL : WESTERN PACIFIC</strong></td>
<td>160</td>
<td>18</td>
<td>178</td>
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</tbody>
</table>

** Nine of these were continued from the previous year.

*** Five of these are held by undergraduate nurses and two by medical undergraduates studying in Uganda.
### Annex 14

#### Region and Country

<table>
<thead>
<tr>
<th>Region and Country</th>
<th>Year of award</th>
<th>TOTAL 1947-1951</th>
<th>Awards made in 1951</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1947-1950</td>
<td>1951</td>
<td>Group-training</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
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<td></td>
<td></td>
</tr>
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<td><strong>UNASSIGNED AREAS</strong></td>
<td>1</td>
<td>1</td>
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</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td>983</td>
<td>511</td>
<td>1,494</td>
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#### 2. WHO FELLOWSHIPS BY SUBJECT OF STUDY AND YEAR OF AWARD,
1 January 1947 to 15 December 1951

(including intra-regional fellowships and fellowships for group-training)

<table>
<thead>
<tr>
<th>Subjects of study</th>
<th>Year of award</th>
<th>TOTAL 1947-1951</th>
<th>Awards made in 1951</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1947-1950</td>
<td>1951</td>
<td>Group-training</td>
</tr>
<tr>
<td><strong>HEALTH ORGANIZATION AND SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public-Health Administration</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public-health administration</td>
<td>87</td>
<td>64</td>
<td>151</td>
</tr>
<tr>
<td>Hospital and medical care administration</td>
<td>20</td>
<td>6</td>
<td>26</td>
</tr>
<tr>
<td>Hospital and clinic buildings</td>
<td>5</td>
<td>—</td>
<td>5</td>
</tr>
<tr>
<td>Medical librarianship</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>115</td>
<td>72</td>
<td>187</td>
</tr>
<tr>
<td><strong>Sanitation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental sanitation</td>
<td>48</td>
<td>49</td>
<td>97</td>
</tr>
<tr>
<td>Housing and town-planning</td>
<td>1</td>
<td>—</td>
<td>1</td>
</tr>
<tr>
<td>Food control</td>
<td>5</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>54</td>
<td>50</td>
<td>104</td>
</tr>
<tr>
<td><strong>Nursing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing, including midwifery</td>
<td>21</td>
<td>17</td>
<td>38</td>
</tr>
<tr>
<td>Public-health nursing and health visitors</td>
<td>43</td>
<td>10</td>
<td>53</td>
</tr>
<tr>
<td>Medical social work</td>
<td>8</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>72</td>
<td>28</td>
<td>100</td>
</tr>
<tr>
<td><strong>Maternal and Child Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization of maternal and child health services</td>
<td>40</td>
<td>19</td>
<td>59</td>
</tr>
<tr>
<td>Paediatrics and obstetrics</td>
<td>65</td>
<td>29</td>
<td>94</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>105</td>
<td>48</td>
<td>153</td>
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</table>
### Subjects of study

<table>
<thead>
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<th>Year of award 1951</th>
<th>Total 1947-1951</th>
<th>Awards made in 1951</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other Health Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health and child guidance</td>
<td>37</td>
<td>66</td>
<td>103</td>
<td>56</td>
</tr>
<tr>
<td>Health education</td>
<td>3</td>
<td>9</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Occupational health including industrial medicine and hygiene</td>
<td>13</td>
<td>3</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>Nutrition and dietetics</td>
<td>18</td>
<td>3</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Health statistics</td>
<td>11</td>
<td>24</td>
<td>35</td>
<td>23</td>
</tr>
<tr>
<td>Dental care and hygiene</td>
<td>11</td>
<td>5</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>20</td>
<td>27</td>
<td>47</td>
<td>21</td>
</tr>
<tr>
<td>Drug control</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>115</td>
<td>141</td>
<td>256</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total : Health Organization and Services</strong></td>
<td>461</td>
<td>339</td>
<td>800</td>
<td>168</td>
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</table>

### Communicable Diseases Services

<table>
<thead>
<tr>
<th>Disease</th>
<th>Year of award 1947-1950</th>
<th>Year of award 1951</th>
<th>Total 1947-1951</th>
<th>Awards made in 1951</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria</td>
<td>39</td>
<td>13</td>
<td>52</td>
<td>6</td>
</tr>
<tr>
<td>Venereal diseases and treponamatoses</td>
<td>72</td>
<td>14</td>
<td>86</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>62</td>
<td>31</td>
<td>93</td>
<td>3</td>
</tr>
<tr>
<td>Other communicable diseases, epidemiology and quarantine</td>
<td>60</td>
<td>22</td>
<td>82</td>
<td>7</td>
</tr>
<tr>
<td>Laboratory services (diagnostic and immunological)</td>
<td>51</td>
<td>19</td>
<td>70</td>
<td>6</td>
</tr>
<tr>
<td>Chemotherapy, antibiotics</td>
<td>6</td>
<td>2</td>
<td>8</td>
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</tr>
<tr>
<td><strong>Total : Communicable Diseases Services</strong></td>
<td>290</td>
<td>101</td>
<td>391</td>
<td>16</td>
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</table>

### Clinical, Medical Sciences and Education

#### Clinical Medicine

<table>
<thead>
<tr>
<th>Speciality</th>
<th>Year of award 1947-1950</th>
<th>Year of award 1951</th>
<th>Total 1947-1951</th>
<th>Awards made in 1951</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery and medicine</td>
<td>76</td>
<td>37</td>
<td>113</td>
<td>17</td>
</tr>
<tr>
<td>Anaesthesiology</td>
<td>20</td>
<td>14</td>
<td>34</td>
<td>11</td>
</tr>
<tr>
<td>Radiology</td>
<td>17</td>
<td>1</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Haematology, blood bank</td>
<td>7</td>
<td>3</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Other medical and surgical specialities</td>
<td>59</td>
<td>4</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>179</td>
<td>59</td>
<td>238</td>
<td>28</td>
</tr>
</tbody>
</table>

#### Medical Sciences and Education

<table>
<thead>
<tr>
<th>Speciality</th>
<th>Year of award 1947-1950</th>
<th>Year of award 1951</th>
<th>Total 1947-1951</th>
<th>Awards made in 1951</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy and histology</td>
<td>5</td>
<td>-</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Physiology</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Biophysics, biochemistry and chemistry</td>
<td>15</td>
<td>2</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Pathology</td>
<td>5</td>
<td>1</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Pharmacology</td>
<td>18</td>
<td>-</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Medical personnel educational methods</td>
<td>5</td>
<td>7</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>53</td>
<td>12</td>
<td>65</td>
<td>4</td>
</tr>
</tbody>
</table>

**Total : Clinical, Medical Sciences and Education**

| Total                               | 232                      | 71                 | 303              | 28                  |

**Grand Total**

| Total                               | 983                      | 511                | 1,494            | 212                 | 339                |
### 3. WHO FELLOWSHIPS AWARDED IN 1951 BY REGION AND COUNTRY OF STUDY
*(including intra-regional fellowships and fellowships for group-training)*

| Region and country of study | Visits by Fellows * | Region and country of study | Visits by Fellows *
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>African Region</strong></td>
<td></td>
<td><strong>Eastern Mediterranean</strong></td>
<td></td>
</tr>
<tr>
<td>Gold Coast</td>
<td>2</td>
<td>Egypt</td>
<td>20</td>
</tr>
<tr>
<td>Uganda</td>
<td>7</td>
<td>Others</td>
<td>10</td>
</tr>
<tr>
<td>Others</td>
<td>1</td>
<td>Total</td>
<td>30</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Americas</strong></td>
<td></td>
<td><strong>Western Pacific</strong></td>
<td></td>
</tr>
<tr>
<td>Brazil</td>
<td>5</td>
<td>Malaya</td>
<td>14</td>
</tr>
<tr>
<td>Canada</td>
<td>17</td>
<td>New Zealand</td>
<td>5</td>
</tr>
<tr>
<td>Chile</td>
<td>5</td>
<td>Singapore</td>
<td>12</td>
</tr>
<tr>
<td>Ecuador</td>
<td>11</td>
<td>Others</td>
<td>1</td>
</tr>
<tr>
<td>United States of America</td>
<td>123</td>
<td>Total</td>
<td>32</td>
</tr>
<tr>
<td>Others</td>
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<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>182</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>South-East Asia</strong></td>
<td></td>
<td><strong>Unassigned Areas</strong></td>
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</tr>
<tr>
<td>Ceylon</td>
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<td>Algeria</td>
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<tr>
<td>India</td>
<td>30</td>
<td>Morocco</td>
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</tr>
<tr>
<td>Thailand</td>
<td>5</td>
<td>Tunisia</td>
<td>1</td>
</tr>
<tr>
<td>Others</td>
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<td><strong>TOTAL</strong></td>
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</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>52</td>
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<td></td>
</tr>
<tr>
<td><strong>Europe</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belgium</td>
<td>25</td>
<td>Total number of visits planned to countries for study</td>
<td>893</td>
</tr>
<tr>
<td>Denmark</td>
<td>79</td>
<td>Total number of countries and territories to be visited</td>
<td>52 (41 countries and 11 territories)</td>
</tr>
<tr>
<td>Finland</td>
<td>9</td>
<td>Total number of Fellows</td>
<td>511</td>
</tr>
<tr>
<td>France</td>
<td>60</td>
<td>Average number of countries visited per Fellow</td>
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</tr>
<tr>
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</tr>
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<td>Portugal</td>
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<tr>
<td>United Kingdom</td>
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</tr>
<tr>
<td>Others</td>
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</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>584</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* The same Fellow may visit more than one country.
4. AWARDS FOR INTRA-REGIONAL AND INTER-REGIONAL STUDY, AND FOR GROUP-TRAINING COURSES IN 1951

<table>
<thead>
<tr>
<th>Region</th>
<th>Intra-Regional</th>
<th>Inter-Regional</th>
<th>Group-Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>African Region</td>
<td>2</td>
<td>14</td>
<td>—</td>
</tr>
<tr>
<td>Americas</td>
<td>37</td>
<td>18</td>
<td>—</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>8</td>
<td>32</td>
<td>—</td>
</tr>
<tr>
<td>Europe</td>
<td>258</td>
<td>38</td>
<td>206</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>31</td>
<td>54</td>
<td>5</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>3</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>Unassigned areas</td>
<td>—</td>
<td>1</td>
<td>—</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>339</strong></td>
<td><strong>172</strong></td>
<td><strong>212</strong></td>
</tr>
</tbody>
</table>

---

5. FELLOWSHIPS AWARDED BY UNICEF AND ADMINISTERED BY WHO FROM 1949 TO 1951

<table>
<thead>
<tr>
<th>Region and Country</th>
<th>Year of award</th>
<th>Total 1949-1951</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>1949-1950</td>
<td>1951</td>
</tr>
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<td><strong>Americas</strong></td>
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</tr>
<tr>
<td>Brazil</td>
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<td>—</td>
</tr>
<tr>
<td>Chile</td>
<td>*</td>
<td>—</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>—</td>
<td>3</td>
</tr>
<tr>
<td>El Salvador</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Jamaica</td>
<td>—</td>
<td>3</td>
</tr>
<tr>
<td>Paraguay</td>
<td>—</td>
<td>3</td>
</tr>
<tr>
<td>Peru</td>
<td>—</td>
<td>3</td>
</tr>
<tr>
<td>Trinidad</td>
<td>—</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total : Americas</strong></td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td></td>
</tr>
<tr>
<td><strong>South-East Asia</strong></td>
<td>36</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>63</td>
<td></td>
</tr>
<tr>
<td><strong>Europe</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Austria</td>
<td>—</td>
<td>3</td>
</tr>
<tr>
<td>France</td>
<td>—</td>
<td>9</td>
</tr>
<tr>
<td>Germany, Federal Republic of</td>
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<td>5</td>
</tr>
<tr>
<td>Greece</td>
<td>1</td>
<td>—</td>
</tr>
<tr>
<td>Yugoslavia</td>
<td>—</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total : Europe</strong></td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

* The fellowships listed in 1950 were subsequently carried by PASB/UNICEF funds.
### ANNEX 14

<table>
<thead>
<tr>
<th>Region and Country</th>
<th>Year of award</th>
<th>TOTAL 1949-1951</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1949-1950</td>
<td>1951</td>
</tr>
<tr>
<td><strong>Eastern Mediterranean</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pakistan</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL: EASTERN MEDITERRANEAN</strong></td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td><strong>Western Pacific</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>China</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>6</td>
<td>-</td>
</tr>
<tr>
<td>Malaya</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Philippines</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Singapore</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL: WESTERN PACIFIC</strong></td>
<td>25</td>
<td>5</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td>70</td>
<td>67</td>
</tr>
</tbody>
</table>

### 6. FELLOWSHIPS AWARDED UNDER THE TECHNICAL ASSISTANCE PROGRAMME AND ADMINISTERED BY WHO IN 1951

<table>
<thead>
<tr>
<th>Region and Country</th>
<th>Year of Award 1951</th>
<th>Region and Country</th>
<th>Year of Award 1951</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>African Region</strong></td>
<td></td>
<td><strong>Europe</strong></td>
<td></td>
</tr>
<tr>
<td>Liberia</td>
<td>1</td>
<td>Yugoslavia</td>
<td>4</td>
</tr>
<tr>
<td><strong>TOTAL: AFRICAN REGION</strong></td>
<td>1</td>
<td><strong>TOTAL: EUROPE</strong></td>
<td>4</td>
</tr>
<tr>
<td><strong>Americas</strong></td>
<td></td>
<td><strong>Eastern Mediterranean</strong></td>
<td></td>
</tr>
<tr>
<td>Colombia*</td>
<td>2</td>
<td>Ethiopia</td>
<td>1</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>5</td>
<td>Iran</td>
<td>2</td>
</tr>
<tr>
<td>Haiti</td>
<td>2</td>
<td>Israel</td>
<td>1</td>
</tr>
<tr>
<td>Jamaica</td>
<td>1</td>
<td>Jordan, Hashemite Kingdom of the</td>
<td>2</td>
</tr>
<tr>
<td>Paraguay</td>
<td>2</td>
<td>Lebanon</td>
<td>5</td>
</tr>
<tr>
<td><strong>TOTAL: AMERICAS</strong></td>
<td>12</td>
<td>Syria</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL: EASTERN MEDITERRANEAN</strong></td>
<td>14</td>
<td>Turkey</td>
<td>1</td>
</tr>
<tr>
<td>South-East Asia</td>
<td></td>
<td><strong>Western Pacific</strong></td>
<td></td>
</tr>
<tr>
<td>Burma</td>
<td>5</td>
<td>Philippines</td>
<td>1</td>
</tr>
<tr>
<td>Ceylon</td>
<td>10</td>
<td><strong>TOTAL: WESTERN PACIFIC</strong></td>
<td>1</td>
</tr>
<tr>
<td>India</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indonesia</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portuguese India</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thailand</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL: SOUTH-EAST ASIA</strong></td>
<td>55</td>
<td><strong>GRAND TOTAL</strong></td>
<td>87</td>
</tr>
</tbody>
</table>

*Non-Member*
7. SUMMARY, BY REGION, OF FELLOWSHIPS AWARDED IN 1951 BY WHO OR UNICEF, OR UNDER THE TECHNICAL ASSISTANCE PROGRAMME

<table>
<thead>
<tr>
<th>Region</th>
<th>WHO</th>
<th>UNICEF</th>
<th>Technical Assistance</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>African Region</td>
<td>16</td>
<td>—</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Americas</td>
<td>55</td>
<td>15</td>
<td>12</td>
<td>82</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>40</td>
<td>27</td>
<td>55</td>
<td>122</td>
</tr>
<tr>
<td>Europe</td>
<td>296</td>
<td>18</td>
<td>4</td>
<td>318</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>85</td>
<td>2</td>
<td>14</td>
<td>101</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>18</td>
<td>5</td>
<td>1</td>
<td>24</td>
</tr>
<tr>
<td>Unassigned areas</td>
<td>1</td>
<td>—</td>
<td>—</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>511</td>
<td>67</td>
<td>87</td>
<td>665</td>
</tr>
</tbody>
</table>

Annex 15

TECHNICAL ASSISTANCE

The countries and territories from which requests for technical assistance were received in 1951 are set out below. In some cases more than one request was received. Those countries in which technical assistance projects were started during the year are marked with an asterisk.

Afghanistan *
Austria
Bolivia *
Brazil
Brunei *
Burma *
Cambodia *
Ceylon *
Chile
China (Formosa)
1 Colombia *
Costa Rica *
Cuba
Dominican Republic
Ecuador *
Egypt *
El Salvador *
Ethiopia
Finland

Greece
Guatemala
Haiti *
Honduras
Hong Kong
India *
Indonesia *
Iran *
Iraq *
Israel *
Jamaica *
Jordan, Hashemite Kingdom of
Korea
Laos
Lebanon
Liberia *
Libya *
Libya *
Malaya *
Mexico *

Nicaragua *
North Borneo
Pakistan *
Paraguay *
Peru *
Philippines
Sarawak
Saudi Arabia *
Singapore
Spain
Sudan
Syria *
Thailand *
Turkey *
Uruguay
Viet Nam *
Yemen
Yugoslavia *

A project under the technical assistance programme was also started in Somalia.

1 Non-Member
SUPPLEMENT

SUMMARY ANALYSIS OF REPORTS FROM MEMBER STATES
SUMMARY ANALYSIS OF REPORTS FROM MEMBER STATES

Each Member of the World Health Organization is required to report annually to the Organization on “the action taken and progress achieved in improving the health of its people” (Article 61 of the Constitution) and “the action taken with respect to recommendations made to it by the Organization and with respect to conventions, agreements and regulations” (Article 62).

Rule 5 (a) of the Rules of Procedure of the World Health Assembly calls for the Annual Report of the Director-General to include a summary analysis of the reports submitted under these two articles.

However, as adequate staff is not available to undertake the analysis for which this rule provides, no attempt has been made to deal with reports received under Article 61, nor was a special request sent out to Members in 1951 for reports under Article 62.

The reports covered by this analysis are therefore only those which were submitted in answer to a circular letter sent out in August 1950 and which were received too late for inclusion in last year’s Annual Report. Altogether, reports have been received from 23 governments: of these, 13 were included in the analysis last year; and the 10 subsequently received—from Australia, Belgium (for the Belgian Congo), Ceylon, Denmark, Egypt, France, Laos, the Netherlands, Switzerland and the United Kingdom—are briefly summarized below, together with those sent in by Greece, Portugal and the Union of South Africa as a continuation of their 1950 reports.

The circular letter mentioned above drew the attention of Member States to various recommendations, on which action might be reported. This analysis is not limited, however, to action taken as a result of these recommendations, since many of the reports made no clear distinction between such action and procedures which are in accordance with WHO recommendations but which have long been in effect.

Establishment of National Committees on Vital and Health Statistics

National committees to deal with the recommendations of the Conference on the Sixth Decennial Revision of the International Lists of Diseases and Causes of Death, Paris, April 1948, have been set up in Ceylon, in France and in the Netherlands and will eventually be established in Egypt.

Denmark, Laos, Switzerland and the United Kingdom reported that such committees are for various reasons considered unnecessary. In Denmark the compilation of official statistics is centralized in the Medical Statistics Department of the National Health Service and the State Statistical Department. In the United Kingdom the scope and membership of the Population and Vital Statistics Committee has been widened to cover statistics relating to the various activities of WHO; and a standing advisory committee on medical nomenclature and statistics has been established in consultation with the Presidents of the Royal Colleges of Physicians, Surgeons and Obstetricians and of Gynaecologists. In view of the close cooperation between medical and statistical departments in the larger overseas territories of the United Kingdom it has been considered unnecessary to recommend the establishment of national committees in these territories. It has also been considered unnecessary to recommend such committees for the smaller colonial territories which will, however, continue to record statistics of tropical diseases.

Registration, Compilation and Transmission of Health Statistics

A governmental committee has been established in Egypt to consider ways and means of implementing as fully as possible the recommendations of the Expert Committee on Health Statistics regarding the registration, compilation and transmission of health statistics. Figures are provided for those towns and areas in which reliable statistics as to cause of death can be compiled but it is estimated that only 41.96% of deaths are adequately certified,
owing to the shortage of physicians in the country. It is not possible to assess the degree to which the notification of communicable diseases is complete.

In the United Kingdom efforts are made to ensure that health statistics are complete, informative and as accurate as possible. The General Register Office has organized courses for those engaged in the compilation of medical statistics and, with a view to improving the quality of basic data, provides guidance by means of lectures on the correct use of the International Statistical Classification of Diseases, Injuries and Causes of Death.

Statistics compiled in the Belgian Congo and Ruanda-Urundi, and in Denmark and France are regularly transmitted to the World Health Organization. The statistical publications of the National Health Service in Denmark contain detailed information for each year concerning mortality and morbidity, hospital statistics, and general hygienic conditions, etc.

The National Committee on Vital and Health Statistics in Portugal has drawn the attention of the relevant national services to the recommendations of the Expert Committee on Health Statistics.

Statistics on Mortality and Notifiable Diseases

According to the reports submitted, mortality figures available in Australia indicate which cases are inadequately certified but it is impossible to estimate the completeness of notification; in Denmark it is considered that medical death certificates are issued for practically all cases of death—a check made in 1949 showed that 82% of doctors submitted lists regularly. Denmark further reported that a three-year morbidity investigation, based on the new international disease classification, was started early in 1951.

Weekly reporting of notifiable diseases was mentioned by five of the countries under review—Australia, Ceylon, Denmark, Egypt and France—the latter country having introduced the weekly rather than a 10-day interval as a result of the recommendation of the Expert Committee on Health Statistics. 6

Denmark reported that certain of the notifiable diseases—typhoid, paratyphoid, endemic cerebro-spinal meningitis, poliomyelitis and acute epidemic encephalitis are notified on separate forms to the National Health Service and on the weekly lists from doctors. Other epidemic diseases are notified only if a doctor is summoned. The weekly lists are examined by medical officers and a monthly report is sent to the National Health Service, which prepares and publishes monthly in the Schematic Survey of Diseases in the Kingdom of Denmark an analysis of the figures for the whole country.

Teaching and Training of Personnel in Health Statistics 6

Training for medical personnel in health statistics was mentioned by Australia, Denmark, Egypt, Switzerland and the Union of South Africa. In Australia courses in health statistics are included in the curriculum for a diploma of public health and in the fourth year curriculum at Queensland and Adelaide Universities under social and tropical medicine and preventive medicine respectively. Doctors undergoing a compulsory course for medical officers in Denmark are also given instruction in this subject. Advanced methodology is included in a course for doctors of public health in Egypt; and training in the rudiments of health statistics is provided for medical students in Switzerland.

Training for non-medical personnel is provided, in Australia, in a hospital management course for hospital secretaries; and, in Egypt, in a course on the groundwork of medical statistics for personnel engaged in keeping records and preparing statistics in public-health offices, hospitals and government departments.

In its latest report Portugal mentioned that the teaching of medical statistics in the Instituto Superior de Higiene was intensified during 1951.7

Ceylon drew attention to the international courses in vital statistics organized jointly by WHO and the United Nations and held in Ceylon in 1951 (see Part II of this volume, page 94). This course included one month's practical work in institutions in Colombo.

In France due consideration is being given to the recommendations of the Expert Committee on Health Statistics by a special sub-committee of the Statistical Committee.

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7 See also analysis of reports for 1950, Off. Rec. World Hlth Org. 30, 196
Medical students in the Union of South Africa receive instruction in recording procedure and elementary statistical methodology in their fourth year of study. Instruction in more advanced statistical methodology and vital statistics is included in the postgraduate course for the Diploma in Public Health at two out of the three medical schools in the Union.

WHO Regulations No. 1 regarding Nomenclature (including the Compilation and Publication of Statistics) with respect to Diseases and Causes of Death

Four countries reported the entry-into-force of WHO Regulations No. 1—France as from 1 January 1950; Ceylon, Denmark and Egypt as from 1 January 1951. Acceptance of the Regulations with certain modifications was reported by Belgium (for the Belgian Congo and Ruanda-Urundi), Ceylon, Switzerland and the United Kingdom.8

Ceylon mentioned that the Registrar-General’s report on vital statistics for 1950 contained mortality statistics as from 1 January 1950, and that the collection of morbidity statistics is being undertaken gradually owing to certain difficulties. It is planned, however, to publish the 1951 morbidity statistics even though they may not be so detailed as the Regulations suggest.

The International Statistical Classification will be used for compilation of mortality statistics in Denmark. An inter-Scandinavian Conference, held in Copenhagen in September 1949, considered the preparation and publication of medical statistics pursuant to the adoption of the Regulations.

In France the Regulations will serve as a basis for all publications on causes of death. The Institut national de la Statistique et des Etudes économiques compiled an alphabetical index of some 200 pages which was used to bridge the gap between the date of entry-into-force of the regulations and the publication of the full alphabetical index in French. Legislative changes to ensure that the medical certificate of cause of death conforms to that recommended in the Regulations are being considered by a sub-committee.

The application of the new classification in the Netherlands will be considered after the National Committee on Vital and Health Statistics has published the results of its work.

Greece gave no indication of the date of entry-into-force, but reported that the text of the Regulations has been translated into Greek and 10,000 copies printed for distribution to all health services, hospitals and medical practitioners. Lectures on the International Statistical Classification of Diseases, Injuries, and Causes of Death, held at the Athens School of Hygiene, were attended by the heads of health centres, by physicians, vital statistics officials and by representatives of important hospitals, medical faculties of universities, etc.

Indiscriminate Use and Unrestricted Distribution of Streptomycin

Warnings against the indiscriminate use of streptomycin have been drawn to the attention of the medical practitioners in Australia, Denmark and France.

Distribution of the drug is controlled in the Belgian Congo where it is imported only under licence; in Egypt where its use is restricted to cases which are in urgent need or those which meet WHO recommendations; in Switzerland where it is available only on presentation of a certified prescription.

In France it was formerly only available to special tuberculosis centres and administered under strict medical supervision to hospital cases. It was subsequently made available to public hospitals and private institutions and, since 1 September 1949, to chemists under strict regulations regarding its sale. These regulations have been drawn to the attention of all members of the medical profession.

Malaria Control

Six countries, Belgium, Ceylon, France, Greece (in 1951), Laos and Portugal, reported on action taken along the lines recommended to governments for the control of malaria.10

The results of experiments with DDT, carried out in certain parts of the Belgian Congo from 1947 to 1950, have varied. Campaigns in Elisabethville and surrounding districts and in Léopoldville have given satisfactory results and are being continued.

Residual spraying of DDT for the control of malaria has been practised in Ceylon for some considerable time and the disease is no longer a hindrance to economic development. A survey to

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8 Reservations made regarding individual articles of the Regulations have been reported to Member States.

9 Off. Rec. World Hlth Org. 17, 11, item 2.2.3

10 Off. Rec. World Hlth Org. 25, 9, item 3.2
assess the possibilities of total eradication of the vectors was carried out in 1950. Although such eradication was not considered feasible, it is hoped that action on the recommendations made at the time will reduce malaria almost to the point of eradication.

The central administration in France has, since 1947, been gradually implementing the campaign against malaria in Corsica and in Réunion, French Guiana, Guadeloupe and Martinique. Substantial progress has been made in Corsica, where only one primary infection was reported in 1950. In Guiana, a decrease in the endemic and the disappearance of Aedes aegypti were rapidly achieved. In the French overseas territories, which maintain their own local health services, malaria control has been in progress over a number of years and DDT in all its various forms has been used. An essential characteristic of the services in Central Africa and in Madagascar is the mobility of the teams. Where equipment for using insecticides is not available or has not been employed, e.g., in schools and places of work, chemoprophylaxis is employed. Close contact with those responsible for irrigation, agriculture, new buildings, and domestic stock-raising is maintained by the local malaria control services to prevent the development of anophelines. Specialized personnel are continuing their research in the laboratories of the general mobile services and in the Instituts Pasteur to find ways of improving malaria control methods. Local government decrees ensure measures for larva control and the international sanitary conventions are strictly adhered to. Entomologists are attached to the mobile health and prophylaxis services in Central Africa and in the malaria control service in Madagascar. Malaria cases are notified monthly to WHO.

Laos reported that malaria control is at present carried out by chemotherapy only but that control by destruction of larvae is envisaged for the future.

According to the report from Greece for 1951, spraying with residual DDT was still the method chosen in rural areas during the last transmission season, larvicidal spraying with DDT at ground level being restricted, as before, to urban centres.11

Important changes, however, were introduced in 1951 in the form and extent of the malaria-control programme in general. The scope of the residual spraying programme was considerably reduced; only 1,875 villages were treated with DDT in 1951 as against 5,137 villages in 1950. In two provinces, Crete and the Peloponnesse, residual spraying was withheld but a close epidemiological supervision was maintained; spraying being resorted to only in those villages where the occurrence of malaria cases was ascertained by microscopic examination. A recent law makes it compulsory to declare all cases of malaria.

Larva control by spraying from aircraft was also considerably reduced in 1951, being applied only in a limited number of large marshes of epidemiological importance. Larvicidal spraying of rice fields from the air has been given some consideration.

With the exception of one very limited area in the north-west where it has not been possible to interrupt the transmission of malaria, and of two localities in the Peloponnesse where, in the absence of malaria-control measures, some new cases were recently detected, endemic malaria seems to have been abolished over the greater part of Greek territory.

The planning of the malaria-control programme in Greece, its supervision and the evaluation of the results will be the responsibility of the Division for Malaria and Diseases of Hot Countries, established under an Act promulgated in 1949, which entrusted the actual control operations to a sanitary engineering board within the Ministry of Health.

Portugal reported that the area protected during 1951 was increased 35% over that covered in 1950 and that during the first seven months of 1951 only 1,719 persons were infected in that area as against 3,906 in the same period of the previous year.

Waiving of Customs Duties on Insecticides

With reference to resolution WHA3.43, urging Member States to take action to ensure the freer flow of insecticides18 the Government of Denmark pointed out that exports from Denmark are in no way restricted nor are any charges imposed and that only a low duty rate is levied on imports. In the Netherlands there is no restriction by any legal measures or charges on either exports or imports. Home production of insecticides in the United Kingdom is sufficient to meet the demand and there is no need for importation. In the territories for whose international relations the United Kingdom is responsible, no import duties are imposed on insecticides for official public-health purposes.

11 See also Off. Rec. World Hlth Org. 30, 198

18 Off. Rec. World Hlth Org. 28, 30
Correct Labelling of Insecticides by Manufacturers

Two countries, Australia and Denmark, reported State regulations in force to ensure correct labelling of insecticides. In Australia all insecticides must be registered and steps have been taken to inform the public of the danger of using pesticides carelessly. In the Netherlands instructions to this effect have been given to the laboratories of food—and goods—control.

The recommendation by the World Health Assembly in resolution WHA3.43 has been drawn to the attention of manufacturers of DDT in Switzerland, and in the United Kingdom where, although many products are labelled as suggested, certain technical difficulties must be solved before the principle is fully applied. The United Kingdom further points out that, since all indents pass through the Crown Agents for the Colonies which thus provides a central control, there is no need to send the recommendation to colonial governments. Ceylon and France reported that the recommendations are receiving consideration.

Maritime Aspects of Venereal Disease

Acceptance of the Brussels Agreement was reported by four countries: Australia, Belgium (for the Belgian Congo), Denmark and France. Facilities for treatment of sailors have been organized in the port of Matadi in the Belgian Congo, and in the Egyptian ports of Alexandria, Port Said, Ismailia and Suez.

Ceylon has established a demonstration centre in an effort to control venereal disease in Colombo. The service is being expanded to the country as a whole and also to the ports (see also in Part II of this volume, page 94).

In Portugal the construction of new premises for the maritime health services in the port of Lisbon in 1951 will enable the dispensary to extend its activities.

National Laboratory Centres for Serodiagnosis of Syphilis

Only two countries reported the centralization of serologic testing: Denmark reported the establishment of a reference centre at the Statens Serum-institut in 1950; Ceylon reported that serologic tests for all clinics and hospitals throughout the country are performed by the Medical Research Institute. Preliminary steps for the establishment of a national laboratory have been taken in Egypt. Action on the designation of a national centre either had not been taken or was not reported by the countries under review.

Control of Bilharziasis

Three countries, Australia, Denmark and the Netherlands, stated that no action is necessary since bilharziasis does not exist in their territory. The recommendations of the Executive Board and the Joint OIHP/WHO Study-Group on Bilharziasis in Africa are, however, being given consideration in the Belgian Congo, Egypt, certain territories of the French Union and in the colonial territories of the United Kingdom, especially those in Africa and the Far East. A special mission to the Belgian Congo has studied ways of providing a safe water supply in a district where the disease prevails.

Administrative Divisions for Maternal and Child Health

Administrative divisions along the lines recommended by the Expert Committee on Maternal and Child Health have been set up in the national health services in most of the States in Australia, and in Denmark and Egypt for some time. Switzerland reported that it has not been considered advantageous or possible to establish the proposed national administrative division since the work done by private organizations meets the present needs satisfactorily.

Denmark further reported the enactment of a comprehensive legislation, applicable to both urban and rural districts, which requires the development of adequate local maternal and child health services. These services are also provided for in the principal towns of each province in Laos. In the Belgian Congo and Ruanda-Urundi where there are no special services, the establishment of a national Congolese association for the mother and child (Œuvre nationale congolaise pour la Maternité et l’Enfance) is being considered.

References:

13 The Executive Board at its fifth session approved the recommendations of the Expert Committee on Venereal Infections (World Hlth Org. techn. Rep. Ser. 1950, 13) and drew the attention of Member States to the importance of more countries adhering to the Brussels Agreement (Off. Rec. World Hlth Org. 25, 11, item 3.2.4).

15 Off. Rec. World Hlth Org. 25, 6, item 2.1.6.3
17 Off. Rec. World Hlth Org. 19, 43
Endemic Goitre and Use of Iodized Salt in Goitrous Regions

Although no information on the incidence of goitre was given, its existence in some areas of their respective countries was reported by Australia, the Belgian Congo, Ceylon, Denmark, France and Switzerland.

Australia, Ceylon and Switzerland reported the use of iodine tablets to reduce goitre incidence, and the use of iodized salt was attempted in the Belgian Congo and has been the rule in Switzerland for many years.

Iodine tablets, and instructions for their use are provided free to mothers of children of pre-school and school age in Australia through infant welfare centres, education departments, prenatal clinics and hospitals. In Ceylon a supply of 1,000,000 potassium iodide tablets, received as a gift from the Iodine Educational Bureau, is being used prophylactically among the “stress groups” in the wet zones of the country. Switzerland reported that studies of various groups have revealed a marked improvement after treatment with iodine tablets.

An attempt to introduce the use of iodized salt in the area north of the Congo River in the Belgian Congo, made some years ago, failed on account of the difficulties of distribution. The whole question of endemic goitre in this country was studied by the Institute of Scientific Research for Central Africa in 1951.

Close observation of the results of using iodized salt will be maintained in Ceylon where the iodization of crude salt on a commercial basis is under consideration.

In Switzerland the use of iodized salt for culinary purposes has been found helpful but there is no law making it compulsory for the whole country to adopt the same system of prophylaxis, each canton being left to follow its own procedure. In 1948 78% of the salt sold was iodized, and investigations are being carried out to determine whether the percentage of iodine in the salt now sold is sufficient.

France reported that no general prophylactic measures have been taken. The disease was widespread at one time but had shown a marked regression with the passing of the years. There were indications of a recrudescence of the disease in 1940, however, and a study of schoolchildren in the Corrèze department in 1948 revealed that 51% of the children were suffering from “palpable” goitre. It is realized that further study is necessary and it is intended to seek material means to enable the Ministry of Health to investigate those areas where endemic goitre still exists and to reconstitute, under the aegis of the Académie de Médecine, the committee on goitre which last functioned in 1864.

Endemic goitre is practically unknown in Egypt. Preliminary studies have been carried out in the small area where it has been found but no preventive measures have been taken so far.

Development of Psychiatric Treatment Facilities

Information regarding the psychiatric treatment facilities in their respective countries was reported by five countries—Australia, Denmark, Egypt, Portugal and the Union of South Africa.

Australia reported the construction (in 1950) of an intermediate hospital in Brisbane for treatment of early and incipient cases and a new mental hospital at Charters Towers to serve the northern areas of the State of Queensland. A suitable site was also selected for a home for the segregate accommodation and treatment of senile cases.

Treatment facilities are available in Denmark in State and municipal mental hospitals, psychiatric clinics operated by the University and municipality of Copenhagen, services for the mentally defective under private administration but paid for by the State, special institutions for epileptics and criminal psychopaths, and a private nerve sanatorium. Under an agreement with psychiatrists in Copenhagen, members of the Health Insurance Scheme receive special psychiatric treatment, the expense being borne by the scheme.

In Egypt, treatment is provided in government-owned mental hospitals and in outpatient clinics for psychoneuroses and early mental diseases which were established in two of the general hospitals in Cairo in 1949.

The number of consultation centres administered by the Mental Hygiene and Prophylaxis Dispensary in Portugal were increased and services were started in each of the small provincial towns of Tomar and Portalegre. Specialized centres for epileptics, alcoholics and psychoneurotics have also been established in the Mental Hygiene and Prophylaxis Dispensary and the ambulatory treatment of hypoglycemic

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shock was started. The creation of a eugenics consultation centre has been sanctioned.

Mental-health services in the Union of South Africa provide modern psychiatric methods of treatment and the social rehabilitation of improved and recovered patients, the latter through the services of the Department of Social Welfare and of mental hygiene societies.

**Establishment of Preventive Mental Health Sections in National Ministries of Health and of Mental Health Sections in Public-Health Institutes**

Only four countries reported action on this recommendation: Australia reported the establishment of a central office under the supervision of the Director of Mental Health in Queensland; Denmark, the appointment of a consultant in psychiatry to the National Health Services; and Egypt, the establishment of a special section in mental health, to be attached to the Ministry of Public Health, when the services of more psychiatrists are available. Mental health services in the Union of South Africa, formerly administered by the various provinces, have been under the control of the Department of Health since 1943.

**Development of Mental Health Services for Children**

Services for children in this particular field were reported by Australia, Denmark, Egypt, Switzerland and the Union of South Africa.

Preventive services are provided for, in Australia, by State health departments, treatment facilities in State psychiatric hospitals and clinics for children. A State-operated school in Moonah, Tasmania, provides services for backward children of feeble-minded or imbecile level in scattered areas.

In Denmark, three psychiatric clinics for children are supported and administered by the State, in Copenhagen and Aarhus. Advisory services are available in Copenhagen at two clinics, one of which is administered by the University of Copenhagen, the other privately.

In Egypt these services fall within the province of the Ministry of Education and other governmental departments.

The setting-up of a central committee, responsible for the mental health services for children, was considered in Switzerland but it was decided to continue the system whereby the individual cantons provide these services.

Mental health services for mentally defective and disordered European children are provided by a mental health section of the Department of Health in the Union of South Africa and child guidance clinics by various universities.

**International Biological Standards**

Five countries reported on actions taken to adopt the international biological standards recommended by the Third World Health Assembly.

In Ceylon the Civil Medical Stores and the Medical Research Institute are making the necessary revision of the national standards. The State Vitamin Laboratory in Denmark has used international standards for vitamins for some time and the Pharmacopoeia Commission has undertaken to keep the strength of the preparations of the pharmacopoeia as near to them as possible. The Statens Seruminstitut has also been informed of the recommended standards.

In both France and the Netherlands the recommendations of the Health Assembly have been drawn to the attention of the authorities responsible for the national pharmacopoeia. In the United Kingdom the international unit has been adopted as a unit of standardization for substances controlled by regulations under the Therapeutic Substances Act 1925 and also for substances in the British Pharmacopoeia not covered by this Act. The United Kingdom further points out that the British Pharmacopoeia is in use in all colonial territories, where the same system is followed.

No action has been taken in Laos where pharmaceuticals are imported; in the Belgian Congo, where the authorities are not in a position to undertake any study or work on this subject; or in Australia where there is no statutory requirement to use international standards.

**World Health Day**

Of the eight countries which reported observance of World Health Day, six (Egypt, France, Greece, Laos, the Netherlands and Portugal) drew attention to it on the official date, 7 April. In Ceylon, however, it was celebrated in connexion with the All Ceylon Health Week 22-28 July, the last day being set aside

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as World Health Day. In Denmark it was observed on United Nations Day, 24 October.

The celebrations in Ceylon included mass educational work, health exhibitions, broadcasts, displays of posters and cinema lectures which drew attention to the theme “Health for your child and the world’s children”, special emphasis being given to school health work and maternity and child welfare activities. Material depicting the activities of WHO was also displayed in a special section of a central exhibition held in Colombo. Portugal adopted the theme “Your child, like all the children of the world, has a right to health”, and drew special attention to the services provided by the maternity institute. The ceremonies in Greece were given an official character by broadcasts, articles in the press, public addresses and celebrations in schools.