OFFICIAL RECORDS
OF THE
WORLD HEALTH ORGANIZATION
No. 45

THE WORK OF WHO
1952

ANNUAL REPORT OF THE DIRECTOR-GENERAL
TO THE
WORLD HEALTH ASSEMBLY
AND TO THE
UNITED NATIONS

WORLD HEALTH ORGANIZATION
PALAIS DES NATIONS
GENEVA
March 1953
ABBREVIATIONS

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

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>Administrative Committee on Co-ordination</td>
</tr>
<tr>
<td>CIOMS</td>
<td>Council for International Organizations of Medical Sciences</td>
</tr>
<tr>
<td>ECAFE</td>
<td>Economic Commission for Asia and the Far East</td>
</tr>
<tr>
<td>ECE</td>
<td>Economic Commission for Europe</td>
</tr>
<tr>
<td>ECLA</td>
<td>Economic Commission for Latin America</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agriculture Organization</td>
</tr>
<tr>
<td>ICAO</td>
<td>International Civil Aviation Organization</td>
</tr>
<tr>
<td>ICITO</td>
<td>Interim Commission of the International Trade Organization</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organisation (Office)</td>
</tr>
<tr>
<td>ITU</td>
<td>International Telecommunication Union</td>
</tr>
<tr>
<td>OHIP</td>
<td>Office International d’Hygiène Publique</td>
</tr>
<tr>
<td>PASB</td>
<td>Pan American Sanitary Bureau</td>
</tr>
<tr>
<td>PASO</td>
<td>Pan American Sanitary Organization</td>
</tr>
<tr>
<td>TAA</td>
<td>Technical Assistance Administration</td>
</tr>
<tr>
<td>TAB</td>
<td>Technical Assistance Board</td>
</tr>
<tr>
<td>TAC</td>
<td>Technical Assistance Committee</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations International Children’s Emergency Fund</td>
</tr>
<tr>
<td>UNKRA</td>
<td>United Nations Korean Reconstruction Agency</td>
</tr>
<tr>
<td>UNRWA PRNE</td>
<td>United Nations Relief and Works Agency for Palestine Refugees in the Near East</td>
</tr>
<tr>
<td>WFUNA</td>
<td>World Federation of United Nations Associations</td>
</tr>
<tr>
<td>WMO</td>
<td>World Meteorological Organization</td>
</tr>
</tbody>
</table>
TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
</tr>
<tr>
<td>Introduction</td>
</tr>
</tbody>
</table>

**PART I — DIRECTION AND CO-ORDINATION OF INTERNATIONAL HEALTH WORK**

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Communicable Diseases</td>
<td>11</td>
</tr>
<tr>
<td>2.</td>
<td>Tuberculosis Research Office</td>
<td>23</td>
</tr>
<tr>
<td>3.</td>
<td>Strengthening of National Health Administrations</td>
<td>25</td>
</tr>
<tr>
<td>4.</td>
<td>Education and Training</td>
<td>36</td>
</tr>
<tr>
<td>5.</td>
<td>Epidemiological and Statistical Services</td>
<td>41</td>
</tr>
<tr>
<td>6.</td>
<td>Drugs and other Therapeutic Substances</td>
<td>49</td>
</tr>
<tr>
<td>7.</td>
<td>Availability of Essential Drugs and Equipment</td>
<td>54</td>
</tr>
<tr>
<td>8.</td>
<td>Publications and Reference Services</td>
<td>57</td>
</tr>
<tr>
<td>9.</td>
<td>Public Information</td>
<td>61</td>
</tr>
<tr>
<td>10.</td>
<td>General Administration</td>
<td>64</td>
</tr>
</tbody>
</table>

**PART II — ASSISTANCE TO GOVERNMENTS IN THE REGIONS**

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Region</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.</td>
<td>African Region</td>
<td>73</td>
</tr>
<tr>
<td>12.</td>
<td>Region of the Americas</td>
<td>78</td>
</tr>
<tr>
<td>13.</td>
<td>South-East Asia Region</td>
<td>92</td>
</tr>
<tr>
<td>14.</td>
<td>European Region</td>
<td>106</td>
</tr>
<tr>
<td>15.</td>
<td>Eastern Mediterranean Region</td>
<td>125</td>
</tr>
<tr>
<td>16.</td>
<td>Western Pacific Region</td>
<td>137</td>
</tr>
</tbody>
</table>

**PART III — COLLABORATION WITH OTHER ORGANIZATIONS**

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.</td>
<td>Co-ordination of Work with Other Organizations</td>
<td>151</td>
</tr>
<tr>
<td>18.</td>
<td>Expanded Programme of Technical Assistance for Economic Development</td>
<td>157</td>
</tr>
<tr>
<td>19.</td>
<td>Health Services for Special Groups</td>
<td>161</td>
</tr>
</tbody>
</table>

**MAPS**

1. Institutes approved by WHO for producing and testing Yellow Fever Vaccines | 18 |
2. International Sanitary Regulations: Position of States and Territories at 12 December 1952 | 42 |
3. The Mecca Pilgrimage, 1951 | 45 |
4. Network of Epidemiological Radio-Telegraphic Communications | 47 |
5. Regions and Offices of the World Health Organization ........................................... 72
6. African Region ........................................................................................................ 75
7. Region of the Americas ......................................................................................... 79
8. South-East Asia Region ......................................................................................... 93
9. European Region .................................................................................................. 107
10. Eastern Mediterranean Region ........................................................................... 127
11. Western Pacific Region ........................................................................................ 139

ANNEXES

1. Membership of the World Health Organization .................................................... 167
2. Membership of the Executive Board ..................................................................... 168
3. Expert Advisory Panels and Expert Committees .................................................. 169
4. Conferences and Meetings called by WHO in 1952 ........................................... 174
5. Conferences, Symposia, Seminars and Training Courses .................................... 176
6. Conferences and Meetings called by the United Nations and Specialized Agencies in 1952 at which WHO was represented ................................................ 178
7. Conferences and Meetings of Non-Governmental and Other Organizations in 1952 at which WHO was represented ......................................................... 181
8. Tentative Schedule of Organizational Meetings to be called by WHO in 1953 ........ 184
9. Non-Governmental Organizations brought into Relations with WHO ................ 185
10. Regular Budget for 1952 ..................................................................................... 186
12. Structure of the Secretariat at Headquarters ....................................................... 194
13. Senior Officials of the World Health Organization ............................................. 195
14. Growth of Staff in 1952 ...................................................................................... 196
15. Composition of Staff by Nationality ................................................................... 198
16. Fellowships awarded in 1952 ............................................................................. 199
17. Entry-into-force of the International Sanitary Regulations ............................... 204
Dr. BROCK CHISHOLM

Executive Secretary, Interim Commission of the World Health Organization, 1946-1948
Director-General, World Health Organization, 1948-1953
FOREWORD

As this is the last Annual Report which I shall make to the World Health Assembly it is perhaps appropriate to include a statement on the general state of the Organization.

The whole Organization has now passed through its formative period. Its general policies and procedures and its relationships, both internal and external, have been established.

A high standard of responsibility on a world level has been set by the World Health Assembly, with relatively few intrusions by concern for national or group interest or prestige. The maintenance of this standard is an essential factor in enabling the Organization to function as an organic whole.

The Executive Board, to be able to fulfil its highly important role as technical adviser to and executive organ of the Assembly, is composed of members responsible to the Assembly alone, not to governments or any other bodies. In most instances the Board has lived up to this responsibility. Many members have scrupulously honoured it, occasionally even in the face of heavy pressure from their governments or from religious or political groups. Others, on the other hand, have on some occasions clearly represented special interests—national, regional or other—and a very few have even sometimes appeared to be acting under instructions or external pressure. Any such failure of members of the Executive Board to recognize their exclusive responsibility to the Assembly represents the greatest possible threat to the integrity of the Organization. It is absolutely essential that the Assembly should be able to feel complete confidence that the advice it receives from the Executive Board is based on technical considerations, and is entirely free from national or group interest of any kind or degree. Nothing short of complete world-mindedness is acceptable in any member of the Executive Board.

Perhaps the most serious demand that WHO makes on its Member governments is that they should ensure these personal qualifications in the members whom they designate to the Executive Board, and then should respect the absolute independence of those designated. These same requirements apply equally to any alternates or advisers who may accompany members at meetings. Only governments can protect members of the Executive Board and enable them to carry out their proper functions. Any government unable or unwilling to allow the member it would designate this complete independence, even of suggestions, should of course refuse the privilege of making such a designation if it is offered. Equally, any member of the Executive Board who finds himself unable to act independently of the influence of governmental or other pressure should resign at once. These are difficult requirements, but nothing less can meet the needs of the Assembly for unprejudiced technical advice.

After six and a half years of development the Secretariat may now be said to have welded itself into an integrated and balanced instrument for carrying out the intentions of the Assembly and the Board. The early stresses engendered by the absorption of previous agencies and of individuals from many cultures have
been almost entirely resolved. All administration has been undertaken on the principle of mutual consulta-
tion on the widest possible basis before decision. Further, all administrative decisions have been provisional
to the greatest degree consistent with reasonable stability. Any frictions which continue to exist within the
Secretariat are caused by still incomplete definition or acceptance of areas of responsibility, or by those
personality factors from which no human institution can hope to be entirely free, at least until methods of
selecting staff are more highly developed. On the whole I believe the Secretariat to be competent, devoted
to the ideals and the methods of work of the Organization, and ready, within the limits of human capacity
only, to assume whatever responsibilities may be laid on it by the Assembly or the Board.

Essential elements in the maintenance of the reliability and efficiency of the Secretariat are world-
mindedness on the part of delegates to the Assembly, even greater world-mindedness and absolute inde-
pendence of judgment on the part of members of the Board, and the complete freedom of the Secretariat
from pressure or even suggestion from representatives of governments. Given these conditions, which are
not under its own control, the Secretariat can serve the Organization faithfully and effectively.

The relationships between the three organs of WHO have been, almost without exception, excellent,
and, granted that each continues to live up to its whole responsibility, the Organization can look to the
future with confidence.

Finally, I would express my own deep appreciation of, and gratitude for, the unfailing understanding
and sympathy shown by the Assembly and the Board for the problems of the Secretariat, and the helpfulness
which I myself have found on all sides.

The willingness of practically all members of the Secretariat to change their habitual methods of
work in order to adjust them to the requirements of a new setting, and the support they have so generously
given me on all occasions, command my heartfelt admiration and thanks. I am confident that my successor
will find the same unstinted support.

[Signature]
INTRODUCTION

Trends in World Health

Health as a Part of Economic and Social Development

The year 1952 has seen further advances toward the objective of the World Health Organization: "the attainment by all peoples of the highest possible level of health". The Organization has given assistance mainly to those countries which are economically the least developed. These are not only the countries with the greatest needs; their problems have often a significance extending far beyond their own frontiers.

However, it has been characteristic of the more prosperous and highly industrialized countries that improvements in health have gone hand in hand with social and economic advancement—in working conditions, housing, education, agricultural and industrial productivity and so forth; and it is indeed generally true that such improvements, unless accompanied by corresponding advances in other fields, can be little more than ephemeral or piecemeal. In most of the less industrialized countries, the lack of capital constitutes a serious obstacle to any such general advance; hence the possibilities of lasting improvements resulting from the help of international organizations are severely limited. If these countries are to incorporate fully in their own services the newer methods and techniques introduced from abroad, they must have the means of developing their own resources: until this is possible, any appreciable raising of the level of health—which could of itself do much to improve resources in manpower, and thus increase productivity—is financially impracticable.

A partial solution may lie in the programme of Technical Assistance for Economic Development, which, by strengthening national health services within the general context of economic advancement, could provide the means of realizing lasting benefits to health. However, even for this limited purpose, the amount available is far from adequate. This was made quite clear during the technical discussions at the Fifth World Health Assembly, when the director of the Economic Commission for Europe spoke of a study on this subject which had been made by a group of economists employed by the United Nations. As a result of this study it was calculated that, first, to meet the present rise of population in under-developed countries and, secondly, to permit the modest increase of two per cent annually in their national per capita income would require a flow of sums well in excess of ten billion dollars a year from the developed to the under-developed countries.

Preventive and Social Medicine

Notwithstanding differing national traditions and conceptions of medical work and public health, there is today apparent everywhere a growing interest in the preventive and social aspects of medicine, and a more positive recognition that health is not only a benefit to the individual but also essential to a sound society. This increased attention to social and preventive medicine is in many parts of the world already reflected in the attitude of doctors and in the training given to medical students. In the South-East Asia Region, for example, this trend was evident in the appreciative response to the visiting teams of medical scientists sent by WHO to Burma, Ceylon and India. The visits of these teams not only promoted an exchange of technical information, but also afforded the opportunity for a close examination of the type of medical education appropriate to those countries which need more medical workers, adjusted to local conditions. In Europe, with the same general purpose, WHO has sponsored a working conference on the teaching of preventive medicine. It has participated in a similar conference in North America, and has collaborated with the International Paediatric Association in a study of paediatric education.

Training

Lack of trained personnel at all levels has continued to be a widespread problem; it has been at least partly the cause of the difficulty of obtaining, in some countries, matching personnel to work with the WHO teams. In 1952 the WHO fellowship programme has laid emphasis on the training of public-health personnel and has, in particular, developed the type of group fellowship which was awarded in 1951. The Organization
has also encouraged and helped to organize further regional seminars on public-health problems of the same type as those held in Europe in 1951. In 1952 many more were held in Europe, and some in other Regions: in Bangkok, on yaws; in Coonoor (India) on rabies; and in Tokyo, on vital and health statistics. Great interest has been shown in these seminars by the Member countries in the Regions, not only by their prompt acceptance of invitations to take part and by their assumption of the financial and other responsibilities, but also by requests and suggestions for further seminars and conferences on other subjects.

The need for using auxiliary, or even untrained, personnel in specific aspects of public-health work has become more widely recognized. It will be recalled that this was one of the subjects of the technical discussions held during the Fourth World Health Assembly. The lack of auxiliary personnel has been felt particularly in nursing and midwifery, and WHO has helped governments to train more workers in these professions. During the discussions at the 1952 sessions of the WHO Regional Committees for South-East Asia, the Western Pacific and Africa, the training of auxiliary personnel received special attention, and in these Regions projects for this type of training are, with the help of WHO and the United Nations (particularly UNICEF), gradually being built up from very modest beginnings into effective programmes. However, the training of such workers loses much of its value unless firm plans exist for their subsequent use: WHO has therefore helped in determining the most effective use of auxiliary personnel when trained.

**Environmental Sanitation**

Increased attention has also been given to the training of auxiliary personnel for work in environmental sanitation. It is axiomatic that good sanitation is fundamental to public health and economic progress. The more advanced countries bear witness to the importance of a sound environment not only in improving the physical health of their citizens, but also in promoting general well-being and raising standards of living; in the less developed countries, without at least a minimum standard of environmental sanitation all plans for economic improvement must fall short. There are still unfortunately many people, including even some public-health officials, who do not attribute to environmental sanitation its full importance; in fact, its value is often least understood in those parts of the world where it is most needed. A deterrent to large-scale sanitation projects in the WHO programmes is their high cost. It has been suggested that, for this type of project, countries should undertake programmes which combine the resources of various international and bilateral agencies and thus take advantage of the availability of both technical personnel and materials for construction.

The emphasis placed by WHO on environmental sanitation was shown in the theme chosen for the observance of World Health Day in 1952: "Healthy surroundings make healthy people." This theme was extensively employed in at least 40 countries as the basis of articles in magazines and newspapers, radio talks, exhibitions and a variety of public demonstrations.

**Control of Communicable Diseases**

The use of antibiotics and other recently developed agents which have proved successful both for prevention and for cure, and residual spraying with insecticides, have increased the possibility of controlling communicable diseases by reducing the reservoirs of infection. In the last few years new techniques of disease control have been devised and have proved effective in practice. An outstanding example has been the mass treatment of the population with penicillin in absorption-delaying vehicles, which has proved both efficacious and economically feasible. By this means it may be possible to eliminate large reservoirs of infection, provided that the initial successes of mass campaigns are consolidated through permanent local health services, strengthened by trained medical and auxiliary personnel. Continued success has been achieved in the control of malaria by large-scale attacks on the mosquito vector with residual insecticides. These insecticides have also proved useful against other vectors, such as lice and fleas.

In the Annual Report for 1951 attention was drawn to the wide acceptance of the principle of combating a particular disease by applying specific control methods in association with general public-health work. From the beginning WHO has emphasized a co-ordinated approach, so that workers in environmental sanitation, nursing, health education, maternal and child health or mental health, for example, have combined their efforts in joint projects with specialists in the control of diseases.

The trend towards attacking several diseases or conditions simultaneously in the same projects was also mentioned, and projects in insect control carried on with the help of WHO during that year were described. WHO has carried this approach even further in 1952: to reduce duplication of effort and economize in ex-
PENDITURE and personnel, it has begun work in the control of several kinds of communicable diseases simultaneously, as in a project for controlling malaria at the same time as yaws which is being started in Liberia, a combination of vaccination against smallpox with BCG vaccination, undertaken in Iran, and simultaneous immunization campaigns against several diseases, in, for instance, some of the Latin-American countries, where smallpox vaccination has been coupled with immunization against diphtheria and pertussis.

The success of mass treatment of communicable diseases with effective drugs has stimulated in many countries a desire to manufacture antibiotics. Quantity production of antibiotics at low cost would undoubtedly contribute to their wider use. The conditions for such production can be met in some countries, for example in India, where a large new project to develop the local manufacture of antibiotics is steadily progressing, or in Yugoslavia and Chile, where existing manufacturing units are being modernized. In many countries, however, it would be impossible to meet local needs by local production.

For the control of tuberculosis the year 1952 saw the appearance of a "wonder drug" (isonicotinic acid hydrazide) the first accounts of which raised hopes of a cure in many tuberculous patients and even led some public-health administrators to believe that the solution to the problem had been found. However, by the end of the year, the preliminary reports of careful studies had indicated that the effectiveness of this drug was in fact no greater than that of drugs previously available. Thus the general situation remains unchanged: the scope within which the disease can be treated effectively is so limited that tuberculosis control programmes must be based upon prevention rather than on treatment.

Epidemics

Other communicable diseases do not lend themselves so well to mass campaigns. During the winter of 1951-1952 there were outbreaks of influenza in many parts of the world, most of which were due to the influenza virus B and, as usual when this virus is responsible, were neither as extensive nor as severe as those caused by virus A. In May the Influenza Centre in South Africa isolated the same strain of virus A as had previously been isolated there in the summer of 1950 and had been responsible for the severe influenza epidemic in Liverpool during the following winter. The WHO network of influenza laboratories kept a careful watch for its reappearance in the Northern Hemisphere during the last part of 1952.

In the summer and autumn severe epidemics of poliomyelitis occurred. The number of cases in the United States of America was the highest ever recorded. In Denmark and Germany also the epidemics were serious, and the incidence of the disease was unusually high in Belgium, the Netherlands, the Belgian Congo, Ceylon, Cuba, Hawaii, New Zealand and the Gilbert and Ellice Islands.

This disease is now being reported more frequently in tropical countries, where, formerly, clinical cases were rarely recognized. Nevertheless, recent observations have shown the existence of widespread immunity. They suggest that the infection has been endemic in these regions for a long time, though causing few clinically recognizable cases, and that the tendency for it to appear in epidemic form, especially in large cities in such regions, may be related to a disturbance of the endemic state as a result of rapid improvements in environmental sanitation, which have reduced the immunity that follows early symptomless infections. The same tendency may be feared in diphtheria and perhaps some other conditions.

Immunization campaigns against diphtheria in some countries have shown that this disease can be practically eliminated by the proper use of modern prophylactics. That diphtheria has not yet been eradicated in many countries is partly due to the fact that immunization campaigns have not always been on a large enough scale and to the use of inferior biological products.

Effective pertussis vaccines have become available only during the past decade and some vaccines produced by reputable firms have been shown to be without any immunizing power. This fact has affected the work of the Organization, as the large immunization programmes supported by WHO and UNICEF in several countries depend largely on the effectiveness of the products used. In 1952 in Yugoslavia WHO organized a conference of heads of laboratories producing diphtheria and pertussis prophylactics, at which detailed recommendations were made on the choice of these prophylactics and on methods for their preparation, biological control and use.

During the year there were three important outbreaks of yellow fever, two in the Americas and one in Africa. Of the two in the Americas—one of jungle yellow fever—the first, which originated in Panama in December 1949 and by June 1951 had reached Costa Rica, continued its northerly course and involved Nica-
ragua in July 1952; the second, in southern Brazil, began during November 1951 in Mato Grosso and by May 1952 had spread to four other States of Brazil. Human cases continued to be notified both in Nicaragua and Costa Rica, and in São Paulo, the Brazilian State most affected, some 80 deaths were reported. The outbreak in Africa—an extensive epidemic in the Onitsha Province of Eastern Nigeria—occurred in the early part of the year. In all three outbreaks, prophylactic vaccination of the populations exposed to risk was widely practised.

It was pointed out in the Annual Report for 1950 that, although the means of controlling smallpox had long been known and dried vaccines were available to all countries, the disease still remained almost a world-wide problem. A need exists for a dried vaccine that does not lose potency in hot countries; several dried vaccines are available, but none has obtained the confidence of all national governments. In 1952 WHO enlisted the co-operation of several laboratories, and, through the good-will of many manufacturers of vaccines, started investigation into the comparative rate of loss of potency of four dried vaccines when stored at temperatures likely to be met with under field conditions. These investigations will have to continue for at least a year before the results can have any value.

**Chronic Diseases**

With the more widespread control, in the developed countries, of many of the communicable diseases which formerly killed a great proportion of the population at comparatively early ages, other diseases—among them chronic diseases and the so-called diseases of old age—have almost suddenly seemed to become more common. In a study covering many countries throughout the world during the first half of the present century, WHO has examined the evolution of mortality from cancer and analysed the observed trends by the location of the tumour, by age and by sex. From this study it appears that, although the increase or decrease of mortality varies considerably with the site of the cancer, mortality from cancer in general, as shown by crude death rates, is clearly on the increase in many countries. It is pointed out, however, that there are a number of facts which may have contributed to this rise, such as the complexity and heterogeneity of the available data, the disappearance of some classified mortality lists during the war, the recent improvements in diagnostic skill, the wider availability of diagnostic techniques, and the change in the age distribution of populations.

**Decrease of Mortality**

Mortality from a number of diseases has noticeably declined. In 1952 WHO continued its series of statistical studies of the evolution of mortality from infectious diseases in Europe from 1900 to 1950. These studies take into account the typhoid groups of fevers, scarlet fever, pertussis, diphtheria, measles, malaria, smallpox and typhus. They show that in many European countries mortality from the typhoid fevers has almost disappeared; deaths from scarlet fever are now few, in contrast with the situation at the beginning of the century, and reductions in mortality from diphtheria have, in the long run, been remarkable. Although pertussis and measles have declined, generally, as causes of death, they still have considerable importance as causes of morbidity in children. The information collected on mortality from malaria, smallpox and typhus clearly reveals a notable reduction, although there have been at times fairly serious epidemic outbreaks of these diseases.

**Increase of Population**

The control of diseases, the great advance in public health during the nineteenth and twentieth centuries and the consequent drastic reduction of mortality have contributed greatly to the vast increase of world population. This "demographic revolution" was the subject of a detailed "Study of the Influence of the Decline in Mortality on Growth of Populations", published by WHO in 1952. During the last three centuries the population of the world is estimated to have almost quadrupled, two-thirds of this increase having occurred in the last century and one-tenth since the beginning of the Second World War. The continuing growth of populations, particularly in some of the under-developed countries, has become a public-health problem of great consequence to the nations concerned and to the whole world. It was discussed at length at the Fifth World Health Assembly, but because of extreme divergencies of opinion on the health aspects of the problem the Assembly ultimately agreed that no action should be taken.
Developments within the Organization

WHO as Co-ordinator

During the year the importance of WHO's role as co-ordinator has greatly increased. Its resources are comparatively limited; its budget, even with the addition of funds received from the United Nations for technical assistance, corresponds to only a fraction of the funds annually at the disposal of such bodies as the Technical Co-operation Administration (TCA) and other bilateral agencies for technical assistance. The Organization, therefore, cannot expect to launch nearly as many projects as are being financed by these other agencies or to provide as much help to individual countries. None the less, the co-ordination of the many health projects within the countries concerned, irrespective of their source of funds, is a matter of prime importance. More and more governments are looking to WHO, the international organization charged by its Constitution to direct and co-ordinate all international health activities, to fulfil this important task. Thus, as the Organization has been called upon to guide the development of many varied types of health work, the scope of its activities has gradually widened. Joint projects with the United States bilateral agencies for technical assistance such as the TCA were started in 1952, particularly in the South-East Asia and Western Pacific Regions. Some of the governments which are operating the Colombo Plan have expressed the desire that WHO should participate in co-ordinating the aid being given under this plan: at the request of Canada, for example, WHO has begun to assist in the selection of candidates for the fellowships in the health programme. These are welcome developments and of equal importance is the pattern of the programme for bilateral aid which is being undertaken by the Norwegian Government, in which the United Nations and specialized agencies are parties to an agreement for organizing the aid requested.

The co-ordination of WHO's work with that of other agencies has also been furthered by the establishment of national co-ordination committees for Technical Assistance in three countries of the Western Pacific Region, and in four out of the six countries in the South-East Asia Region. The work of these committees has helped to remove misunderstandings and duplication of effort, and has made possible effective co-ordinated programmes of assistance which no one agency, working alone, could have accomplished. An example of such a co-ordinated programme is the development of the health demonstration area in El Salvador, with which agricultural and educational surveys conducted by FAO and UNESCO are now associated. Furthermore, WHO, by appointing "area representatives" in most of the countries of the South-East Asia Region to act as a link with the national administrations, other United Nations agencies and bilateral organizations in planning such programmes and adjusting them to local needs, has taken still another step in the exercise of its responsibility as a co-ordinating authority.

Changes in Emphasis

The United Nations has asked that WHO should report on any changes in emphasis which have arisen through its obligations to other agencies, notably those to the Economic and Social Council. WHO's programme does not change materially from year to year; its philosophy and long-term programme are, however, consistent with the criteria and broad priorities established by the Council, which are also taken into account so far as possible in planning the central technical services of the Organization. Since WHO's advisory services are given mainly on the request of governments, these fundamental priorities must here be applied in such a way as to take account of the varying needs of individual countries, so that sound and balanced national programmes may result.

International Sanitary Regulations

An important event during the year was the coming into effect of the International Sanitary Regulations, which were prepared and are being administered by WHO. Of the 89 countries notified of these Regulations, only 25 sent in reservations. On 1 October the Regulations went into effect for 58 Member States (53 without reservations, and 5 with reservations accepted by the Fifth World Health Assembly); 6 Members are not bound by the Regulations, and the position of 15 others (including Libya, which may submit reservations up

1 For 1952 the gross budget (including the assessments of inactive Members) was US $9,077,782, giving an effective working budget of US $7,677,782.
THE WORK OF WHO, 1952

The number of requests for advice on the administration of the International Sanitary Conventions has remained high, but the number of disputes over their application is appreciably decreasing each year. New questions may be raised, however, now that the new International Sanitary Regulations have come into force.

Financial Situation

Although in 1952 the financial situation of the Organization has improved, a number of countries have still not paid their contributions in full. Such delays are a potential danger to the success of the Organization, and all Member Governments are called upon to fulfil their obligations promptly and regularly, so that WHO may continue the work already begun and do full justice to the programmes for 1953 as approved by the Fifth World Health Assembly.

Regionalization

All six WHO regional offices are now in operation, and the process of decentralization in almost every case is now complete. This decentralization of activities and the consequent assumption by the regional offices of the responsibility for carrying out programmes within their respective Regions should leave headquarters freer to exercise its functions of long-term planning, technical leadership and co-ordination. However, decentralization has also brought difficulties in determining the proper distribution of responsibilities. Carried too far, it could be a threat to the existence of the Organization as the one centralized, truly international authority on health and could lead to disruption. WHO's regionalization, in all its implications, is the subject of one of the special studies entrusted by the Health Assembly to the Executive Board, to be carried out early in 1953.

The Regional Office for Africa moved to Brazzaville in October. In spite of the remarkable progress in health work which has been made in Africa during the last thirty years, the continent presents a special problem and challenge because of its size, the lack of communications and outlets to the sea, the large number of languages, of which very few are written, and the diversity of its cultures. In beginning to staff its African Office the Organization has therefore adopted a pattern which is slightly different from that of the other regional offices. It is giving particular attention, not only to medicine, but to cultural anthropology, and also—as there is an imperative need for good water supplies, food and shelter—to environmental sanitation. WHO's policy of helping countries to take the "next appropriate step" toward improving their health conditions, rather than imposing ideas and techniques which may not conform to the stage of their social and economic development, is particularly applicable to Africa, where local conditions and customs vary so widely. WHO's work in Africa is just beginning, and progress may be very slow. An African doctor visiting headquarters said: "Please send us seeds, not potted plants!"

Fifth World Health Assembly

The Fifth World Health Assembly was convened on 5 May 1952 at the Palais des Nations. It was preceded and followed by sessions of the Executive Board, in January and June. The Assembly decided on the programme for 1953 and voted the proposed budget of $9,832,754, which had previously been endorsed by the Board. The decisions taken by the Assembly on a wide variety of subjects are referred to throughout the report. The United Kingdom of Libya was admitted as a Member of WHO, and Tunisia and the French Protectorate of Morocco became Associate Members, bringing the total membership of the Organization up to 82. The Assembly awarded the Léon Bernard Foundation Medal and Prize to Professor C.-E. A. Winslow of the United States of America for his outstanding contribution to the progress of social medicine.

The Fifth World Health Assembly was faced with the problem of deciding in which WHO Regions to place certain countries and territories which had not been specifically included in the geographical areas set up by the First World Health Assembly. As this problem was extremely complicated, the decisions made were provisional (see page 69), pending the results of a study to be carried out by the Executive Board and presented to the Sixth World Health Assembly.

Giving an effective working budget of US $8,485,095
It was noted with regret by the Fifth World Health Assembly that it had proved impossible for the Regional Committee for the Eastern Mediterranean to meet in either 1951 or 1952. The Assembly agreed that Turkey, because of the prevailing conditions, might provisionally suspend its activities as a Member of the Eastern Mediterranean Region and be admitted to the European Region.

As in 1951, technical discussions were held in conjunction with the Assembly. The topics for 1952 were "The Economic Value of Preventive Medicine" and "The Methodology of Health Protection for Local Areas". Because of the interest shown in the technical discussions organized during the Fourth and Fifth World Health Assemblies, the Fifth World Health Assembly confirmed the decision to hold similar discussions at future assemblies. On the occasion of the Sixth World Health Assembly, to be convened in Geneva on 5 May 1953, there will be a discussion of methods of applying modern health techniques to give the most effective and economical results in a long-term programme, in relation to (a) tuberculosis, (b) syphilis and (c) the typhoid group of fevers.

One unfortunate development during the Fifth World Health Assembly was a threat on the part of several Member States to withdraw from the Organization, one because it felt that it had not received enough help from WHO, several others when it seemed that the majority might vote for a programme of which they did not approve. It is hardly possible to over-emphasize the harm to the Organization and to individual countries which might result from this method of voicing disapproval or disagreement.

* * *

The report for 1952 is again a factual account of the work of the Organization during the period under review. As in 1951, it is divided into three parts: Part I is an account of the work of the Organization as the directing and co-ordinating authority on health; Part II, a detailed description of the activities carried out in the Regions; and Part III, to which the attention of the Economic and Social Council is particularly drawn, describes WHO's co-operation with other organizations, including its participation in the United Nations Programme of Technical Assistance for Economic Development. The annexes give statistical information on the Organization, much of which is specifically required by the United Nations.

WHO has begun to prepare methods of evaluating its work over a number of years, and in future it should be able to devote its annual reports more to the results, rather than simply to a description, of its efforts.

In accordance with the decision of the Fifth World Health Assembly there has been no attempt this year to make a summary analysis of the reports from Member States which are sent in under Articles 61 and 62 of the Constitution.
PART I

DIRECTION AND CO-ORDINATION
OF INTERNATIONAL HEALTH WORK
New problems in controlling communicable diseases are continually emerging. The changes in their patterns in various parts of the world are undoubtedly related to the stage of the social and economic development of the areas concerned. In well-developed countries the incidence of many diseases has been reduced, but other diseases and pathological conditions of sometimes even greater complexity have gradually become more numerous. Virus diseases create a special problem, because in most cases no effective means of controlling them exists.

WHO, in its attempts during the past year to reduce the toll of the major endemic and epidemic communicable diseases, has concentrated on improving resistance to them, controlling the vectors, reducing animal or human reservoirs of infection, and encouraging research directed at improved methods of control, and also on providing training for such work. The experiment was made of attacking several diseases simultaneously in the same project. Continued successes were achieved in the mass control of the treponematoses by treatment with penicillin, and in the control of malaria and other insect-borne diseases by the use of residual insecticides. Recognizing, however, the limitations of the use of insecticides as an effective measure, particularly against houseflies and lice, WHO has also stimulated research into the reasons why certain vectors become resistant and others do not.

Vector control, as distinct from insect control, has advanced in many parts of the world in 1952. WHO, in its work on bilharziasis, has undertaken a number of studies on the use of the newer molluscocides. Biologists, biochemists, sanitary engineers and public-health officers have worked together on this problem. Field research was undertaken in order to obtain more knowledge of animal reservoirs of cholera, plague and zoonoses. In the reduction of such animal reservoirs of infection, anticoagulants proved their value in rat control and vaccination of dogs in rabies control.

Appreciable advances have also been made in the control of zoonoses such as brucellosis, Q fever and leptospirosis, and in the development of veterinary public-health services to deal with these problems.

WHO's work in the international co-ordination of research and in the standardization of laboratory procedures has included the encouragement of investigations into such questions as diagnostic procedures (in brucellosis, influenza, poliomyelitis, Q fever, rabies, trachoma, the treponematoses and tuberculosis); the determination and classification of vectors (in bilharziasis, filariasis and malaria); the chemotherapy of brucellosis, leprosy, malaria, trachoma and treponematoses; and the biologicals for use in dealing with brucellosis, diphtheria, pertussis, and smallpox.

This work, and the assistance given to governments for training personnel, are described below.

Malaria

In the past year WHO has assisted governments with 20 antimalaria projects, in Afghanistan, Burma, Cambodia, the Dominican Republic, China (Taiwan), the French Cameroons, Haiti, India, Indonesia, Iran, Iraq, Lebanon, Liberia, Paraguay, Philippines, Sarawak, Saudi Arabia, Syria, Viet Nam and the Windward Islands, as part of the present world campaign of malaria control, which has markedly increased in scope in 1952. In many countries, plans have been made for large-scale or even nation-wide programmes for malaria control. To give an example of their range, the plan for India aims at giving protection in the course of a few years to an aggregate population of some two hundred million. It is not possible to say how far WHO's assistance has been responsible for the present expansion of malaria control, but epidemiological investigations, demonstrations of new techniques and the training of local personnel (either on the spot or, through fellowships, abroad), which have formed a part of WHO-assisted projects, have undoubtedly facilitated the execution of long-range plans for malaria control.
in very large areas. Such work enabled some countries to make effective use of substantial quantities of supplies granted to them by international agencies for the control of malaria. WHO malariologists have also assisted as consultants in preparing operations and planning long-term policies.

The first malaria projects in which WHO assisted governments ended more than a year ago. A measure of their success is the extent to which the governments concerned have developed and expanded them into large-scale campaigns after the WHO teams were withdrawn.

Today in many countries malaria is no longer the major public-health problem that it was until a few years ago. In some large areas of the world, however, it is doubtful whether the only method which has proved economically feasible for the control of malaria in rural areas—spraying with residual insecticides—can be successfully applied. It is not yet known whether that method can achieve malaria control in, for example, the Western Pacific Region, in areas where the vectors are *Anopheles minimus flavirostris* or *A. leucosphyrus*, which are said to remain indoors too short a time to acquire a toxic dose. Co-operative pilot projects were started in the Philippines and Sarawak and it is hoped that they will provide a solution to the problem on which the future of malaria control in those areas depends.

Doubts also exist with regard to tropical Africa, where malaria control is still in an embryonic stage. The methods which the Malaria Conference in Equatorial Africa (Kampala, 1950) recommended for the control of *A. gambiae* are costly in that they require large and frequent doses of insecticides.\(^1\) To investigate cheaper and equally efficient techniques, the governments which had asked for help from WHO and UNICEF against malaria in West Africa agreed to undertake co-operative pilot projects for testing different insecticides and spraying techniques. Four such pilot projects were planned along similar lines with the co-operation of WHO. By the end of the year UNICEF had shipped the supplies and equipment and WHO was recruiting advisers for two of them (in Liberia and the French Cameroons). They are being undertaken in ecologically different areas (forests, savannas, etc.), and liaison will be closely maintained among them. The pilot project in the French Cameroons is to provide a training centre for the personnel of the various French-speaking territories of West Africa.

While it is hoped that these pilot projects will afford technical guidance to other countries of tropical Africa that have similar problems, it has not been thought necessary to await the results before undertaking malaria control in other areas of Africa. In various territories WHO, assisted by UNICEF, has already collaborated with the health administrations in planning campaigns based on the recommendations of the Kampala Conference and the principles adopted by the Expert Committee on Malaria.

If WHO's assistance to governments in malaria control is to be considered as one way of strengthening permanently the national health services, it will be necessary to ensure that these are staffed with personnel adequately trained for antimalaria work. In many of the countries assisted by WHO, health staff are being trained in malaria control. The facilities offered have been well used, and in some countries (Afghanistan and Iran, for example) national training centres are being set up or expanded with personnel and supplies from WHO.

Another method of strengthening public-health services may be seen in the new approach adopted for the malaria pilot project in Liberia, which is to be combined with a project for yaws control; the personnel of the two projects will work together, from the same headquarters and using the same technique of house-to-house visiting, at least twice a year. It is likely that data will be collected and methods emerge which may serve as a basis for a rural health service. A similar approach is planned for a combined project for the control of bilharziasis and malaria in Syria.

In addition to providing training in field projects, awarding fellowships and travel grants in malariology and giving assistance to malaria institutes and training centres, WHO helped to organize two international malaria courses in 1952, one given in French in Portugal (at Aguas de Moura and Lisbon), the

---

other in English in Lagos, Nigeria. WHO arranged for three international lecturers to assist the teaching staff of the Institute of Malariology of Aguas de Moura and for two others to help the Malaria Service of Nigeria with the course at Lagos. During 1952 WHO staff members lectured on malaria and on WHO’s work in malaria control in various institutions throughout the world. As in the previous year, regional malaria advisers closely co-operated in the WHO-assisted projects in three of the Regions (South-East Asia, the Eastern Mediterranean and the Western Pacific).

A group of members of the WHO expert advisory panel revised the Report on Terminology in Malaria issued by the Malaria Commission of the League of Nations. It is hoped that publication of this revision will help governments to standardize epidemiological procedures and evaluations. Another group of panel members has been preparing a report on the chemotherapeutics of malaria. A monograph on Anopheles gambiae was published in the Monograph Series (see also Chapter 8). Important technical information received from members of the panel on the inactivation of DDT in mud walls and on the probable development of DDT resistance in A. sacharovi in Greece was distributed.

Close liaison has been maintained with UNICEF, which has allocated large sums of money for malaria control in the South-East Asia Region, in the Americas, and, more recently, in the Eastern Mediterranean Region and in Africa. A joint WHO/UNICEF team, accompanied by a representative of the French Government, studied malaria in the French Cameroons, French Togoland and French West Africa, and assisted in drafting plans of operations for the international aid requested for its control. In some countries, where substantial help in malaria control is being received under bilateral agreements, WHO co-operated closely with the authorities responsible for the planning and co-ordination of the programmes.

**Tuberculosis**

The decline in tuberculosis mortality in the more developed countries of the temperate zone has continued. In the less developed countries of the tropical and sub-tropical zones, however, there is no indication of any such decline, and it is therefore in those parts of the world that WHO is concentrating its assistance to governments in the setting up of programmes for tuberculosis control.

WHO’s field work on tuberculosis has consisted largely in helping to establish demonstration and training centres. At the beginning of 1952 such centres were operating in Burma, Ceylon, Ecuador, El Salvador, India (Delhi and Trivandrum), Jamaica, Pakistan, Thailand and Turkey. During the year the projects in El Salvador and Turkey were terminated and new projects were started in Egypt, India (Patna), Indonesia and Syria.

Experience of these projects in 1952 confirmed the belief that many of the control measures and techniques used in the more developed countries cannot be successfully transplanted to other parts of the world, and that WHO’s objective in the control of tuberculosis must be to assist each country to find the methods most suited to its own particular conditions, to demonstrate these methods, and to train its national personnel accordingly.

Similarly diagnostic methods—tuberculin testing, chest radiology and demonstration of the tubercle bacillus—cannot be transplanted directly from one country to another, and each of them has therefore required careful study. The work of the WHO Tuberculosis Research Office on tuberculin testing is progressing (see Chapter 2). Radiological examinations have caused difficulty, because so far no manufacturer has succeeded in producing equipment suitable for certain of the countries in which WHO teams have to operate, where climatic conditions, bad roads and less experienced personnel have to be taken into account; this difficulty is being studied in co-operation with the manufacturers. It has long been evident that, in countries where a large variety of non-tuberculous diseases might be the cause of pulmonary lesions, the only safe method of diagnosing tuberculosis is by demonstrating the presence of tubercle bacilli. A diagnostic laboratory has been attached to each of the tuberculosis centres established with the assistance of WHO. These laboratories have, up to the present, employed those methods which have been found to be most successful in the best laboratories in the world, but experience there has shown that they are not always effective in countries where auxiliary personnel must be used, where the number of specimens to be examined is often very high and where the cost must be kept to a minimum. During the year a part-time consultant was appointed to study this problem in co-operation
with several institutes in Europe and the United States of America.

In most of the countries where projects for the control of tuberculosis have started, very little information has been available on the incidence or cause of the disease or on its epidemiology. It has become clear that it is necessary to make preliminary studies of the epidemiology of tuberculosis in each country before giving advice to any government on suitable methods of control. WHO will help to train local personnel not only in the different techniques of control but also in epidemiological studies.

In the difficult matter of recruitment WHO has had valuable assistance from many governments, which have released their own staff for work with the Organization. Even so, it has been found advisable, as recommended by the Expert Committee on Tuberculosis at its fifth session, to give special training to field personnel before sending them out on projects. Many different types of field personnel have been trained by the Tuberculosis Research Office. So far, time has not permitted the training of all field personnel systematically.

Mass vaccination programmes with BCG were carried out or planned in Aden, Burma, Cambodia, China (Taiwan), Costa Rica, Egypt, El Salvador, Hong Kong, India, Indonesia, Iran, Iraq, Jamaica, Pakistan, the Philippines, Thailand, Trinidad and Viet Nam, whenever possible in close connexion with the tuberculosis-control projects. In these programmes governments have been assisted by WHO and UNICEF jointly, the latter providing equipment and supplies and reimbursing WHO for the costs of certain personnel.

A conference of WHO tuberculosis experts was held at the Eastern Mediterranean Regional Office from 20 to 30 November. It was attended by representatives from all the six Regions except Africa, by team leaders and staff from field projects in Burma, Egypt, India, Iraq, Pakistan, Sarawak, Syria and Thailand, and by representatives from headquarters and from the Tuberculosis Research Office in Copenhagen. The field projects were discussed in all their aspects, and recommendations were made on the integration of programmes into general public-health services and the feasibility of combining tuberculosis surveys with surveys of other diseases. The importance of health education of the public in the control of tuberculosis, as of all other diseases, was stressed.

In 1952 WHO granted both regional and inter-regional fellowships in tuberculosis, and many were awarded for work in connexion with WHO assisted projects (see Annex 16).

### Venereal Diseases and Treponematoses

During the year there has been progress in many areas in the control of venereal infections, particularly syphilis and gonorrhoea, and the reservoirs of non-venereal treponematoses, notably non-venereal endemic syphilis and yaws, have been appreciably reduced. In the more developed areas, where antibiotic therapy is widely used, the incidence of syphilis and gonorrhoea appears to be declining ever more rapidly, while the efforts of health administrations to reduce the incidence of the non-venereal treponematoses are producing demonstrable results.

The control of the treponemal diseases by mass treatment with repository penicillin, as carried out by WHO, is widely recognized as a feasible public-health procedure. This technique was further elaborated by the WHO Expert Committee on Venereal Infections and Treponematoses, which held its fourth session in London in July. It reviewed the experience of WHO field teams in mass programmes and made detailed recommendations for the control of treponematoses by mass therapy. Some of the recommendations dealt with the need for periodical re-examinations, the intervals between examinations, the desirability of treating about 90 per cent of the population and the epidemiological advantages of preventive treatment for contacts.

Projects for the control of non-venereal treponematoses were carried on with the support of WHO and UNICEF. Projects for the control of yaws were continued in Haiti, Indonesia, the Philippines and Thailand, and new projects of the same type were started in Laos and South India. Another project planned for Liberia is to be a combination of malaria and yaws control. Projects for the control of bejel in Iraq and of non-venereal endemic syphilis in Yugoslavia reached the stage at which international assistance became less necessary. In the six larger mass campaigns against non-venereal treponematosis,
VILLAGE CO-OPERATE IN THE CAMPAIGN AGAINST TUBERCULOSIS

Village drummer in India announces arrival of BCG team.

The recording van announces: "Bring your children to be vaccinated. BCG is completely harmless."

Villagers line up at the temporary clinic for vaccination.
National customs must be respected, which sometimes complicates the work. At the modern demonstration and training centre set up at Karachi (Pakistan) with the help of UNICEF and WHO, a woman in traditional purdah dress has the x-ray apparatus explained to her to induce her to be photographed.

A month-old baby is vaccinated with BCG in the yard of his parents' house at Guayaquil, Equador.

In the fight against tuberculosis at Rangoon (Burma), the home visits of the public-health nurse play an important part.
One of the classes in the course run by the WHO demonstration team in maternal and child health at Lahore.

Some of the nurses taking the course visit destitute people housed in temporary quarters.
A midwifery student is briefed by the WHO nurse teacher.

Teacher and student home visiting. The mother has just had her fifth child.

Teacher demonstrates prenatal care at the Kuching Hospital.

Student examines a pregnant woman.

Now, after two years' training, she is ready to go visiting on her own, to advise mothers, and to train future midwives in her turn.
approximately six million persons had been examined and two million treated with penicillin from the beginning of the programmes to July 1952.

Because of the rapidly accumulating knowledge of new techniques for the control of yaws, WHO, in collaboration with the Government of Thailand, sponsored the first international symposium on yaws control, which was held in Bangkok from 14 to 30 March. At this meeting workers from over 30 countries discussed common problems, control techniques and programme achievements. The effect of this symposium in promoting interest in yaws control is already apparent.

In work on venereal infections, WHO's efforts to help governments attain more effective control have been based largely upon demonstration, survey and training. Projects to which WHO has contributed advisers have continued throughout the year in Afghanistan, Burma, Ceylon, Ecuador, Egypt, Guatemala and Paraguay, and new projects were started in Ethiopia, India, Iran, Pakistan, Saudi Arabia and Turkey. Of these, three are joint projects in venereal diseases and maternal and child health.

The year has seen further extension of the use of penicillin in the treatment of both syphilis and gonorrhoea. No evidence of true penicillin-resistance in treponemal diseases was reported to WHO in 1952. It has been demonstrated, however, that preparations of procaine penicillin G in oil with 2 per cent aluminium monostearate (PAM) vary markedly in their capacity to provide the prolonged serum concentrations of penicillin necessary for effective treponematosis control. WHO therefore established minimal requirements for this product and will include them in Volume II of the Pharmacopoea Internationalis.

Another significant development during 1952 was the introduction of new repository penicillin preparations that can provide effective serum concentrations for an average of two weeks after a single injection. Studies of how these new preparations may be used in mass campaigns under tropical conditions were started in Indonesia and Thailand.

WHO has continued with its special work in the control of venereal diseases among seafarers. In the port demonstration project at Rotterdam, study groups collected information and discussed various phases of maritime venereal-disease control. The International Anti-Venereal-Disease Commission of the Rhine, meeting again in 1952, called for continued co-operation by the countries bordering on this river. Two more Member States—Israel and Japan—adhered to the Brussels Agreement of 1924 to provide adequate treatment facilities for seafarers.

Subjects of research at the International Treponematosis Laboratory Center in Baltimore, United States of America, included the biological relationships of the causative organisms of syphilis, yaws, bejel and pinta; the possible development of penicillin resistance; acquired immunity in treponemal diseases; and elucidation of the serologic pattern of syphilis, yaws and other treponematoses.

The treponema-immobilizing antibody reaction is being more widely used, and in several countries it is now used as a verification test in suspected but doubtful cases of syphilis. WHO has helped to stimulate and co-ordinate the work of laboratories which are carrying out this complicated technique.

Provisional international reference preparations for cardiolipin and lecithin for use in the serological diagnosis of treponemal diseases having been established in December 1951, further advances were made in this field by the collection of freeze-dried sera of different reactivities. The members of the Sub-Committee on Serology and Laboratory Aspects and the Expert Committee on Venereal Infections and Treponematoses considered that the results of a pilot experiment on this subject (mentioned in the Annual Report for 1951) justified further work along the same lines. Arrangements were made for the storage of 25,000 such serum specimens at the WHO Serological Reference Laboratory at the Statens Serumistitut, Copenhagen, for subsequent distribution to, and testing by, laboratories in different parts of the world.

The results of the inter-laboratory exchange of serum samples in several countries, also described in the Annual Report for 1951, were evaluated, and field laboratories associated with mass programmes of treponematosis control co-operated with WHO by studying the usefulness of various laboratory methods under different conditions.

WHO regional advisers have helped with various projects in the Regions of the Americas, the Eastern Mediterranean and South-East Asia. Members of the headquarters staff and special consultants on laboratory aspects gave advice on projects in the other Regions and carried out surveys in China (Taiwan), Hong Kong and Yugoslavia. Several
short-term consultants helped the Organization to study, initiate or follow up the work on venereal diseases and treponematoses in the Regions of the Americas, South-East Asia, Europe, and the Western Pacific.

Two monographs on treponemal-disease control, and several articles written by members of the WHO Expert Advisory Panel on Venereal Infections and Treponematoses, were prepared in 1952 and published in the Bulletin.

During the year a number of regional and inter-regional fellowships were awarded (see Annex 16).

Parasitic Diseases

Bilharziasis

Since the results obtained in the chemotherapy of bilharziasis are conflicting, special attention has been given to snail destruction and environmental sanitation. New improved molluscicides have been used with success, but a greater knowledge of the snail vector and its biological environment would probably lead to the discovery of more effective methods, biological or chemical, of destroying it. WHO has sought a better identification and classification of the snail vectors, and institutes in France, Denmark and Southern Rhodesia have co-operated in this work.

Study of Schistosoma japonicum in Japan has shown that cattle and sheep, and to a lesser extent horses and dogs, can be important in the perpetuation and dissemination of the disease. Further study of this question has been encouraged.

A field project of bilharziasis control started in Egypt, where field trials with molluscicides were also undertaken.

Bilharziasis surveys were conducted in certain countries of the Eastern Mediterranean Region, in several territories in the African Region, and in the Philippines.

The WHO Expert Committee on Bilharziasis met in October in Puerto Rico. Attention was drawn to the lack of knowledge of the bionomics and taxonomy of the molluscan intermediate hosts, and it was emphasized that a study of the bionomics and ecology of these hosts should include the biological environment of the vectors. Additional research on the physiology of these hosts was also recommended. Survey techniques were established, and along with control by molluscicides biological methods of control were recommended. It was considered that the treatment of infected human populations was an effective means of bilharziasis control only when combined with efforts to control the vector molluscs.

Virus and Rickettsial Diseases *

In 1952 WHO co-ordinated and promoted research on the incidence and manner of spread of virus diseases and the immunological characteristics of prevalent viruses.

Since many virus diseases present common problems, WHO has combined several of the expert advisory panels on individual diseases into a single Expert Advisory Panel on Virus Diseases. The expert panels on smallpox and yellow fever, however, because of their special concern with international quarantine, have been retained as separate entities, as have the panels for certain virus zoonoses.

Influenza

The WHO network of influenza laboratories, the World Influenza Centre in London and the Strain Study Center for the Americas in New York continued the work of isolating and typing a large number of virus strains. Many reports received from the laboratories on the occurrence of influenza and the type of virus responsible were published in the Weekly Epidemiological Record.

There has been no widespread influenza epidemic in 1952 comparable with that of 1950 and 1951, but there were several widely scattered outbreaks. The prevalent virus was type B, and preliminary reports on the strains isolated have been prepared by the

* Excluding rabies and certain other virus zoonoses, information concerning which is given later in this chapter.
influenza centre in London and the Strain Study Center for the Americas and circulated to all influenza centres and to members of the expert panel. Final reports for the winter of 1950-1 have been circulated. With the help of the Regional Office for the Americas, efforts were made to increase the number of influenza centres in the WHO network in South American countries.

The Expert Committee on Influenza, at its first session (Geneva, September), considered the epidemiology of the disease, influenza vaccines, diagnostic procedures, the control of epidemics, and therapeutic measures. The committee expressed the view that further development of the WHO influenza programme might make it possible to forecast epidemics and indicate the type of virus likely to be responsible. This might give time for the preparation of suitable vaccines, which, although still under development, are considered to be the most promising means of control.

**Poliomyelitis**

Information was obtained from a number of laboratories on the preparation of vaccines, the immunizing power of gamma-globulin, and present facilities for isolating and typing strains of poliomyelitis virus and making serological studies. Progress was made in bringing together national and international groups interested in poliomyelitis for co-ordinated action.

At the end of the year, the WHO-assisted project for the rehabilitation of handicapped children in Japan was being expanded to include the treatment of victims of poliomyelitis.

**Smallpox**

To obtain information on the keeping qualities of dried smallpox vaccine under field conditions, WHO sponsored a series of detailed laboratory experiments to determine the rate of loss of potency of four dried smallpox vaccines kept at different temperatures. The representatives of laboratories in Ann Arbor (Michigan, USA), Bandoeng (Java), Paris and Vienna supplied samples of their dried vaccine for testing, together with a “wet” preparation from the same strain of vaccinia virus. The directors of laboratories in Ann Arbor, Copenhagen, London, New York and Paris met in Geneva in June and agreed upon a standardized procedure for testing the four dried vaccines. The laboratory testing was started towards the end of the year and will continue throughout 1953.

WHO is co-operating in a field study in Madras on the use of hyper-immune gamma-globulin in the prophylaxis and therapy of variola major, undertaken by the Hooper Foundation of the University of California with the co-operation of the Director-General of Health of the Government of India and the health authority of Madras.

In 1952 smallpox control has been added to the project for the control of ankylostomiasis in Paraguay and to the diphtheria-pertussis immunization programme in Colombia.

**Trachoma**

The Expert Committee on Trachoma met in Geneva from 3 to 8 March 1952 and studied the possibility of mass treatment with antibiotics (aureomycin, terramycin) and sulfonamides.

In its report the committee emphasized that work for the control of trachoma should be directed not only against the disease itself but also against related or associated conditions, particularly epidemic conjunctivitis. It stated that the basic principles of trachoma control should include case-finding and the treatment of patients; rational health education of the people, adapted to their particular conditions; destruction of possible vector agents and other measures for environmental sanitation. It also made recommendations for international legislation, which have been passed to the Committee on International Quarantine.

Pilot projects were started in China (Taiwan), and were planned for the French Protectorate of Morocco, and Tunisia, with supplies and equipment provided by UNICEF.

Research, begun in 1951 in French Morocco with a view to determining the cheapest and most effective methods for mass treatment programmes, was continued on a limited scale. Local application of

---

cortisone as a criterion of cure is being studied at the Institut Pasteur of Tunis. Early results indicate that, in a significant number of cases in which clinical cure has been effected, cortisone is able to reactivate the virus.

**Typhus**

WHO and UNICEF continued to assist the Governments of Bolivia and Peru with projects to control typhus through the use of DDT dusting powder. In Afghanistan the campaign begun in 1950 was extended, and dusting with DDT has been found effective.

**Virus Hepatitis**

The Expert Committee on Hepatitis held its first session in Liége, Belgium, in July, after the international conference on the same subject held by the International Society of Geographical Pathology. The committee considered especially the virology, epidemiology and public-health aspects of infectious and serum hepatitis. It called attention to the need for more information on their incidence, the increasing importance of serum hepatitis, and the dangers attending transfusions of pooled plasma. Ultra-violet irradiation cannot at present be relied upon to sterilize the serum and further research was recommended. The virus of serum hepatitis is resistant to many currently used methods of sterilization, and the committee prepared detailed recommendations designed to reduce accidental transmission. It agreed that injection of gamma-globulin affords a temporary protection against infectious hepatitis, and that the immunity is often more prolonged than would be expected; further research on this and on the preparation of skin-test antigens was recommended.

**Yellow Fever**

The collection of blood specimens from sample populations was completed in most of the territories which have participated in the immunity survey undertaken to delineate more accurately the southernmost limits of the yellow-fever endemic zone in Africa (see Annual Reports for 1950 and 1951). Neutralization tests were carried out by the Yellow Fever Research Institutes at Entebbe and Johannesburg on 9,000 of some 10,000 blood samples on which the survey is based. Unexpected delays in collecting samples in some areas made it impossible to complete in 1952 the laboratory examination of the sera sent from these territories.

The Institute of Hygiene and Bacteriology of the University of Strasbourg and the Instituto de Medicina Tropical, Lisbon, were both approved for

---

**MAP 1. INSTITUTES APPROVED BY WHO FOR PRODUCING AND TESTING YELLOW FEVER VACCINES**

![Map of Institutes Approved by WHO for Producing and Testing Yellow Fever Vaccines](attachment:image.png)
the carrying out of sero-protection tests required for the international certification of immunity against yellow fever. Arrangements were completed for the international testing, by three selected institutes, of the yellow-fever vaccine prepared by the Commonwealth Serum Laboratories at Melbourne. It was also arranged for an appropriate quantity of seed vaccine from the Rocky Mountain Laboratory at Hamilton, Montana, USA, to be supplied, free of charge, to the Central Research Institute at Kasauli, East Punjab, India, where yellow-fever vaccine is to be manufactured. Map 1 shows the location of the institutes approved by WHO for producing yellow-fever vaccines, for testing the activity of vaccines and for carrying out biological tests required for the international certification of immunity.

Insect control projects, with particular attention to Aëdes aegypti, have been carried on with continued assistance from WHO and UNICEF in nine countries in Central America and the Caribbean area. In Costa Rica and Ecuador combined projects for insect control and yellow-fever vaccination proceeded regularly.

Zoonoses

In work on the zoonoses, attention has been concentrated on several important diseases of animals communicable to man, on the development of veterinary public-health work in national ministries of health, and on meat hygiene. As in previous years the work on zoonoses was done, whenever indicated, jointly with FAO, and liaison was also maintained with the Office International des Epizooties.

A seminar on the zoonoses, held in Vienna in November and attended by medical and veterinary officials of European countries, was jointly sponsored by FAO and WHO. It dealt with brucellosis, bovine tuberculosis, rabies, Q fever and leptospirosis. WHO and FAO consultants led discussions and gave lectures and laboratory demonstrations on the latest methods of diagnosis, treatment and prevention.

During the year, on behalf of both WHO and FAO, a consultant on meat hygiene surveyed and advised on practices in 12 Latin American countries.

WHO sent consultants to Colombia, Ecuador, and Israel to help them to develop veterinary public-health units as part of their government health services. Such measures appear to have strengthened those services appreciably. Similar advice was also given to Ceylon, Peru, the Philippines, Venezuela and Yugoslavia.

Brucellosis

The second session of the Joint FAO/WHO Expert Committee on Brucellosis was held in Florence from 13 to 18 October. It reviewed the results of research carried out in the FAO/WHO brucellosis centres and made recommendations on the standardization of laboratory procedures for identifying the Brucella species, on diagnosis in man and animals, therapy in human beings and field control of the disease in animals.

In the centres work was done on the therapy of brucellosis in human beings with various combinations of antibiotics and sulfonamides and with vaccines, on trials of skin-test antigens in man and animals and other diagnostic procedures, on bacteriological studies for identifying and typing the Brucella species, on making local and regional surveys of the extent of brucella infection in animals, and on organizing campaigns for the control of the disease.

Small items of laboratory equipment and supplies were sent to several of the centres, and financial grants were given to centres in Mexico and the United States of America for special research.

To co-ordinate research sponsored by WHO and FAO, members of the headquarters staff were sent to Brazil, Greece, Israel, Mexico, Spain, Turkey and Yugoslavia. In close consultation with WHO, FAO veterinary consultants worked and advised on brucellosis and other problems in Burma, Ethiopia, Honduras, Iran, Iraq, Pakistan and Thailand.

For two weeks, beginning on 1 December, WHO sponsored a meeting on brucellosis in Santiago, Chile, for medical and veterinary workers of 10 South American countries. This meeting was designed to introduce to these countries standardized laboratory techniques in brucellosis so that their results might be readily referred to other laboratories throughout the world. The Santiago meeting included discussions and laboratory exercises directed by WHO consultants on brucellosis.
The work of WHO and FAO, in co-operation with the Office International des Epizooties, has led to appreciable progress in the past year both on basic scientific problems and in efforts at field control. One outstanding example is the virtual eradication of melitensis infection from an area in northern Yugoslavia where human infection contracted from sheep and goats was formerly a serious problem. Through the FAO/WHO brucellosis centre established in Rijeka in 1950 a vigorous campaign was carried out among infected animals in the district. By the end of 1952 brucellosis was eliminated from the animal population and was no longer found in human beings.

Q Fever

The survey of Q fever in countries throughout the world, mentioned in the Annual Report for 1951 (page 36), has been continued, and the results are now being compiled. Preliminary information indicates that the disease is present in many countries hitherto believed free from infection.

WHO consultants were sent to Spain.

On the recommendation of the WHO Expert Committee on Biological Standardization, the preparation of an international standard Q-fever anti-serum for medical and veterinary use was undertaken by five laboratories, WHO co-ordinating the work and giving technical guidance. A provisional standard anti-serum was prepared, and at the end of the year was being tested by these laboratories.

Rabies

The most important item in WHO’s work on rabies during the year was its sponsorship of a meeting held from 14 to 28 July in the Institut Pasteur at Coonoor, Southern India. This meeting, which was organized at the request of countries from the Eastern Mediterranean, South-East Asia and Western Pacific Regions, included lectures, discussions, demonstrations and laboratory training, and was attended by 55 medical and veterinary workers in rabies from 23 countries. WHO consultants led discussions and were in charge of the laboratory sessions. A noteworthy feature of the meeting was the detailed and intensive laboratory training given to a large international group of specialists, who were able to work individually at laboratory benches and thus to learn and practise complicated new laboratory procedures. This intensive training was of particular value because recent advances in rabies control have been the result of the work of a handful of specialists scattered throughout the world. In introducing this new training approach, WHO has made a contribution which should increase the usefulness of other analogous technical meetings.

Members of the headquarters staff went to Greece, India, Indonesia, Malaya, Mexico, Thailand and Yugoslavia to help these countries in the preparation of vaccines and with control programmes in the field. Arrangements were made to test the potency of rabies vaccines produced by national laboratories, and a small financial grant was made to the Institut Pasteur in Paris to cover the expenses of these tests.

Two years have elapsed since the WHO-sponsored field trial was started in Israel to demonstrate control by the mass vaccination of dogs with an egg-adapted virus vaccine (see the Annual Reports for 1950 and 1951). The results have been highly encouraging. No human case of rabies has occurred in the past two years, whereas in the period 1948-50 there were 20 deaths. The number of animal cases has dropped sharply, and no vaccinated dog has contracted rabies. Observations will be continued to determine the length of immunity in dogs given a single inoculation of the vaccine. In 1952 two additional limited trials were undertaken in Greece in the island of Zante and in Ipoh, Malaya.

Only limited results have so far been obtained from the trial of hyperimmune serum in human beings bitten by rabid wolves, which was carried out in Iran. Those which are available are encouraging, but the cases have been too few for statistical significance. To obtain evidence more quickly on the value of this serum, a series of laboratory investigations was begun by several members of the WHO Expert Advisory Panel on Rabies. WHO will co-ordinate the work.

Bovine Tuberculosis

In conjunction with FAO, WHO has continued to work on a provisional standard for avian purified protein derivative (PPD) tuberculin to be used with a mammalian PPD standard for veterinary purposes. Both organizations, in collaboration with the Office International des Epizooties, will also continue their work on other standards which are of both medical and veterinary interest.

Swine Influenza

In an attempt to clarify the relationship between human and swine influenza, several strains of the
swine influenza virus isolated in different countries were submitted to the influenza centre in London, for study and comparison with human influenza strains. The results show that although the swine strains examined are related to some human strains ("A" group), the disease in swine at present is not of importance to human influenza epidemics. As, however, there has in the past been some evidence of an epidemiological relationship, the WHO Expert Committee on Influenza recommended that research on this question be continued.

Leptospirosis

Recent work has revealed that domestic animals are important reservoirs of leptospirosis for man. WHO has helped to co-ordinate research on this subject, with particular reference to typing and diagnosis. In December a meeting of specialists was held in Washington, and a report was prepared which summarized the points of interest to national authorities and suggested the lines of future work for FAO and WHO.

Diphtheria and Pertussis, Meningitis, Cholera, Plague and Leprosy

Diphtheria and Pertussis

At a conference of heads of laboratories producing diphtheria and pertussis prophylactics, held in Yugoslavia in October, the biological products at present available were reviewed and their relative advantages discussed. It was emphasized that control of diphtheria and pertussis cannot be effected unless a sufficient proportion of the susceptible population is immunized and kept immune. For this purpose really potent prophylactic agents are essential, and these must be subjected to careful biological control at all stages of their manufacture because of the occurrence of unpredictable variations in potency. Precise details of methods of producing, testing and using the best modern prophylactics were incorporated in the report of the conference in an attempt to encourage some laboratories to improve the quality of the biological products now being manufactured.

Combined immunization programmes have been continued in several South American countries with technical advice from WHO and financial support from UNICEF, and the one in Colombia will be expanded to include smallpox. During the year a diphtheria immunization campaign was begun in Hong Kong, for which WHO gave technical advice to UNICEF.

The Philippine Government received help from WHO and UNICEF in producing diphtheria antigens.

Meningitis

In many parts of the world cerebrospinal meningitis has ceased to be a serious problem. In Central Africa, however, each year there are large epidemics with a considerable mortality. An epidemic in the Sudan in 1952 was particularly serious. A consultant was sent to the area, and a small trial of the prophylactic value of sulfonamides and penicillin (PAM) was undertaken. It is hoped that the results, when known, may prove useful for devising preventive measures suitable for use on a large scale.

Cholera

A WHO team on cholera has started to work in an endemic region (in East Pakistan) which many observers believe is a part of the original home of this disease. The team is making a thorough study of the epidemiology of cholera in the area with a view to finding effective and economical control methods by environmental sanitation. It is hoped that a scheme can thus be evolved which can be used for dealing with rural cholera not only in East Pakistan but also in other territories where cholera has a rural incidence.

Plague

Plague is a serious problem in the Uttar Pradesh, India: epidemics, evidently derived from endemic foci, flare up from time to time, involve wide areas and claim numerous victims. In 1952 an ecologist began to work in this area, with the object of delimiting the endemic areas and working out plans for effective control and the prevention of epidemics. An interesting, though tentative, conclusion is that plague has long been endemic in this part of India and that presumably the infection came from Central Asia.
A meeting of the WHO Expert Committee on Plague was held in Bombay from 5 to 10 December. The committee studied the results of rodent surveys in Africa, examined modern methods of rat control, and dealt with bacteriological and immunology problems. It also investigated the possibility of standardizing procedures in the treatment of plague.

A consultant was sent to Indonesia to advise on control measures to be taken before the beginning of the plague season.

Five studies on plague, dealing respectively with bacteriology, immunology, pathology, methods of laboratory diagnosis and hosts of the infection, were published during the year in the *Bulletin*.

**Leprosy**

With the help of members of the Expert Advisory Panel on Leprosy, information was collected on the classification, epidemiology, control and treatment of this disease. The fact that acid-fast bacilli were found in contacts and in cases usually not considered as infectious has stimulated further pathological and epidemiological research.

The Expert Committee on Leprosy met in November 1952, and dealt with the contagiousness of the various forms of leprosy, prophylaxis by BCG vaccination, control and treatment, the standardization of the lepromin test, and the classification of the disease.

At the end of the year a survey was being made by a WHO consultant in Ethiopia. As the result of a review of work in leprosy made in Burma in 1951, with the help of a consultant from WHO further assistance was given in 1952 in the training of personnel and the organization of leprosy control.
CHAPTER 2

TUBERCULOSIS RESEARCH OFFICE

Up to this year the Tuberculosis Research Office was engaged almost exclusively on field work, only occasionally supplemented by laboratory work. However, the need for laboratory investigations has been recognized for some time, and since the spring of 1950 repeated efforts have been made to set up suitable facilities. Towards the end of that year an opportunity presented itself when the Danish National Health Service asked advice on how the remaining part of the Danish collection for the United Nations Appeal for Children, equivalent to about US $340,000, could be used to further international tuberculosis prevention, and on 5 December 1951 an agreement was signed between the Danish Government and WHO for the establishment of a tuberculosis immunization research centre in Copenhagen. The next steps were to set up a supervisory committee, composed of two representatives from each of the co-operating parties, and the Director of the Centre as secretary, and to construct a laboratory unit of five rooms within the Statens Serum-institut, at a cost of approximately $40,000. WHO has bought $20,000 worth of equipment for this laboratory, which started work in October. On the recommendation of the supervisory committee, two staff members were seconded from the Tuberculosis Research Office to act as Director of the Centre and bacteriologist. The Centre will work closely with WHO.

When the International Tuberculosis Campaign ended in June 1951, a total of 38,000,000 children and adolescents had been tuberculin-tested and 18,000,000 non-reactors vaccinated with BCG. For many of the participating countries tuberculosis mortality and morbidity statistics had been either unavailable or unreliable, and mass tuberculin-testing was carried out for the first time. The international BCG programme has offered a unique opportunity for the world-wide collection of facts on tuberculin sensitivity: the techniques and procedures were relatively uniform, the tuberculin used was from a single producer, and the record forms were standardized. Thus the information obtained should constitute the best single index of tuberculous infection for a number of countries and peoples and should be comparable not only between districts within each country, but also between countries.

At the outset of the campaign the responsible officials realized that the collection of statistical material, and its preparation for publication, could best be directed from a central office. This was one of the first responsibilities assumed by the Tuberculosis Research Office when it came into being early in 1949. By the end of 1952 nine reports on individual countries had been published—seven of them during the year—and two more were nearly ready for press.

During the past three years extensive studies were made on BCG vaccine, its effect on 44,000 school-children being studied in 23 separate projects. The first re-examination, six to 17 weeks after vaccination, was completed for all these projects, the first annual examination for 16 of them, and the second annual examination for seven. A large amount of quantitative data on tuberculin reactions and vaccination lesions was collected, and from it much useful knowledge was gained about BCG vaccine and vaccination; some of this information was published in a series of papers in the Bulletin of the World Health Organization. A special monograph entitled BCG Vaccination: Studies by the WHO Tuberculosis Research Office, Copenhagen was prepared so that the material can be presented in a comprehensive and interrelated fashion. This monograph covers a variety of subjects, from the effects of prolonged storage and of heat and light on the vaccine to certain qualitative differences in the allergenic properties of the vaccines produced by different laboratories. It includes, in addition to the text and summary tables and graphs, some 140 pages of tabulations of full basic data. The publication will answer an urgent need in practical BCG work and provide an important source of precise information for other research workers.

1 Bull. World Hlth Org. 1950, 3, 1, 279; 1952, 5, 245, 333; 7, 201
One important but disturbing finding in the retesting surveys made in the International Tuberculosis Campaign was that there were wide variations in postvaccination tuberculin allergy and that in some of the countries the level of allergy was very low as compared with the uniformly satisfactory results observed in Denmark. Discrepancies of this kind made it imperative to determine the principal factors which could influence the production of allergy by BCG vaccination. In the course of the studies on BCG vaccine the effect of heat was carefully investigated and was found to be limited until the temperature reached 42°C, when the damage was serious and relatively rapid. In vaccine kept at 2-4°C up to two and a half months after its preparation or at 20°C for one month, no important reduction in tuberculin allergy was found either eight to ten weeks or one to two years after vaccination. Variations in the amount of vaccine injected, from one half to twice the usual dose, or in the depth of injection, from very superficial to almost subcutaneous, did not appreciably affect the allergy.

On the other hand, even brief exposure to sunlight was found to have a devastating effect on the vaccine. In Egypt, vaccine exposed to direct sunlight for five minutes in December showed a reduction in the number of viable bacilli in colony count to one per cent of the number before exposure. There was also an important decrease observed in Copenhagen, when the vaccine was exposed to indirect outdoor December daylight for 15 minutes; a more prolonged exposure, for 60 minutes, reduced the count to 0.5 per cent of the pre-exposure level. Even winter daylight passing through double-glass windows apparently has some damaging effect. The effect on postvaccination tuberculin reactions and vaccination lesions is equally striking. Exposure to December sunlight in Egypt for 30 minutes resulted in a mean induration of only 8.6 mm in the Mantoux test, as against a mean of 20.5 mm obtained with the same vaccine kept in the dark.

It was already known that light could have a harmful effect on BCG and that undue exposure should be avoided, but the real significance of such exposure had not previously been realized. This work has already resulted in a modification of the laboratory procedure of preparing and handling the vaccine, and precautions for preventing exposure of the vaccine to light are also being taken in the field.

Another important finding is that there is a distinct difference in the pattern of the distribution of natural tuberculin reactions in various parts of the world. For example, in applying the Mantoux test to an unvaccinated population in the Scandinavian countries, the frequency distribution of sizes of induration shows two groups in the population, one with little or no reaction and the other with definite or strong reactions. In Ecuador, Egypt and India, however, there is a different pattern, for although one group shows strong reactions, the other, instead of having no reactions at all, has a low grade of sensitivity. This low-grade sensitivity is apparently due to some agent other than the human or bovine tubercle bacillus. Evidence to support this observation seems to be accumulating, although the specific agent or agents are not known.

To substantiate this hypothesis, which may prove to be of great significance, much more work must be done. In this connexion, the problem of selecting candidates for vaccination should not be overlooked. In countries with the Scandinavian pattern of distribution of tuberculin reactions, the persons who show no reactions can be considered uninfected and may be vaccinated. On the other hand, in areas where the low-grade tuberculin sensitivity exists it is difficult to know whether those with low-grade sensitivity should or should not be vaccinated. This raises a perplexing problem of much practical importance in the BCG programme now being carried on by WHO and UNICEF. The present criterion for vaccination is that persons whose reactions measure less than 5 mm to a Mantoux test of 5 TU are accepted as non-reactors eligible for vaccination. In Ecuador, for example, in accordance with this theory, only 55 per cent of the group showing a low grade of allergy were vaccinated; the remaining 45 per cent were not. Obviously, the tuberculin test must be carefully studied in each of the countries where mass BCG vaccination is being carried out, to determine the pattern of distribution of reactions and the criteria which can be suitably applied.
In 1952 there has been a significant development of the Organization's work in general public-health administration. WHO assisted 22 governments in the organization of public-health services, by health surveys, the initiation of rural health centres, the planning and establishment of health demonstration areas, and general advice on national and local health services. Where appropriate WHO co-operated with the United Nations and interested specialized agencies.

Work in the health demonstration area in El Salvador made satisfactory progress and has aroused much interest among the local population. In 1952 WHO helped with a similar project at Soissons (France).

WHO has also helped with a number of surveys organized by the United Nations or some of the specialized agencies. It took part in the economic survey missions to Ceylon and Iraq sent by the International Bank for Reconstruction and Development, and the United Nations survey missions to Libya and Somalia organized by the Technical Assistance Administration (see Annual Report for 1951, page 12). United Nations Community Organization and Development survey missions to the Caribbean area, to Asia and Oceania, and to Israel and the Arab States each included a public-health expert.

A member of the staff also participated in the United Nations Social Service Mission to Burma.

WHO helped to prepare a report on the administration and management survey of the health services in Ceylon, which was conducted by two experts invited by the United Nations Technical Assistance Administration, and collaborated with the United Nations, ILO, FAO and UNESCO in a joint field survey of the conditions of the Andean Indians.

Resolution EB10.R28 of the Executive Board called for the enlargement of the Expert Advisory Panel on Public-Health Administration. Twenty-five new members were therefore appointed, bringing the total to 58.

The First Report of the Expert Committee on Public-Health Administration, which met in December 1951, was published and distributed. In its general approach to the problems of public-health administration, the report deals with the functions exercised at the different levels of government health administrations, the training and security of health workers, and the co-ordination and long-term planning of national health programmes. Emphasis is placed on the importance of obtaining the people's interest and active participation in health work and on the need to make careers in public health more attractive. It also contains an account of experiments in public-health services in the countries from which the experts came, and the widely differing conditions described should make the report of particular value to Member governments.

WHO continued to direct the medical care and protection of the Palestine refugees by providing the chief medical officer to the United Nations Relief and Works Agency, and helped the United Nations Korean Reconstruction Agency to formulate its long-term health programme by sending a team of experts in public-health administration, which toured Korea in August, September and October. (For details of these projects, see Chapter 19.)

WHO also assisted the United Nations Division of Information from Non-Self-Governing Territories in preparing the Secretary-General's 1952 report on health activities in those territories. Material was also prepared for the Trusteeship Council on health problems relating to the conservation and utilization of land in the United Nations Trust Territories.

Four new regional public-health advisers were appointed during the year in the South-East Asia Region.

---

WHO’s work in strengthening national health administrations and organizing public-health services in 1952 was principally in environmental sanitation, nursing, maternal and child health, mental health, social and occupational health, nutrition, and health education of the public. Details are given below.

Environmental Sanitation

In view of the growing importance of environmental sanitation in its health programme, the Organization, at the beginning of 1952, created a Division of Environmental Sanitation. The work of organizing this division and recruiting staff continued during the year. For financial reasons, only high-priority activities in environmental sanitation could be selected for attention; however, the programme included advisory services in municipal and rural sanitation, milk and food sanitation, the control of insects, rodents and other vectors, housing and town planning, environmental aspects of occupational health, and education and training in environmental sanitation.

Advisers in the Regions dealt with all these aspects of environmental sanitation, particularly to help meet the great need for better sanitation in rural and small communities—a subject to be discussed at the third session of the Expert Committee on Environmental Sanitation in 1953. The environmental-sanitation personnel assigned to the field worked on two types of projects: those in which the improvement of sanitation is the main objective, and others in which sanitation is only a part of the campaign against a specific disease. For the first type of project, in addition to the advisers on environmental sanitation attached to four of the regional offices, general sanitation advisers were assigned to Turkey, the Seychelles, Angola and El Salvador, and training in sanitation was instituted in Afghanistan and Liberia by WHO staff. For the second type, sanitary engineers or sanitarians were assigned to malaria-control units in Burma, Cambodia, Colombia, India, Indonesia, Iran, Iraq, Liberia, Saudi Arabia, China (Taiwan) and Viet Nam; to a cholera control project in Pakistan; and to projects for the control of bilharziasis in Syria and the Philippines.

Several international agencies, including UNICEF and FAO as well as WHO, have strongly emphasized the relation between child health and the quality and availability of milk supplies. The urgent need to increase milk supplies and, therefore, to build milk plants has sometimes resulted in the provision of such supplies in advance of the development of adequate health controls. To provide governments with information on reasonable and proper methods for controlling the quality of milk, a monograph on milk pasteurization was prepared and was in press at the end of 1952. This is the first stage in a co-operative programme for the improvement and control of milk quality. At the end of the year a joint inter-secretariat committee on milk control was organized by WHO, FAO and UNICEF, and was entrusted with the responsibility for drafting a long-term co-operative plan and for arranging for the best possible use of available information on the technique of milk production, processing and distribution. Other work in connexion with the provision of milk is described under “Nutrition”, below.

With regard to insect control, the resistance to residual insecticides which has been developed by flies has created a considerable problem in many areas of the world where reliance has been placed on chemical control. In order to co-ordinate the work being carried out on this subject by investigators in the Mediterranean basin, a consultant in biology was appointed in November for a period of three months. His report will include a plan for reducing fly-borne diseases and will recommend lines of future study and research on fly ecology.

The concern felt in many parts of the world as to the possible toxic hazards to man resulting from the use of pesticides was manifested in discussions at the Fourth World Health Assembly and the eighth session of the Executive Board, and as a result the Director-General was asked to undertake a study of this problem. By visits to experts in the United States of America and some countries of Europe, a short-term consultant supplemented information already collected and, in a consultation with members of the Expert Advisory Panel on Insecticides, made a study representing world opinion on the subject. This report, after review by ILO, FAO and experts in many parts of the world, was being prepared for publication at the end of the year.
For some time the health hazards accompanying expanding international air traffic have given concern, and the Fourth World Health Assembly (in resolution WHA4.82) directed that sanitation standards appropriate for airports should be prepared in collaboration with ICAO. In pursuance of the consequential resolution (EB9.R49) passed by the Executive Board at its ninth session, work was started with ICAO on a manual of recommended practices for the hygiene and sanitation of international airports. A consultant was appointed in September for a period of two months to assist in the preparation of a draft text.

As in 1951, much time was given to co-ordinating the work being carried out by members of the Expert Advisory Panel on Environmental Sanitation on specifications for insecticides and spraying apparatus, disinsecting of aircraft, behaviour of mosquitoes on ships (as recommended at the second session of the Expert Committee on Insecticides), and toxicity of insecticides to man. This has enabled WHO to start providing advice and current information on these subjects to Member governments.

The evaluation of existing field programmes in relation to the policy of long-term planning was given considerable attention. In this connexion a member of the headquarters staff visited Central America to study, with the technical staff of the zone visited, the progress of the programme in insect control which has been in operation there for three years.

One of the grave problems facing governments in several parts of the world, including Latin America, Africa and south-east Asia, is the provision and improvement of housing. Widespread overcrowding, the large number of primitive and unsatisfactory types of houses, and the close relation of housing to health and vital energy combine to make this a most pressing and important matter. WHO was represented by staff members from headquarters at two meetings on housing: one in Geneva, convened by the ECE Housing Sub-Committee; the other called by the Commission for Technical Co-operation in Africa South of the Sahara (CCTA) in Pretoria. At these meetings WHO called attention to the technical advice which health agencies could provide to help solve the problem.

Seminars have proved to be one of the most effective means of directing the interest of sanitary engineers to environmental sanitation, and of disseminating knowledge of the subject. The third European seminar was organized in London in October in collaboration with the Government of the United Kingdom (the first two were held at The Hague in 1950 and at Rome in 1951). These European seminars have already influenced developments in Europe and have led, among other things, to action to establish an international standard of drinking-water, and international standard methods of water analysis. To assist the European group, to provide a liaison with the American group and to guide WHO in its policy on these matters, a consultant on standard methods was engaged in October and had submitted a report before the end of the year.

The European seminars stimulated the holding of similar seminars in other Regions. In the Americas, in collaboration with the Government of Nicaragua, a seminar, attended by representatives of sanitary engineers from the Central American countries, was held in November at Managua. Plans were made for organizing a similar meeting in the Eastern Mediterranean Region.

Throughout the year close working relations were maintained with the United Nations and specialized agencies on the subject of environmental sanitation. Mention has already been made of WHO's joint work with ILO, FAO, UNICEF and ECE on milk pasteurization, insecticides and housing. In February the Organization was represented at the ILO Advisory Committee on Salaried Employees and Professional Workers, which met in Geneva to discuss hygiene in shops and working places, and at the Working Party on Insecticides DDT and BHC, which the United Nations convened in Geneva. For the latter meeting an analysis was prepared of the data collected from Member governments on their 1951 consumption and their estimated 1952 requirements of DDT and BHC for national public-health programmes, and on difficulties in obtaining supplies during 1951.

In several parts of the world there is strong pressure to improve arid regions for agricultural purposes, in order to augment food supplies and provide living space for crowded populations, and UNESCO has fostered research leading to the rational development of arid land. WHO was represented at the third and fourth sessions of the Advisory Committee on Arid Zone Research, held in Ankara and in London respectively. Assistance was also given to UNESCO in preparing a manual of data required for the development of arid land, which includes an important section on public health.

---

In August, in response to a request from UNICEF, WHO prepared detailed suggestions for work in environmental sanitation in connexion with maternal and child health, with estimates of the supplies which would be necessary for such programmes. The close relationship between sanitation and infant and child health was emphasized, and particular attention was also drawn to two critical environmental factors, water supply and excreta disposal. These suggestions were considered by the UNICEF Executive Board at its October meeting in New York, where it was decided to submit the whole question to the Joint Committee on Health Policy, UNICEF/WHO.

Nursing

The Second World Health Assembly, in setting up an Expert Committee on Nursing, recognized the essential role of nursing in the public-health services and the urgent need for nursing services in all countries. This need exists at every stage, from the simple services in the village to those more complex activities which involve teaching and administration in hospitals and communities.

In February 1950, at its first session, the Expert Committee on Nursing expressed doubt whether the traditional functions of nursing met present needs. It recommended that the World Health Organization study how nurses could best meet these needs through health teaching, participation in preventive programmes, care of the sick, and other methods.

Taking account of these recommendations, the Organization has concentrated on helping countries to study their nursing services and to plan their orderly development in the light of local conditions. The "Guide for national studies of nursing needs and resources", which was prepared in 1951, was tested out in two countries during 1952 and redrafted in the light of experience. It will be published in 1953 as a supplement to the Bulletin.

The study of the function of health visitors and "assistantes sociales" in England and France, begun in 1951 (see Annual Report for that year), went on during 1952 under the direction of a WHO consultant, and will be continued into 1953.

During the last three years priority has been given to assisting countries to strengthen and enlarge their schools of nursing, which are preparing a cadre of teachers and supervisors of auxiliary grades for the future. This type of assistance increased during 1952 and will be required for some years to come in many countries.

Seventeen nursing projects, started in 1950 and 1951, have been continued; 22 new programmes were begun, and 12 others were planned for 1953. Altogether 97 nurses were in the field. WHO has given advice and has helped to widen the scope of national nursing programmes so as to include health education in the community as well as nursing care in hospitals and homes. Preparation for teaching and supervising auxiliary workers is the important new element in these programmes and has been carried out in health centres as well as in hospitals. Assistance both in nursing and in maternal and child health was given to midwifery schools, and, where local circumstances called for it, midwifery was included in the education of the nurse. To prepare teachers of nursing and midwifery, WHO has helped with intensive training courses carried out as an extension of school projects, as well as through the WHO fellowship programme.

Many governments have been concerned with trying to provide enough nursing personnel to enlarge their maternal and child health services, especially in rural areas, and, with the assistance of UNICEF, are planning to establish and equip more health centres and to extend health services in rural areas.

The Organization is co-operating with the United Nations, including UNICEF, and with specialized agencies in the study of auxiliary workers which was recommended by the Technical Working Group on Long-Range Activities for Children, set up by the Administrative Committee on Co-ordination. WHO's contribution to this study deals mainly with auxiliary workers in nursing and midwifery. In addition, WHO has helped to train auxiliary nursing personnel as a necessary part of field projects promoting maternal and child health and combating tuberculosis and venereal diseases. Internationally
recruited midwives and public-health nurses have worked with national counterparts to give training for less specialized work. One example of such an activity is the project combining maternal and child health work with nursing at Lahore, where the health demonstration centre has provided training and supervision of midwives and has prepared community health visitors.

It has been estimated that nine-tenths of the schools of nursing in the world are "hospital schools", in which the student nurses carry the greater part of the nursing service of the hospital. Although this method provides opportunities for exploitation which have frequently hindered the education of the nurse, it also provides an exceptionally good opportunity for developing a system of practical training. A working conference on nursing education, convened by WHO in Geneva in March, brought together directors of nursing schools from ten countries, who, with the assistance of a social scientist, a hospital administrator, and an expert in education, developed a system for nursing education based on planned experience in the hospital and the home. At this conference steps were considered for introducing a method of teaching which would be centred on the total care of the patient, including the physical, mental and social aspects. The report of the conference has been published by WHO and distributed to governments, nursing schools and nursing organizations.

Conferences in South America and the Western Pacific Region during 1952 have extended knowledge both of the function of nursing services in the control of communicable diseases and of the use and production of teaching aids for nursing.

With the assistance of a grant from WHO, the International Council of Nurses made an international study of facilities for training nurse teachers; this study will be available for distribution during 1953.

The shortage of nurses remains a serious obstacle to the success of public-health programmes. While WHO has tried to help governments to alleviate this situation, it is obviously not a problem that can be solved in a few years. At the same time, it is encouraging to know that international assistance is helping to increase the number and improve the quality of nurses in many countries where the need is great, and that the services of these nurses will, in turn, be of great value in the training and employment of auxiliary workers.

Maternal and Child Health

During 1952 WHO's work for maternal and child health has continued to grow. An adviser on the subject has now been appointed to each regional office, except that for Africa.

Demonstration and training projects, by which WHO and UNICEF assisted many governments in 1951 to build up their national maternal and health services, have been continued through 1952, and a number of other governments have requested similar assistance. Joint WHO/UNICEF demonstration and training centres have been established in eight more countries, and are all giving special attention to training.

In several countries governments have experienced difficulty in providing and retaining suitable matching staff to work with the WHO international team. In other countries, once the demonstration and training centre has become well established and is able to provide a steady source of trained personnel, the government, with UNICEF assistance, has been able to expand its maternal and child health services to cover a wider area of the country.

Altogether WHO, either with UNICEF or under the Technical Assistance programme, has assisted governments with 40 different projects in maternal and child health in 1952. Fifteen of these were in Europe, where special projects, carried out jointly by WHO and UNICEF, included assistance to three countries in developing their programmes for the care of premature infants and to five countries in the rehabilitation of physically handicapped children.

WHO sent a short-term consultant to Lebanon and another to Japan to advise the governments on co-ordinated programmes for the rehabilitation of physically handicapped children. The United Nations and other interested specialized agencies, as well as the International Union for Child Welfare and the International Society for the Welfare of

Cripples, gave valuable assistance in briefing the consultants and later took part in discussions on their findings and recommendations.

A meeting of experts was convened jointly by the United Nations and WHO to discuss the mental-health aspects of adoption. At the request of the United Nations, a short-term consultant was appointed by WHO to prepare a working paper for this meeting and to help in preparing the report, which will be a special contribution to the United Nations study of the welfare of children deprived of a normal home life, and is also expected to be useful as a guide for countries that wish to introduce or modify legislation regulating adoption. WHO also participated in a conference of experts which, at the request of the United Nations, was convened in Geneva by the International Union for Child Welfare to study the problem of adoption.

The reports of the Expert Committee on Maternity Care and of the Joint Expert Committee on the Physically Handicapped Child (convened by WHO with the participation of the United Nations, ILO and UNESCO) were published during the year.

Close liaison was maintained with the United Nations and specialized agencies concerned with child welfare. WHO took part in the Technical Working Group on Long-Range Activities for Children, which was established to co-ordinate these activities and dealt with such subjects as child nutrition, the training of auxiliary personnel, and surveys of all services for children in three selected countries.

The Organization continued to co-operate with ILO on matters of common concern, including maternity protection, child labour, and the vocational training and placing in employment of handicapped young people.

WHO has long been represented by a member of the headquarters staff on the Technical Advisory Committee of the International Children's Centre in Paris; this representation was strengthened when a member of the staff of the Regional Office for Europe was also appointed to the committee.

Under the joint auspices of WHO and the International Paediatric Association, a study has been undertaken to assess the training in paediatrics received by medical students and physicians. A WHO consultant assisted with the preliminary work, and the first phase of the study began in Europe during the academic year 1952-3. It is hoped that the study will be continued and developed in other regions of the world.

### Mental Health

WHO continued to provide consultant services in mental health to individual governments, and short-term consultants visited six countries during 1952.

In view of the difficulty—mentioned in the Annual Report for 1951—of obtaining the services of mental-health workers of high standing for long periods, WHO has planned its future programmes so as to use short-term consultants, combined with long-term fellowships to train nationals of the countries concerned. Arrangements have been made with one government for the release of one of its senior mental-health workers for two months a year to work as a WHO short-term consultant. By sending the consultant to the same Region each year, WHO achieves some of the continuity of longer appointments, while maintaining a high standard of professional advice. The success of this experiment suggests that it might be tried in other Regions.

During the year inter-country activities in mental health have been considerably expanded. In collaboration with WHO a seminar on child psychiatry was organized by the Norwegian Government for child guidance workers from the Scandinavian countries. WHO also assisted the World Federation for Mental Health in holding a seminar for WHO Fellows on mental health and infant development, and collaborated in three United Nations seminars on social case-work by providing mental-health consultants as lecturers and giving fellowships to meet the cost of attendance. Preparations were begun for several mental-health seminars in 1953, including one in South America on alcoholism, one in Europe on the mental-hygiene aspects of public health, one in the Western Pacific Region on the mental-health aspects of paediatrics, and one in the Eastern Mediterranean Region on clinical and social psychiatry.

Two meetings of experts were held during the year: the third session of the Expert Committee on Mental Health, which was devoted to a study of the role and organization of the community mental health workers, and the joint session of the Expert Committee on Mental Health and the Joint Expert Committee on the Physically Handicapped Child.
hospital, and the meeting, already mentioned, on the mental-health aspects of adoption, held in collaboration with the United Nations. The latter arose from the findings published in the WHO monograph *Maternal Care and Mental Health,* of which details were given in the Annual Report for 1951. This monograph, now published in a second English edition, continues to have a remarkable success. It is now being published in Danish by commercial publishers, and negotiations are under way for editions in German, Italian, Spanish and Swedish. A sound film, entitled "A Two-Year-Old goes to Hospital", has been made by the author of the monograph for WHO's use in briefing and teaching paediatricians, paediatric nurses and other child-health workers, and will also be available for their own use in teaching.

Other WHO reports on mental health published during the year have been the second report of the Alcoholism Sub-Committee of the Expert Committee on Mental Health, published by WHO; the report of the joint WHO/UNESCO expert meeting on mental hygiene in the nursery school, published by UNESCO, and the report of a WHO consultant on "Rehabilitation in Psychiatry", which has been accepted by a commercial publisher. WHO has also begun a review of legislation affecting psychiatric care and a survey of the literature on psychiatric disorders in Africans.

In carrying out recommendations made at the first session of the Alcoholism Sub-Committee, WHO, in addition to organizing the seminar on alcoholism mentioned above, has arranged for copies of the Yale *Abstract Archives of Alcohol Literature* to be provided for libraries in certain countries where alcoholism is an important problem, begun work on the preparation of a classified bibliography of alcoholism, and encouraged the formation of an international association of scientific workers on alcoholism.

Relations with the World Federation for Mental Health have continued to be close, and during the year the Federation, at the request of WHO, collected information on various subjects. Its work has included a report on existing national associations of parents of mentally defective children, a supplementary report on mental-hygiene aspects of services for students, a report on child-guidance services and training facilities in different countries, and a report on the mental-hygiene aspects of general public-health work. The Federation is now preparing for publication a report on the very successful seminar which it ran for WHO Fellows in 1952. This report should contain much useful information for a seminar on similar lines to be held in South America in 1954.

**Social and Occupational Health**

In 1952, the scope of WHO's work in medical care and occupational health was widened by increasing demands for services in these subjects, including health and medical aspects of rehabilitation, chronic diseases, medical-care aspects of social security, hospital administration, distribution of medical personnel, hygiene of seafarers, and medico-social services.

In dealing with occupational health, WHO maintained close working relations with ILO. At its second session, held in October, the Joint ILO/WHO Committee on Occupational Health suggested practical ways of advancing the health of workers in industry and agriculture by general public-health measures; it drew up plans for comprehensive health services suitable for large and small industrial establishments and for agricultural enterprises, and considered the methods by which labour and public-health authorities could co-operate to promote such services.

To meet the growing industrialization of many countries, WHO encouraged the rapid development of occupational-health services and their inclusion in general public-health programmes. It sponsored a European seminar on occupational health (at Leyden), which considered ways in which ministries of health, ministries of labour, social security institutions, and other agencies might work together to promote the health of workers, and gave special attention to medical examinations on recruitment, mental health, rehabilitation, the problems of older workers, and the organization of health services for small industrial establishments. Advisers were sent to Egypt, Finland, Iran, Turkey and Yugoslavia to assist in the general organization of government supervisory services for occupational health. The
Organization also helped the Governments of India and Malaya to find teachers of occupational health, and gave technical advice on medical questions to ILO consultants being sent out on field missions.

WHO continued to take part in the ad hoc Technical Working Party on the Rehabilitation of the Physically Handicapped, which was set up by the United Nations and its specialized agencies. This group prepared a co-ordinated international programme for the rehabilitation of physically handicapped persons embodying proposals for practical measures to be taken by countries in various stages of economic development. During September and October, a training course for rehabilitation workers in eight European countries, sponsored by WHO, the United Nations and ILO, was held in Scandinavia, emphasis being given to the various practical methods by which medical, vocational, educational and social-welfare agencies can work together for the rehabilitation of the handicapped. WHO provided a consultant for a team which conducted a survey of Latin American countries with a view to organizing a rehabilitation demonstration centre, and gave assistance to India and Israel in the organization of training centres for physiotherapists—essential members of a rehabilitation team. Projects for rehabilitation centres in Lebanon, Yugoslavia, and other countries were in various stages of development at the end of the year. WHO had also begun to explore the question of international co-ordination of the production, fitting and use of prosthetic appliances.

Plans were made to convene an expert committee on rheumatic diseases in 1953.

The Organization co-operated in the regional seminars sponsored by ILO for social security administrators, especially in Latin America, and gave technical advice on medical questions to members of ILO teams sent to Burma and Turkey. The statement of the WHO Consultant Group on Medical Aspects of Social Security, submitted by the Executive Board to ILO, was carefully reviewed at the International Labour Conference in June and taken into account in framing the new ILO convention concerning minimum standards of social security. In pursuance of resolution WHA5.73 of the Fifth World Health Assembly, plans were made for initiating studies on the relationships between public health, medical care and social security.

In hospital administration, a limited study on the organization of rural hospitals in different countries was undertaken in order to ascertain to what extent a regional system of hospitals can assure adequate medical services to isolated rural populations throughout the world, and also to estimate the value of integrating preventive and curative facilities in rural districts. The expansion of programmes of hospital construction in Member States has led to increased demands for advice on this subject. A consultant on the organization of hospital services went to Egypt; a training course for hospital-records librarians was organized in Peru; a consultant hospital architect was sent to Viet Nam; and a specialist went to Ceylon to advise on the administration of a system of drugs and supplies for the whole country.

WHO undertook studies, called for by the Executive Board, on the maldistribution of medical and allied personnel between and within countries, including an examination of such questions as the methods used by various nations to attract physicians into rural areas, problems of licensure and the international movement of doctors, and the use of auxiliary personnel for therapeutic services in isolated areas. Studies relating to medical chests on board ship, international practices as to the medical examination of seamen, etc., were continued in preparation for the next meeting of the Joint ILO/WHO Committee on the Hygiene of Seafarers. A study was also made of health facilities for seamen in the major ports of Europe.

The Organization helped with the training of many groups of students holding United Nations fellowships in social work who were sent to Geneva, gave technical advice on several United Nations training projects in social welfare, such as those in Iraq and Pakistan, and provided a medical consultant to Burma for a nation-wide survey of social welfare begun by the United Nations.

WHO also provided assistance on miscellaneous medico-social questions. It gave advice to Ceylon
and Lebanon, and is sending a consultant to assist in the reorganization of all medico-legal services in the former country. Advice on the physiological and mental standards for drivers was provided to the Economic Commission for Europe, in connexion with work on the prevention of road accidents, and information was also furnished to the International Conference of Social Work.

It is widely recognized that serious administrative problems are created by the independent organization of specialized programmes in medical care, unrelated to national health services, and WHO, in its work with governments, has therefore tried to encourage the integration of work on occupational health, rehabilitation, hospitalization and related questions into the general public-health programmes.

Nutrition

WHO’s efforts in nutrition are still chiefly directed against a syndrome due to protein deficiency and most commonly found in infancy and early childhood. This syndrome, described in previous Annual Reports and known under a variety of names, the most common of which is probably kwashiorkor—an Ashanti name for the condition as found in West Africa—is, along with other clinically similar conditions, common in most under-developed countries and rare in countries with a high standard of living.

WHO, in association with FAO, has done much to arouse a world-wide interest in this grave public-health problem, whose importance lies not only in the high mortality and morbidity that it causes in infancy and early childhood, but also in its effect on health in later life. The child with an untreated mild or subclinical condition may, as an adult, be handicapped by a stunted physique and poor health.

The report on the survey of kwashiorkor carried out by WHO and FAO in Africa has been published and has received wide recognition.7 During 1952, surveys of the same kind were made in Central America and Brazil, and demonstrated the extent of the problem in the countries surveyed.

The Commission for Technical Co-operation in Africa South of the Sahara (CCTA) held a conference to discuss various aspects of kwashiorkor. This meeting, sponsored by the British Colonial Office for delegates from the countries which are members of the CCTA, took place in November in Fajara, a research station near Bathurst, Gambia. Since much of the original work on this subject was done in Africa, some of the leading authorities on it attended. WHO and FAO took the opportunity to bring to the meeting experts from other parts of the world and so obtain valuable advice on future policy. A session of the Joint FAO/WHO Expert Committee on Nutrition was accordingly held at Fajara immediately after the conference, FAO and WHO each inviting five members from parts of the world where the disease is common. These experts had the opportunity of conferring with their African colleagues and of attending demonstrations before holding their own discussions on kwashiorkor as a world problem.

WHO, in co-operation with FAO and UNICEF, has started to develop schemes in French Equatorial Africa, the Belgian Congo and Ruanda-Urundi for both immediate and long-term preventive measures. The immediate measures are to provide imported dried skimmed milk and to stimulate governments to increase local production and imports of milk. The long-term objective is to develop the production, conservation, and distribution of protein-rich foods. Representatives from FAO, UNICEF and WHO have visited the three territories and advised on these schemes.

Beriberi, another deficiency disease particularly severe in infancy, is also claiming the attention of both FAO and WHO. An inquiry into the enrichment of rice, which was the subject of a pilot experiment in one of the provinces of the Philippines, has been made by a commission consisting of a clinician, a biochemist, a bio-statistician and a milling expert. This commission stressed the importance of the principle of introducing more vitamin B1 into the diet, but noted that there were still administrative difficulties in putting it into practice, and concluded that the incidence of the disease was in any case steadily declining in the Philippines. On these considerations, it did not recommend the general

adoption of the process at the present time and under existing circumstances.

WHO has always been concerned with the important problem of endemic goitre. It has stimulated and co-ordinated research on how techniques which have been used so successfully in more highly developed areas can be applied in the under-developed ones. Iodization of salt is the most common and effective measure, but in countries where only crude sun-dried salt is available iodization presents a number of technical difficulties, which, however, are now being overcome. Towards the end of the year reports from different parts of the world showed a stage of progress which called for a meeting of experts on this subject. WHO, after consultation with the British Medical Research Council, convened this meeting at the National Institute for Medical Research in London. Recommendations were made for further investigations and means suggested for making the newer knowledge most rapidly available for general adoption in public-health programmes.

The study of how the nutritional level of population groups can be assessed—an important item on the agenda of the Joint FAO/WHO Expert Committee on Nutrition which met in 1951—has been continued. A report on this subject, which was widely circulated and commented on by many of the foremost authorities in the world, was reviewed in the light of the opinions received, and the need for a revision will be considered at the next meeting of the joint expert committee.

At the request of the Chief Medical Officer of UNRWA/PRM, representatives of WHO and FAO visited the Eastern Mediterranean Region, where they made a third survey of the state of nutrition and diet of the Arab refugees.

Health Education of the Public

In recent years many countries have become increasingly aware of the fact that the effective development of their health programmes depends to a considerable extent on the health education of the people so that they will co-operate in programmes, which must also be suited to the resources and social and cultural backgrounds of their countries.

During 1952, WHO has continued to assist countries to train leaders in health education. It has placed emphasis on professional training in health education and on the type of work that stimulates a better understanding of the need for health education and of methods of meeting it.

A professor of health education was sent on a two-year assignment to the University of Malaya, Singapore, where medical officers, nurses, sanitarians and teachers-in-training are being instructed in health education. A health educator was also appointed to assist in training elementary school-teachers at Bau Lintang Training College in Kuching, Sarawak, and to advise the Government on the development of its health-education programme.

In co-operation with UNESCO and other specialized agencies, WHO continued to help countries with programmes in fundamental education, among them the Regional Centre for Fundamental Educa-

tion in Latin America in Patzcuaro, Mexico, and another established in Egypt to serve the Arab countries of the Eastern Mediterranean Region. Health educators assigned to such fundamental education projects have also advised national governments on health education of the public.

Special short-term consultants were employed by the regional offices for the Americas and for Europe to assist in planning the regional conferences in health education proposed for these Regions on 1953; 20 countries were visited for preliminary discussions.

A headquarters staff member was assigned to UNRWA/PRM for two and a half months, to help in evaluating the existing services and in planning an expanded programme of health education for the Arab refugees. This assignment led to a request from UNRWA/PRM for assistance with a two-year health-education training programme as a part of its plans for rehabilitating the refugees.

In Cairo a committee of government agencies and interested voluntary organizations was helped to plan and carry out a seminar on health and human relations, and later a second seminar on health education planning. Assistance was also given in publishing the proceedings of the first seminar.
In 1950, as described in the Annual Report for that year (page 29) WHO participated in a working conference for public-health nurses, held in the Netherlands, with representatives from ten countries of northern Europe. As a result of this conference, the Government of the Netherlands organized, in 1952, a two-week working conference on national health education, and asked WHO for assistance. This conference was attended not only by health educators but by physicians, administrators, psychologists, nurses, social workers, nutritionists, and representatives of voluntary health agencies interested in health education.

WHO has also co-operated with national and non-governmental organizations interested in health education of the public. It took part in a meeting on health education sponsored by the Institute of Inter-American Affairs, and maintained close liaison with the Interim Commission of the International Union for Health Education.

Through the services of regional or headquarters consultants, eight countries in three Regions were helped to evaluate their health-education programmes and prepare plans for future developments. Health educators have been stationed in four countries to advise governments and assist in developing country-wide programmes.

Two countries put into use mobile cinema vans which WHO had provided for health education. The first of WHO's film strips (on the care of premature infants) was produced, and five more were nearing completion by the end of the year.

The growing appreciation of the contribution of health education to public-health programmes is shown by requests received from nine countries for the assignment of eleven health educators to work in various health projects.

WHO helped the Egyptian Government in the publication of "Health Education Pilot Project in Three Villages in Egypt", an account of health education in connexion with the work of a team in venereal-disease control in Tanta. Material was also supplied for a complete issue of the UNESCO Quarterly Bulletin of Fundamental Education published during 1952. This issue contained descriptions of a number of health education programmes in various parts of the world.

Migration

The Executive Board at its session in January 1952 considered the report on "Basic Principles and Criteria for Medical Examination of Migrants" and the resolutions it contained, as adopted at the Migration Conference convened by ILO at Naples in October 1951, and requested the Director-General to communicate these principles and criteria to Member governments and to collaborate with ILO in any further studies on this subject. In May, the Naples resolutions were accordingly sent jointly by the Directors-General of ILO and of WHO to the Member States of both organizations. In the meantime, ILO prepared a report on the existing regulations and practices, and this report, after being jointly reviewed by ILO, WHO and the Provisional Intergovernmental Committee for the Movement of Migrants from Europe, will be submitted to a group of experts especially selected for this purpose.

WHO has also taken an active part in the meetings of the Technical Working Group on Migration of the ACC, the United Nations Economic Commission for Latin America, the Inter-Agency Regional Co-ordination Committee on Migration in Latin America, and the Intergovernmental Organizational Conferences on Migration. Advice on medical problems was also given to the United Nations High Commissioner for Refugees and the Provisional Intergovernmental Committee for the Movement of Migrants from Europe.

Dental Services

A dental consultant started work with the Organization in December, to study dental health services with particular reference to the prevention of dental caries and to the use of fluorides. Plans have been made for the prevention of dental caries to be included in the programmes of seminars, in 1953, on nutrition and school health services.
When discussing the Annual Report of WHO for 1951, the Economic and Social Council noted with approval "the priority status given to the development of effective public-health services and health training programmes". In 1952 the education and training of medical personnel has received increased attention in the work of WHO, which has given direct help to governments, mainly by granting fellowships and organizing courses, assisting educational institutions and fostering the exchange of scientific information.

The technical discussions on the education and training of medical and public-health personnel which were held at the Fourth World Health Assembly in 1951 stimulated the Regional Committees of South-East Asia and the Western Pacific to hold similar discussions, mainly on the training of auxiliary personnel, at their sessions in 1952. Training problems were also among the topics of a special discussion at the meeting held in Havana to commemorate the fiftieth anniversary of the Pan American Sanitary Organization.

The Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel held its second session in Nancy (France) from 3 to 9 December. This committee, following a recommendation made at its first session, in 1950, studied in more detail the problem of integrating preventive and social aspects of medicine into the medical curriculum, in order to produce a well-balanced programme of medical education.

The development of the preventive and social aspects of medical teaching was further considered at the European Study Conference on Undergraduate Training in Hygiene, Preventive Medicine and Social Medicine, also held at Nancy. Small conferences on medical education and related subjects were also held in collaboration with national authorities and institutions in Burma and Ceylon, during visits of teams of medical scientists sent by WHO, and in Iran, when a consultative group on medical education went to that country. Plans were made for similar conferences to be held in India and Indonesia early in 1953, when teams of medical scientists will be sent to those countries.

WHO was invited by the World Medical Association to join in sponsoring and organizing a first world conference on medical education to be held in London in August 1953. WHO took part in the work of the organizing committee of the conference and helped to prepare the programme, which is designed to concentrate attention on such problems as bringing medical education into line with the progress which has been made in medical science and medical teaching, and adjusting it to the needs and conditions of the people. It was agreed that the programme committee of the conference should be responsible for collecting the general information to serve as background material, and that WHO's main contribution would be to prepare the material on the teaching of the preventive and social aspects of medicine.

In 1952, many national training institutions have been encouraged or helped in their teaching of medicine, public health, nursing and sanitation and in the training of auxiliary personnel (for details, see Part II). Regional training has been encouraged in those areas where it was not common before.

An example of applying in one Region certain procedures which have been found effective in another is the proposed travelling seminar on public-health administration in the Eastern Mediterranean Region, which will be organized on the lines of those held in the European Region in 1951 and 1952.

The problem of training auxiliary personnel received much attention in 1952, mainly in countries concentrating on a rapid development of their health services. Consultations on this problem were held with the authorities of several countries in the South-East Asia and Western Pacific Regions, with the United Nations Department of Social Affairs and with UNICEF. In addition to giving assistance to training institutions, as described in Part II, WHO has helped countries to formulate their policy with regard to auxiliary workers and develop plans for their training and utilization.

With a view to the avoidance of duplication in the collection of information on medical education by various international institutions, WHO has carried out some co-ordinating functions: e.g., the collection of some material from universities was channelled through the International Universities Bureau.

The year 1952, the sixth in which WHO has carried on a fellowship programme, is noteworthy because the number of fellowships granted has been larger than in any of the previous years. A total of 1,147 awards were made, as against 662 for 1951.

Statistical data on the fellowships awarded in 1952 are given in Annex 16, Tables 1-4, and for the years 1947-51 attention is called to the corrected figures given as an annex to the report of the eleventh session of the Executive Board. The average for the five-year period 1947-51 was 342. Of the 1,147 awards in 1952, 723 or 63 per cent were financed from the regular budget of WHO, 53 or 5 per cent were UNICEF fellowships administered by WHO, and 371 or 32 per cent (compared with 13 per cent in 1951) were financed with Technical Assistance funds.

Group-training programmes were again emphasized and an increasing number of fellowships for such programmes (courses, seminars and symposia organized by WHO or with its assistance) were awarded. A list of these programmes is given in Annex 5. In 1952, 487 or 43 per cent of the total number of 1,147 fellowships were for such group training, as compared to 387 or 23 per cent for 1947-51. As these group-training programmes have been short, usually lasting less than a week and rarely more than a month, the average duration of fellowships has decreased: it was five and a half months in 1947-51, and only four and a third in 1952.

Group-training programmes were first tried out in the European Region (in 1950 and 1951), and it is in that Region that they have developed the most. One reason for this development is that, as distances in Europe are relatively small, travel does not absorb much of the total cost, even of short courses, for a group-training programme is rarely attended by Fellows from outside the Region in which it is organized. Another reason is that Europe provides large enough groups of trained personnel sufficiently interested in each subject covered by a course, seminar or symposium to make the exchange of information particularly valuable.

During the period 1947-51, most of the fellowships for group training were in the European Region (331 out of 387, or 86 per cent). In 1952, Europe continued to give most of the fellowships for this type of training (335 out of 487, or 69 per cent, a proportion considerably higher than its share of all fellowships).

In the period 1947-51, the awards made to Fellows for studies within their own Regions amounted to 944, or 55 per cent, of the total 1,708. In 1952, the percentage was 66. The percentage of fellowships awarded for studies within the Region was highest in Europe (500 out of 592, or 84 per cent) and the Americas (129 out of 157, or 82 per cent). As training facilities are developed in the other Regions, they will presumably provide a higher percentage of regional fellowships. In the meantime, as places of study, Europe and the Americas continue to attract most of the Fellows, as is indicated in Annex 16, Table 4.

The subjects of study have again been principally those in which WHO is assisting governments with projects to strengthen their health services; some are given to support programmes which the Organization is helping national health administrations to plan, but for which no other international assistance will be given. Table 3 of Annex 16 shows the relation of the subjects in which WHO fellowships were awarded in 1952 to the other work of the Organization.

The Fifth World Health Assembly adopted a resolution requesting the Director-General, when awarding fellowships for individual studies either within or outside a Region, to give priority for the next three years at least to the under-developed countries. Priorities have been provided for under-developed countries, but it has not been possible for these countries to absorb all the fellowships available to them, and indeed some Fellows who have been accepted have been found unable to take the training provided because of language or educational difficulties. Also, those Regions which have few training facilities and large areas are obviously handicapped in their use of the fellowship programme; the money available to them for fellowships can provide fewer fellowships than where training facilities are plentiful and the distances to be covered are relatively small.

During the year, the headquarters of the Organization transferred most of the responsibilities for operation of fellowships to the six regional offices. When this transfer has been completed, headquarters will be able to study more thoroughly the results obtained in the fellowship programme and undertake activities which do not form part of the operating routine. Officials dealing with fellowships at headquarters took part in an advisory group which was
sent to Iran to make recommendations on improving the provincial faculties of medicine.

One of the two subjects to which the Fifth World Health Assembly directed the particular attention of the Executive Board was the education and training programme, including fellowships. A study was, in consequence, prepared for the eleventh session of the Board on the basis of the experience gained, and recommendations on desirable future developments have been made. This will be the subject of a report of the Board to the Sixth World Health Assembly.

Co-operation with the United Nations and other specialized agencies was very close in the day-to-day examination of requests for fellowships which fall on the border-line of the responsibilities of each of the agencies. WHO participated in the interagency Technical Working Group on Fellowships and also in the Working Party of Representatives of European Host Countries. The purpose of the interagency working group is to reconcile the differences in methods and procedures in the fellowship programmes of the United Nations and other agencies and to foster such programmes through close cooperation and the pooling of experience. For example, the working group considered a common application form for use by these agencies.

**Assistance to Educational Institutions**

In 1952 WHO's programme for improving medical and public-health education by helping to establish or strengthen educational institutions completed its first full year of activity. There has been an increasing number of requests for assistance in strengthening teaching departments in preclinical medical subjects such as anatomy, physiology and pharmacology and public-health subjects such as preventive medicine, health education and industrial hygiene.

The following are examples of the type of request made: a new medical college is established, and an experienced professor is required to organize a department, draw up the curriculum, and train his successor; or the expansion of a department of preventive medicine into a graduate school of public health calls for an expert to establish a division in his speciality; or a medical college needs help to organize a new department of instruction in preventive medicine.

Altogether, 18 teaching experts of high academic standing were recruited and assigned to posts in the course of the year. Governments have asked for many more such experts, but persons of appropriate standing and experience are not easily recruited, chiefly because they can rarely relinquish their responsibilities for the necessary period or interrupt their research to accept temporary positions abroad.

For each project to which a professor has been assigned WHO has allocated funds for the purchase of supplies and equipment. He has thus been enabled to bring to his new post facilities for teaching modern techniques. The amounts expended for this material assistance have ranged, according to the project, from $2,000 to $8,000.

WHO has also given advice on curricula, teaching methods, teachers' qualifications and the administration of educational institutions. In Pakistan, for example, a member of the headquarters staff spent a month surveying a school of public health and its proposed field training area and prepared written recommendations, many of which the Government is adopting. A short-term consultant was sent to Costa Rica to study and make recommendations on problems of medical education, and a medical college in India was provided with a principal.

The Organization has given special attention to problems in the training of auxiliary health personnel. As a first step, lists showing the type and extent of the demand for auxiliary workers were prepared. Institutions already providing such training were visited and plans drawn up for the expansion and improvement of facilities. The feasibility of establishing regional training courses for teachers of auxiliary personnel was investigated in several Regions.

WHO completed standard lists of equipment and supplies for departments of instruction in medical colleges—in anatomy, histology, physiology, pathology, bacteriology, biochemistry, pharmacology, and preventive medicine. Comments on this compilation were collected from 15 to 20 authorities in each subject, and the lists when complete will be published jointly by WHO and UNESCO.

In collaboration with the International Association of Universities, WHO has prepared a directory of medical faculties throughout the world, which includes certain identifying and descriptive material.
Exchange of Scientific Information

WHO's assistance to countries in the exchange of scientific information has been administered jointly by headquarters and the regional offices. Individual projects are therefore reported mainly in the chapters on the Regions, in Part II.

Experience in 1951 suggested that certain types of work in medical education previously considered suitable only for countries with advanced medical and health services might also be effectively applied in the less-developed countries. As was anticipated in the Annual Report for 1951, assistance with projects in the exchange of scientific information has been given to new countries and Regions. A visiting team of medical scientists (similar to the "medical teaching missions" that visited Israel and Iran in 1951) worked for two months in the South-East Asia Region, mainly in Burma and Ceylon, and also spent several days in Calcutta on its way to Burma. An inter-regional symposium on yaws control was held in Thailand. These activities met with gratifying response in the countries concerned and were followed by requests for similar projects in other Regions. WHO headquarters has devoted much time to carrying out projects in the field on behalf of the Regions and to the planning of new projects in several countries, including Egypt, India and Indonesia, for the early part of 1953.

Efforts were made to widen international representation on visiting teams, which are usually composed of from 10 to 14 consultants. In 1952 such consultants were recruited from six or seven different countries to provide a more adequate cross-section of the trends and thoughts on current medical and public-health problems in important scientific centres throughout the world. By the visits of these teams, to three other countries, scientists in numerous medical and public-health specialties of approximately ten countries were given an opportunity to exchange information to the mutual benefit of visitors and hosts; for, apart from the value of these courses to the countries in which they are given, the consultants who made up the teams, and who came from well-developed countries, also gained valuable experience and knowledge from working with their counterparts in the under-developed countries. They saw conditions of which they had previously had no first-hand experience, surgical operations performed in circumstances different from those in their home countries, unusual pathological conditions, and public-health problems and measures in Regions different from their own. The exchange of views and information was made more effective by the fact that the scientists and teachers on the teams, and often also in the countries visited, were of very high professional standing.

The technique of integrating the work of medical scientists and clinicians with that of public-health specialists, mentioned in the Annual Report for 1951, was further developed. In a series of group discussions on public-health problems, the potential contributions of the clinical specialties to preventive medicine were particularly emphasized, and experts in the basic medical sciences made considerable contributions to the work of the public-health specialists. The discussion group on immunization was jointly staffed by public-health specialists and a number of clinicians, including a thoracic surgeon. In a symposium organized at the Medical College of Rangoon, each preclinical and clinical specialist (in a group ranging from physiologists and biochemists to anaesthetists and surgeons) was asked to elaborate on the contributions which his specialty could make to preventive medicine. The exchange of information on developments in medical education in general, and on training in the specialties represented on the teams in particular, is now being carried out as a complement to the specialized technical work of the teams. Training problems in the individual specialties are usually dealt with in informal discussions among interested specialists, and problems of medical education in general are discussed in two- to three-day conferences with governmental and academic authorities of the host country.

The proceedings of the Infant Metabolism Seminar (Stockholm, 1950) have been edited, brought up to date, and prepared for commercial publication in 1953, and the lectures given by the three members of the public-health group in the medical teaching mission which WHO and the Unitarian Service Committee sent to Israel in 1951 have been published under the title *Public Health Lectures* by the

---

Unitarian Service Committee, WHO assisting with technical advice in preparing the manuscript.

In promoting the exchange of scientific information WHO has had close working relations with the Council for International Organizations of Medical Sciences (CIOMS), through which it has received copies of published proceedings of all international congresses. (For further information on work with CIOMS, see Part III, Chapter 17).

A great deal of scientific information on educational and research institutions—their teaching staffs, activities, special interests—has been collected throughout 1952, and WHO has started to compile, in particular, a file of catalogues and bulletins of the medical and public-health schools of the world, and another of national medical scientific societies of all countries. This work of compilation, which is as yet far from complete, is continuing.
CHAPTER 5

EPIDEMIOLOGICAL AND STATISTICAL SERVICES

Sanitary Regulations and Conventions

International Sanitary Regulations (WHO Regulations No. 2)

The story of the preparation of the International Sanitary Regulations and their unanimous adoption by the Fourth World Health Assembly in May 1951 was recorded in the Director-General’s Annual Report for that year.¹

Under paragraph 1 of Article 106 of the Regulations, Member States had the right to reject the Regulations, or make reservations to individual articles, within a period of nine months from 11 June 1951, the date on which the Director-General notified governments of the adoption of the Regulations by the Health Assembly. Twenty-five Member States had exercised their right by the end of the period.

Many of the reservations were not unexpected. Unanimous agreement was not always reached during the long and technical discussions which took place in the committee set up by the Health Assembly to consider the draft Regulations, and several of the reservations concerned matters on which expert opinion in those discussions was divided.

Early in 1952, to assist the Health Assembly in considering the reservations, the Director-General convened, in compliance with Executive Board resolution EB9.R78, an ad hoc committee consisting of three doctors of medicine and four jurists. This committee carefully examined the communications from governments and made comments and recommendations on each. Its work enabled the Fifth World Health Assembly to handle the difficult problem of reservations in an expeditious and satisfactory manner.

For the detailed examination of the reservations, the Fifth World Health Assembly set up a working party which held ten meetings, each attended by some 40 to 50 delegates. It accepted, with some changes, the recommendations of the ad hoc committee and submitted to the Health Assembly a report which was adopted by 56 votes to one (Australia), with one abstention (Mexico).

The general approval accorded to the Regulations is indicated by the fact that of the 89 countries concerned only 25 submitted reservations. Four of these, made by governments pending the completion of national constitutional procedures which they considered necessary for the approval of the Regulations by their legislative bodies, were regarded by the Health Assembly as rejections, although of a purely formal nature. The total number of reservations notified was 73; of these, 35 were accepted by the Health Assembly with or without modification,³ and 38 were not accepted.⁴ In addition, the communications from five governments contained observations which the Health Assembly regarded not as reservations but as proposals for amendment of the Regulations,⁴ and which were therefore not considered.

¹ Off. Rec. World Hlth. Org. 38, 41
² The 35 reservations accepted by the Health Assembly with or without modification were submitted by the following countries:
³ The 38 reservations not accepted by the Health Assembly were submitted by the following countries:
⁴ Amendments to the text of the Regulations numbered 11 and were submitted by the following countries:
The map gives a general picture of the position of States and territories with regard to the International Sanitary Regulations as at 12 December 1952. A detailed list of the States and territories bound by the Regulations with and without reservations, of those not so bound, and of those whose position is not defined is contained in the following statement. Territories are classified under the names of the State or States responsible for their international relations.
### Bound: without reservation

<table>
<thead>
<tr>
<th>Member States</th>
<th>Peru</th>
<th>Portugal</th>
<th>Spain</th>
<th>Sweden</th>
<th>Switzerland</th>
<th>Syria</th>
<th>Turkey</th>
<th>United Kingdom (Great Britain and Northern Ireland)</th>
<th>United States of America</th>
<th>Venezuela</th>
<th>Viet Nam</th>
<th>Yugoslavia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Italy</td>
<td>Somalia</td>
<td>Netherlands</td>
<td>Netherlands Antilles</td>
<td>Netherlands New Guinea</td>
<td>New Zealand</td>
<td>Island Territories</td>
<td>Western Samoa</td>
<td>Portugal</td>
<td>Angola</td>
<td>Cape Verde Islands</td>
<td>Macao</td>
</tr>
<tr>
<td></td>
<td>Spain</td>
<td>Spanish Guinea</td>
<td>Spanish Morocco</td>
<td>Spanish West Africa</td>
<td>United Kingdom</td>
<td>Aden</td>
<td>Bahamas</td>
<td>Bahrain</td>
<td>Barbados</td>
<td>Basutoland</td>
<td>Bechuanaland</td>
<td>Bermuda</td>
</tr>
<tr>
<td></td>
<td>Kuwait</td>
<td>Leeward Islands</td>
<td>(Montserrat, St. Christopher-Nevis, Virgin Islands)</td>
<td>Mauritius</td>
<td>Malaya, Federation of Nigeria</td>
<td>North Borneo</td>
<td>Northern Rhodesia</td>
<td>Nyasaland</td>
<td>Qatar</td>
<td>St. Helena</td>
<td>Seychelles</td>
<td>Sierra Leone</td>
</tr>
<tr>
<td></td>
<td>Member States</td>
<td>Argentina</td>
<td>Australia</td>
<td>Burma</td>
<td>Chile</td>
<td>Denmark</td>
<td>Germany, Federal Republic</td>
<td>Overseas and Outlying Territories</td>
<td>All territories</td>
<td>Faroe Islands</td>
<td>Greenland *</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-Member State</td>
<td>Liechtenstein</td>
<td>Vietnam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Position not yet defined

<table>
<thead>
<tr>
<th>Member States</th>
<th>Albania</th>
<th>Bulgaria</th>
<th>Byelorussian SSR</th>
<th>Czechoslovakia</th>
<th>Mongolia People's Republic</th>
<th>Mongolia</th>
<th>Norway</th>
<th>Outlying Territory</th>
<th>Portugal</th>
<th>Russia</th>
<th>Samoa</th>
<th>Sweden</th>
<th>Switzerland</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>United Kingdom</td>
<td>British Honduras *</td>
<td>British Solomon Islands *</td>
<td>British Somaliland *</td>
<td>British East Africa *</td>
<td>British Guiana</td>
<td>British Malaya</td>
<td>British North Borneo</td>
<td>British South Africa</td>
<td>British Somaliland *</td>
<td>British Sumatra</td>
<td>British Togoland</td>
<td>Canada</td>
</tr>
</tbody>
</table>

---

1. Includes Eritrea, federated with Ethiopia since 15 September 1952
2. With effect from 1 January 1953
The decisions of the Health Assembly were communicated to all governments, with a request to those governments which had notified reservations that the Director-General be informed whether the decisions of the Assembly were accepted by the governments concerned (in which case the Regulations would apply) or whether the decisions of the Assembly were not accepted (in which case the Regulations would not apply and the country concerned would remain bound by the previous conventions and agreements to which it was a party).

Under paragraph 2 of Article 106 of the Regulations, Member States having appropriately notified the Director-General could, up to 11 December 1952, reject or make reservations to the Regulations on behalf of overseas or outlying territories for whose international relations they are responsible. Seven Member States reserved their right under that paragraph.

In view of the complex problems associated with the control of epidemic diseases in many of these outlying territories, a large number of reservations were expected. However, such did not prove to be the case and reservations were notified by only three Member States in respect of 20 overseas or outlying territories. The Director-General will report the nature and extent of these reservations to the eleventh session of the Executive Board, which will lay down the procedure for their examination, so that appropriate recommendations may be made to the Sixth World Health Assembly.

The position of all countries regarding the Regulations as at 12 December 1952 will be found in Map 2 and the accompanying table (pages 42-3). In the history of this subject, 1 October 1952 is a notable date, since it marked the official entry-into-force of the Regulations; the position on that date is therefore given in Annex 17.

It is too early for the effect of the entry-into-force of the International Sanitary Regulations to be accurately assessed. It was not to be expected that the various and complicated procedures entailed for national governments could be completed by any given date; for instance, a few days before the Regulations came into force, the governments of three large countries informed the Director-General that the new-type international certificates of vaccination could not be ready in time and that vaccination certificates issued in those countries would for some months continue to be given on the forms annexed to the International Sanitary Convention for Aerial Navigation, 1933/44. This in itself will cause some confusion to quarantine officers all over the world, but it is hoped that during the period of change-over any failure to comply with the new Regulations will be viewed with understanding of the difficult position rather than dealt with as a transgression of international legislation. Any information received on difficulties experienced by countries during the early days of operation of the Regulations will be incorporated in the annual report to be made on their working.

The International Sanitary Regulations do not replace that part of the International Sanitary Convention for Aerial Navigation, 1933/44 (paragraph 2 of Article XVII) which deals with the control of insect vectors of malaria and other diseases on aircraft in international flight. As reported in the Annual Report for 1951, WHO is making a study of the practices of Member States regarding the disinsecting of aircraft, and the results of this study, which was continued during 1952, will be reported to the Committee on International Quarantine with a view to the possible establishment of regulations for the control of insect vectors on aircraft in international traffic.

In order to obtain information necessary for the control of insect vectors in international maritime traffic, WHO, with the co-operation of several Member States, has started investigations into the carriage of insects on ships. It is hoped, in time, to accumulate sufficient information on which to base consideration of appropriate international legislation.

**Administration of International Sanitary Conventions**

In 1952 no serious epidemic of quarantinable disease was recorded. During the first nine months of the year—up to the time of entry-into-force of the International Sanitary Regulations—WHO dealt with 11 disputes concerning the administration of the International Sanitary Conventions. Most of them arose from what was judged to be too rigorous application of quarantine measures. In all cases the dispute was settled or explanations were given which resulted in withdrawal of the measures or in a solution otherwise satisfactory to the complainant.

**Annual Report on the Mecca Pilgrimage**

The Annual Report on the Mecca Pilgrimage for 1951 was published in October 1952. This report estimates that on the eve of the opening of the Pilgrimage (Arafat Day—9 Zil Hijjah 1370, 11 September) 400,000 pilgrims were present. Of these 82,552 came from abroad by sea, 12,687 by air and 1,518 by land. The map of the Moslem world (Map 3, opposite) indicates the main routes of travel taken by pilgrims to Mecca.
Epidemiological Information and Health Statistics

The system adopted by WHO for collecting and disseminating information on communicable diseases—both quarantinable and non-quarantinable—has been recorded in some detail in the Annual Reports for previous years.

During 1952 information on the prevalence of some 40 communicable diseases in about 200 countries and territories was duly analysed and recorded. This information is extracted from approximately 6,800 reports received at weekly, ten-day, fortnightly or quarterly intervals at headquarters. Additional information on major epidemics is received by cable and airmail. However, it must be recorded with regret that no such information is received from seven countries in Europe, five in the Americas, five in Asia and three in Africa. The reporting system will not be fully efficient until there is a more complete coverage from all countries.

Epidemiological intelligence is diffused over a world-wide system of radio broadcasts. Daily bulletins are transmitted which contain information on quarantinable diseases in ports and airports, quarantine measures and items relating to the prevalence of other communicable diseases of interest to international traffic.

Similar bulletins of information collected locally are transmitted from the Epidemiological Intelligence Station, Singapore, and the Regional Office for the Eastern Mediterranean at Alexandria, and rebroadcast over a wide area by a network of stations (see Map 4, page 47). This network has been strengthened, without additional cost to the Organization, by the use at Genève-Prangins station of new equipment that ensures better reception, especially in Central and South Africa. Reception was satisfactory throughout the year; there were only a small number of failures to receive messages on account of atmospheric conditions.

Information on the wireless stations that transmit WHO epidemiological bulletins is now published regularly by the International Telecommunication Union in its List of Special Service Stations. Wireless stations and ships at sea thus have at their disposal an up-to-date schedule of transmissions, and health administrations are better able to make arrangements for the regular reception of the WHO daily radio bulletins.

The new epidemiological cable code (CODEPID), intended to reduce the cost of exchanging epidemiological information by cable, is now in press and will soon be ready for distribution. The co-operation of health administrations had made it possible for WHO to include in the geographical index to this code (an index comprising some 20,000 entries) up-to-date information on the administrative and health districts of various countries, which will make it easier to designate with precision the infected local areas notifiable under the International Sanitary Regulations.

Work on the map supplement to the CODEPID, which will help in locating the areas referred to in epidemiological cables, has progressed and will probably be completed in 1953.

WHO has gradually been completing its epidemiological records, which contain figures, by countries and diseases, covering several decades. These records will make it possible to supply governments, United Nations specialized agencies and scientific institutions with information on the prevalence and distribution of communicable diseases.

The Weekly Epidemiological Record continued to appear regularly. It contains notifications made under international sanitary legislation and other information of value in international traffic. 580 "Epidemiological Notes" on outbreaks of infectious diseases (chiefly cerebrospinal meningitis, influenza and poliomyelitis) have also appeared in this publication.

The results of work in health statistics were, for the most part, published in the Epidemiological and Vital Statistics Report, in which the following material appeared during the year: a fourth study on the "Evolution of Mortality in Europe during the Twentieth Century", dealing with cancer mortality and also including data on eight non-European countries; a "Study of the Influence of the Decline of Mortality on Growth of Population" prepared at the request of the Executive Board (resolution EB8.R56); an article on "Prevalence of Leprosy in the World"; a study on "Natality, General Mortality, Infant and Neonatal Mortality in 1951"; statistical information on "Deaths by Cause, Sex and Age in Europe and in some non-European Countries". The Report also contained seven studies devoted to the epidemiology, prevalence and geographical distribution of cerebrospinal meningitis, cholera, diphtheria, measles, pertussis, poliomyelitis and scarlet fever, as well as 28 statistical tables giving
the number of cases of, and deaths (by four-week periods or by months) from, 21 quarantinable and non-quarantinable diseases.

Part II of Annual Epidemiological and Vital Statistics 1939-1946, issued at the beginning of May, gives the final numbers of cases of and deaths from 31 infectious diseases recorded all over the world, together with tabulated lists of notifiable diseases in various countries. Part I of Annual Epidemiological and Vital Statistics 1947-1949, which was also published in May, contains 175 tables giving information for countries and selected cities on population, vital statistics, causes of death according to sex and some life-table functions; Part II was prepared and sent for printing during the second part of the year. Following on the last Annual Epidemiological Report issued by the Health Organization of the League of Nations, which contained statistics for 1938, these publications provide continuity in the statistical series.

Continuing the series started in 1951, a study on statistics of hospital facilities, of medical and public-health personnel and of certain public-health measures, such as immunizations against some communicable diseases, was prepared early in 1952.

Other publications produced during the year were: Spanish and French editions of Vol. 2—the Alphabetical Index—of the Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death; English and French editions of a booklet on "Medical Certification of Cause of Death" which contains instructions for physicians on the use of the International Form of Medical Certificate of Cause of Death; and a booklet on the "Comparability of Statistics of Causes of Death according to the Fifth and Sixth Revisions of the International List", designed to point out some of the differences in death rates which are to be expected as a result of the changes due to the sixth revision.

A regional seminar and teaching course on vital and health statistics, sponsored jointly by WHO, the United Nations and the Government of Japan, was held in Tokyo from 4 August to 20 September. This was the fourth of a series of seminars which WHO and the United Nations have sponsored in different parts of the world with the collaboration of governments. The aims were: to train personnel in methods and techniques of vital and health statistics; to provide information on internationally adopted classifications and definitions; to develop
co-ordination among national agencies concerned with the registration of vital statistics and to encourage the exchange of information among statisticians.

WHO provided two members of the teaching staff of the seminar, one administrative and finance officer, and also grants for travel and regional fellowships to four participants from Japan and 11 from six other countries or territories in the Region. Both WHO and the United Nations supplied appropriate literature and funds for field visits and for teaching equipment and other supplies.

Clearly the training that students received cannot alone bring about improvements in statistical services; they also depend on the support of governments. But the seminar, by bringing together responsible national officers and international experts, gave rise to many practical suggestions which should prove valuable to governments seeking to improve their health statistics.

WHO has continued to co-operate with the appropriate units of the United Nations on various statistical problems. It participated in the international seminar on statistical organization held in Ottawa in October for the discussion of national statistical problems and suitable ways for improving national statistics. It co-operated with the United Nations at the first session (Geneva, November), of a Preparatory Committee for the World Population Conference to be sponsored by the United Nations in 1954.

As in previous years, the exchange of information among the National Committees on Vital and Health Statistics of the various countries continued in 1952. To these committees, WHO referred some of the recommendations made in the third report of the Expert Committee on Health Statistics. The Organization also distributed five documents of the National Committee series. A new national committee was created in Israel on 1 June.

Advice was given to regional offices, during visits of experts from headquarters to the Western Pacific, South-East Asia and European Regions and to other organizational units of WHO on the statistical aspects of their programmes. A considerable amount of information was sent, on request, to agencies and individuals.

CHAPTER 6

DRUGS AND OTHER THERAPEUTIC SUBSTANCES

Biological Standardization

Before going into details of WHO’s work in 1952, it may be valuable to review the progress of biological standardization during its history of three decades. The year 1952 marks the thirtieth anniversary of the adoption of the first international biological standard: this was the standard for diphtheria antitoxin, and its adoption was one of the earliest actions of the Health Organisation of the League of Nations. The work thus begun has expanded continuously since that date. Not entirely interrupted even by the Second World War, it was inherited from the League by the World Health Organization. This anniversary provides a suitable opportunity for taking stock of the progress made and for noting the present trends in this work.

Two important points which set biological standards apart from such fixed standards as those for weights and measures are (1) the constantly recurring need to establish new biological standards for new substances, and (2) the necessity, from time to time, of replacing existing standards for well-established substances.

A minimum of fixed standards for weights and measures might be capable of meeting an infinite number of requirements: a single standard kilogramme and a single standard metre could theoretically serve as the basis for all the countless measurements that are necessary in the construction, communications and amenities of civilized life. But this would not hold for biological standards. A single standard preparation of insulin, for example, serves for precision in the manufacture and use of insulin alone, and is useless in the production of penicillin, antitoxic sera, or any other therapeutic substance. Hence the necessity for a considerable and ever-increasing variety of separate biological standards, increasing in number as medical science itself advances. Further, the standard metre and the standard kilogramme may be regarded as virtually indestructible, but the standard preparation of insulin, as of any other biological substance, gradually and inevitably become depleted. A small fraction of the biological standard is necessarily sacrificed every time it is used in the way it is intended—i.e., in a comparative assay, either for setting up a substandard or for preparing a replica to be incorporated into the finished medicinal product.

WHO’s work during the past year well illustrates these two features of biological standards, for new standards have been introduced and some that are nearing exhaustion have been replaced.

The diagram below shows how each of four broad categories of international standards has increased in number at points throughout the 30-year period. The four categories into which the standards are grouped are: (a) sera and antigens, therapeutic or prophylactic; (b) sera and antigens, diagnostic; (c) drugs other than antibiotics, and (d) antibiotics. The dates chosen for the diagram are: 1922—the beginning of work in international standardization by the Health Organisation of the League of Nations; 1932—the end of the first decade; 1939 and 1945—the beginning and end of the Second World War; and 1952—the end of the third decade. The international standards shown in the diagram as “in preparation” are in fact in an advanced stage of preparation and have already been the subject of substantial progress reports. No account has been taken of standards on which work has not advanced beyond the stage of mere discussion.

The following points of special interest arise from the diagram:

(1) Since 1922, except during the war years, there has been a steady rise in the number of international standards, and they are now increasing more rapidly than ever. In 1939 there were only 30 standards; to-day there are 50 (not including three which have recently been discontinued), and those now in preparation will soon bring the number up to 88.

(2) Although the rate at which new standards were accumulating decreased during the war years, this period was characterized by a new feature highly significant to biological standardization: the establishment of the international standard for penicillin, which followed the epoch-making introduction
of antibiotic therapy. The diagram shows how the standardization of antibiotics has assumed since then an increasingly important place.

(3) Another striking feature is the remarkable increase since 1945 in the number of standards designed for diagnostic purposes. Until then there were almost none: out of 34 standard preparations the only one was Old Tuberculin, used in the diagnosis of tuberculosis. At the end of 1951 the number of diagnostic standards had increased so rapidly that it will amount to nearly one-third of the 88 standards soon to be available.

In all this work on international standards—their establishment, custody and distribution—great credit is due to the two long-established international centres, the National Institute for Medical Research, in London, and the Statens Serum Institut in Copenhagen.

New International Standards

A new international standard preparation was set up for anti-Brucella abortus serum, which will be widely used in mapping the incidence and severity of brucellosis both in man and in domestic animals. This preparation is equivalent in potency to a standard which has been held for many years, on behalf of the Office International des Epizooties, by the Weybridge Veterinary Laboratory of the Ministry of Agriculture and Fisheries (England and Wales). The new standard will be held jointly, in separate portions, by the Statens Serum Institut and the Weybridge Laboratory. In establishing this standard, WHO had valuable assistance from FAO, which is also collaborating in the establishment of a series of further international standards for use in the diagnosis of zoonoses, both in man and in domestic animals.

Another serum standard which has been formally recognized is the provisional international standard antityphoid serum, originally introduced for use in the preparation of therapeutic sera and likely to be used in the future in the standardization of antityphoid vaccines.

An international scarlet-fever streptococcus antitoxin has been established. There was a difficulty in assigning an international unitage to this standard because the Canadian national unit has a potency only about half that of the NIH (the National Institutes of Health) unit of the United States of America. It has been agreed that the international unit should be made equivalent as far as possible to the NIH unit.
An international standard for dimercaprol was also established. Dimercaprol is the substance originally known as BAL (British Anti-Lewisite), discovered during the first world war as an antidote to lewisite and other arsenical war gases. It has since been very useful as an antidote to various forms of poisoning that occur in civilian life. Although used to counteract the toxic effects of other substances, it is itself not free from toxic properties, and the international standard was established for this substance in order to provide a means of holding its own toxicity in check.

In 1951 an international standard was established for the purified protein derivative (PPD) of mammalian tuberculin, but its unitage was still to be decided. This value has now been fixed. PPD is intended to serve the purposes which were filled for many years by Old Tuberculin; it will do so with much greater precision, however, (and with less inconvenience to the person treated) and so will greatly facilitate campaigns against tuberculosis.

Replacement of International Standards

By the establishment of the third international standard for insulin and the second international standard for penicillin, continuity is assured in the international standardization of two of the most important substances used in medicine to-day.

International Transport of Biologicals

Of particular concern to workers in biological standardization are the delays that are liable to occur in the international transport of biological materials. Unless biological standards are kept under rigidly defined conditions, especially with regard to refrigeration, they are apt to deteriorate, and this can of course easily occur during any lengthy transmission. At the request of the Executive Board at its seventh session WHO studied this question with the Universal Postal Union, and arrangements have now been made with that organization to collect evidence of any specific difficulties that arise in international transport, as a necessary preliminary to finding appropriate solutions.

Pharmaceutical Standards and Nomenclature

Since the publication, in English and in French, of Volume I of the first edition of the Pharmacopoea Internationalis at the end of 1951, WHO has concentrated much of its attention on the preparation of Volume II. Members of the Expert Advisory Panel on the International Pharmacopoeia and Pharmaceutical Preparations have given much time and skill to establishing tests of identity and purity for the substances to be included in the second volume, and comments on and approval of a large part of the text were obtained by correspondence and at two sessions of the Expert Committee on the International Pharmacopoeia. Consultations were held with other WHO expert committees, particularly the Expert Committee on Biological Standardization, and with other international organizations, on various problems concerning physico-chemical tests, biological assays, formulas, posology and new methods of analytical control. The World Medical Association gave valuable advice on the tables of doses for adults and for children.

Monographs prepared for Volume II deal with a number of antibiotics—benzylpenicillin, streptomycin, dihydrostreptomycin, aureomycin, chloramphenicol and terramycin—with biological preparations, including preparations of insulin, and with compressed tablets, injectable solutions, tinctures, and new synthetic organic chemicals. The necessary appendices on control tests and a section on cardiolipin and lecithin used in the serodiagnosis of syphilis are also to be included. A hundred and ninety-six monographs and nine appendices were in proof at the end of the year, and texts for 26 other monographs and 18 appendices are being completed. These, with the 199 monographs and 43 appendices in Volume I, will form a comprehensive repertory of unified standards for the more important therapeutic substances used throughout the world.

Volume I of the Pharmacopoea Internationalis has been greeted with universal approbation in the world's medical and pharmaceutical press. Its usefulness is being extended by Spanish and German translations. Work is continuing on the preparation of monographs for 29 new drugs and of seven appendices, which will be published in an addendum, along with amendments to tests for substances included in the monographs presented in Volumes I and II. A revision of Volume I was also started, in preparation for a second edition.

A number of States and national pharmacopoeia commissions have already announced their intention of including the provisions of the Pharmacopoea
Internationalis, either in whole or in part, in their official pharmacopoeias, and one Member is adopting it as its official pharmacopoeia.

The Pharmacopoea Internationalis cannot be in legal conflict with national pharmacopoeias, since in any country it can only have the authority which the government of that country decides to give to it. In view, however, of discrepancies between certain of its prescriptions and those contained in the Agreements for the Unification of Pharmacopoeial Formulas for Potent Drugs, signed at Brussels on 29 November 1906 and 20 August 1929, it was arranged for these Brussels Agreements to be terminated. A protocol for their termination was submitted to the countries which had been parties to them; it was signed in Geneva on 20 May 1952, by representatives of 16 countries, and will enter into force when ten States, parties to either or both of the agreements, have ratified. This has removed any legal barriers to the universal acceptance of the International Pharmacopoeia.

Work was continued on the selection and introduction of international non-proprietary names for new therapeutic substances. The Sub-Committee on Non-Proprietary Names has collaborated in this work, as have various governments, pharmacopoeia commissions and other authorities. WHO is now receiving information on new drugs and proposals for their names, generally before they are named officially in the country of origin, and it is thus possible to use the WHO international non-proprietary names and prevent the confusion that arises from the multiplicity of names for the same drug. Non-proprietary names are selected according to the principles laid down by WHO and recognized by Member States, preference being given to proposals made by naming authorities in the country of origin. In the course of the year, 139 names for new drugs were selected. On two separate occasions in 1952, WHO has informed Member States of the names selected and has asked them to see that these names are officially recognized as non-proprietary or generic or common names and not used for unauthorized purposes. Replies have shown that many governments are making arrangements, and in some cases introducing legislation, to adopt most of these names and to use them officially in the labelling of drugs and in national pharmacopoeias.

Relations were maintained with the International Union for the Protection of Industrial Property, which is co-operating in the international protection of these non-proprietary names.

In pursuance of resolution EB7.R79 of the Executive Board, WHO has continued to study the regulations and methods which health administrations have used to control pharmaceutical preparations for public health and international commerce. Reports on this question were obtained from members of the expert advisory panel, and WHO has collected information in preparation for a conference on the control of pharmaceutical preparations.

In 1952 a number of fellowships for pharmaceutical studies have been granted, mostly to government officials dealing with the control of drugs in pharmacopoeial and control laboratories in various countries and in other institutes of control and research.

Drugs Liable to Produce Addiction

In January 1952 the Expert Committee on Drugs Liable to Produce Addiction held its third session in Geneva. Subsequently, on the basis of recommendations which it made in its report, the Director-General sent three notes to the Secretary-General of the United Nations: one concerning the exemption of six Ipecopan preparations from the control provided by the 1925 Convention; another recommending the placing of the drug β-4-morpholinylethylmorphine in Group II of Article 1, paragraph 2 of the 1931 Convention; and the third with regard to the addiction-producing character of a series of synthetic substances with morphine-like effect and their salts, which in the terms of Article 1, paragraph 2 of the Protocol of 19 November 1948 were considered capable of producing addiction and therefore subject to the provisions of Article 1, paragraph 2, Group I of the 1931 Convention. It was considered that all the salts of dihydrocodeine and acetyl-dihydrocodeine, however, should fall under the regime laid down in Article 1, paragraph 2, Group II of that Convention.

Among morphine derivatives, the committee gave particular attention to N-allylnormorphine, apparently a very efficient antidote to acute intoxication with morphine and synthetic substances with morphine-like effect.

The inquiry on the use of and need for diacetylmorphine (heroin), described in earlier Annual Reports, has proceeded. At the time of the meeting of the expert committee, an analysis of the replies
received showed that 50 Member States had discontinued or were willing to discontinue the medical use of this drug. The committee, considering that the complete abolition of legally produced diacetylmorphine would facilitate the campaign against its illicit use, recommended that those States which had not answered the inquiry or did not yet consider it possible to abolish the drug should be approached again. A second inquiry was therefore made, and at the end of the year further replies had been received: 53 Member States had declared themselves in favour of abolition, and 9 against. Any additional results will be submitted to the Sixth World Health Assembly.

Among the subjects under consideration during the year was the possibility of converting codeine to morphine on an industrial scale. While this possibility has been known to a few experts for about 20 years, it had not been made public, but a method for the conversion has now been published. The matter is under investigation; if this is really done industrially, the provisions regarding codeine in the international conventions may have to be changed. WHO is following the question closely, and will advise the Permanent Central Opium Board of its findings.

The development of new synthetic drugs with morphine-like effect has been closely followed during the year, particularly that of the different effects of the optical isomers of 3-hydroxy-N-methylmorphinan and 3-methoxy-N-methylmorphinan, and contact was maintained with scientists interested in the production of morphine derivatives and of drugs with morphine-like effects.

Close collaboration with the Permanent Central Opium Board and the Drug Supervisory Body of the United Nations, as described in previous reports, was maintained during the year, and advice was given on many questions.

The Organization was represented at the seventh session of the Commission on Narcotic Drugs of the Economic and Social Council, held from 15 April to 9 May in New York. The WHO representative took part in discussions on the role of WHO in the course of the examination of part of the draft of the single convention on narcotic drugs being prepared by the United Nations, and also in discussions on the mastication of coca leaf in some South American countries, its effect on health and its addiction-producing character, and on synthetic drugs with morphine-like effect and their international control.

On the recommendation of WHO a supplementary estimate for internationally controlled drugs required by the programme of the United Nations Relief and Works Agency for Palestine Refugees in the Near East was accepted by the Drug Supervisory Body.

There were discussions with some governments on morphine preparations with prolonged effect, the implementation of the International Opium Conventions, and the removal of cannabis preparations from pharmacopoeias and pharmacies.

A member of the headquarters staff attended a meeting held at the Eastern Mediterranean Regional Office to plan the mental health seminar to take place in the Region in 1953. He explained the international situation regarding hashish, commenting on the problems which the drug had given rise to in the Region, and gave a summary report on the international production of opium and on attempts made to repress the illicit use of opium and its products.

During the year, advice was given to the Libyan Government on the testing of hashish preparations. Lectures on questions of drug addiction and on the activities of WHO in this field were given at the Swiss Academy of Medical Sciences, the Swiss Society of Psychiatry, the Society for the Study of Addiction, in London, and the Public Health School and the Pharmacological Institute of the Medical School in Madrid.
CHAPTER 7

AVAILABILITY OF ESSENTIAL DRUGS AND EQUIPMENT

Advice on the Production of Antibiotics and Insecticides

Antibiotics

During 1952 WHO continued to develop a programme for helping governments with the production of antibiotics in line with suggestions made by the Expert Committee on Antibiotics which met in April 1950. Rapid progress was made in preparing engineering designs for an antibiotics plant, in specifying necessary equipment and in planning for personnel training. Progress was also made in developing national research institutes as centres for training scientific personnel in the production of antibiotics, and towards establishing a centre for type-culture collections. Arrangements were made for the training of personnel in a commercial factory and skilled technical personnel were recruited.

The activities connected with the manufacture of antibiotics in Chile, India and Yugoslavia aroused widespread interest and the question arose whether this field of responsibility fell appropriately within the competence of WHO. On the recommendation of the Executive Board, the Fifth World Health Assembly approved in principle the taking over by the United Nations Technical Assistance Administration of future activities connected with the manufacture of antibiotics, WHO retaining interest in specific fields of responsibility and accepting responsibility for existing commitments pending agreement by governments to their transfer to the Technical Assistance Administration.

Much time was devoted to devising a mode of transfer which would ensure the continuity of the existing commitments. At the time when the decision was taken, buildings were already being erected for these projects and necessary equipment was being procured; WHO had begun the task of compiling essential technical data; the selection of national personnel was being considered and specialist staff recruited. It was therefore impossible to transfer responsibility immediately without interfering with the progress of the schemes at a critical stage.

It seemed desirable to fix a date for the transfer of all activities simultaneously and WHO has made suggestions to the Technical Assistance Administration on possible procedure. Arrangements for the transfer have involved consultation between WHO headquarters and the United Nations, and also between the regional offices and governments. At the end of the year, formal approval had been given by only one of the governments concerned and informal negotiations had taken place with the others. It was expected that the transfer would take place early in 1953.

In the meantime, progress in some countries has been rapid. In India, a plan was developed not only for the economical production of penicillin for the country but also for providing laboratory facilities for a large Asian centre of antibiotics research, and by the end of the year almost all of a total of $850,000 worth of equipment for the penicillin plant had been provided. Assistance with this plant has involved extensive engineering and the making of detailed specifications of innumerable items. At the end of the year the buildings were being constructed according to timetable and a high standard of work was being maintained. The recruitment of Indian staff was going forward rapidly and arrangements were made for them to be trained at a penicillin-producing plant in Belgium and at the Istituto Superiore di Sanità in Rome.

A visit was made to the penicillin plant in Yugoslavia, for which most of the equipment—provided by UNICEF—had arrived by the end of the year. Plans for the modernization scheme were drawn up and summarized in a report issued to Yugoslav personnel for information and guidance. An internationally recruited team for this project was ready to help with the engineering and in establishing modern techniques.

A staff member was sent to Chile, where the modernization of production facilities was discussed.
and engineering changes and additions were suggested. Specifications were prepared for the required equipment, to be purchased by UNICEF, and plans were made to provide consultants for the modernization programme.

In all these projects the trend has been away from basic engineering towards the technical and scientific aspects of the production of antibiotics.

Insecticides

The interest shown by governments in the facilities at headquarters for giving advice on the national production of insecticides has been such that WHO had to confine its attention to the implementation of existing commitments. Plants for the manufacture of DDT are being established in four countries with advice and assistance from WHO. For the projects in Ceylon and Pakistan orders were placed for suitable plant equipment, and technical staff were sent to the countries to discuss engineering and technical details. At the end of the year equipment was ready for dispatch. For the projects in Egypt and India tenders for equipment were received and again staff were sent to the countries to discuss technical details with the governments.

In consequence of the approval given by the Fifth World Health Assembly to the taking over by the United Nations Technical Assistance Administration of activities connected with the manufacture of insecticides, a scheme was worked out—as in the case of antibiotics production—for transferring projects in operation without interfering with their continuity.

**Procurement of Supplies**

In 1952, as export licences became available, WHO purchased and shipped supplies to the value of US $981,000 in answer to requests for purchase placed by Member Governments late in 1951, and others totalling $130,000 in response to requests from governments in 1952. Purchases effected and in process for UNRWRAPRNE have totalled $150,000.

In accordance with the decision of the Executive Board (resolution EB9.R90), a charge of three per cent of the net cost of items purchased has been made for supply services. This charge, which was applied only to purchases requested after the date of the Executive Board’s decision, has amounted to $14,562. It was not applied to the purchases commissioned by UNRWRAPRNE, since the agreement with that agency appeared to preclude such a charge.

From October 1951 to the end of September 1952, 1,270 purchase orders with a total value of $848,000 were made for programmes financed under the regular budget of WHO and from Technical Assistance funds. Purchase orders had an average value of $668 and consisted of an average of seven items.

During the year WHO examined certain new developments in equipment, tested prototypes worked out as a result of its recommendations, and arranged for some of them to be tried out in the field. It also drew to the attention of manufacturers the standards which it considers appropriate for certain products.

The preparation of check lists of basic equipment for field demonstration projects continued, and existing lists were revised in the light of field experience.

The data on public-health requirements for insecticides, which WHO collected from governments, have already proved useful to licensing and other authorities in exporting countries, and also to the Economic and Social Council and the working party it established to consider the supply and requirements of DDT and BHC. Member governments were therefore asked to send particulars of estimated requirements in 1952 and 1953, so that comparable figures may continue to be available.

There were some changes in the prices of the medical supplies and equipment which WHO has purchased for its public-health programmes. Prices of some insecticides in wide use, particularly DDT and BHC, are much lower than they were in the spring of 1952; this reduction, however, may well be only temporary. In the United States of America, the price of antibiotics also came down quite considerably, and this has influenced other markets. There has not been much variation in the cost of drugs and pharmaceuticals in general, but in Europe they became somewhat easier to obtain, and delivery has been quicker.

Equipment, too, became easier to obtain in Europe, and prices, with a few exceptions, remained about the same. In the United States of America, on the other hand, it is becoming more expensive, and more time has had to be allowed for delivery.

WHO continued to collaborate, under the agreement concluded in November 1950, with the Cooperative for American Remittances to Europe,
Inc. (CARE), which, as stated in the Annual Report for 1951, has extended its work to other regions than Europe. CARE raised funds to provide institutions in Egypt and India with iron lungs for the treatment of poliomyelitis cases, and is supplying midwifery kits for distribution in the South-East Asia Region. Funds were also raised to provide layettes for expectant mothers in Israel, but CARE informed WHO that customs-free entry had been refused by the Israeli Ministry of Finance. Representations to obtain this concession are being continued.

WHO scrutinized a large number of applications for assistance by CARE to individual institutions and, where they seemed appropriate, transmitted them to CARE. Up to now CARE has concentrated mainly on projects of more general scope, but it is hoped in 1953 to give more attention to individual requests.
CHAPTER 8

PUBLICATIONS AND REFERENCE SERVICES

In the year under review, the Organization's work of international medical documentation can be said to have reached maturity. Intensive management surveys of the publishing, translation and library services were completed by the middle of the year. These have resulted in improvements in organization and methods, in clearer definitions of the responsibilities and reciprocal relations between these services, and in a more precise appraisal of staff needs. A firm foundation has now been made for a complete documentation service, ranging from the preparation on request of bibliographies on special subjects to the publication of monographs in the Organization's two working languages.

In all aspects of this work it has been possible during 1952 to direct particular attention to the more effective application of these services—whether by improving the distribution of publications or by meeting requests from health administrations and institutions for bibliographies or other documentation.

Publications

During the year the programme of publications drawn up by the Third and Fourth World Health Assemblies has been fulfilled, and has been further developed as a result of proposals made at the ninth session of the Executive Board, during its special study of publications, and endorsed by the Fifth World Health Assembly.

One of these proposals—that a part of the Publications Revolving Fund should be used to improve the sales of WHO publications by making their existence known throughout the world to persons interested in the subjects with which they deal—reflects a growing realization of the importance of ensuring by effective distribution that the publications fully serve the purposes for which they are produced.

In its efforts to improve distribution and sales of publications and reduce duplication of effort, the Organization has been associated with the United Nations and other specialized agencies in the technical Working Group on Publications established by the Administrative Committee on Co-ordination. WHO took an active part in the third meeting of this working group, held in Paris in February. This meeting was almost entirely devoted to the discussion of common problems of distribution and sales. Sitting in New York on 10 October, the Administrative Committee on Co-ordination examined the report of the working group, and concluded that meetings were of advantage, even though the area in which an integration of services was feasible might be limited. The difference in the character of the publications of the several organizations and in the reading publics to which they are addressed, making it necessary to have different types of sales outlets, had not prevented these organizations from making useful arrangements on pricing and discount policies. However, this is obviously a field in which great advance in co-ordination can be made only after thorough study.

Arising out of earlier meetings of the Working Group on Publications, there have been frequent inter-secretariat discussions with UNESCO on problems of distribution and sales. These consultations culminated in an official request from WHO to the Director-General of UNESCO, in response to which the Head of the Sales and Distribution Division of UNESCO's Documents and Publications Service visited WHO headquarters to examine and advise upon the distribution and sales of WHO publications. These inter-agency consultations have been of great value in formulating measures for the better dissemination of WHO publications.

To improve internal co-ordination between the different headquarters services concerned with the initiation and processing of publications, WHO has prepared a provisional Style Manual. This manual contains a codification of all the details of the house style evolved in the first few years of the programme of WHO publications, and incorporates any agreed international terminologies or conventions. It is hoped that this manual may ultimately provide a guide which can be followed, with suitable modifications, by some national medical and public-health journals, and thus contribute to a greater uniformity of terminology, abbreviations, and bibliographical usages.
Bulletin of the World Health Organization

In accordance with the decision in resolution WHA3.63 of the Third World Health Assembly that the Bulletin should appear monthly and that "this rhythm of publication should be put into practice as soon as possible, in principle from 1952.", twelve numbers were published or in press during the year. These included one special double issue containing eighteen of the papers read at the first international symposium on chemical microbiology, held in Rome in June 1951, one issue entirely devoted to tuberculosis and one to venereal diseases.

In addition to this symposium, other major activities of WHO reported in the Bulletin were: a joint FAO/WHO study of kwashiorkor in Africa; a study of endemic syphilis in Bosnia, made in the course of a nation-wide syphilis-control programme in which WHO participated; and a report by the WHO venereal-disease demonstration team working in the Ghund area of Himachal Pradesh, India, on the results obtained in the mass treatment of syphilis, together with a number of serological papers giving experimental results obtained by various members of the team.

Other material published in the Bulletin throughout the year included: a series of papers by a WHO plague expert, which will ultimately be grouped to form a manual on plague; the results of several of the BCG-vaccine studies being carried out by the Tuberculosis Research Office, Copenhagen; the findings of some of the investigations undertaken at the World Influenza Centre, London, on the antigenic analysis of influenza viruses; and a number of papers on communicable and quarantinable diseases, biological standardization, and public health.

Supplements to the Bulletin

Volume 2 of the Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death appeared during the year in French and in Spanish. Both volumes are now available in English, French and Spanish.

Work has been continued on the English and French editions of Volume II of the Pharmacopoea Internationalis, which is expected to be available in both languages in 1953. The work on the Spanish edition has been well advanced.

Also published in English and in French during the year were: Medical Certification of Cause of Death (Supplement 3), and Comparability of Statistics of Causes of Death according to the Fifth and Sixth Revisions of the International List (Supplement 4).

The Chronicle

In accordance with the wish expressed by the World Health Assembly and the Executive Board, the Chronicle has been maintained as a monthly record of the work of the Organization and of its chief technical publications. As decided by the Fifth World Health Assembly in resolution WHA5.14, publication of the Russian edition has been suspended.

A booklet on the technical discussions at the Fifth World Health Assembly, containing Professor C.-E.A. Winslow's lecture "The economic values of preventive medicine", Professor Gunnar Myrdal's lecture "Economic aspects of health", and the "Report of technical discussions on the methodology of health protection in local areas", was published as a reprint from the Chronicle, for special distribution to certain public-health institutions and experts and to deans of medical schools, as well as for general sale.

Monograph Series

The increase in sales of the Monograph Series and the number of inquiries received have indicated a growing interest in this series, and the issues published during the year have received widespread recognition in the medical and technical press. One of these published for the first time in this series is Biologie d'Anopheles gambiae (No. 9), which throws light on many hitherto unsolved problems of the biology of this species in French West Africa. Other monographs issued during the year were: No. 8, Kwashiorkor in Africa, J. F. Brock & M. Autret, and No. 10, Microbial Growth and its Inhibition, the papers of the first international symposium on chemical microbiology.

Technical Report Series

A continued demand for certain issues in the Technical Report Series has necessitated second, and in some cases third, impressions. During the year 15 new issues in both English and French were published, bringing the total number to 60. The technical press has continued to give considerable attention to the Technical Report Series, individual numbers of which are often referred to in medical and technical journals.
International Digest of Health Legislation

As a result of its special study of publications during its ninth session, the Executive Board confirmed (in resolution EB9.R70) its previous decisions on the form of the Digest and the criteria for selecting legislative texts for publication in it. In preparing the Digest for publication these principles have accordingly been followed.

The French Government, in a note about the WHO publications programme, presented at the same session of the Board, suggested that “reviews of comparative legislation in a few essential fields” should be included occasionally in the Digest.\(^1\) This suggestion was discussed by the Board and was generally considered desirable but, as it was not possible to estimate at that time whether it could be carried out with the existing staff, no formal recommendation was made.\(^2\) However, during the year 1952 it was found possible to prepare two such comparative surveys, based on material previously published either in the Digest or in the legislative section of the Bulletin mensuel de l'Office International d'Hygiène Publique. The first was on legislation for the control of tuberculosis\(^3\) and the second on legislation relating to the control of communicable diseases in the school.\(^4\)

As the Organization’s work in the collection, analysis and publication of health legislation has become more widely known, an increasing number of requests are being received for information about existing laws and regulations on particular subjects, such as cancer, BCG, removal of organs for grafting, bacteriological laboratories, nursing personnel, nutrition, venereal diseases, and organization of public-health services.

The network of legislative publications issued by the United Nations and its specialized agencies (WHO’s Digest of Health Legislation, the United Nations Legislative and Administrative Series and ILO’s Legislative Series) has been augmented by the new Legislative Digest of FAO. Hence WHO must now screen its material all the more carefully, to ascertain not only whether it is of public-health interest but also whether it might be more appropriately published in the legislative series of one of the other organizations.

Increasing difficulties have been experienced, not only by WHO but also by the United Nations and ILO, in obtaining access to the legislation published by the countries that have withdrawn from active membership of WHO.

World Medical Periodicals

A proposal that WHO should publish, jointly with UNESCO, a world list of medical and biological periodicals was approved by the Executive Board at its fifth session. This publication, containing the titles of nearly 4,000 periodicals, together with standardized abbreviations and information as to their frequency and place of publication, was printed towards the end of 1951 with the title Periodica Medica Mundi. Unfortunately, it was discovered shortly after the volume had been printed that a commercial publisher had already issued a list of medical periodicals under a similar title.

After several months of negotiation, during which Periodica Medica Mundi was not distributed, it became clear that there was no alternative but to give the volume another title—World Medical Periodicals—and to rebind it. WHO has undertaken the responsibility of keeping this list up to date with a view to publishing further editions, and has enlisted the assistance of its regional offices and suitable medical libraries willing to co-operate.

Official Records and other Publications

In the special study of publications undertaken by the Executive Board during its ninth session, particular attention was devoted to the Official Records, especially their form and size. As a result of this study, the Board concluded “that the Official Records as they are now published are satisfactory, and that any further condensation should not be undertaken”.

A special volume of 443 pages, issued as Official Records No. 37, contains the proceedings of the Special Committee on the International Sanitary Regulations, and also the discussions and decisions of the Fourth World Health Assembly on the Regulations, together with other relevant material.

The Director-General was requested by the Executive Board at its eighth session to publish a Handbook of Resolutions and Decisions of the World Health Assembly and Executive Board. The first edition of this new reference work was issued during the year in time for use at the Fifth World Health Assembly.

Library and Reference Services

The use of the WHO library services in the Palais des Nations, Geneva, was greatly facilitated by the opening of a new reading and reference room close

\(^1\) Off. Rec. World Hlth. Org. 40, 109
\(^3\) Int. Dig. Hlth. Leg. 1952, 3, 419
\(^4\) Int. Dig. Hlth. Leg. 1952, 4, 167
to the offices of the WHO secretariat. Books and periodicals in frequent use were transferred from the Library wing to the new reading room, which now houses on open shelves 7,000 books—essential reference works, standard textbooks and monographs, and bound volumes of the most important periodicals—as well as the current numbers of 1,000 periodicals. The move has resulted in a greatly increased use of the library.

A technical problem, that of classification, which has occupied the staff of the library since its inception, was solved during the year. Several well-known medical classification systems were examined, and, after careful consideration of their advantages and disadvantages, it was decided that the Barnard system, which was designed specifically for a public-health collection, best met the requirements of WHO. By the end of the year, the library had been completely reclassified on this system. At the same time, the collection was overhauled so as to avoid unnecessary duplication of the resources of the United Nations Library in Geneva, and the opportunity was taken to regroup different types of material. Another development, the reproduction of catalogue cards by photocopying, enabled the headquarters library to supply regional office libraries with cards showing current additions.

A special library of selected material on the economic value of public health and on local health services was assembled to assist delegates who took part in the technical discussions during the Fifth Health Assembly, and a comprehensive bibliography on local health services was prepared and issued for the same purpose.

Supplying medical literature to governments, health institutions and field teams continued to be an important function of the library, and during the year 5,977 items were ordered on their behalf. But, while a supply of current medical literature is an important aid to the development of health services, governments cannot make full use of this literature without adequate medical library services. The need for trained medical librarians is becoming more acute and, as a first step towards the development of programmes for improving medical library facilities, WHO appointed a medical library consultant to the European Region and granted several fellowships to medical librarians to study outside their own countries. One Fellow spent a short period of her study at the WHO library and a second, while attending a training course in librarianship, received practical instruction in the library's activities.

Because of delays in the publication of indexes to current medical literature, the indexing of current periodicals was again an important activity of the library and proved to be of great assistance in answering the numerous requests for lists of references and other bibliographical information. It is proposed in the new year to extend this service to include the regular indexing of materials by country, as well as by author and subject, so as to establish a comprehensive index to the literature on health conditions in any given country.
CHAPTER 9
PUBLIC INFORMATION

Demands from the public for information about the work of WHO continued to grow in 1952, and the increased pressure of these demands, already noted in previous Annual Reports, has presented a real problem to the Organization in its attempts to produce and distribute all the information required. For example, although an average of 200 photographs a month are distributed, requests have frequently had to be refused.

To ensure that public-information material is distributed throughout the world as effectively as possible, the mailing lists were completely overhauled and systematized during the year. When the revision is finished it will be possible both to estimate future requirements for any given type of material and to plan its distribution so as to reach those most likely to be interested.

Among the reasons for this attempt to improve the system of distribution are a rapid and continuous increase in the circulation of the WHO Newsletter, and a new tendency to direct special attention to children of secondary-school age.

In January, after the return of the public-information team of three that was sent to south-east Asia late in 1951, as described in the Annual Report for 1951, arrangements were made among the agencies concerned to ensure a wide distribution of the material gathered. (This project was sponsored jointly by the London News Chronicle, the United Nations Department of Public Information, and the information units of UNESCO, ILO, FAO, UNICEF and WHO). By means of the daily and periodical Press, through radio and television and in the cinema, several million persons in at least three continents have, as a result of this project, learned something of what has been done by the United Nations and its specialized agencies in providing technical assistance to the countries of south-east Asia.

Press

The output of press releases and the number of press briefings remained at about the same level as in earlier years: nearly 60 general press releases were issued, besides 30 devoted to the discussions at the Fifth World Health Assembly.

A constant problem is to interest the Press in positive achievements in health, as distinct from sensational or controversial topics. One effort to meet this problem during recent months was to change the presentation of certain press releases, making them longer and including more background information and lively examples, with the idea of encouraging their use as material for short feature articles rather than as mere news paragraphs. Some increase in interest on the part of the Press has already been observed.

Another method under consideration is the possibility of acquainting certain journalists with the work of WHO by the award of travelling fellowships, arranged by the Organization, but financed from outside.

Publications

The circulation of the Newsletter has continued to increase. During one six-week period 1,300 copies over and above the regular distribution were asked for, 75 requests being received in a single day (in October). Hitherto printed in English, French, Spanish and Portuguese, the Newsletter gained in November a Scandinavian public as well, when the publication of a monthly condensed version in Swedish was begun in Copenhagen under the auspices of the United Nations Information Centre.

A double number, in the form of a pictorial wall-sheet, was issued for the months of September and October. Its four picture-sheets serve as a wall display some eight or nine feet in length, and, by using a second copy, the display space can be extended with maps and text to about eleven feet if desired. The theme, based on Professor Winslow's monograph *The Cost of Sickness and the Price of Health*, made this number suitable for inclusion in the material distributed during December for the celebration of World Health Day in April 1953. Regional information officers and United Nations information centres have been asked to give estimates of the number of copies required for distribution in schools, and, to judge by requests already received, a reprinting will probably be necessary. This special exhibit number is expected to have a useful life of at least a year.
A new edition of a brochure World Health Organization... Facts and Figures, first published in 1951, was issued in English and French, and first editions in Spanish and Portuguese were also completed. At the end of the year a first German edition of the folder WHO... What it is... What it does... How it works was in preparation.

To reach a younger audience, arrangements were made for a book on the work of WHO to be written specially for schools. This was undertaken by a well-known British writer and broadcaster on education, and a publisher will produce the book as a commercial venture.

Visual Media

Mention was made in the Annual Report for 1951 of the assistance given by WHO in the production of a film on malaria control in the Terai region, entitled "Somewhere in India". In 1952 this film was completed, with commentaries in English, French and Spanish, and its world-wide distribution arranged by the United Nations.

The Organization briefed various producers of films on WHO and arranged facilities for them. An extensive inquiry was made into the requirements of the Organization in the way of visual media, and the subject was discussed with representatives of film-sponsoring bodies in the United Kingdom.

The exhibit on "The cost of sickness and the price of health", displayed in the Salle des Pas Perdus of the Palais des Nations at the time of the Fifth World Health Assembly, was kept there for the benefit of the general public, of whom some 120,000 visit the building during the summer months.

Although (as mentioned earlier) the supply of photographs still falls short of the demand, it was nevertheless possible to increase the stock from 2,000 in April to 3,000 six months later. Two important sources of these additional photographs were a tour of Africa arranged by UNESCO, and medical projects in Yugoslavia, of which extensive photo coverage was arranged in September.

A well-known English artist was commissioned to design a new series of WHO posters.

Radio

The British Broadcasting Corporation has shown a growing interest in the work of WHO. Both the Home and Overseas Services, with many millions of listeners throughout the world, arranged talks and feature programmes at excellent listening hours, and more such broadcasts are planned. The BBC has also asked for material for its school programmes.

Notable among the year's broadcasts were three half-hour transmissions devoted to WHO's work in south-east Asia, and a number of recorded interviews with participants in the seminar on mental health and infant development, held at Chichester, England, during July and August. One of the speakers also appeared in the television service.

A representative of the Danish Radio visited Geneva and recorded talks with Danish-speaking staff for a series of broadcasts in Denmark.

A difficulty in radio work is the inadequacy of the United Nations studio facilities in Geneva. These have become overburdened, partly because of their use by outside organizations.

World Health Day

The number of countries in which World Health Day is celebrated has grown steadily from year to year, and available reports show that in 1952 at least 40 countries, and many organizations and institutions, both public and private, held some sort of observance, although the arrangements varied widely between countries and organizations. Some governments set aside World Health Day as a national holiday by official proclamation and also gave it special attention in the schools.

The theme of the 1952 observance, environmental sanitation, expressed in the slogan "Healthy surroundings make healthy people", was extensively employed in both the highly developed and the less developed countries as the basis for articles in magazines and newspapers, radio talks and lectures, exhibitions, and a variety of public demonstrations.

Through the co-operation of the United Nations Department of Public Information, the information units of ILO and UNESCO, and the World Federation of United Nations Associations together with many of its affiliated national bodies, WHO was able to distribute information material on World Health Day more widely and effectively than in any previous year. Internationally known experts on environmental sanitation and health education contributed to a series of brief, popularly-written articles, which WHO distributed with other material to all Member States. For the first time the production and distribution of this material was decentralized: i.e. the regional offices (except those for Africa and Europe) were asked to adapt it to the needs of the countries in their Regions. Some governments undertook even further adaptation, such as translating the
material and reissuing it in other languages, and many not only used the information supplied by WHO but also prepared a wide variety of other material of special interest to their own peoples. This experiment in regionalization was generally considered successful, and it is intended that the same pattern shall be followed in the future.

Even from the incomplete reports which have reached WHO it is clear that World Health Day is now regarded in many of the Member States as a significant means of stimulating public interest in health measures and of emphasizing the value of international, national and local co-operation in achieving better health.
CHAPTER 10

GENERAL ADMINISTRATION

Organizational Structure

In order to improve services to governments and to effect better co-ordination both in WHO's own programmes and with the work of other organizations several changes were made in the structure of the headquarters secretariat during the year (see organizational chart, Annex 12).

In the Office of the Director-General, the Division of Co-ordination of Planning and Liaison was abolished and its functions were allocated to three new offices directly responsible to the Director-General: the Office of External Relations, to deal with relations with governments and with other organizations; the Office of Technical Assistance, to co-ordinate all relationships arising out of the Technical Assistance programme; and the Office of Reports and Analysis, to develop an effective system of programme reporting and evaluation.

In the Department of Central Technical Services a post of Director-Consultant in Health Statistics was created on the staff of the Assistant Director-General, and at the same time two divisions, Health Statistics and Epidemiological Services, were combined into a single Division of Epidemiological and Health Statistical Services. The Co-ordination of Research Section was transferred from this department to the Department of Advisory Services, where, combined with the former Other Communicable Diseases Section, it became the new Endemo-epidemic Diseases Section. The Environmental Sanitation Section was enlarged and made into a division in the Department of Advisory Services.

A minor adjustment in the Department of Administration and Finance resulted in the abolition of the Office of Conference and General Services and the division of its functions between an Office of Supply Services, directly responsible to the Assistant Director-General, and a Section of Conference and Office Services, placed in the Division of Administrative Management and Personnel.

In the Regions, the most important administrative change in 1952 was the transfer of the Regional Office for Africa from Geneva to Brazzaville. Minor adjustments only were made in the staffing and structure of regional offices, all with a view to closer correspondence with the established basic pattern.\(^1\) As an experiment the Regional Office for South-East Asia created a new type of post called "Area Representative", with the functions of co-ordinating the programmes and servicing all projects in the countries concerned. Such representatives were appointed in four of the six countries of the Region, and a similar post has been created in the Eastern Mediterranean Region.

Administration and Finance

Management Studies

Substantial progress was made in management studies of various organizational units and operations, both at headquarters and in the Regions. The position at the end of 1952 was as follows:

Surveys completed: recommendations being implemented. Library; Travel Unit; Translation Section; Typing Pools; Office of Conference and General Services, Sub-unit of Administrative Supplies;\(^2\) Department of Advisory Services, Fellowships Section.

Surveys completed: recommendations implemented in part or under consideration. Supply Services; Co-ordination of Planning and Liaison; Department of Advisory Services (general survey).


\(^2\) See also under "Common Services with United Nations", p. 67.
Surveys in progress. Regional Office for the Eastern Mediterranean; Regional Office for the Americas; Registry.

Recruitment of Staff

The number of staff working on projects in the field increased steadily throughout the year, in spite of the growing difficulty of attracting officials of the necessary standard of competence to this type of service. The net increase in field staff for the year is approximately 110, while the total staff has grown by 220—an increase of approximately 22 per cent over 1951. In addition, the Organization had in its service during the year approximately 165 short-term consultants and 280 persons temporarily engaged for conferences.

At the end of 1952 the staff comprised nationals of 50 Member States out of a total of 79, a geographical composition substantially the same as at December 1951, when the figure was 50 out of 78.

For detailed statistics on the composition of the Secretariat, see Annexes 12, 14 and 15. A list of the senior officials appears in Annex 13.

Conditions of Service

Further progress was made in 1952 in unifying conditions of service for the staff of the United Nations and specialized agencies. Through the Consultative Committee on Administrative Questions, agreement was reached on the uniform application of a number of important service conditions on which wide divergencies had previously existed.

Staff Compensation for Illness and Accident

Agreement was reached during the year among the United Nations and all the specialized agencies on the principles of a common plan of compensation for service-incurred disabilities and death, and work was begun on developing a common scheme for financing such a plan.

A revision of the staff health and accident insurance scheme has resulted in improved benefits.

Term of Office of the Director-General

The Fifth World Health Assembly, in a resolution recognizing the services performed by the Director-General, Dr. Brock Chisholm, decided to offer him a renewal of his contract—due to expire on 21 July 1953—for a further period of up to three years. He was asked to communicate his decision to the President of the Fifth World Health Assembly before the end of 1952, indicating the length of the period for which he would be willing to serve. On 4 November the Director-General informed the President of the Health Assembly that he would be unable to accept the extension. The Executive Board will therefore have the duty of placing before the Sixth World Health Assembly a new nomination for the post.

Budgetary Provision for the 1952 Programme

For 1952 a budget of US $9,077,782 was approved by the Fourth World Health Assembly. Since this sum included, as an "undistributed reserve", assessments against inactive Members amounting to $1,400,000, the effective working budget for the 1952 programme was $7,677,782. In accordance with paragraph IV of the Appropriation Resolution for 1952, the Director-General was authorized by the Executive Board, at its ninth session and later by correspondence, to make certain transfers between appropriation sections.

The Fifth World Health Assembly, in resolution WHA5.54, approved the addition to the 1952 Appropriation Resolution of a new section, "Supplemental Transfer to Building Fund", providing for an additional credit, to be financed by a transfer from other parts of the budget and by withdrawals from the Working Capital Fund, to cover the increased cost of the extension to the headquarters building (see "Headquarters Accommodation" below).

On the recommendation of the Executive Board, the Fifth World Health Assembly also approved, in resolution WHA5.10, a supplementary budget of US $30,000 to replace, in the Working Capital Fund, the sum of $30,000 which had been withdrawn in 1951 for emergency relief to India. This was financed from the available cash balance in the Assembly Suspense Account.

The Health Assembly also accepted with appreciation from the Kingdom of Laos a gift of 100,000 piastres, made as an exceptional contribution to the Organization.

The actual expenditure for 1952 will be known only when the closed accounts are available. The Financial Report for the year, which will again appear as a supplement to the Annual Report and will be submitted with the Report of the External Auditor to the Sixth World Health Assembly, will contain details of income and expenditure, a comparison between the amounts voted for the 1952 programme and the actual expenditure, summaries
of obligations incurred, and details of the cost of services to individual States.

Annex 10 shows how the total budgetary provision for the 1952 programme is apportioned among the various activities of the Organization, and gives details of the transfers between appropriation sections.

**Form of Programme and Budget**

For the convenience of the Executive Board, and in response to a request which it made at its tenth session, the Director-General was able to arrange for the 1954 programme and budget document to be printed in time for the review by the Executive Board in January 1953, so that the Board would not have to work on a mimeographed version. This arrangement entailed a change in the timetable of production of the budget.

**Financial Position, Assessments and Contributions**

Contributions to the 1951 budget were paid more promptly than those to the current budgets of previous years, and this resulted in the smallest cash deficit in the history of the Organization (US $46,000). Contributions paid in 1952 in respect of 1951 have liquidated this small balance and placed a substantial cash balance (US $170,038) in the Assembly Suspense Account.

This method of accumulating cash balances has made the financial position of the Organization more stable. Although several small supplementary appropriations have been voted, it has not been necessary to make additional assessments on Member States, as enough cash has been available in the Assembly Suspense Account.

Unfortunately, the improvement noted in 1951 in the payment of arrears of contributions did not continue in 1952. In 1951 several States paid off their arrears for 1948, 1949 and, in some cases, 1950; however, they did not all provide for the regular and continued payment of their contributions, and some are consequently now again in arrears for 1950, 1951 or both years. Others have also failed to meet their assessments for 1948 and 1949.

A statement showing the status of contributions as at 31 December 1952 is given in Annex 11, and it will be noted that the payments of contributions in respect of the budget of 1952 show an improvement over those made in 1951 for the budget of that year. The percentage of payments received in 1951 from the active Members was, on 31 December 1951, 88.34. The percentage collected from the active Members for 1952 was, on 31 December 1952, 94.92.

The Fifth World Health Assembly fixed the assessments for 1953 at the same scale and with the same provisions as for 1952, with additions for the new Member, Libya, and the two new Associate Members, Tunisia and the French Protectorate of Morocco. However, after considering a communication from the Republic of China containing proposals relating to its financial contributions to WHO, and having noted a request from the Union of South Africa that its contribution should be reduced in order to bring it into line with its assessment in the United Nations, the Health Assembly requested the Executive Board to study the scale of assessments and to make a report to the Sixth World Health Assembly.

At the Fifth World Health Assembly the Director-General presented a plan by which part of the assessments of Member States for 1953 could be paid in sterling. With the approval of the Executive Board, to which this question was referred, this plan was put into operation. Twenty-five Members took advantage of the opportunity to pay a part of their 1953 contributions in sterling. The proportion, based on the total amount of sterling which the Organization expects to use in 1953, has been fixed for each of these Members at 40 per cent.

**Working Capital Fund**

The Fifth World Health Assembly decided to maintain the Working Capital Fund as then constituted, plus the assessments of Members joining after 1 May 1951. The position regarding the payment of advances to the Working Capital Fund is given in Annex 11.

**WHO Seals**

In pursuance of resolution WHA4.48 of the Fourth World Health Assembly, special WHO seals were made available to those Member States that are prepared to put them on sale to the general public, the Organization receiving 25 per cent of the proceeds and the government concerned retaining 75 per cent. In 1952 requests were received from Afghanistan, Cambodia, India, Indonesia, Israel, Korea, Laos, Panama, Thailand, Viet Nam and Yugoslavia.

The full amount realized in 1952 was not known at the end of the year, but it is apparent that the special revolving fund set up will have been augmented from the Organization's share of the proceeds. It will be further augmented from sales to collectors.
Headquarters Accommodation

The extension of the Palais des Nations to provide office space for WHO headquarters was virtually completed by the end of 1951, and the United Nations, in consultation with WHO, has since been engaged in settling the final bills of the contractors. A summary statement submitted to the United Nations by the architect in January 1952, on the basis of claims presented by the contractors, showed an estimated total expenditure of approximately 4,375,000 Swiss francs. This was 375,000 Swiss francs in excess of the estimates on the basis of which the World Health Assembly had voted a credit of 1,000,000 Swiss francs for the Building Fund to supplement the 3,000,000 Swiss francs provided by the Swiss Government.

The calculation of excess expenditure does not take into account supplementary claims for 143,000 Swiss francs presented by various contractors but contested by both the architect and the United Nations, nor an estimate of 29,300 Swiss francs for certain works still to be ordered.

To meet such of these additional liabilities as were accounted for by increased labour costs and certain necessary works not provided for in the original estimates, the Director-General proposed, with the concurrence of the Building Committee set up by the Executive Board, that the Health Assembly should approve a supplemental credit of 107,300 Swiss francs ($24,780), to be financed from savings in the 1952 budget. The Fifth World Health Assembly adopted this solution and, also on the proposal of the Building Committee, authorized the Director-General to withdraw from the Working Capital Fund such additional sums as were required up to a total of $104,550, reimbursing the Fund from any further savings realized in the 1952 budget. These additional sums can be used, however, only with the approval of the Executive Board as and when the contractors' claims are finally worked out and approved. The exact cost of the extension of the Palais will therefore be known only when all the claims still under discussion have been settled. It is hoped that this will be done in time for the Building Committee to be able to place a full report before the Sixth World Health Assembly.

Place and Duration of World Health Assemblies

At the request of the Fifth World Health Assembly, the Executive Board further studied the question of holding future World Health Assemblies at places other than headquarters and, as a result, the Director-General communicated the Assembly's resolution on this subject to all Members, inviting them to consider the possibility of holding Health Assemblies (and the sessions of the Executive Board immediately following) in their countries. At the end of the year no invitations had been received.

The Fifth World Health Assembly also requested the Executive Board, in conjunction with the Director-General, to examine the work of the Health Assembly with a view to shortening its duration. A paper on the duration of past Health Assemblies was therefore prepared for submission to the Board at its eleventh session.

Common Services with United Nations

WHO participated in a study of means of more closely co-ordinating the purchase and supply services of the United Nations and the specialized agencies in Geneva. As a result, the Joint Purchasing Service is being extended to all the agencies located in Geneva, and the list of articles to be purchased jointly is being enlarged by further standardizing those in common use.

A proposal of the European Office of the United Nations to take over the reception, stocking and issuing of WHO's administrative supplies was carefully studied. Although it was not clear that such a change would necessarily achieve economies or any appreciable increase in efficiency, it was decided, in the interests of closer co-operation, to give the proposed system a trial for one year, beginning on 1 January 1953 if satisfactory detailed arrangements could be concluded by that time.

Legal and Constitutional Matters

Membership of the World Health Organization

On 6 May 1952, the United Kingdom of Libya was admitted to membership of the Organization by vote of the Fifth World Health Assembly under Article 6 of the Constitution; on 12 May the Health Assembly admitted two Associate Members, Tunisia and Morocco (French Protectorate). At the end of 1952 there were therefore 79 Members (including those States which are inactive Members) and three Associate Members. A complete list of Members and Associate Members appears in Annex 1.
Frequency of Health Assembly Sessions

At its ninth session the Executive Board studied a report submitted by the Director-General in accordance with a decision of the Fourth World Health Assembly (WHA4.55) and adopted a resolution (EB9.53) concerning amendments to the Constitution to provide for biennial Assemblies. The Fifth World Health Assembly, however, considered that it was not in a position to examine the suggested amendments, which had not been before it for the period required by Article 73 of the Constitution. It therefore requested the Director-General in resolution WHA5.22 to circulate to Member Governments, for consideration by the Sixth World Health Assembly, the texts of these amendments, together with alternative proposals submitted by Denmark, Finland, Norway and Sweden, and any others which might be received in time to comply with Article 73.

In order to facilitate the discussions at the Sixth World Health Assembly, the Executive Board, at its tenth session, decided for Articles 34 and 35 to recommend the adoption of the texts submitted by the delegates of the four countries mentioned above instead of those which it had itself proposed, and for Article 13 to request the governments of those countries to withdraw their proposal in favour of its own. As this proposal was agreed to by the four governments concerned, the Executive Board will be able to place before the Health Assembly one text only of each proposed amendment to the Constitution.

The revised text of the amendments was communicated to all Members and Associate Members in October 1952.

Agreements with Governments

The Fifth World Health Assembly approved the agreement signed on 22 July 1951 with the Government of the Philippines, defining the privileges and immunities of the Organization and of its Regional Office situated in Manila, and requested the Director-General to exchange notes with the authorized representatives of the Philippine Government, in accordance with the agreement. This exchange of notes took place, and the agreement entered into force on 29 September 1952.

Following the decision to establish the Regional Office for the African Region in Brazzaville, an agreement was concluded and letters exchanged with the French Government for the purpose of defining the privileges and immunities of the Organization and its officials in the French or French-administered territories in the African Region. This agreement will come into force after its approval by the Health Assembly.

Other Agreements

As in previous years, numerous administrative agreements, including basic agreements and supplementary project agreements for Technical Assistance, were concluded with governments.

Furthermore, after considering the application of the International Committee of Military Medicine and Pharmacy for official relationship with WHO under the terms of Article 70 of the Constitution, the Fifth World Health Assembly approved an agreement defining the relations with this organization. This agreement entered into force on 6 September 1952.

Protocol to terminate the Brussels Agreements

At the ninth session of the Executive Board the Director-General was asked to take the steps necessary to conclude, between the States concerned, a protocol terminating the Brussels Agreements of 1906 and 1929 for the unification of pharmacopeial formulas for potent drugs. During the Fifth World Health Assembly, a meeting took place between the representatives of these States, and the protocol was signed by 16 countries on 20 May 1952.

Privileges and Immunities

Three further Members have acceded to the Convention on the Privileges and Immunities of the Specialized Agencies: Egypt (11 January, with reservations), Haiti (16 April) and Italy (29 April, with reservations). This has brought to 16 the number of countries which have acceded to this Convention, the others being: Austria, Chile, Denmark, Guatemala, the Hashemite Kingdom of the Jordan, India, Luxembourg, the Netherlands, Norway, the Philippines, Sweden, the United Kingdom of Great Britain and Northern Ireland, and Yugoslavia.

Rights and Obligations of Associate Members

At the Fifth World Health Assembly, after the admission of Tunisia and Morocco (French Protectorate) as Associate Members, the Executive Board was requested to study the rights and obligations of Associate Members and to submit a report to the Sixth World Health Assembly. The Director-General communicated immediately with Member States so that their views on this subject could be presented to the Board at its eleventh session in January 1953.
Assignment to Regions

When the First World Health Assembly, in 1948, delineated the geographical areas for the establishment of WHO Regions and regional organizations, it left certain territories unattached to any Region. Up to the time of the Fifth World Health Assembly services were provided to these territories from the headquarters of the Organization, under the title "Region Undesignated". The Executive Board, at its ninth session, recommended that the Fifth World Health Assembly should accede to requests from the responsible governments that Morocco (French Protectorate), Tunisia, the French Departements of Algeria, and Greenland should be included in the European Region, and that the Territory of Somalia under Italian trusteeship should be assigned to the Eastern Mediterranean Region. After a long discussion, the Fifth World Health Assembly requested the Executive Board and the Director-General to undertake a further study of the rules and criteria for determining the assignment of any territory to a geographical area and to report to the Sixth World Health Assembly. In the meantime, the headquarters of the Organization would continue to provide services to unassigned territories. Those on whose behalf a request for assignment had already been presented, however, were provisionally assigned to the regional organization of their choice, pending examination of the Board's study by the Sixth World Health Assembly.
PART II

ASSISTANCE TO GOVERNMENTS IN THE REGIONS
Owing to the small scale of this map, a precise delineation of the boundaries of each Region cannot be given here.
CHAPTER 11

AFRICAN REGION

One of the first tasks in setting up the Regional Organization for Africa was to make contact with governments and governmental authorities in many territories in order to understand their wishes and needs. For this purpose, following his visits to other parts of the Region in 1951, the Regional Director, in January 1952, visited Pretoria, Union of South Africa, where he had discussions with the chief medical officers of the Union. The next step was to survey various territories in Africa in cooperation with the heads of the local medical departments. WHO's work in this Region is just beginning, but with the aid of representatives of local authorities and, when necessary, of such bodies as UNICEF, the United Nations Technical Assistance Administration, FAO and UNESCO, plans have been worked out for several projects. Relations with the Commission for Technical Co-operation in Africa South of the Sahara (CCTA) are promising. In April discussions were held in London with the Secretary-General of CCTA, who attended the Fifth World Health Assembly and the second session of the Regional Committee for Africa.

In January 1952 the Executive Board approved the proposal made at the first session of the Regional Committee that the Regional Office should be located in Brazzaville, French Equatorial Africa, and appointed Dr. F. Daubenton as Regional Director. Visits were paid to the authorities in this part of Africa, first in order to make preliminary arrangements for the transfer of the office to Brazzaville, where the French Government had offered excellent office accommodation, and later in connexion with a cost-of-living survey. The host agreement was signed by the Director-General on 23 July and by the French Government on 1 August.

Difficulties in recruiting staff prevented the transfer of the Regional Office from Geneva to Brazzaville at the beginning of April as originally planned. It was decided that it should remain in Geneva until after the second session of the Regional Committee.

The second session of the Regional Committee was held in Monrovia, Liberia, from 31 July to 7 August, and all Members of the Regional Committee were represented (Belgium, France, Liberia, Portugal, Spain, the Union of South Africa and the United Kingdom of Great Britain and Northern Ireland); the representative of the Associate Member, Southern Rhodesia, was unable to be present. There were also representatives or observers from the United Nations, the European, African and Eastern Mediterranean offices of UNICEF, ILO, CCTA, the American College of Chest Physicians and the League of Red Cross Societies. The Director-General of WHO attended this session and also paid visits to areas in Northern Liberia and to Nigeria, French Equatorial Africa and the Belgian Congo. The Government of Liberia co-operated fully in providing all facilities for a successful meeting and the session was opened by the President of the Liberian Republic. A programme of some 60 projects was proposed for 1954, and the recommendations made included an early review by the Director-General of the difficulties in recruiting staff for the Regional Office for Africa. It was also suggested that, in the preparation of WHO's future programmes and budgets, particular attention should be paid to the proposals of the Regional Committee.

The Regional Committee extended the appointment of the present Regional Director to 31 January 1954, notwithstanding the fact that he would reach retiring age in September 1953, and proposed the appointment of Dr. F. J. C. Cambournac as Regional Director from 1 February 1954. It adopted the principle of holding its future sessions alternately in West and East Africa, but did not exclude the possibility of Central or South Africa, depending on invitations from governments, and decided to hold technical discussions at its 1953 session on the topic selected for the technical discussions at the Sixth World Health Assembly.

In spite of exceptional recruiting difficulties, the essential staff for the Regional Office was recruited

---

1 This Region comprises those parts of Africa not included in the Eastern Mediterranean Region or in the French territories of North Africa. It was delineated by the First World Health Assembly (See Off. Rec. World Hlth. Org. 13, 80, 330). In accordance with resolution WHA5.43, British Somaliland and the Spanish Zone of Morocco were provisionally assigned to this Region.
by the end of September, and moved to Brazzaville in October. The staff under the Regional Director consists of an administrative officer, a budget and finance officer, a general services officer and three secretaries. It may be slightly increased early in 1953; the purely administrative staff will be kept small, but the office will include medical officers, sanitary engineers and sociologists, who will be stationed in the field as zonal representatives in their respective specialties, and will work in close co-operation with specialist advisers from headquarters at Geneva. In this way it is hoped that sections at headquarters will become better acquainted with the conditions in Africa and that Africa will at the same time benefit from the experience of the other Regions.

In accordance with this principle, the areas proposed for projects in Africa were visited by a number of WHO staff members, among them specialists in the following subjects: health education of the public (Liberia); malaria (Cameroons and French West Africa); nutrition and maternal and child health (Belgian Congo and French Equatorial Africa); and venereal diseases (Liberia and Nigeria). At the end of 1952 preparations were being made for specialists in medical education to visit some territories in East and West Africa for a study of the training of auxiliaries, which it is hoped will result in an extension of this type of training.

Two public-health officers have already been appointed to work in the Region, in accordance with the decision taken at the first session of the Regional Committee. The first, who took up his duties in 1951, visited different countries in West Africa, helped to draw up basic health legislation in Liberia, and went to East Africa at the beginning of 1952 as zonal medical officer. During the year he visited most of the territories in this part of Africa and studied ways in which WHO could assist the respective authorities. He made detailed reports on his surveys in Kenya, Northern Rhodesia, Nyasaland, Tanganyika, Uganda and Zanzibar.

The second public-health officer went to the western zone in April. In the short time which has elapsed since his appointment he has visited many countries and discussed a number of projects with the local authorities.

A sanitary engineer and cultural anthropologist were also recruited for the African Region. There is a vast field for work in environmental sanitation—in the provision of adequate housing and water supplies, for example—and for work in social and preventive medicine.

As a basis for the programmes in the Region, several surveys were undertaken or continued. The survey on bilharziasis carried out by three experts on behalf of WHO was continued during the year. A conference on bilharziasis similar to the Kampala malaria conference may be called later to consider the survey. In addition a nurse with long experience in Africa started work on a survey in preparation for a nursing conference in 1953. A consultant studied malaria in some of the West African territories with a view to antimalaria campaigns, and a psychiatrist made a survey of African psychiatric and psychological problems to prepare for the conference on problems of childhood in tropical countries of Africa which was arranged by the International Children's Centre and held at Brazzaville in December. The agenda for this conference included an item on African child psychology.

A meeting of the Expert Committee on Yellow Fever was planned for 1953 to consider the result of the survey for the delineation of the southern limit of the yellow-fever endemic zone in Africa, which was carried out by the governments of the territories concerned, with the co-operation of laboratories of the Yellow Fever Research Institutes in Johannesburg and Entebbe.8

The Regional Office tries to establish close contact with the many specialists with wide experience who are being sent out to non-self-governing territories by the metropolitan authorities or institutions, and, with the consent of the authorities concerned, arranges conferences between such specialists and its own personnel working on the same subjects. An example was a conference arranged with a tuberculosis specialist sent out to West Africa by the Colonial Office of the United Kingdom.

The training of African doctors and auxiliary personnel needs to be encouraged and intensified. Fellowships were accordingly granted, partly out of Technical Assistance funds, whenever suitable candidates were brought forward by governments. Funds are still available, but in some cases difficulty has been experienced in finding suitable institutions prepared to accept candidates, especially undergraduates. Two important courses were organized during the year: one was a comprehensive nutrition course for medical officers working in Africa, held in Marseilles from April to July, under the joint auspices of FAO and WHO, and financed from

---
8 WHO's financial support of this activity takes the form of a grant, included under the relevant heading in the regular budget for headquarters.
Technical Assistance funds. Some 40 doctors and nutritionists attended this course, which ended with a meeting presided over by the French Secretary of State for Overseas Territories. The other was a training course on malaria held during June and July in Lagos, Nigeria. It was organized by WHO, which provided several lecturers. A number of English-speaking doctors working in Africa attended. Plans were made for another such course, for French-speaking doctors, to be given in 1953, perhaps in the French Cameroons, where the WHO-assisted malaria control project is to start operation. In addition, fellowships were awarded to three candidates in the Region for participation in the symposium on yaws held in Bangkok (see page 5). At the invitation of CCTA, WHO was represented at a nutrition conference in Fajara, near Bathurst, Gambia. This conference, which took place in November, was immediately followed by a session of the Joint FAO/WHO Expert Committee on Nutrition, held in the same place.

Meetings in which the Organization participated included one, mentioned above, on problems of childhood in tropical countries of Africa, arranged by the International Children’s Centre and held in Brazzaville in December; a meeting of the International Scientific Committee for Trypanosomiasis Research in Lourenço Marques, Mozambique; and a conference on housing in Africa organized by CCTA in Pretoria.
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.

Belgian Non-Self-Governing Territories

Belgian Congo and Ruanda-Urundi

In the latter part of 1952 two members of the headquarters staff visited the Belgian Congo in connexion with a project—the supply of skimmed milk to mothers and children—to be carried out in conjunction with UNICEF and FAO.

Applicants from Belgian territories were awarded three fellowships; two of them were for the training course on nutrition organized with FAO in Marseilles, and one for the symposium on yaws in Bangkok.

British Non-Self-Governing Territories

Bechuanaland

Plans for a project for the control of treponematosis, to be carried out in 1953, were under discussion.

British Cameroons

One fellowship was awarded for the training course on malaria in Lagos.

Gambia

At the invitation of CCTA, WHO took part in the nutrition conference, held at Fajara, near Bathurst, in November. This conference was immediately followed by a meeting of the Joint FAO/WHO Expert Committee on Nutrition.

Gold Coast

Three fellowships were awarded to applicants from the Gold Coast for the training course on malaria held in Lagos.

Kenya

Two fellowships were awarded—one in orthopaedic surgery for study in the United States of America and one in public-health administration for study within the Region.

Mauritius

One fellowship was awarded.

Nigeria

During June and July a training course on nutrition was held in Lagos.

Requests were received for WHO assistance in projects for the control of malaria and yaws in Nigeria,* and plans for such assistance were made. A member of the headquarters staff visited the country in connexion with the project for the control of yaws.

Two fellowships were awarded for the training course on malaria in Lagos and one * for the yaws symposium in Bangkok. A fellowship in nutrition for study in the United States of America and the United Kingdom was also awarded.

Seychelles

Early in the year, at the request of the Government, the sanitary engineer from the Regional Office made a thorough survey of sanitary conditions in the islands. A survey of intestinal parasitism was also made.

Sierra Leone

Two fellowships were awarded for the training course on malaria held in Lagos.

Uganda

The laboratory of the Yellow Fever Research Institute in Entebbe* co-operated in the survey for the delineation of the southern limit of the African yellow-fever endemic zone, continued during the year.

One fellowship in nursing education was awarded.

Zanzibar

One fellowship in tuberculosis was awarded for study in the United Kingdom.

French Non-Self-Governing Territories

French Equatorial Africa

In the latter part of the year, staff from headquarters visited French Equatorial Africa to make a preliminary survey for a project for the supply of skimmed milk to mothers and children. This project

* WHO’s financial support of this activity takes the form of a grant, included under the relevant heading in the regular budget for headquarters.
will be carried out in conjunction with UNICEF and FAO.*

In December, WHO took part in the conference on problems of childhood in tropical countries of Africa, arranged by the International Children’s Centre and held in Brazzaville.

One * fellowship was awarded for the training course on nutrition in Marseilles.

**French West Africa, French Togoland, the French Cameroons and Madagascar**

As a result of a preliminary survey carried out in June-July 1952, in the French Cameroons and French West Africa, by a member of the headquarters staff in collaboration with the French Government and UNICEF, plans were drafted for extensive malaria campaigns to come into operation at the beginning of 1953.*

Supplies arrived for the WHO/UNICEF-assisted pilot project to test insecticides and different spraying techniques, which will start operation early in 1953.

Two fellowships were awarded to candidates from French West Africa—one for the training course on malaria held in Lagos, and one in dentistry, for twelve months’ study in Canada.

Seven* fellowships were awarded to applicants from these territories for the training course on nutrition which was held in Marseilles, in conjunction with FAO.

**Liberia**

After a survey had been carried out early in the year by one of the public-health officers, WHO began to assist with a comprehensive public-health project in Liberia. The public-health officer attached to the Regional Office worked on this project in co-operation with the authorities and arranged training courses for sanitary inspectors.

A second public-health officer was assigned in November to assist the Director of Public Health and Sanitation for one year.

In July a member of the headquarters staff visited Liberia in connexion with the appointment of a health educator, requested by the Director of Public Health and Sanitation. By the end of the year, the health educator had been selected, but the programme was not expected to start until late 1953.

On the occasion of the second session of the Regional Committee, described earlier in this chapter, which was held in Monrovia, the Director-General of WHO visited the area in Northern Liberia chosen for a large project for the simultaneous control of malaria and yaws.* A malaria expert from headquarters visited Liberia in connexion with this work, which is expected to start in January 1953. Centred at Kpaing, and to be carried out in co-operation with UNICEF, this project will probably last for three to five years.

Four fellowships (in dentistry, environmental sanitation and general medicine), which had been awarded during 1951, were continued during the year: three of them were for study in the United States of America, and one for Lebanon. Eight fellowships in general medicine were taken up or awarded during 1952—four for study in the United States, four for study in the United Kingdom. Two fellowships were awarded for group-training—one for the malaria course in Lagos, one for the yaws symposium at Bangkok. Four * of the fellowships awarded were financed from Technical Assistance funds.

**Portuguese Non-Self-Governing Territories**

**Angola**

Since April 1952, the sanitary engineer attached to the Regional Office has been working on sanitation problems in Angola.

**Mozambique**

The meeting of the International Scientific Committee for Trypanosomiasis Research was held in Lourenço Marques in September and attended by the public-health officer attached to the eastern zone.

**Portuguese Guinea and São Tomé**

Two * fellowships were awarded for the training course on nutrition in Marseilles.

**Union of South Africa**

At the invitation of the Government, WHO was represented at a BCG conference held in Durban in November.

A conference on housing, organized by CCTA in Pretoria during the same month, was also attended by representatives of WHO.

The laboratory of the Yellow Fever Research Institute in Johannesburg co-operated in the survey for the delineation of the southern limit of the African yellow-fever endemic zone, which was continued during the year.

One fellowship was awarded.

*WHO’s financial support of this activity takes the form of a grant included under the relevant heading in the regular budget for headquarters.
CHAPTER 12

REGION OF THE AMERICAS

The Sixth Meeting of the Directing Council of the Pan American Sanitary Organization, serving also as the fourth session of the Regional Committee of WHO, was held at Havana, Cuba, from 15 to 24 September, with representatives present from all Members of WHO in the Region except Argentina, Bolivia, and Honduras. The Director-General of WHO attended the session. The Council adopted the 1953 programme and budget (US $ 2,060,000) for the Pan American Sanitary Bureau (PASB—which continues to serve as the Regional Office for the Americas). It transmitted the proposed programme and budget for 1954 of the WHO Region of the Americas (US $ 1,058,204), prepared by the Director, to the Director-General. Brazil, Haiti and Panama were elected to fill vacancies on the Executive Committee, which held meetings both before and after that of the Directing Council. The Executive Committee confirmed amendments made to the Staff Rules of PASB in order that they might conform as closely as possible to those of WHO, and also granted a cost-of-living adjustment to the employees of PASB, similar to that made for employees of the Regional Office of WHO.

The First Inter-American Congress on Public Health was also held in Havana, from 26 September to 1 October, and WHO was represented by the Director-General, who gave an inaugural address. The fiftieth anniversary of the Pan American Sanitary Organization was observed at the Congress, which also paid tribute to the eminent Cuban scientist, Dr. Carlos Finlay.

Following a visit to Washington the Deputy Director-General of WHO, accompanied by the Regional Director, made a six-week tour of Latin America, where they conferred with ministers and directors of public health and with field personnel in a number of Member States.

The further development of decentralization resulted in the assumption by the zone offices of increasing responsibility for the planning and execution of the field programmes. The zone office is the pivot of the work of the PASB in the zone, and the zone representative has technical and administrative responsibility for the projects being carried out in his zone. The six zones and their offices are as follows: Zone I Office, Washington—for the area comprising Alaska, Canada, the United States of America, and non-self-governing States and territories except for British Honduras; Zone II Office, Mexico City (formerly Washington)—for Cuba, the Dominican Republic, Haiti and Mexico; Zone III Office, Guatemala City—for British Honduras, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama; Zone IV Office, Lima, Peru—for Bolivia, Colombia, Ecuador, Peru, and Venezuela; Zone V Office, Rio de Janeiro—for Brazil; and Zone VI Office, Buenos Aires, Argentina—for Argentina, Chile, Paraguay and Uruguay. Two field offices have continued at El Paso, Texas, and in Jamaica, British West Indies.

This development involved some changes in the organization of the Washington Office, particularly in the Division of Public Health, in which the sections were replaced by three branches—Health Promotion, Environmental Sanitation, and Communicable Diseases. A Division of Education and Training was established with a fellowships branch and a professional education branch. Even before this division was established the Washington Office worked on a number of educational and training projects, such as a nursing workshop, surveys of medical schools, various seminars, and a substantial

---

1 In accordance with the decision of the First World Health Assembly (Off. Rec. World Hlth. Org. 13, 80, 331) this Region comprises all the Americas. The following countries in the Region 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 States and territories in the Americas, also take part in meetings of the Regional Committee.

2 Until 26 August 1952, when it was established in Mexico City by an agreement signed between the Government of Mexico and the Pan American Sanitary Bureau.
fellowships programme. The setting up of this division was especially important because of the need for trained personnel to carry out the programmes planned. In the Division of Administration, two branches—Administrative Management and Personnel, and Budget and Finance—were set up. The Legal Office became part of the Division of Administration, and the Office of Co-ordination, set up at the end of 1951 under the supervision of the Office of the Director, was fully organized.
The first number of Health Statistics, a quarterly publication, was issued by the Pan American Sanitary Bureau. This quarterly represents a continuation and enlargement of the Monthly Epidemiological Report, published until the end of 1951. The growing interest in public-health statistics, and the impetus given to their development in recent years by national and international organizations concerned with the improvement of health conditions, seemed to require that the scope of the publication should be broadened, and it now covers both epidemiological conditions and some statistical aspects of public health, as well as information on modern trends in the field of health statistics. It is sent regularly, free of charge, to those agencies and officials who received the Monthly Epidemiological Report, and to other interested official agencies upon request.

The Lamp is Lit and issues of the Chronicle of the World Health Organization were translated into Spanish and distributed. Other Spanish translations included The Control of Communicable Diseases, compiled by the United States Public Health Service, and expert committee and other reports. The PASB Bulletin was published monthly and the WHO Newsletter was widely distributed in Spanish, Portuguese, French and English.

The Regional Office continued to produce many exhibits displaying WHO regional and PASB activities. One of these, at the National Conference on International Economic and Social Development (in Washington in April) showed, by lighted and painted panels, the WHO Regions and the fields of activity of WHO and PASB; another, at the 89th Annual Meeting of the American Veterinary Medical Association (in Atlantic City in June), showing the functions of WHO and PASB with special emphasis on activities in veterinary public health, was awarded first place among the 12 educational exhibits displayed at the meeting.

In 1952, 157 fellowships were awarded, of which 103 were financed by the regular budget and 54 from Technical Assistance funds. The Regional Office supervised over a hundred fellowships awarded by other Regions for study in the Americas.

Supplies and equipment for WHO projects procured for countries in and outside the Region from 1 January to 30 November 1952 totalled 4,373 items, with an estimated value (c.i.f. destination) of $1,887,485.

Although there were no serious epidemics in the Americas in 1952, the eradication of certain diseases and vectors and the control of others were still among the main objectives of the Regional Office. Yellow fever remained a threat to the areas where the disease had been active in 1951, and cases appeared in other areas; but, with some assistance from WHO and the Pan American Sanitary Bureau, health authorities became increasingly alert to these signs of danger and acquired better means of coping with the situation. Staff were trained in current methods of combating such diseases.

This report would be incomplete without reference to the work in public health carried on in co-operation with governments by the Pan American Sanitary Bureau in addition to the technical advice and administrative assistance it gave in the carrying out of WHO activities, both at the Washington Office and in the field.

**Review of Regional Programmes**

For several years the "workshop" has been found an effective means of teaching. The Pan American Sanitary Bureau sponsored the first nursing workshop in Latin America in Chile in 1950, on the principles of teaching and supervision in general. A second nursing workshop (Guatemala 1951), financed from technical assistance funds provided by the Organization of American States, provided a further opportunity for valuable discussions of problems among nurses from many countries. The third workshop (Lima, Peru, 30 June to 8 August 1952) dealt with the teaching of communicable-disease nursing and was sponsored jointly by the Peruvian Government, the Pan American Sanitary Bureau and WHO. The control of communicable diseases remains a problem in all Latin American countries, which lack qualified nursing personnel to deal with these diseases and to teach prevention and nursing care. This workshop contributed to the preparation of nurses for such work. Twenty-three nurses from
Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay and Venezuela took part. Themselves directors and instructors in schools of nursing and supervisors of public-health services, they were able to bring up problems encountered in their daily routine, and to seek solutions through the interchange of ideas and experience. The discussions, held daily in general sessions, were supplemented by smaller group meetings for the study of common problems. Individual consultation on special problems was also available. Information showed that out of 52 South American schools of nursing only 17 provided courses on communicable diseases, and one of the purposes of the workshop was to stimulate interest in adding this course to the curriculum. A nurse educator on the staff of the PASB supervised the workshop and was assisted by consultants from Brazil, Chile, Panama, Puerto Rico and the United States of America, three of whom had acquired valuable experience during the workshops in previous years.

A WHO consultant on meat hygiene completed a survey in the Americas, visiting Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Mexico, Nicaragua, Panama, Peru, Surinam, Trinidad, Venezuela, and packing plants in the United States (Buffalo and Chicago) and Canada.

As a result of decisions made in October 1951 by the ad hoc Technical Working Party on the Rehabilitation of the Physically Handicapped appointed by the ACC, a special team, consisting of a leader provided by the Technical Assistance Administration and members from ILO and WHO, went to Latin America to conduct a joint survey of conditions. WHO provided a short-term consultant to ensure that any proposals for rehabilitation programmes were properly related to the general public-health and medical care programmes of Latin American countries. He arrived in Brazil at the end of August, and took part in a survey of local facilities with a view to establishing under the Technical Assistance programme a demonstration centre for the rehabilitation of the physically handicapped. The team is also to go to Chile, Mexico and Paraguay, to determine the best location for such a centre.

In the summer of 1951 there was a meeting of ILO experts at La Paz, Bolivia, to consider what could be done to assist the indigenous population of the Andean highlands of Bolivia, Ecuador and Peru, about 10 million people, who, it is believed, could play a much more significant part in the economic life of their countries. The United Nations, ILO, FAO, UNESCO and WHO are co-operating in a survey as a preliminary to recommending how this end may be attained. A joint field team has been appointed, consisting of a small group of experts. The WHO expert in public health will (1) assist in demarcating the areas and groups of population to be included, (2) collate the studies already made on the health problems of these areas, and (3) prepare, in consultation with the health authorities of the countries concerned, plans of operation for suitable pilot health projects, to be organized under the Technical Assistance programme.

In connexion with the venereal-disease laboratory and training programme in Guatemala City, advisory services were given and courses in venereology and serology conducted for students from Central American countries, Panama and Haiti, under Technical Assistance. WHO provided a consultant serologist, who arrived in Guatemala on 12 March and gave technical advice on the programme of the laboratory. Assistance was also given with a seminar for team leaders working on venereal diseases, held in San José, Costa Rica, in June, at the same time as the Fourth Central American Congress on Venereology. The consultant in serology made field trips to laboratories and directed a serology survey in Central America and Panama.

The Regional Office for Europe invited the Region of the Americas to participate in the international seminar on mental health and infant development which was held in Chichester, England, from 19 July to 10 August. Six fellowships from the Americas were awarded by the Washington Office for participants from Canada, Mexico, Peru, Puerto Rico, Uruguay and Venezuela. These participants were also given a stipend to cover an additional four weeks of field observation in Europe.

Arrangements progressed for a South American seminar on alcoholism, to be organized by WHO in co-operation with the Argentine Government in Buenos Aires in May 1953. Argentina, Brazil, Chile, Paraguay and Uruguay will probably participate. Five fellowships for the Yale Centre of Alcohol Studies were given to candidates from those countries to assist them to prepare for the seminar.
A programme of insect and yellow-fever control in Central America was started with the help of WHO and UNICEF under the Technical Assistance programme. Three WHO staff members were appointed and stationed in Guatemala. For a similar project started in the Caribbean area, also under the Technical Assistance programme, a WHO inspector arrived in Grenada in October and began training field personnel in *Aedes aegypti* eradication and DDT residual spraying of houses. Four local trainees completed a course in Puerto Rico and returned to Grenada late in October. Supplies of DDT from UNICEF have begun to arrive.

One staff member of WHO was appointed to the Inter-American Center of Biostatistics at Santiago, Chile.

A seminar on sanitary engineering in Central America was held in Nicaragua in November.

Regional programmes being planned include: the training of environmental sanitation personnel in Brazil, Chile and Mexico; a training course in insect control in Brazil; postgraduate training in tuberculosis in Guatemala; seminars on brucellosis in South America, on health education and on phthisiology; a training course for waterworks operators in Central America; a workshop on the nursing curriculum; and assistance to schools of public health and medicine. At the end of the year, 48 agreements with governments had been signed, for assistance either under the regular budget or from Technical Assistance funds.

Work 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.*

**Argentina**

The FAO/WHO Brucellosis Centre in Buenos Aires is one of the three such centres located in the Region, the other two being in Mexico and the United States of America. Work proceeded at the centre on field studies of caprine brucellosis in the province of Córdoba, including the use of the Huddleson vaccine and appropriate sanitary measures for controlling the disease. Further studies on the use of the ring or ABR test (Abortus Bang Ringprobe) for goats were also in progress. Ring-test antigen and other supplies sent by the Organization were delivered to the centre.

Nine fellowships were awarded.

**Bahamas**

An insect-control project, as part of the regional programme in the Caribbean area, was in the planning stage at the end of the year.*

**Barbados**

An insect-control project, as part of the regional programme in the Caribbean area, was in the planning stage at the end of the year.*

---

* WHO's financial support of this activity takes the form of a grant, included under the relevant heading in the regular budget for headquarters.

**Bolivia**

Nation-wide campaigns in typhus control continued in Bolivia and Peru, WHO lending expert assistance and UNICEF providing supplies and equipment. An area supervisor was appointed for these campaigns. Bolivia agreed to increase the budget for typhus control from 2,000,000 to 5,000,000 bolivianos per year, as from 1 July 1952. Typhus control was continued along the frontier, where 2,000 to 2,500 persons per month have been treated. The budgetary increase has made it possible to protect a progressively larger portion of the frontier. Epidemiological studies were made on rural typhus and its control.

For the children's hospital at La Paz,* which UNICEF is helping to equip, WHO continued to give technical advice. A list of equipment was prepared and a plan drawn up for the first stage of operating the hospital, with particular emphasis on the fellowship programme. One Fellow left La Paz in September to take an eight-month course in medical records librarianship at Lima, Peru, and another is to be trained for six months as a maintenance engineer at the Obrero Hospital, Lima.

Programmes in health education, nursing education* and smallpox control, and a study of the water supply in La Paz, are being planned.

Eight fellowships were awarded, including six* under Technical Assistance.
Brazil

In Brazil WHO is helping to start a diphtheria-pertussis programme, to which UNICEF has contributed by providing equipment for the Oswaldo Cruz Institute. Plans are being made for a programme of assistance in maternal and child health, and for a nutrition programme in the Amazon Valley, for which a survey was made.* A microbiologist will be sent to the National Faculty of Pharmacy* and an expert in immunochemistry to the Oswaldo Cruz Institute.*

Thirteen fellowships were awarded, including one* under Technical Assistance.

British Guiana

One fellowship was awarded.

British Honduras

The insect-control programme was continued and a project for the control of tuberculosis was planned.

Canada

One fellowship was awarded.

Chile

After the experience gained in the Province of Santiago, where the Government, assisted by UNICEF and WHO, began a campaign for diphtheria-pertussis vaccination at the end of 1950, the programme was extended to the Provinces of Concepción and Aconcagua. In the Province of Santiago approximately 55,000 persons had been vaccinated by the end of 1951, and by the end of June 1952 90,000 first and 65,000 second doses had been administered and more than 1,000 persons re-vaccinated; it was expected that over 100,000 would be vaccinated by the end of 1952.

In the Province of Concepción, during the same period, some 14,000 first and 6,000 second doses were administered, representing a third of that part of the programme, and 167 persons were revaccinated; while in Aconcagua some 1,000 first and 400 second doses of vaccine were administered. By the end of the year the number of vaccinations in Concepción was expected to reach 18,000 and in Aconcagua nearly 10,000.

The Michigan State Health Laboratories in the United States of America continued to test the mixed diphtheria-pertussis vaccine received from Chile and Colombia, and found it to reach the standard accepted by the United States National Institutes of Health.

The programme for developing, improving and extending maternal and child health services, particularly in the rural areas, proceeded in four districts with UNICEF supplying the equipment for the four centres. The aim is to reach a third of the 90,000 mothers and children who live in the area, and the main disease to be fought is tuberculosis.

Three fellowships were awarded to Chilean nurses who, after completing their specialized training in the United States of America, are to participate in a project for training nurses in communicable diseases in Santiago. As stated earlier in this Report, the control of communicable disease is a critical problem in all Latin American countries. To prepare instructors in this work plans were made to set up a training centre* in South America, because it has been difficult to find a hospital in the United States where communicable diseases common in Latin America can be studied.

At the end of the year, plans were being made for a garbage-disposal project, for a health demonstration area in Concepción,* and for assistance in the control of communicable diseases* and in expanding the antibiotics plant of the bacteriological institute of Chile.*

Fourteen fellowships were awarded.

Colombia

The mass vaccination in the campaign against diphtheria and pertussis was concluded in Cúcuta (where the first doses of the vaccine were administered in September 1950), Pamplona, Manizales and Pereyra, and the local authorities are proceeding with routine vaccination. By July, about 140,000 first, 100,000 second and 70,000 third inoculations had been administered. In Pamplona and Santa Rosa de Cabal 72 per cent and 68 per cent respectively of the population to be vaccinated had received the three inoculations. The diphtheria-pertussis vaccine prepared for the programme by the Instituto Samper Martínez passed the control tests at that Institute, and samples were submitted to the Michigan State Health Laboratories for checking. The work carried out shows that the plan of operations of each phase (health education, training of personnel, vaccination and statistical control) has been adequate for reaching the objectives of the programme. The public co-operated well, largely, it would seem, because of the good publicity arrangements. At the start of the campaign in each locality the supervising staff got in touch with health, educational and religious authorities and gave press and radio interviews. The local health educator developed his special programme.
WHO also gave assistance for a programme for the training of midwives,* which involved the organization of a department of midwifery in the School of Public Health. The object was to train a small number of highly experienced nurse-midwives so as to form a nucleus of instructors and supervisors for the training of midwives in rural areas. The theoretical part of the course began in February with only six students, owing to the few candidates available. The first course for nursing instructors in obstetrics was concluded with five students graduating and the second, for which five candidates were selected, was started. Practical training, conducted in the prenatal clinics of San José Hospital and of one of the health centres and in the maternity service itself, began in March. Six local physicians (two obstetricians, a paediatrician, a nutritionist and two resident physicians) were appointed by the Government to assist in the teaching. A domiciliary midwifery service was introduced. An additional nurse-midwife was provided as a member of the international staff. The first demonstration course for midwives was planned to begin early in 1953.*

An insect-control project * was started in April 1952 with help from WHO and UNICEF. A programme for the eradication of *Aedes aegypti*, carried out up to that date by a service organized under an agreement between Colombia and the Pan American Sanitary Bureau, proceeded without interruption, as part of the larger project for insect control. Field work was done on *A. aegypti* eradication, blood-smear surveys, collection of adult mosquitoes, and DDT spraying, supervised and checked by the advisers on malaria and *A. aegypti*. Over 114,000 houses were sprayed between 14 April, when the operations started, and 15 November. The blood surveys and mosquito captures were made at selected places. Of the 21,294 blood smears examined up to 25 September, 713 were found positive, the largest number of these having been collected in Magdalena Department. By the end of September 338 localities had been visited, of which 157 were found to have anophelines; 3,912 houses were inspected, and 3,610 anophelines captured. Among the localities in which no *A. aegypti* were found were Barranquilla and Cartagena, the two most important ports in Colombia, which had their first negative post-DDT inspection. The interest in this programme among the population is shown by the fact that in certain places where there is no piped water and the people have to buy it at relatively high prices there was no difficulty in obtaining, free of charge, the water for preparing the DDT suspension.

At the end of the year programmes were being planned to assist Colombia in training public-health personnel and experts in hospital administration at the San Juan de Dios Hospital in Bogotá, and to help with projects in sanitary engineering,* veterinary public health* and public-health administration.* Seven fellowships, including five * under Technical Assistance, were awarded.

**Costa Rica**

The nursing education project in Costa Rica, aided by an international team of four members, continued to develop in the School of Nursing, San José.* In 1952 a separate budget for the School of Nursing was established, and various agencies of the Government granted a number of scholarships to ensure that all the students who needed financial help in the first and second years might be enrolled. The classes began on 3 March, with an enrolment of 128 students, of whom 43 were in their third year, 65 in their second, and 20 in their first. Some teaching in preventive and social medicine has been included in all the courses, and opportunities to observe certain aspects of community health work have also been arranged through the public-health nursing service. The programme for two months of practical work in the Department of Public-Health Nursing, which had been planned for the nurses who graduated in December 1951, was carried out in January and February. Eight nurses finished this short practical course, and four of them started working in the Department of Public-Health Nursing; two have been appointed instructors in the School of Nursing, as have four other instructors, trained under the 1951-2 fellowship programme, who have returned to Costa Rica; five more nurses are being trained under the 1952-3 programme. The teaching faculty of this school has thus been increased, and the Government has continued to organize training facilities. Publicity has been given to the opportunities for a professional education now offered by this school.

A BCG-vaccination programme was begun in Costa Rica with assistance from WHO and UNICEF. The population to be covered was tuberculin tested, and the non-reactors discovered were vaccinated. A statistical summary of the work up to the end of August showed that 112,497 persons started undergoing the test and 106,157 completed it. Of these, 84,345 were found negative and 83,348 were vac-
cinated. The WHO adviser on the BCG project was in Costa Rica supervising the re-testing programme carried on from 28 July to 16 August, and the WHO BCG-statistician reviewed and assisted in the statistical work.

At the end of the year, the provision of an engineer for the construction of slaughter-houses was being planned.

Five fellowships were awarded under Technical Assistance.

Cuba

Plans have been made for assistance in an insect-control programme.*

One fellowship was awarded.

Dominican Republic

A programme was begun, with assistance from WHO and UNICEF, for controlling malaria and eradicating Aedes aegypti throughout the country by applying modern insecticides, at the same time controlling other diseases borne by insects which are affected by the same insecticides.* The WHO adviser on insect control and an inspector arrived in the Dominican Republic to take up their duties in this programme, and work began on training personnel and demarcating districts.

A project for assisting the Dominican Republic in yaws eradication was in the planning stage.*

Two fellowships were awarded.

Ecuador

For a tuberculosis teaching centre and BCG-vaccination project in Ecuador, WHO provided a consultant on pulmonary physiopathology and an expert in the bacteriology of tuberculosis. The former completed his work in July, the latter in August. Both programmes are being continued under the supervision of national directors. Two public-health nurses, a pathologist and a technician were recently appointed to the staff. The 19 dispensaries and health centres which have followed up the programme of mass BCG vaccination completed by the International Tuberculosis Campaign in 1951 have been tuberculin testing between 5,000 and 6,000 and vaccinating between 2,500 and 3,500 persons monthly. Investigations were continued on the problem of saprophytes, and the proportion of cultures reported as saprophytes dropped from about 30 per cent of all the specimens which were showing growth in February to less than 1 per cent, which is within the normal limits. A course on the bacteriological diagnosis of tuberculosis, consisting of lectures and laboratory demonstrations, was given to doctors and technicians. The international adviser on bacteriology gave informal talks to doctors in the various hospitals and dispensaries, explaining the type of examinations made and the clinical importance of using the laboratory. Good progress was made in improving techniques and in the general efficiency of the laboratory. The section of pulmonary physiopathology started work as soon as the equipment had been installed and training courses were begun. In Guayaquil the training of personnel in techniques of survey and social work was also started.*

A BCG laboratory adviser, appointed by WHO for a short term as consultant to the laboratory for BCG production which the Government built in Guayaquil, arrived there on 1 August. Equipment sent by UNICEF was installed in the laboratory, which was officially opened on 9 August. After the consultant's contract ended, the zone office continued to give advice on the project.

WHO helped in the control of venereal diseases in Manta, an important sea-port with a population of 19,000.* A more isolated site would be preferable for the project, for Manta is easily accessible by air from Quito and Guayaquil, and by highway from Portoviejo. WHO provided a venereal-disease specialist, and a public-health nurse who instructed nurses in general nursing techniques. Two of the nurses being instructed worked previously on the experimental programme for the control of syphilis by mass treatment with penicillin, which was carried out in Portoviejo with the help of a WHO team. The first phase of the programme, that of sampling, which began on 1 April, was completed on 30 June, and about 4,500 persons, 25 per cent of the population of Manta, were covered in the survey. The second survey was started on 1 September. Follow-up of the 11.5 per cent found positive was continued. The number of people who have come voluntarily to the clinic for blood-testing or advice on syphilis and other problems suggests that there has been good public understanding of the purpose of the clinic.

Plans were made for a health demonstration area and for projects in maternal and child health,* yellow-fever control,* and veterinary education...
(Loja University). Assistance will be given to the National Institute of Health, and experts will be provided in school health and health education, malaria control and the teaching of veterinary public health, as well as a botanist for the National Institute of Nutrition.

Eleven fellowships, including five under Technical Assistance, were awarded.

El Salvador

The work of the health demonstration area in El Salvador, carried on since 1951 with assistance from ILO, FAO, UNESCO, and WHO, consists of a comprehensive programme of public health services. The WHO international team for this area is composed of a public-health administrator, a sanitary engineer, two nursing consultants, a sanitarian and a statistician. The first training courses organized for national personnel to work on this project were attended by 49 persons—nurses, sanitary inspectors and auxiliary nurses. The first stage of training was thus completed, and a plan of operations was developed and accepted by the Government. Additional training courses were completed by four doctors, one dentist, 12 health inspectors, and several public-health aides. The public-health nurses made a study of the communities and began to organize their work in Quezaltepeque, Apopa, Nejapa and Guazapa. Nutrition surveys were completed for three communities. The work of the clinic at Quezaltepeque went forward, and health units were set up. Equipment and supplies furnished by WHO arrived, and manuals on nursing and sanitary procedures were under preparation. Sanitary engineering studies and activities proceeded on schools, market places, slaughterhouses, water-supplies, and sewers. WHO provided an expert in well-drilling to train local personnel in the use of equipment supplied under the Technical Assistance programme for a project to improve water supplies in communities of the area. On the basis of the development of the demonstration area during 1952 and the work so far accomplished in this programme, the national authorities drafted a plan of work for 1953, which was presented to the international team for study.

Members of the WHO team assisting with a demonstration project on tuberculosis control visited the towns of San Vicente and San Miguel, where the project had previously been carried on, to advise on the continuing programme and hold medical and nursing consultations in the clinics and hospitals. The team, composed of a chief medical adviser, an adviser on radiography, a bacteriologist and a public-health nurse, has lately been working in the town of Sonsonate (population 20,000) where it fluorographed a number of persons, gave Mantoux tests, took standard x-ray pictures of suspected cases of tuberculosis, discovered additional cases—some probably inactive and others of doubtful activity—and administered BCG to tuberculin-negative subjects (including new-born babies). Pneumothorax operations and other surgical treatment were given and antibiotics were administered. In the Central Diagnostic Laboratory of San Salvador samples of sputum, gastric washings etc. were examined for acid-fast organisms by direct microscopy and cultures. By means of these routine activities, and by discussions and formal classes, the national workers who form the nucleus of the project continued to receive training. This project also provided some training and technical advice in radiography for the anti-tuberculosis campaign started by the Department of Health in the town of Santa Ana, with 55,000 inhabitants.

The project in Sonsonate impressed patients from other places who came for attention. Local physicians and those from neighbouring towns sent their patients for examination, and some of these patients have remained for care. Other physicians came long distances for consultations. As the programme drew to a close in Sonsonate, the team working there moved on to Zacatecoluca to start work there. This project was prolonged until the end of 1952.

The mass BCG vaccination programme, started in September 1951 with assistance from WHO and UNICEF, was continued. In August a WHO statistician went to El Salvador to help with the statistical work, and an adviser on BCG assisted in a general operational survey. An analysis and an evaluation were made of the statistical work and recommendations were put forward. The retesting programme was developed.

Three fellowships under Technical Assistance were awarded.
Guatemala

The training programme on venereal-disease control in Guatemala City is described on page 81.

A project for insect and yellow-fever control was started as part of the regional programme in Central America.* WHO helped to plan and develop a garbage disposal system in Guatemala City.*

Programmes on tuberculosis control and rural public-health services were in the planning stage.

WHO continued its support of the Institute of Nutrition of Central America and Panama.*

Three fellowships were awarded, including one under Technical Assistance.

Haiti

The programme for the eradication of yaws and the control of rural syphilis, carried on with help from WHO and UNICEF, continued. Since the inception of this programme, in October 1951, up to 31 August 1952, the number of persons treated in house-to-house visiting was over 360,000 which, added to the people who had been treated at the daily clinics from July 1950 to October 1951, makes a total of over 750,000. Definite progress was made towards eradicating yaws. The house-to-house method has proved ideal for such a campaign: it has consistently covered over 90 per cent of the population of each rural section and an average of 96 per cent for all sections. Moreover, the house-to-house visits have made the people aware that the Government is doing this work to help them, and the introduction of any other nation-wide programme in the future will be facilitated. Because this method is slower than the holding of daily clinics, it became common to meet in markets and towns, persons whose lesions had closed while the injection teams were still in the area. This visual evidence of diminishing disease is a convincing argument for the treatment. Information about the work has spread, for the people who have received treatment go to market weekly, at considerable distances from their houses, and meet friends from areas not yet visited. Thus, when the teams begin to work in other areas, the value of the treatment is already known there and they are well received. Calls are made on leaders in the community, at least six weeks before the teams arrive, to tell them about the programme and to ask them to co-operate. The mapping section, which visits an area from six to eight weeks ahead of the treatment group, also publicizes the programme. One evidence of the effectiveness of the house-to-house method was the dramatic drop in attendance at dispensaries and clinics once the teams had passed through an area, indicating that definite progress towards eradication was being achieved. Observation of cases at Bainet and the spot survey being made in the south continued. The work of the laboratory continued to increase, especially the number of blood samples sent in from Bainet.

A WHO specialist in serology reported for duty on the project in July, and work went forward to increase the output of the laboratory and provide a course of training for laboratory technicians.

Thirty-six candidates for positions as inspectors took part in a lecture course and were given hospital training. A short-term consultant reviewed the project in August and September and presented his report.

A doctor from Haiti went to Bangkok to present a paper at the Yaws Symposium which WHO helped to organize in the South-East Asia Region.

A public-health nurse was provided by WHO as a consultant for the fundamental education project being carried out by the Haitian Government and UNESCO in the Marbial Valley.*

Plans for future assistance to Haiti include programmes for the demonstration of local health services in Petit Goave,* based on the survey completed during the year, for insect control* and for tuberculosis control.

Five fellowships were awarded, including two under Technical Assistance.

Honduras

A WHO adviser in health education, assigned as consultant to the Government of Honduras, arrived in Tegucigalpa in May for a UNICEF-assisted project to increase and strengthen the health-education work in public-health services and to organize and develop a health-education programme in the country. Some fellowships and a limited amount of supplies were also provided for this project.*

A programme in insect and yellow-fever control started, as part of the regional programme in Central America.*

Two fellowships were awarded, including one under Technical Assistance.

Jamaica

For a UNICEF-assisted programme in tuberculosis control, WHO provided a medical bacteriologist, who started reorganizing the tuberculosis
laboratory as a central diagnosis centre. A training programme for bacteriology technicians was also being developed, and WHO is to provide an x-ray technician.*

In the mass programme of BCG vaccination which began in Jamaica in September 1951, with assistance from WHO and UNICEF, approximately 343,000 persons had been tested by the end of August 1952. Of these, some 136,000 were found positive, and about 180,000 were found negative and vaccinated. The campaign continued satisfactorily, and the response of the people continued to be good.

A project for assistance in insect control,* as part of the regional programme in the Caribbean area, was in the planning stage.

Two * fellowships were awarded under Technical Assistance.

**Leeward Islands**

A project for BCG vaccination, and a project for insect control as part of the regional programme in the Caribbean area,* were in the planning stage.

**Mexico**

In response to a request from Mexico for assistance in developing a course for nursing instructors in 1952, WHO provided teaching materials and sent a consultant on nursing education for six months to co-operate in the planning, organization and execution.* The main purpose was to show how the public-health and social aspects of nursing might be introduced into the basic curricula for nurses. The nurses attending were instructors, head nurses and public-health nursing supervisors in various governmental agencies. Thirty graduate nurses enrolled, and the course began on 14 January. This was the first time that such a course for nurses, directed and taught by nurses, had been given in Mexico, and nationals, including the co-ordinator of the course, were given training in conducting similar programmes in the future. The progress made by the nursing profession in Mexico is shown by modifications which have been made in the Nursing School of the National Autonomous University, especially the requirement of a full 12-year education for the future admission of students. The university authorities were shown how necessary it was to provide student nurses with their own facilities, such as living quarters, class-rooms, teaching materials, and with teaching staff adequately prepared for training professional nurses.

A WHO consultant in health education, who has been stationed at the Regional Centre of Fundamental Education for Latin America, in Patzcuaro, continued to develop training courses in health education. As in 1951, he gave assistance in integrating all aspects of health education into the general programme of training in, and practical application of, fundamental education. Technically responsible to WHO, this consultant serves under the general direction of the Director of the centre—a member of the staff of UNESCO. He taught the teachers attending the centre something of preventive medicine and the techniques of health education. Under the supervision of the centre, the teacher-students continued to guide the work in the surrounding communities on improving sanitary conditions in schools and houses, providing safe water supplies, teaching healthy habits to school children and vaccinating them against diphtheria and pertussis. In the health education of the public, the importance of vaccination has been stressed. The material work on these projects and the physical improvements are carried out by the people of the communities.*

A project was started for helping Mexico to produce a safe, potent and modern vaccine against rabies and advising the Government in its programme of applying it. Rabies is considered to be the greatest single cause of livestock losses in Mexico, where it is transmitted to animals in some rural areas by vampire bats as well as by rabid dogs. WHO provided two international advisers and also specialized laboratory equipment for producing the vaccine in large quantities. This project was intended to benefit both public health and agriculture. Authorities in the United States of America are interested, as the presence of rabies along the border between the United States and Mexico is considered to be a potential danger to the people and livestock of the United States.*

The FAO/WHO Brucellosis Centre in Mexico City continued its studies.*

Plans for future assistance include insect control, the border control of venereal-disease,* training in psychiatric nursing, and a course for nursing instructors in 1953.*

Twelve fellowships were awarded, including seven* under Technical Assistance.

**Netherlands Antilles**

A project for insect control, as part of the regional programme in the Caribbean area,* was in the planning stage.

---

* WHO's financial support of this activity takes the form of a grant, included under the relevant heading in the regular budget for headquarters.
Three fellowships under Technical Assistance were awarded.*

Nicaragua

The WHO consultant working with a UNICEF-assisted programme of health education visited health centres to ascertain in which activities WHO might help and to study local health conditions which might be improved by health education. He studied the various sections and departments of the Ministry of Public Health in the cities of Managua and León, and also studied the condition of the people in the Managua Department. He began to organize health education in a rural community, and drew up a plan of operations for the Health Education Section of the Ministry. Educators, school doctors and nurses, and public-health nurses were given training in methods of health education. This programme is to continue after the consultant finishes his contract at the end of 1952.*

A programme of insect and yellow-fever control was also started, with the assistance of WHO and UNICEF, as part of the regional project in Central America.*

A project of assistance in organizing a local health unit was in the planning stage.

One fellowship was awarded under Technical Assistance.*

Panama

Assistance was given in developing rural health services, with special emphasis on maternal and child care and tuberculosis control. Help was also asked in training personnel and equipping health units and laboratory services, UNICEF providing the equipment. For this project, WHO provided a laboratory specialist and a public health-nurse and awarded fellowships for training local personnel for work in the public-health services.*

A programme in insect and yellow-fever control was started in Panama as part of the regional project in Central America.*

Plans were made for assistance in improving the public-health library and organizing training courses for laboratory technicians.*

Four fellowships, including three* under Technical Assistance, were awarded.

Paraguay

Early in the year the following five projects in operation in Paraguay were integrated into the general programme of public health being carried out in the Asunción-Villarrica area, which was chosen, among other reasons, because about a tenth of the population of the country is concentrated there.

The Government asked for help in intensifying the campaigns against malaria and yellow fever which were being carried out with technical assistance from WHO and financial aid from UNICEF.* WHO has appointed a medical specialist in malaria and a sanitarian as Aedes aegypti inspector for this programme, which is intended to control malaria, eradicate yellow fever, prevent the reinfestation of the country with A. aegypti, control other arthropod-borne diseases, and train local professional and auxiliary personnel in effective methods of insect control.

Tuberculosis is a grave problem in Paraguay, the mortality from this disease being exceeded only by that from certain of the parasitic diseases and from diarrhoea and enteritis of infancy. WHO was asked to provide both technical and material aid in developing an improved programme for tuberculosis control and operating a rural demonstration scheme.* For the control project, which began in the middle of 1952, WHO provided a public-health nurse and a medical bacteriologist, with equipment and supplies, and awarded one fellowship. The project is concerned chiefly with training local personnel, procedures for carrying out exact bacteriological diagnosis, case-finding, and the demonstration and development of ambulatory treatment methods. It has been extended to four rural localities beyond the Asunción-Villarrica area.

In the Asunción-Villarrica area work continued on the UNICEF-assisted project, begun in September 1951, for developing maternal and child health services* within the framework of general public-health services by establishing a network of health centres. The present WHO adviser on maternal and child health completed his contract and another was being recruited at the end of the year. The Fernando de la Mora Centre was established and equipped as far as possible, and began work on maternal and child health, the control of venereal diseases, and health education. Special attention was given to the in-service training of the personnel attached to this centre and also of two doctors who were candidates for positions as directors of other health centres. Services were being planned for prenatal and postnatal clinics, as well as for the child clinic; work started on dental hygiene; a course for nursing auxiliaries was being developed; and immunizations, first against small-pox, then against pertussis, were begun. A club for mothers of Fernando de la Mora was started. Public reaction to this programme appeared to be wholly favourable.
A project for the control of venereal diseases was begun in the same area in January.* This project includes blood sampling and analysis, clinical examinations and treatment of positive patients, and a programme of public information. WHO provided a consultant and a public-health nurse. In three intensive campaigns for the control of venereal diseases in the urban area of Fernando de la Mora and the urban and rural areas of Itauguá, about a third of the 10,000 persons between 15 and 50 years of age were examined. Fifteen per cent were serologically positive, and of these 99 per cent were treated. Operations were also carried out in the rural area of Fernando de la Mora and the urban area of San Lorenzo. The people co-operated well in this programme although they had no previous experience of mass health work. This co-operative attitude augurs well for future health programmes.

In 1951 assistance was given in organizing and developing a programme to control ankylostomiasis in the Asunción-Villarrica area, as an initial phase of a plan to control the disease throughout the country. This project was continued.* In May, at the request of the Government, and taking into consideration the serious nature of the problem of smallpox in Paraguay, WHO agreed to include in this project, using the same personnel, a campaign for house-to-house vaccination against smallpox, with the aim of immunizing 200,000 persons. WHO has provided a consultant, who also co-ordinated the five programmes in the area carried on in conjunction with the Government. A survey was made of the bio-demographic characteristics of the Asunción-Villarrica area, the incidence of hookworm in the city of Asunción and problems related to ankylostomiasis were investigated, and the existing facilities for the programme were assessed. A six-week training course was completed for the first ten inspectors to begin the work in hookworm control, and a handbook for health inspectors was prepared. A factory for latrines was being constructed at the end of the year and the health-education and informational stage of the programme was begun.

Programmes for assistance in strengthening the School of Medicine* and in BCG vaccination were planned.

Six fellowships were awarded, including one* under Technical Assistance.

Peru

Typhus control in Peru is under the supervision of the Chief of the Epidemiology Department of the Ministry of Health, and work is being carried out in the Departments of Cuzco and Puno, with assistance from a WHO area supervisor and from UNICEF. The mechanical part of the programme, such as routine dusting, has been well organized. The activities of the typhus laboratory in Cuzco have been developed, and WHO has attempted to stimulate better epidemiological investigation. The national authorities were giving increased attention to the study of rural typhus.

WHO's assistance to medical-records libraries in Peru has continued.* The school for medical-records librarians opened on 12 May, with a twelve-month course. The classes, which have been progressing satisfactorily, are in medical terminology, medical and surgical dictation, medical-records librarianship, hospital administration, anatomy, gynaecology, and the fundamentals of medical science and of English and Latin. For practical instruction, students were assigned in pairs to each of the following services, in turn: discharges, admissions, cross-indexing (diseases and operations), surgical dictation, statistics and correlation of departments. Of the 64 applications received for the course only 11 were accepted. A student from Bolivia with a fellowship from WHO was enrolled in September. The number of students accepted was restricted because of the lack of hospital facilities for practical training, the success of which depends on a reorganization of the medical-records department. This, it is believed, was the first course of its kind in Latin America and there was great public interest.

A WHO consultant arrived in Peru in September to start work on the programme of maternal and child health and related health services* which was being carried on in the Lima-Pativilca-Huáraz area. This consultant—a public-health nurse—made a detailed survey and analysis of the work to be done, as a basis for recommendations for future activities. Three additional WHO consultants were being recruited at the end of the year, and supplies for the programme were provided by UNICEF. In the Government's request for assistance in this project, tuberculosis control, the control of communicable diseases, and health education were particularly emphasized.

WHO provided an anthropologist for the health centre at Ica,* in a general public-health programme sponsored by the Rockefeller Foundation in cooperation with UNICEF and giving special importance to the sociological and cultural background. When the WHO anthropologist arrived in Ica in May, smallpox outbreaks were being reported in adjacent departments (Lima on the coast north of
Ica and Huancavelica and Ayacucho in the highlands east and south). He accompanied vaccination teams of the Ica Department Health Service to these areas, where he gained a first-hand picture of the health service in operation and observed the attitudes and reactions of the various peoples concerned. In June he went to the adjoining valley of Pisco, in the neighbourhood of Humay, where a religious fiesta was taking place. Of some 20,000 pilgrims expected to gather at the small town of Humay, about a fifth came from areas reporting smallpox.

A meeting was held with several representatives of other agencies to help to formulate a plan for dietary and food-habit studies in Ica, and particularly to consider whether the technique of making dietary studies of seven-day cycles at least once during the year could be replaced by a feasible and reliable technique for studying the annual dietary and food-habit cycle.

The medical officer provided by WHO to act as chief technical adviser to the Government in a project for a public-health demonstration and training centre in Callao arrived in September.* UNICEF also will help with this project.

Plans were made for assistance in insect control,* plague control, tuberculosis laboratory diagnosis,* nursing education, and veterinary public health.

Eight fellowships were awarded.

**Surinam**

Plans were made for an insect-control project, as part of the regional programme in the Caribbean area,* and for assistance to the medical school.

**Trinidad**

The WHO inter-country adviser on BCG and BCG statistician gave technical advice on the successful programme of BCG vaccination in Trinidad, which began in April and is continuing, with financial assistance from UNICEF. The training of the staff, which began late in 1951 in Jamaica, was completed. From the beginning of the programme up to the end of September about 92,000 people were tested, of whom almost 30,000 were found positive. Of those found negative nearly all—some 57,000—were vaccinated. About 5,000 were not read. The percentage of reactors in the different age-groups was approximately as follows: up to six years old, 6 per cent; from 7 to 14 years old, 17 per cent; over 15 years old, 60 per cent. The campaign received good support.

Programmes were in the planning stage for assistance from WHO in insect control, as part of the regional programme in the Caribbean area,* and in establishing a laboratory for bacteriological diagnosis of tuberculosis.*

**United States of America**

The FAO/WHO Brucellosis Centre for research, located at the University of Minnesota in the United States of America, was continued. WHO agreed to provide an additional grant for this centre.

WHO was asked to help with a demonstration on the control of wild-life as an antirabies measure along the Mexican border, and this project started in the latter half of 1952. In view of the possibility of vampire-bat rabies in San Diego County, a survey for vampire bats was made in the area between Pine Valley, Potrero and Jacumba, where a sub-tropical zone was found.

Fourteen fellowships were awarded.

**Uruguay**

Programmes were planned for training in mental health and for a BCG laboratory and international BCG production centre.

Eight fellowships were awarded.

**Venezuela**

Plans have been made to assist in a health demonstration area.*

Seven fellowships were awarded, including one * under Technical Assistance.

**Windward Islands**

Plans were made for assistance in an insect-control project, as part of the regional programme for insect control in the Caribbean area.*

Seven fellowships were awarded under Technical Assistance.*
WHO’s assistance to the governments in the South-East Asia Region during the year has again principally taken the form of demonstration projects and training programmes, but the emphasis has gradually shifted to the latter. In some countries, such as Afghanistan, demonstration projects have served as the nuclei of future public-health services. In others the “demonstration period” is gradually passing, and WHO has concentrated on training. Although medical and nursing education are fundamental and must be strengthened, it is the development of a vast army of auxiliary workers that is needed if the million villages of South-East Asia are to receive health care in the foreseeable future. The Regional Committee has indicated the types of auxiliary workers that are needed, and the task now is to train and employ them in large enough numbers.

The more important parts of the year’s work were in the control of communicable diseases, especially malaria, tuberculosis, typhus, venereal diseases and yaws; the expansion of maternal and child health services; the strengthening of undergraduate and postgraduate education; and the training of nurses, midwives and related workers.

Although it has been fairly easy to carry out projects with a single main objective, such as malaria or tuberculosis control, it has been found extremely difficult to start more complex programmes. The project for a health demonstration area in Ceylon has not yet materialized, nor have WHO’s efforts to convert some of its malaria and maternal and child health projects into integrated health projects of wider scope.

In 1952 there has been no important change in the structure of the Regional Office. The development of work in maternal and child health, especially

---

mission has been closely associated with WHO in the population studies which have been undertaken; and a WHO representative has been working with the United Nations Social Welfare Mission in Burma. The United Nations Technical Assistance Administration has provided social workers for some WHO projects, and work with this Administration in helping to establish a centre for handicapped children was also being planned. WHO has provided a health educator for a UNESCO project in Ceylon, and a school medical officer and a public-health nurse for one in Thailand; has helped UNESCO to compile a handbook on health education; and has participated in a UNESCO seminar in Rangoon on the education of youth and a regional symposium on tropical building design organized by UNESCO and the National Institute of Sciences of India. With ECAFE, WHO is studying the supply and manufacture of insecticides by governments, and has discussed housing and other problems. Close cooperation was maintained with UNICEF, and joint health programmes carried on with UNICEF supplies and technical advice from WHO have formed a substantial part of WHO's work in the Region.

The Regional Office maintained liaison with two governmental agencies for Technical Assistance—the United States agency (Mutual Security Agency or Technical Co-operation Administration) and the Colombo Plan. United Nations resident Technical Assistance representatives are now posted to all the countries of the Region except Thailand. It is too early to report fully on the working relationships between the Regional Office, the WHO area representatives and the resident Technical Assistance representatives in this Region; differences in
administrative rules and practices have created
some problems, but it is expected that these will be
solved locally.

The fifth session of the Regional Committee was
held in Bandoeng, Indonesia, from 4 to 9 September.
All the Members of the committee attended except
Portugal. The United Nations, UNICEF, ILO,
FAO and UNESCO, bilateral governmental agencies
and some non-governmental organizations were also
represented. The committee discussed the annual
report of the Regional Office, examined and
endorsed the proposed programme and budget for
1954, noted the satisfactory development of WHO's
activities in the Region, expressed appreciation of
the work of the Regional Office, and recommended
the extension of the contract of the Regional Director
(Dr. Mani) for a further period. Other subjects
discussed were the presentation of annual reports
from Member States, and the desirability that the
functions of WHO consultants in the field should
be clearly specified in the plans for operation and
that consultants should be designated in accordance
with these functions. There was a good technical
discussion on the training of auxiliary personnel and
on the problem of health services in rural areas.
The next session of the committee will be held in
1953 at Bangkok, Thailand, and the 1954 session at
the Regional Office in New Delhi.

The problem of public-information work in a
Region with a population of nearly 500 million is
essentially one of selection. The policy followed
has been, firstly, to attempt to keep workers and
administrators in national health services informed
about WHO, through press releases, newsletters,
etc. A revised edition of the WHO Information
Handbook, South-East Asia Region was published
and circulated during the year. Secondly, an effort
was made to reach some sectors of the population
through newspapers and periodicals in the English
language. Over 50 press releases, principally of
regional interest, were distributed, as were many
press notes covering items of more limited interest.
Distribution in newspapers in other languages was
possible only where national information services
provided translations.

During 1952, attempts have been made to meet
the steadily increasing demand from all over the
Region for the usual types of information material
(exhibition material, pamphlets, etc.). Adequate
coverage was given to important events like the
visit of the Director-General in February; the
visiting team of medical scientists; the seminars and
committees on yaws, rabies and plague; and the
arrangements for the session of the Regional Com-
mittee and for World Health Day.

A growing understanding of the work of WHO in
the Region has been apparent from press comments
and public speeches during the year.

From the New Delhi Office there has been a steady
output of articles, photographs, radio recordings,
etc., for use by the United Nations in New York and
by WHO Geneva headquarters. Exhibition material
—partly from the Region itself and partly from the
“Geneva Travelling Exhibit”—was prepared for
the United Nations Pavilion at the Colombo Exhibi-
tion, the session of the Regional Committee at
Bandoeng, the United Nations Week exhibition in
Delhi, the International Conference of Social Work
in Madras, and numerous smaller exhibitions in
India.

General Review of Work in the Region

Programmes in maternal and child health were in
operation, with the assistance of WHO and UNICEF,
in all six countries of the Region. The outstanding
need was for trained personnel, medical and auxiliary.
About 80 per cent of the population live in rural
areas, many of which have no maternal and child
health service, and it is primarily to meet the needs
of this group that these services will have to be
expanded. The current programmes are designed
not only to train the requisite personnel, but also
to find the type of worker most suited to rural
populations. For a long time to come it will not be
possible to provide fully qualified staff, and better
use must be made of such staff as there is. Intensive
refresher courses, along with better equipment,
were therefore provided. The integration of maternal
and child health with other health work is slowly
progressing.

The maternal and child health programme in
Afghanistan went well and had excellent co-operation
from the Government; training for midwives
started for the first time in that country. In the
Burma programmes, national understudies took
an active part in the work, in which the public-
An Afghan doctor examines a baby at the clinic in Kabul.

Spleen examination of children in the malaria programme in Lebanon.
In Asia, millions of children live in slums like this, which poverty, filth and ignorance, allied to dense population and tropical climate, make into breeding grounds of disease.

One of the first steps towards a healthier life must be cleanliness. Here children line up at school for the daily inspection.

Health education begins with the children. To play their part in the fight against malaria, they learn something of the epidemiology of the disease and the life habits of the mosquito that spreads it.
A member of the WHO team takes blood samples from infants in the malaria control project at Lashio, Burma.

WHO is assisting with a programme of paediatric training in Bombay. Exercise is an essential element in the rehabilitation of crippled children.

In Sarawak, a floating dispensary provides medical services for people living in marshy areas.

Injection with procaine penicillin in oil is one of the methods used in the campaign of prophylaxis against cerebrospinal meningitis in the Sudan.
Owing to the unrestricted immigration of disabled refugees, the rehabilitation services in Israel, already well developed, need further expansion, and UNICEF and WHO are helping in this work. Many of the patients are child victims of poliomyelitis.

— AND MALNUTRITION

A medical officer gives vitamin tablets to Guatemalan children suffering from malnutrition.
health aspects were brought out. The main stress in Ceylon was on improving the quality of training. In India, the work at Delhi underwent many vicissitudes, and the whole programme is at present under review: paediatric nurses are not given special training in India at present, but, with the help of a qualified instructor, the subject was included in the basic training of nurses at the Irwin Hospital. In Indonesia, the programme was still in its early phases. In Thailand, the work in Bangkok developed very well, while progress in Chiengmai was slower. The need for including both the preventive and curative aspects in such programmes was recognized, and this in itself is a gratifying result.

Two vital needs in environmental sanitation are protected water supplies and sanitary disposal of human excreta: improvement in these conditions would produce a dramatic advance in health. Because of lack of funds, water supplies in many cities are inadequate, and in rural areas they are commonly polluted. There is no possibility of installing piped water supplies in all rural areas, even in the remote future, but such areas could have protected wells. To provide such wells to over a million villages in South-East Asia would require heavy initial expenditure, of course, but there are numerous bilateral and international agencies which might finance such projects. Some governments give such low priority to health that these international funds, which are available to-day but may not be so available after a few years, are not being used to improve sanitation. Unless better housing and health services invariably accompany industrialization the European experience of slum areas is likely to be repeated. At present there is no sign that this grave risk is being countered.

In Afghanistan a WHO sanitary engineer made surveys in Kabul, assisted in plans for sanitary facilities, and participated in the antityphus campaign.

The importance of mental health is beginning to be appreciated. Thailand had the services of a consultant for three months in 1951 and, as a result of his report, the Government asked WHO to provide a psychiatrist in 1953, to establish a mental hygiene clinic. In India, a WHO consultant assisted in plans for up-grading the Bangalore Mental Hospital into an All-India Institute of Mental Health, and, on his recommendations, provision was made for further international assistance in 1953 and 1954. Another consultant was made available to Goa (Portuguese India) for one month, and his report is being studied. WHO policy was to create a nucleus in each country around which it will be possible to build future services.

Nutrition is one of the most urgent public-health problems in the Region. Malnutrition is due largely to poverty, but partly also to lack of knowledge of what constitutes a well-balanced diet. WHO’s assistance in this field has been concentrated on training. A WHO consultant made a rapid survey of nutrition in Burma and suggested a programme, for which a fellowship has been provided; a dietitian was sent to Ceylon to assist in improving and organizing hospital diets; and in Indonesia, the Nutrition Institute at Jakarta has been strengthened by a medical nutritionist and a biochemist technician. Further assistance is planned.

To be effective, health education should be at the village level. WHO has included health education in some of the field projects as an experiment. A health educator was assigned to the UNESCO fundamental education project in Ceylon, where the establishment of a health education institute is planned. It is proposed to provide a school health officer and a school health nurse for a similar project in Thailand, and another health educator for teachers’ training institutions in Burma, where the Government has launched a very effective mass education programme.

A special class of worker is not necessary for conveying health education to the rural areas. Indeed, there is already too great a variety of field workers, which the countries in this Region can ill afford. The aim is to include health education in the initial training of doctors, nurses, health and sanitary inspectors, “mantris”, health visitors, medico-social workers, etc. For existing workers in these categories intensive refresher courses in health education may be provided. WHO co-operated with UNESCO in preparing a book on health education suited to conditions in the Region.

A WHO consultant visited India at the end of 1951 and submitted a report on population studies, which was approved in principle by the Government. He subsequently visited Ceylon for a week. In
in accordance with his recommendations, two WHO workers arrived in India, and at the end of the year were helping to start pilot studies.

Assistance in nursing instruction was given in all the six countries of the Region. Eight nursing projects have been planned, of which three have already begun. At the end of the year, 46 international nurses were working in the field, and another 22 were due to start work shortly after. Many of them were attached to health projects of which nursing is a subsidiary but essential part. In the nursing programme stress is being laid on the inclusion of public-health nursing in the basic curricula of nurses and midwives, and WHO is also assisting numerous schools of nursing.

Refresher courses were arranged for graduate nurses who had been assigned to specialized work for which they had little specific training. During 1952 five such courses—attended by 62 nurses—were developed as separate training projects, four for a period of three months and one for one month.

For the first time, post-certificate training courses in public-health nursing were developed in Burma and in India. Other organized teaching courses such as refresher courses for midwives and in-service training of midwives and other health workers, as well as the preparation of teaching material such as procedure manuals, were also undertaken in conjunction with actual projects, and health education programmes were developed and accepted as an important part of all nursing and health services.

Because of the urgent need for properly trained nurses, special attention has been given to strengthening nursing schools and to providing training in nursing as part of field projects. Forty-six fellowships were awarded under the regular budget in 1952, and 42 under Technical Assistance; 18 more were administered on behalf of UNICEF. A detailed statement on the distribution of fellowships by subject of study and by country is attached as Annex 16. In addition to fellowships awarded by international organizations, a large number are being offered by the United States Government and by the governments participating in the Colombo Plan, but governments have not yet been able to make an overall plan for using the available resources.

The following specialists have been made available to teaching institutions: a professor of epidemiology and social medicine to Afghanistan; a professor of physiological and industrial hygiene to the All-India Institute of Hygiene and Public Health, Calcutta; a principal for the Medical College at Trivandrum; and a professor of pharmacology for the School of Tropical Medicine, Calcutta. A professor of pharmacology for the Seth G.S. Medical College, Bombay, and a lecturer in tuberculosis for the Rangoon Medical College are under recruitment. Many more requests for professional staff were received. This way of strengthening national institutions reduces the need for fellowships except for junior workers.

Training activities were also important features of the programme for maternal and child health and for the control of tuberculosis, venereal diseases and yaws.

Malaria continues to be the foremost communicable-disease problem in South-East Asia, but the strength of the national organizations for its control is growing steadily. That the vector species is vulnerable to insecticides has been demonstrated by the work of numerous teams, and large-scale programmes are now on the way in individual countries. In Afghanistan, after the initial success of the WHO team, malaria control was extended to 700,000 people. In Burma, with the collaboration of the WHO team, a five-year plan was drawn up. The excellent antimalaria campaign which has been conducted by the Government of Ceylon in the past few years continued. In Indonesia, in spite of the lack of medical personnel, the programme is to be expanded to cover a million and a quarter people. In Thailand, the first phase of a five-year plan (started with help from WHO and expanded under United States bilateral technical assistance) is in operation, and covers one and a quarter million people; by 1956 the Government proposes to protect five million people. The Planning Commission of the Government of India has accorded a high priority to malaria control, and a country-wide campaign is planned, with the assistance of the Technical Co-operation Administration, to protect 200 million people in five years with 200 field units. This will be the largest single endeavour in the history of malaria control in any country.

The control programmes have been highly successful, and the people living in these areas have induced the governments to provide budgets for a considerable expansion of the work.

The DDT plants being established in India and Ceylon with the help of UNICEF and WHO will, within two years, contribute largely towards meeting requirements in those countries. In the meantime the assistance of UNICEF in donating DDT to
India, Ceylon and Afghanistan, with technical advice from WHO, has been most valuable.

Tuberculosis is another pressing problem. During the year six WHO-assisted demonstration and training projects were in operation at centres in Delhi, Trivandrum, Rangoon, Bangkok, Patna and Bandoeang, with objectives based on the recommendations of the Expert Committee on Tuberculosis. Surveys of different age-groups and occupational categories were carried out at Delhi, Trivandrum, Rangoon and Bangkok, and similar surveys are planned at the other two centres. In the areas surveyed extremely high rates of morbidity, long suspected, were confirmed.

At these four centres, a sufficient number of doctors, nurses and technicians were trained to carry on the work after the withdrawal of the international personnel. Beyond this, extremely little, if any, training was done except in the Delhi centre, where instruction has been given for the diploma course in tuberculous diseases, and lectures, demonstrations and special refresher courses have been given to hospital matrons, trained nurses, midwives and tuberculosis health visitors. The training of local personnel at the Patna and Bandoeang centres began in the last quarter of the year.

At Delhi and Bangkok the existing tuberculosis services have been greatly improved, and the attendance of patients has increased. At Trivandrum and Rangoon new clinical services have been established and are dealing with large numbers of patients; such services are also being set up in Patna and Bandoeang. In most of these centres first-class laboratory diagnostic services have been established. The project in Ceylon was limited to work in mass radiography, tuberculin surveys and the training of radiographers; a tuberculosis laboratory has not yet been developed.

The main obstacle to the success of these projects has been the delay by governments in providing matching personnel and facilities such as buildings, fittings, etc.

From July 1951, WHO assumed the technical responsibility for the campaign for BCG vaccination, which had formerly been exercised by the International Tuberculosis Campaign. BCG vaccination will in the future be more closely linked with general projects for tuberculosis control, such as the demonstration and training centres. Mass campaigns for vaccination are in progress in India and Burma, and projects were started in the last quarter of the year in Indonesia and Thailand.

The main objectives in campaigns against the treponematoses, including venereal diseases, have been (a) the development of permanent teaching centres in each country to train staff in modern methods of control, including clinical, laboratory and social aspects; and (b) assistance to governments in expanding their control work to cover the whole country after suitable personnel have been trained.

In India, following the work of a WHO demonstration and training centre started at Simla in 1949, a permanent training centre more adequately equipped for the purpose was set up at Madras with WHO and national staff. In addition, UNICEF provided equipment and supplies to 16 States to encourage them to start modern programmes for venereal-disease control.

Similar facilities, mainly in association with teaching hospitals, were established in Afghanistan, Burma and Ceylon. In Indonesia, the Government is sponsoring a new institute for teaching and research in the venereal and related diseases, for which WHO provided fellowships and some equipment.

In work against the non-venereal treponematoses, the programmes were directed towards the control of yaws. Projects being carried out in Indonesia and Thailand with the assistance of WHO and UNICEF are now on a scale seldom previously attained in medical history. They have been conducted as mass campaigns in rural areas with field teams under the guidance and supervision of medical officers, and with the active cooperation of the civil administrations. The programmes have been directed by national staff assisted by international personnel. Because of the acute shortage of auxiliary staff, governments are now employing partially trained assistants, who have so far proved keen and reliable. A pilot project with UNICEF assistance was initiated in one State in India.

Penicillin for these projects comes from abroad. Governments have with difficulty met substantial costs of such supplies in spite of the foreign exchange involved. The establishment of a penicillin plant in India, with assistance from WHO and UNICEF, is a step towards making such supplies more freely available in that country. The cost of penicillin is still a grave deterrent to large-scale control programmes.

In the control both of venereal diseases and of yaws, laboratory services are vital. In one instance, a laboratory was developed into a public-health
laboratory offering free services to the medical profession and the public. The simplified serological technique in use in the Region has made it possible to cover a greater part of the population.

In March 1952 an international yaws symposium was convened under the auspices of WHO and UNICEF in Bangkok, at which eminent workers from almost all parts of the world considered such questions as optimum dosage, treatment of contacts, re-surveys, and organization of mass campaigns. To test the efficiency of the new amino salts of penicillin in the treatment of yaws, a "bicillin" estimation test was begun in Indonesia in November. The first part of the test will be an evaluation of the penicillin blood-level duration in patients doing various degrees of manual work after a single injection of the drug. A clinical trial large enough to be of statistical significance is also under way.

Leprosy is endemic in all the countries. In Burma, after a survey in 1951, a WHO specialist has started to organize a leprosy service. In Ceylon, also as a result of a WHO survey, assistance has been requested, and provision has been made for an international team consisting of a leprologist, a pathologist and an occupational therapist to work there for two years starting in 1953. Another consultant will make a survey in Thailand in 1953.

An inter-regional rabies conference and seminar for the Eastern Mediterranean, South-East Asia and Western Pacific Regions was held at Coonoor (India) in July 1952, with discussions and demonstrations of laboratory procedures and of diagnosis and treatment (see page 20). It was attended by 38 Fellows from the three Regions, eleven leaders and seven observers.

The usual epidemiological and vital statistics reports and returns were received. A WHO consultant visited the countries in this Region to recommend how governments could be assisted in developing their health and vital statistics, and at the end of the year his report was receiving consideration. A statistician from headquarters who went to Afghanistan in September submitted proposals for improving the vital and health statistics in that country. Negotiations were started with the Government of India for modifying the course in statistics at the All-India Institute of Hygiene and Public Health, Calcutta, so that it may answer to the regional needs for training in basic public-health statistics.

The construction of the penicillin factory in India was proceeding well at a site at Pimpri (near Poona, in Bombay State). The buildings will be ready to receive equipment early in 1953. The technical advisers provided by WHO arrived and the task of choosing national personnel was well advanced. A suitable training programme was developed, which will provide both scientific training and equally essential training in production. A manual of operating instructions was being prepared.

An order for the equipment required for the establishment of a DDT plant in Ceylon was placed by UNICEF in February. Part of this equipment was manufactured, and many items were ready for shipment, but there was some delay in construction. Arrangements for the setting up of the Indian DDT plant, making use of the industrial facilities already existing in Delhi, are going forward quickly. International personnel to guide the construction work and to supervise technical aspects were provided.

A medical supply officer was appointed about the middle of 1952 to supervise the technical side of the procurement of supplies and equipment for field projects. Requests for the purchase of items totalling US $235,000 were received and processed for procurement from abroad. More and more equipment and supplies are required by the countries of the Region; and it was not always possible to approach bilateral agencies.

Work 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

A public-health adviser continued his work through 1952. His work has proved very useful to the Government, and he has received full co-operation.*

A malaria consultant and an entomologist, together with supplies, have been provided by WHO to assist the Government in its proposed expansion of malaria control to nine new localities with a
population of 700,000 people. The international team completed pre-operational surveys in the Kabul urban area, and control measures have begun. The progress of the project has been satisfactory, and the co-operation of the Government has been good. Some progress was made during the year in setting up a malaria and insect control institute, for which a fine new building was built by the Government. Plans are going ahead to protect two million persons; staff will be provided by WHO and the Government, and the supplies by UNICEF.

A tuberculosis project has been planned and will begin in 1953.*

One paediatric and one general nursing instructor provided for the project for maternal and child health and the control of venereal diseases* have now been posted to the Masturat (Women’s) Hospital, and midwives are being trained at the Shararah Hospital under the direction of the obstetrician and midwifery instructor. An instructor in domiciliary midwifery is being recruited.

The WHO team working on maternal and child health, with supplies from UNICEF, assisted in developing paediatric and obstetric services. A new children’s ward was opened, and attendances in the clinic for sick and well children are increasing; diphtheria immunization continued. The collection of statistics on births and deaths in selected families was started. A new 30-bed maternity hospital was opened in December. Training of nurses and midwives is proceeding.

A model clinic for venereal diseases and an up-to-date serological laboratory were set up in Kabul in 1952, with equipment and supplies from UNICEF. The team has been making continued progress, and plans were made for expanding the venereal-disease control activities outside Kabul. Surveys of the prison population were conducted, and the findings, together with the results of routine examinations in the laboratory, gave a foundation for estimating the extent of the problem in Kabul. The load on the present laboratory is increasing, and an international laboratory technician is being recruited. Co-operation from the Government has been excellent. Training of local personnel is proceeding rapidly.

The start of a project to strengthen a school for male nurses has been delayed by difficulty in recruiting suitable male instructors, and the Government has now agreed to the recruitment of female instructors. Part of the equipment and supplies has arrived.

Sanitary conditions are very unsatisfactory in urban and rural communities, where problems are extremely varied and offer special difficulties. A WHO public-health engineer, assigned to help the Government start training programmes for sanitarians for rural areas, has made surveys, developed designs of sanitary installations for government institutions in Kabul, assisted in the antimalaria and antityphus programmes, and given lectures on sanitation.

In January 1952 a professor of epidemiology and social medicine* was provided for the Faculty of Medicine at Kabul. Teaching equipment and supplies were also sent.

Typhus is particularly prevalent in Afghanistan. The control measures initiated in the winter of 1951-2 with DDT gave very satisfactory results and were being expanded to additional areas. WHO assisted the Government in a campaign, in which 382,832 persons and their clothing and bedding were dusted with DDT powder. No case of typhus occurred in Kandahar, which hitherto had been a hotbed of the disease, and only three in Kabul. The cost of the measures taken was well within the means of the community—0.60 afghanis (approximately US $0.03) per head. To carry on and extend this programme in future years, 172 afghan workers were trained. UNICEF assisted with supplies. The work for the rest of the winter of 1952-3 was organized and will be extended to new areas.

Seven fellowships were awarded, including one* under Technical Assistance.

Burma

During the year the WHO team of three experts and four auxiliaries assigned to Burma in 1951 to help with malaria and insect control operated in Lashio.* Spraying was completed for the first year, and approximately 55,000 people were protected. The results were satisfactory. Of 78 samples of infant blood, none was found positive; a reduction of approximately 98 per cent in the density of Anopheles minimus, the vector, was observed; bedbugs seemed to have totally disappeared and the density of flies was considerably reduced. Some essential laboratory equipment has not yet arrived, and the number of trainees was still insufficient. Plans were developed for extending the project in 1953 to cover 110,000 people.

Work at the tuberculosis demonstration and training centre* at Rangoon, which was begun in
1951 with supplies and equipment from UNICEF, progressed according to schedule during the year. Tuberculin and mass radiography surveys of different age-groups, carried out in Rangoon and Mandalay, showed the very high general morbidity of 2.25 per cent. Local co-operation was extremely good. Preliminary steps were taken during the year to establish the Mandalay Centre, but, as the construction of the building was delayed, this project will start in 1953.

Efforts were continued to find a lecturer in tuberculosis for the Rangoon Medical College.*

The BCG programme in Burma started at the end of 1951, with help from WHO and UNICEF, and children from almost all the schools in Rangoon and Mandalay were vaccinated. The participation of the community was satisfactory. The percentage of returns was very good in the schools (usually between 92 and 95 per cent) and fairly satisfactory in the centres (about 70 per cent). One feature of the project was the close co-operation with WHO-assisted programmes for maternal and child health to secure vaccination of new-born babies in the maternity shelters and hospitals—an important measure in view of the widespread infectivity in Burma. Arrangements were made for continuing this part of the programme after the mass campaign has ended; UNICEF agreed to provide equipment.

The two main handicaps to work on campaigns for BCG vaccination are the scarcity of medical personnel and the disturbed local conditions.

A study of histoplasmin and tuberculin sensitivities among some 3,500 residents of Burma was carried out as a supplement to the venereal-disease serological survey.

In the UNICEF-assisted maternal and child health programme,* working relations with government departments were satisfactory, and in the field close co-operation was established between national and international staff. A paediatrician was assigned to take charge of teaching clinical paediatrics at the Rangoon General Hospital.

At the same hospital a course for nursing instructors was concluded, and the national nursing instructor continued to take over more and more of the responsibilities of the international staff. Medical students in their final year started to attend the paediatric wards, and a formal course in paediatrics for medical undergraduates began in November.

For the Dufferin Hospital in Rangoon WHO planned to assign an international nursing instructor and to help revise the midwifery training course.

Training in general nursing and midwifery was given at the Mandalay General Hospital.* Domiliary midwifery, which has been lacking, is being provided, and refresher courses were given for midwives working outside the hospital. The work progressed reasonably satisfactorily. There was good co-operation between the national and international staff.

A venereal-disease clinic was set up at the Rangoon General Hospital, with assistance from WHO and equipment and supplies from UNICEF, and is carrying a heavy load. The treatment of both male and female patients with venereal or skin diseases is combined in one unit, and the work is integrated with that of small outlying clinics. The personnel trained included physicians, nurses, women health visitors and all grades of the staff of the clinic and laboratory. A serology laboratory was started at the Rangoon General Hospital, and quantitative Venereal-Disease Research Laboratory (VDRL) testing was introduced. A clinic and a laboratory were also set up in Mandalay in mid-July.*

Surveys of prison populations were undertaken at Mandalay, Akyab, Moulmein, Insein, Rangoon and Bassein.

The training of nurses at both Rangoon and Mandalay was started as part of the joint project for maternal and child health and the control of venereal diseases,* for which nine WHO nurses were provided. The nursing work continued satisfactorily and included assistance in basic courses for nurses, midwives, and health visitors, and a post-certificate course in public-health nursing. A committee of national and international nurses was set up to study procedures, and prepared a nursing manual for use throughout Burma.

In addition to the training in nursing given in this maternal and child health programme, provision was made in the regular budget for assisting two schools of nursing outside Rangoon in training in midwifery and paediatrics, but, because of the temporary lack of facilities, work on this project will be begun at the General and Dufferin Hospitals in Rangoon.

A second refresher course for nursing instructors was begun in July, and provision was made for ten students. The Government sent an additional five
students to receive training at its own expense. This course was successfully concluded and proved an economical means of improving nursing education.

With a view to helping the Government to reorganize its leprosy service, train auxiliary personnel and carry out a country-wide campaign against the disease, WHO provided a leprologist, with some initial equipment. This project, which will continue for two years, progressed satisfactorily, full use being made of training facilities.

A short-term consultant sent in June to study the state of nutrition and to advise and assist the Government in planning a nutrition programme made proposals which are before the Government.

A WHO team of 11 medical scientists visited Burma in the early part of 1952 to demonstrate the newer techniques in medical research and teaching. They also discussed, in general, problems in medical education at the university level, and showed how the pre-clinical, clinical and public-health specialists could work together in pursuing common aims.

In October a WHO area representative was appointed and a WHO public-health officer joined the United Nations Social Services Mission to Burma.

Eleven fellowships were awarded, including six under Technical Assistance.

Ceylon

The WHO entomologist assigned in November 1951 to help strengthen the training centre for the control of insect-borne diseases at Kurunegala continued his work. Medical officers, entomologists and sanitary inspectors were now being trained. The scope of the work was limited by the amount of national support that it was found possible to provide. There is a need for more training in entomology and for increased local support for field research studies of practical value. In addition to this training programme, experiments were made in the control of filariasis and head lice and to determine the effective dosage of insecticide for the local malaria vector.

The project in tuberculosis control did not develop according to plan. An international radiographer, provided for Colombo in 1951, trained technical staff in radiography through 1952, and carried out a mass radiography survey in co-operation with local health services. At the end of the year only one local radiographer was fully trained, but two more had started training. UNICEF equipment for the tuberculosis laboratory arrived in Colombo in the early part of 1952, but at the end of the year the temporary premises at Welisara Sanatorium at which this equipment was to be received were not yet ready. It was hoped that the Government might help to set up a demonstration and training centre at Colombo, the main medical teaching centre of the country, on the lines of those successfully established in other parts of the Region, but the authorities could not find suitable premises. They then requested WHO's assistance in establishing a tuberculosis project at Galle. The services of the radiographer will probably be continued through 1953, and also those of the laboratory technician if the buildings are completed at Welisara.

The programme in maternal and child health proceeded satisfactorily. WHO continued to assist by providing routine training for midwives and graduate nurses in maternity nursing: all the staff of the Colombo hospitals trained in midwifery and paediatrics were given refresher courses. A unit for premature infants was organized at the maternity hospital. The paediatric training of student nurses functioned smoothly, and in this work the international staff was able to devote its whole time to teaching and supervising. The appointment of a WHO paediatrician to the Kalutara project was under consideration.

By the end of the year the new venereal-disease clinic set up at the General Hospital in Colombo was well established and equipped. A first ten-week course of full-time instruction for medical officers was begun in June, and a second in September. The team undertook several serological surveys, and routine serological testing of expectant mothers, with which the WHO public-health nurse was actively associated, continued at the Castle Street Maternity Hospital and at the six pre-natal clinics of the Colombo Municipality. The Government has recently appointed a superintendent for this programme. A health education programme in venereal diseases was started in July.

Assistance to the Colombo School of Nursing, for which one nurse instructor was provided, started in October 1951 for the purpose of helping to correlate the theoretical and practical aspects of nursing (in association with the WHO-assisted project in maternal and child health), and also of improving
the training of nurses in Colombo. This work is progressing satisfactorily, and will probably be further assisted in 1953 by the addition of one public-health nurse. The four nurse instructors (two in midwifery and two in paediatrics) attached to the project on maternal and child health are working in close collaboration with the school of nursing.

As there is an acute shortage of trained nurses in Ceylon and the output of the Colombo School is limited, an additional school is needed. A project for establishing one in Kandy with the assistance of WHO was delayed for many months, and the international nursing instructors who arrived in 1951 were not able to start work until 1952 as there was much delay with the construction.*

Work on a health demonstration area was to have started this year,* but the Government withdrew its request.

A hospital dietitian * has been working in Ceylon since September 1951. No understudy had been appointed by the end of 1952.

A WHO health educator * arrived in Ceylon in March 1952 to help in a UNESCO project. The progress of work has been satisfactory and local co-operation good, but again no national under-study has yet been appointed. Activities are also restricted for want of local transport.

WHO has recruited a medico-legal consultant, who will begin work early in 1953, and a specialist in medical-store management, who took up his duties in Colombo in November.

The programme for the construction of DDT plants * (see page 55) has gone very slowly. In view of the recommendations of the Fifth World Health Assembly (resolution WHA5.30), the Government of Ceylon has agreed to transfer this project to the United Nations Technical Assistance Administration.

In March and April of 1952 the same team of 11 medical scientists which went to Burma visited Ceylon. It successfully completed its four-week programme.

Seven fellowships were awarded, including three * under Technical Assistance.

India

In the programme for malaria and insect control in Terai (Uttar Pradesh),* the WHO team continued its work during the year. As FAO's co-operation in transforming this into a joint project to increase food production and raise health standards has been much delayed, it is proposed to hand over to the Government the organization built up for malaria control. The attempt to develop rural sanitation and general health work was not successful. The WHO malaria specialist will be re-assigned to assist the Government to extend its malaria campaign to the whole of Uttar Pradesh State with supplies furnished by the United States Technical Co-operation Administration. The malaria control achieved in this project has been very satisfactory. The Government co-operated well, but was not able to make full use of the training potentialities of the team.

The tuberculosis demonstration and training centre at Delhi,* established with technical help from WHO and equipment from UNICEF, completed its work on 30 September. The training programme was carried out with reasonable success, and the existing scheme for domiciliary care was extended and improved. A wide epidemiological survey was made. The centre at Trivandrum * will be handed over to the local staff at the end of the year. Trivandrum, unlike Delhi, had no existing clinic, but excellent work has since been done there in setting up a model centre. The weakest feature has been the small numbers of doctors, nurses and technicians who have come for training. Laboratory services of high quality were established in both Delhi and Trivandrum. A manual on laboratory methods was compiled by the international staff. Work at the Patna Centre* was initially much delayed by building difficulties but has since progressed.

It was intended during 1952 to assist in setting up demonstration and training centres at Calcutta and Hyderabad and also in establishing a teaching centre for thoracic surgery at Delhi. Unhappily none of these projects was started, because of the difficulty of obtaining suitable buildings.

There was steady progress in the monthly output of work on BCG vaccination carried out by WHO and UNICEF. The monthly average of tests increased from 350,000 during the first quarter of the year to 650,000 during the third quarter. At the beginning of the year three major States were actively engaged in mass campaigns; they are now being carried on in 13 others, with equipment and supplies
provided by UNICEF. The national personnel trained by the international staff comprises 35 doctors and 140 technicians.

For economic reasons, the local medical staff working on this campaign is continually changing and progress is thus impeded. Also, plans drawn up by the medical services of several States in collaboration with international BCG staff have later been drastically altered by the administrations of the States for financial reasons.

The regular training programme in maternal and child health was continued. Refresher courses for health visitors and paediatric nurses were given, and a postgraduate course in public-health nursing was begun for the first time. Matching personnel was appointed late, and the public-health nurse did not have a satisfactory understudy. An integrated programme, combining maternal and child health with nursing, was planned for 1953 in Hyderabad.*

The project for strengthening the department of maternal and child health at the All-India Institute of Hygiene and Public Health, in Calcutta, was almost wholly financed by UNICEF. It will provide training for many types of students from South-East Asia. The new buildings were nearly complete at the end of the year, and recruitment of international staff had started. The first course should begin in June 1953.

Population studies* were carried on in two centres, one in Mysore State and the other in New Delhi. The views of the people were ascertained by surveys, and some interesting basic data were becoming available.

A pilot project for the control of yaws in India was initiated in the State of Madhya Pradesh,* WHO providing one specialist to work with national staff. Field work started in November. UNICEF lent three transports and provided the penicillin. Two other States were expected to join in this project.

To help strengthen the venereal-disease department of the Madras General Hospital, international personnel assigned by WHO arrived during the second half of 1952, and the national director of the programme was appointed. The laboratory service was planned in temporary quarters where it will continue until the new laboratory is completed.

Sixteen venereal-disease serology sets were allocated by UNICEF to the various State governments which had sent teams to be trained in modern methods of venereal-disease control by the WHO demonstration team stationed at Simla. These teams undertook control work in their respective States.

UNICEF has provided the equipment for local cardiolipin production, and WHO has awarded a fellowship* in antigen production.

WHO began to assist the Government in a nursing project in Calcutta* in June. Classes were given in midwifery and equipment was provided. One of the main difficulties encountered was that the limited staff had not time to attend the classes. Additional posts for student nurses were approved, and it was planned to increase the number of trainees. The project in Madras, for which one paediatric nurse was provided, began in November. Recruitment was in progress for the Bombay project. A similar project in Ludhiana will begin in 1953.*

Three-month courses for health visitors and paediatric nurses began in April and July respectively. A one-month course for nursing instructors was held in November. In all, 47 nurses took part in these courses.

WHO again gave some assistance to the Indian Council of Medical Research for its investigation into the epidemiology of cholera.*

An ecologist was assigned by WHO to Uttar Pradesh to study the transmittal of plague infection, the spread from one area to another, and the persistence of outbreaks in certain localities, leading to foci of endemicity. Work started in July and progressed satisfactorily.

Satisfactory progress was also made in the project for the establishment of an antibiotics production plant (see page 54) with assistance from WHO and UNICEF. Construction advanced rapidly and equipment was being procured.*

It is proposed that the DDT plant which is being established (see page 55) should be located in Delhi. UNICEF is providing the imported equipment, and WHO's assistance is planned for three years.*

A principal was recruited for the Medical College in Trivandrum.* A professor of pharmacology, recruited for the School of Tropical Medicine in Calcutta, took up his duties in November,* and a professor of physiological and industrial hygiene, who was recruited for the All-India Institute of

* WHO’s financial support of this activity takes the form of a grant, included under the relevant heading in the budget for headquarters.
Hygiene and Public Health in Calcutta, has also taken up his post.*

Two experts also recruited by WHO started to assist with the establishment of a Physiotherapy School at Bombay.*

Because of delay in starting the project in Burma, the visiting team of medical scientists was delayed for a week in Calcutta, and use was made of their services. Considerable interest was aroused, and at the Government's request a full visit by a similar team was planned for February 1953.

The inter-regional seminar on rabies* held at Coonoor is described above (see page 20).

Thirty-three fellowships were awarded, including 13* under Technical Assistance and 3 administered on behalf of UNICEF.

India, French

Supplies and equipment required for assistance to the medical college were procured and sent to Pondicherry.

One fellowship was awarded.

India, Portuguese

A short-term consultant was provided for a period of four weeks to advise on the lay-out of the mental hospital in Panjim and to organize mental-health work. He submitted his final report, which was being studied by the Government and the Regional Office.

Two fellowships were awarded, including one* under Technical Assistance.

Indonesia

For the project on malaria and insect control,* the WHO team of three experts continued operations in Tjilatjap, on the south coast of Java. The year's spraying was expected to protect about 65,000 people. Making allowance for certain interruptions in the work due to vacancies in the WHO team and other unavoidable circumstances, the progress of the project was satisfactory. Local co-operation was good, but the Government was not able to assign essential understudies to the malarialogist and entomologist. Full use was not made of the training potentialities of the international team.

The activities of the tuberculosis demonstration and training project at Bandoeng* included pilot work on BCG (regular programe).

In maternal and child health, WHO planned to help with the re-establishment of child welfare centres and institutions for women and children and with the training of appropriate personnel.* The team concentrated its efforts on reorganizing the maternal and child health centres in Jogjakarta. Refresher courses for a hundred midwives were given throughout the year. The Government had not appointed a counterpart of the WHO specialist engaged in this work.

Considerable progress has been made in the mass campaign for the control of treponematoses.* A laboratory has been established, and supplies and equipment have been provided by UNICEF. Approximately 182,000 cases of yaws were treated from the beginning of the year to 7 September. A biostatistician assigned for a short period helped to analyse the statistical data. Plans were considered for expanding the yaws campaign. The question of future supplies of penicillin for the programme was under consideration by the Government, the United States Technical Co-operation Administration, UNICEF and WHO.

WHO has helped to strengthen the Nutrition Institute at Jakarta by assigning a medical nutritionist and a biochemist technician.* Assistance will be continued over a period of two years and the work somewhat expanded. FAO is providing a dietitian.

Provision was made for a health educator to be assigned to the UNESCO Fundamental Education Project, but the Government withdrew its request for this assistance, as one of its officers who is at present on a fellowship will be available to carry on the work.

A short-term consultant on plague went to Indonesia in October. He completed his survey and submitted a preliminary report.

The Government requested the services of seven professors for the Faculty of Medicine of Gadjah Mada University, in Jogjakarta. Necessary plans of operation were prepared and sent to the Government.

Thirty-three fellowships were awarded, including 13* under Technical Assistance and 15 administered on behalf of UNICEF.

Thailand

The tuberculosis project in Bangkok* had staffing difficulties, but these were overcome. The new laboratory building was nearing completion and
will provide the same facilities as other tuberculosis demonstration and training centres. Supplies and equipment were provided by UNICEF.

For work on a BCG programme, it was planned to provide one consultant on BCG production for six months,* and one senior adviser and two nurses for two years. This project was delayed by difficulties in recruitment.

In Bangkok, the programme in maternal and child health * was continued throughout the year with the assistance of WHO and UNICEF, and considerable progress was made. The Government provided an excellent building, and work was very well organized. Various groups of students, including medical undergraduates, were in training.

A project to strengthen work in maternal and child health and nursing in rural areas of Chiangmai * progressed slowly, with assistance from WHO and supplies from UNICEF. Health education was a part of the activities. The training of local nurses and midwives was intensified, and progress was made towards providing a maternity ward for the training of midwives at the local provincial hospital. This project should be converted into a rural health demonstration unit early in 1953.*

WHO was also to assist in maternal and child health by providing an integrated programme of school health services in Chachoengsao, for UNESCO’s Fundamental Education Project. This programme should have begun in 1952 but was delayed till the beginning of 1953.*

A programme for the control of the treponematoses,* carried on with the help of WHO and UNICEF, was expanded. Approximately 100,000 cases of yaws were treated from January to October 1952. Mass campaigns were conducted in various places, and training activities were continued. Refresher courses were given to the existing teams. For a short period a biostatistician was assigned to the project to analyze the accumulated statistical data. Sample sera were exchanged. The progress of the work and the cooperation of the people were satisfactory, and full use was made of the training facilities provided by the international team. The Government also co-operated fully in the holding of the international yaws symposium in Bangkok in March 1952 (see page 15).

A filariasis survey conducted by a WHO consultant in 1951 was continued for six weeks in 1952. The Government was considering the recommendations in his report.

The domiciliary training of student midwives was undertaken as part of the maternal and child health programme in Bangkok.* The national chief nurse, in collaboration with the WHO nursing adviser, started work in the newly established Division of Nursing.

A programme for improving environmental sanitation was expected to start in 1952, but was temporarily suspended at the request of the Government. Provision was made for assistance from WHO in 1953.*

Twelve fellowships were awarded, including five * under Technical Assistance.
CHAPTER 14

EUROPEAN REGION

1952 was the first full year of operation of the Regional Organization for Europe, which was established on 3 September 1951. The year has been marked by the necessity of setting up a new organizational structure without interrupting the continuity of the programmes which had been administered by the Special Office for Europe over a period of three years. Some foreseen difficulties were encountered in separating the role of the Regional Office from that of headquarters, particularly because the Regional Office has temporarily been occupying the headquarters building in Geneva.

The Fifth World Health Assembly, after admitting Morocco (French Protectorate) and Tunisia to Associate Membership, assigned these territories to the European Region, pending the results of a study by the Executive Board of the whole question of assignment to Regions. At the request of the Turkish Government, Turkey also was provisionally assigned to the European Region, temporarily suspending its activities in the Region of the Eastern Mediterranean.

In 1952, therefore, the following Members or Associate Members of WHO took part in the work of the Region : Austria, Belgium, Denmark, Finland, France, Germany (Federal Republic), Greece, Iceland, Ireland, Italy, Luxembourg, Monaco, Morocco (French Protectorate), Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, Tunisia, Turkey, the United Kingdom of Great Britain and Northern Ireland, and Yugoslavia. The following did not participate in the work of the Region : Albania, Bulgaria, Byelorussian SSR, Czechoslovakia, Hungary, Poland, Roumania, the Ukrainian SSR and the USSR.

Late in 1951 consultations on future programmes were begun with governments, so that the Regional Committee at its meeting in 1952 was able to consider a first draft of programmes for 1953 and 1954 recommended by the Members of the Region. The process of starting programme planning within the countries concerned has therefore taken an appreciable step forward.

The second session of the Regional Committee was held in Lisbon from 25 to 27 September, and was attended by representatives of 20 Members and Associate Members. Representatives of UNICEF and observers from the Rockefeller Foundation, the International Children’s Centre, the International Union against Venereal Diseases, the International Paediatric Association, the International Hospital Federation, the American College of Chest Physicians, the World Medical Association, the International Council of Nurses, the International Union against Cancer, the League of Red Cross Societies and the Biometric Society were also present.

The committee reviewed the long-term objectives of WHO in Europe and recommended a four-year programme of work to the Executive Board for inclusion in the general programme of the Organization. It examined the programme proposals for 1953 and 1954, with particular reference to regional or inter-country activities, and endorsed a programme to be integrated into WHO’s general programme and budget for these years. The committee noted the resolution of the Fifth World Health Assembly by which, in awarding fellowships for individual studies, the Director-General was requested to give priority to underdeveloped countries, and proposed that this text be reconsidered by the Sixth World Health Assembly. After some preliminary discussion on an additional budget for the Region, the committee decided to postpone this question for study and discussion at its next session.

On the question of the permanent location of the Regional Office the views of all Member Governments will be secured, but, pending the examination of these views at the third session of the committee, the site will be temporarily maintained at headquarters in Geneva.

The work of the International Anti-Venereal Disease Commission of the Rhine was reviewed. Interested governments and the International Labour
MAP 9. EUROPEAN REGION

Work, including joint activities, undertaken in 1952
Organisation will be consulted on the establishment of a commission with wider responsibilities for the health and social welfare of Rhine boatmen and their families.

The committee agreed to hold its third and fourth sessions in Denmark (Copenhagen) and Yugoslavia respectively.

On 1 February 1952, at the ninth session of the Executive Board, Dr. N. Begg was appointed Regional Director for Europe. The structure of the Regional Office was then established, with a planning and operations unit consisting of a Deputy Regional Director together with an administrative assistant and secretarial staff and four regional health officers with responsibilities in the general subjects of public-health administration, maternal and child health, social and occupational health and environmental sanitation. Later in the year the function of administering the fellowships in the Region was assumed by the Regional Office, and four staff members, who are to form the basis of an education and training unit, were transferred from headquarters. Technical Assistance programmes are supervised by a medical officer assisted by health officers specializing in communicable-disease control, health education of the public, and medical library organization, these being the subjects which recur in requests from governments for assistance under the expanded programme during the next two years.

Because services from headquarters were available no attempt was made to organize a complete unit of administration and finance in the Regional Office, but an administration and finance officer, a personnel officer and an accountant were appointed as key members. Except for a public information officer and regional health officers in nursing and mental health, to be appointed early in 1953, the structure of the Regional Office may now be regarded as reasonably stabilized so long as the headquarters of the Region is maintained at Geneva. If it is decided to move, staffing, particularly in the unit of administration and finance, will require complete revision.

In the field, the character of WHO's work in Europe calls rather for short-term than longer-term consultants. Reference has been made in former reports to health officers appointed for two-year terms to serve a number of countries participating in the Technical Assistance programme. For further work in the field, 12 long-term and 42 short-term consultants were appointed.

The only countries in Europe which had begun Technical Assistance programmes during 1951 were Turkey and Yugoslavia. In 1952 basic Technical Assistance agreements were signed with Austria, Finland, Greece and Spain, and requests from Morocco (French Protectorate) and Tunisia were under consideration. The first European Technical Assistance programmes on any scale were thus started during the year.

Co-operation with the United Nations and the specialized agencies continued to be close. With the European Office of the United Nations, there was collaboration on the specific programmes set out in Table I, and effective working relationships were also established, particularly on fellowships—the Regional Office regularly assists in the briefing of United Nations Fellows, and mutual consultation takes place on fields of study touching on health and welfare. With the Economic Commission for Europe, collaboration was established on housing and town planning, and with the United Nations Technical Assistance Administration on the production of antibiotics. Programmes relating to the hygiene of seafarers (including control of venereal diseases) and occupational health were among the subjects discussed with the International Labour Organisation. Close contact was maintained with UNESCO on problems of medical library organization and with FAO on nutrition and the zoonoses. In addition, the Regional Office worked with the Rockefeller Foundation on public-health schools, environmental sanitation and other more specialized topics; participated in the technical advisory committee of the International Children's Centre, Paris, and in its programmes; and co-operated closely with UNICEF on the planning and operating of joint programmes.

In September relations were established with the Council for Europe, with which letters were exchanged providing for mutual consultation and, where necessary, joint action, on all problems of common interest. WHO was represented at the meetings of the Council held during the year.
### 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>Participants and Fellows §</th>
<th>Participating Agencies and Role of Regional Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholism Establishment of Abstract Archives of Alcohol Literature in selected libraries in Europe</td>
<td>2 years 1952-4</td>
<td>—</td>
<td>Belgium, Ireland</td>
<td>—</td>
<td>Regional office provided all back numbers of archives available from University of Yale and current abstracts for initial period of two years</td>
</tr>
<tr>
<td>Anaesthesiology (a) Further basic postgraduate course for anaesthesiologists; held at the Anaesthesiology Centre, Copenhagen †</td>
<td>1 year June 1952-May 1953</td>
<td>Denmark</td>
<td>Austria, Norway</td>
<td>20</td>
<td>University of Copenhagen and regional office, which provided outside lecturers and some teaching equipment</td>
</tr>
<tr>
<td>(b) Training courses for anaesthesiologists; held at the Anaesthesiology Centre, Paris</td>
<td>1 year from 1 Nov. 1952</td>
<td>France</td>
<td>—</td>
<td>—</td>
<td>University of Paris and regional office, which provided technical adviser and some teaching equipment in preparation for courses</td>
</tr>
<tr>
<td>Antibiotics (a) A group training course on the use of antibiotics in the treatment of children; held in Paris †</td>
<td>1 week</td>
<td>France</td>
<td>Austria, Italy</td>
<td>7</td>
<td>International Children's Centre</td>
</tr>
<tr>
<td>(b) Continued training in antibiotic research and production techniques; at Istituto Superiore di Sanità, Rome †</td>
<td>1 year Jan.-Dec. 1952</td>
<td>Italy</td>
<td>Yugoslavia</td>
<td>2</td>
<td>WHO headquarters</td>
</tr>
<tr>
<td>Diseases of Childhood (a) A technical conference of heads of laboratories producing diphtheria and pertussis vaccines; held at Dubrovnik</td>
<td>1 week</td>
<td>Yugoslavia</td>
<td>—</td>
<td>—</td>
<td>WHO headquarters and regional office, which provided experts from European countries</td>
</tr>
<tr>
<td>(b) A group training course on the biological diagnosis of communicable diseases in childhood; held in Paris †</td>
<td>6 weeks</td>
<td>France</td>
<td>Belgium, Germany, Federal Republic, Norway</td>
<td>6</td>
<td>International Children's Centre</td>
</tr>
<tr>
<td>Environmental Sanitation (a) A group training course on engineering in public health; held in London and Birmingham</td>
<td>2 weeks</td>
<td>United Kingdom, Finland, France</td>
<td>Portugal, Switzerland</td>
<td>5</td>
<td>The British Council and the Institute of Civil Engineers</td>
</tr>
</tbody>
</table>

§ Regional fellowships or participants sponsored by WHO
† Although these European inter-country activities were open to participation from other Regions, only European Fellows and participants are recorded in the above table.
**INTER-COUNTRY PROGRAMMES IN EUROPE (continued)**

<table>
<thead>
<tr>
<th>Description of Programme</th>
<th>Duration</th>
<th>Government(s) principally concerned</th>
<th>Other Participating Countries</th>
<th>Participants and Fellows §</th>
<th>Participating Agencies and Role of Regional Office</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Environmental Sanitation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(cont.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(b)</em> A conference of European sanitary engineers on the treatment and disposal of sewage from isolated dwellings; held in London</td>
<td>10 days</td>
<td>United Kingdom</td>
<td>Austria, Belgium, Denmark, Finland, France, Germany, Federal Republic, Greece, Iceland</td>
<td>35</td>
<td>Rockefeller Foundation, WHO headquarters and regional office, which provided a consultant and 4 discussion leaders</td>
</tr>
<tr>
<td><strong>Foster-Home Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A seminar on the health and welfare aspects of foster-home care; held at Oslo</td>
<td>2 weeks</td>
<td>Norway</td>
<td>--</td>
<td>--</td>
<td>United Nations and regional office, which provided 2 lecturers</td>
</tr>
<tr>
<td><strong>Handicapped Adults</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A group training course on rehabilitation of the physically handicapped adult; Scandinavia</td>
<td>2 months</td>
<td>Denmark, Finland, Sweden</td>
<td>Austria, Greece, Italy</td>
<td>28</td>
<td>United Nations, ILO and regional office, which provided 1 consultant</td>
</tr>
<tr>
<td><strong>Handicapped Children</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A group training course on the care of physically handicapped children, for auxiliary medical personnel; held in Paris†</td>
<td>5 months</td>
<td>France</td>
<td>Austria, Portugal</td>
<td>3</td>
<td>International Children’s Centre</td>
</tr>
<tr>
<td><strong>Health Visitors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuation of the pilot study to determine the kind of worker best suited to meet family health and welfare needs</td>
<td>2 years</td>
<td>France</td>
<td>United Kingdom</td>
<td></td>
<td>Rockefeller Foundation and regional office, which provided the technical adviser and the services for the technical advisory committee</td>
</tr>
<tr>
<td><strong>Homeless Children</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A seminar on homeless children; held in London†</td>
<td>10 days</td>
<td>United Kingdom</td>
<td>Finland, Greece, Italy</td>
<td>3</td>
<td>International Children’s Centre</td>
</tr>
<tr>
<td><strong>Malaria</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Further training course combining laboratory and field work in malaria; held at Lisbon</td>
<td>10 weeks</td>
<td>Portugal</td>
<td>Belgium, France (and Algeria), Greece, Morocco, (French Protect.), Spain, Tunisia, Yugoslavia</td>
<td>11</td>
<td>Institute of Malariology and regional office, which provided 2 lecturers</td>
</tr>
</tbody>
</table>

§ Regional fellowships or participants sponsored by WHO

† Although these European inter-country activities were open to participation from other Regions, only European Fellows and participants are recorded in the above table.
### INTER-COUNTRY PROGRAMMES IN EUROPE (continued)

<table>
<thead>
<tr>
<th>Description of Programme</th>
<th>Duration</th>
<th>Government(s) principally concerned</th>
<th>Other Participating Countries</th>
<th>Participants and Fellows §</th>
<th>Participating Agencies and Role of Regional Office</th>
</tr>
</thead>
</table>
| **Mental Health in Childhood**  
(a) A seminar on child psychiatry for Scandinavian countries; held at Lillehammer | 2 weeks | Norway | Denmark, Finland, Iceland, Sweden | 20 | United Nations and regional office, which provided a consultant and 6 lecturers |
| (b) A summer school on mental health and child development; held at Chichester † | 3 weeks | United Kingdom | Austria, Belgium, Denmark, Finland, France, Germany, Federal Republic, Greece, Ireland, Italy, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland | 38 | World Federation for Mental Health and regional office, which participated in organizational costs |
| (c) A conference on education and mental health of children; held in Paris | 3 weeks | France | — | — | UNESCO and regional office, which provided 5 of the discussion leaders |
| **Occupational Health**  
(a) A group training course in industrial medicine; held at Manchester and Birmingham † | 3 weeks | United Kingdom | Austria, Belgium, Denmark, Finland, Germany, Federal Republic, Ireland, Monaco, Netherlands, Norway | 11 | The British Council |
| (b) A seminar on occupational health and its relationship to organization of health services; held at Leyden | 10 days | Netherlands | Denmark, Finland, Germany, Federal Republic, Iceland, Ireland, Norway, Sweden, Switzerland | 41 | ILO and regional office, which provided seminar organizer and 16 lecturers |
| **Premature Infants**  
A group training course in the care of premature infants for physicians and nurses; held at the Ecole de Puériculture, Paris | 3 months | France | Italy, Yugoslavia | 22 | International Children's Centre |
| **Preventive Medicine**  
A conference of professors of hygiene of European countries on undergraduate teaching of preventive medicine; held at Nancy | 1 week | France | Austria, Belgium, Denmark, Finland, Germany, Federal Republic, Greece, Iceland, Ireland, Italy, Portugal, Spain, Sweden, Switzerland, Turkey, Yugoslavia | 19 | WHO headquarters and regional office, which provided 4 discussion leaders and 5 senior public-health administrators |

§ Regional fellowships or participants sponsored by WHO  
† Although these European inter-country activities were open to participation from other Regions, only European Fellows and participants are recorded in the above table.
### Description of Programmes

<table>
<thead>
<tr>
<th>Description of Programme</th>
<th>Duration</th>
<th>Government(s) principally concerned</th>
<th>Other Participating Countries</th>
<th>Participants and Fellows §</th>
<th>Participating Agencies and Role of Regional Office</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public-Health Administration</strong>&lt;br&gt;Continuation of a study of certain aspects of public-health administration in European countries for senior health officers</td>
<td>1 month</td>
<td>France, Norway</td>
<td>Austria, Belgium, Denmark, Finland, Germany, Federal Republic, Greece, Iceland, Italy, Luxembourg</td>
<td>Netherlands, Portugal, Spain, Sweden, Switzerland, Turkey, United Kingdom, Yugoslavia</td>
<td>19</td>
</tr>
<tr>
<td><strong>Public-Health Training</strong>&lt;br&gt;Three meetings of government representatives to prepare training courses in Scandinavian countries on public health; held in Copenhagen and Göteborg</td>
<td>3 meetings</td>
<td>Denmark, Sweden</td>
<td>Finland, Iceland, Norway</td>
<td>—</td>
<td>Regional office and Rockefeller Foundation</td>
</tr>
</tbody>
</table>
| **Social Case-Work**<br>
(a) A seminar on the techniques of social case-work for welfare workers; held at Geneva | 10 days | Switzerland | — | — | United Nations and regional office, which provided 1 lecturer |
| (b) An advanced seminar on the teaching and supervision of social case-work; held at Helsinki | 2 weeks | Finland | — | — | United Nations and regional office, which provided 1 lecturer |
| **Social Paediatrics**<br>A group training course on social paediatrics; held in Paris † | 3 months | France | Denmark, Portugal, Spain, Switzerland | 4 | International Children’s Centre |
| **Thoracic Surgery**<br>A group training course on some aspects of chest surgery; held at Groningen † | 3 weeks | Netherlands | Austria, Belgium, France, Germany, Federal Republic, Iceland | 10 | University of Groningen |
| **Veneral Diseases**<br>(a) Continued work by the intergovernmental commission established to control venereal diseases among Rhine River boatmen and their families | 3 years | Belgium, France, Germany, Federal Republic, Netherlands, Switzerland | — | — | WHO headquarters, ILO and regional office, which provided services for a meeting of the International Anti-Venereal Disease Commission of the Rhine and supplies of information folders |

§ Regional fellowships or participants sponsored by WHO

† Although these European inter-country activities were open to participation from other Regions, only European Fellows and participants are recorded in the above table.
Venereal Diseases (cont.)

(b) Continued work in the port demonstration and training centre situated in the Port of Rotterdam to deal with the control of venereal disease among seafarers. Five groups of experts studied particular problems in preparation for international training courses.

(c) Third annual seminar on TPI test and new immunological aspects of syphilis; held at Marseilles

Zoonoses

A seminar on the zoonoses including brucellosis, leptospirosis, Q fever, rabies and bovine tuberculosis; held at Vienna

<table>
<thead>
<tr>
<th>Description of Programme</th>
<th>Duration</th>
<th>Government(s) principally concerned</th>
<th>Other Participating Countries</th>
<th>Participants and Fellows §</th>
<th>Participating Agencies and Role of Regional Office</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Venereal Diseases (cont.)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>WHO headquarters and regional office, which provided a medical officer, contributed to the operational costs of the centre and supplied it with teaching equipment. The regional office also financed the study groups and provided experts to lead them</td>
</tr>
<tr>
<td>(b) Continued work in the port demonstration and training centre situated in the Port of Rotterdam to deal with the control of venereal disease among seafarers. Five groups of experts studied particular problems in preparation for international training courses</td>
<td>3 years 1951-4</td>
<td>Netherlands</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>(c) Third annual seminar on TPI test and new immunological aspects of syphilis; held at Marseilles</td>
<td>3 days</td>
<td>France</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Zoonoses</strong></td>
<td></td>
<td>Austria</td>
<td>Belgium</td>
<td>Morocco</td>
<td>34</td>
</tr>
<tr>
<td><strong>A seminar on the zoonoses including brucellosis, leptospirosis, Q fever, rabies and bovine tuberculosis; held at Vienna</strong></td>
<td>1 week</td>
<td>Austria</td>
<td>Belgium</td>
<td>Morocco</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Denmark</td>
<td>(French Protect.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Finland</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>France</td>
<td>Netherlands</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Germany, Federal Republic</td>
<td>Spain</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Iceland</td>
<td>Sweden</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ireland</td>
<td>Switzerland</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Italy</td>
<td>Tunisia</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Turkey</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yugoslavia</td>
<td></td>
</tr>
</tbody>
</table>

§ Regional fellowships or participants sponsored by WHO

† Although these European inter-country activities were open to participation from other Regions, only European Fellows and participants are recorded in the above table.

General Review of Work in the Region

Since the countries of Europe are generally at a stage of technical development permitting advances in a large number of health fields, it was necessary, early in the life of the Regional Office, to lay down a set of principles for the action of WHO in Europe—the most suitable ways in which international help could be given. At the second session of the Regional Committee, it was agreed that the Organization’s most important roles were in the co-ordination of policies on common health problems, the exchange of information, the study of different patterns of health services, and the promotion of professional education and training. The further role of giving direct assistance to countries economically
retarded was related to these without too much difficulty.

Any description of what has been done along these lines in a single year must be considered in conjunction with the information in previous reports. For example, most of the inter-country activities set out in Table I and many of the activities of individual governments mentioned in the second part of this chapter are only steps in the continuous development of health programmes in Europe.

Regular Programme

Programmes financed by the regular budget have included some studies in broad medico-social fields, such as the study of the needs of the family now being conducted in England and France. Some work has also begun in such more special technical fields as the psychological development of the child. Much more will need to be done in the future to study problems in this way before embarking on international action.

The co-ordination of health policies has involved thus far the establishment of one regional commission, the International Anti-Venereal-Disease Commission of the Rhine mentioned above, and this type of activity, too, requires development.

During the year, regional technical conferences, seminars, etc. were conducted on a wide variety of topics. In Europe such programmes have now advanced to a point where it is becoming urgently necessary to define terms such as “seminar”, “study group”, “symposium” and “training course”, and to state clearly the objectives of bringing health personnel together around a conference table—a point emphasized by the Regional Committee. A technical conference or a seminar has an immediate impact on the participants which is usually appreciable. In addition it offers opportunities to bring professional groups together as a team, for example public-health engineers with public-health officers, industrial health officers with public-health officers, paediatricians with child psychiatrists, and medical officers with veterinarians. To estimate the long-term value of such activities is less easy, but there was evidence during the year that seminars and conferences were being planned by governments on a national level to follow up those sponsored jointly by a number of countries. WHO may be expected from time to time to assist in such follow-up activities.

Professional education and training continued to be basic to the European programme. Group training courses, assistance to public-health and other training institutions, and individual fellowships have all been complementary parts of the same programme, the broad objectives of which were set out in the Annual Report for 1951 and need not be repeated here. Many examples will be found in Table I and in the reports on individual countries. Like regional conferences, group training offers opportunities for assembling a team of health personnel, each member of which is responsible for special aspects of a total programme—for example, in the management of the physically handicapped child. In order to evaluate the results of group training it is necessary to estimate the ability of the individuals so trained to function together as a team after the internationally sponsored training course is completed. Secondly, several types of training are included in the term “fellowship”, and there is a need for a standard terminology to differentiate between the various activities under this heading: individual or group studies designed to provide basic undergraduate or post-graduate training, and short study tours or participation in conferences, seminars or symposia.

Sets of the Yale University Abstract Archives of Alcohol Literature, which consist of abstracts printed on coded and punched cards and dealing with all aspects of the problem of alcoholism, were ordered at their request for Belgium, Denmark, Finland, France, Germany, Ireland, Norway, Sweden, Switzerland and Yugoslavia.

Technical Assistance Programme

The programmes in Europe financed by Technical Assistance funds are naturally less extensive than in other Regions, but such programmes were in full operation during the year in Yugoslavia and were starting in Austria, Finland, Greece, Turkey and Spain. Most of these programmes were planned within a broad public-health framework, international assistance being given to certain elements. Europe offers particular possibilities for integrated activities of this kind not only within national health pro-
grammes, but also in relation to the international assistance provided by ILO, FAO, and other interested agencies.

Like the regular programmes, Technical Assistance programmes in Europe have been oriented towards meeting the need for more and better-trained health personnel of all categories.

In 1952 programmes have been continued in the control of communicable diseases, in mental health, in public-health administration and in maternal and child health, while a new feature in the year has been the developments in occupational health which are essential to the advancing industrialization of many European countries. Work in environmental sanitation has expanded to include preliminary studies of a number of topics arising out of the annual conferences of public-health engineers, such as the development of a glossary of agreed terms and studies of standards of water purity. Preparations were also being made for a symposium on insect control and for specialized training in such subjects as insect control, food sanitation and waterworks management. Nursing has suffered from activities of too sporadic a character, a tendency which it is hoped to correct by the appointment of a health officer for this subject in 1953; good progress was made, however, towards convening a second conference of European nurses for 1953, and some improvement took place in facilities for the training of nurses both in groups and by the award of individual fellowships. Health education of the public is now an integral part of many of the Technical Assistance programmes, and the first conference of European health educators was prepared during the year by a consultant specially engaged for the task.

Medical library organization has hitherto received insufficient attention in programmes for assistance to national training institutions. Considerable progress was made in remedying this situation during the year, particularly in countries which had requested this service as part of the Technical Assistance programme. Small libraries were provided wherever appropriate, in conjunction with group-training courses and seminars, a service highly appreciated by the participants.

Work 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.

This section of the Report is restricted to activities actually carried on inside each country; the participation of governments in the inter-country programmes has already been recorded in Table I and will not necessarily be mentioned here; the number of fellowships awarded is shown in Annex 16.

In the Annual Report for 1951, reference was made to the technical advice given by WHO in connexion with UNICEF supply programmes in Bulgaria, Czechoslovakia and Poland. Although the Regional Office continues to advise on such of those programmes as are not yet completed, the WHO liaison officer attached to the European Headquarters of UNICEF has not visited the countries concerned since late 1950. Consequently, separate reports on the progress of UNICEF supply programmes in these countries are not given for 1952.

Austria

A plan of operations was signed during the year for a comprehensive programme of WHO assistance* in tuberculosis control, venereal-disease control, serum and vaccine production, environmental sanitation and penicillin production. The plan also provides for the development of a new school of public health (Sozial-Medizinische Akademie) in Vienna and for assistance to the medical faculties of Vienna, Graz and Innsbruck, including medical library organization. WHO helped to plan appropriate elements of these programmes jointly with UNICEF. UNICEF continued to provide streptomycin for the treatment of miliary tuberculosis and tuberculous meningitis, and WHO provided a consultant to help in planning serum and vaccine production for which UNICEF is to provide equipment.
The Government acted as host for a European seminar on the zoonoses. Eighteen countries in the Region sent medical and veterinary officers to this seminar, at which leading experts gave demonstrations of laboratory diagnosis and production of biologicals for brucellosis, leptospirosis, Q fever, rabies and bovine tuberculosis. The proceedings of the seminar will include a short survey of the situation in Europe regarding these five diseases common to human beings and animals.

A WHO consultant visited Austria to discuss the next steps in the programme for handicapped children, for which supplies were received from UNICEF during the year. The plan is to establish a new, self-contained centre for such children; WHO will co-operate with UNICEF by providing experts and fellowships, under its regular programme. General work for maternal and child health is to be similarly expanded, and a physiotherapist provided by WHO visited Austria in the autumn to advise on physical exercises in connexion with childbirth.*

Recommendations of the WHO/FAO nutrition team which visited Austria in 1951 were given effect in dietary surveys and the setting up by the Government of a special panel for international liaison on nutrition problems. A central agency for nutrition was also proposed.

The juvenile epilepsy centre in Vienna received an electro-encephalograph provided by UNICEF, and a WHO consultant assisted in its utilization. A staff member of the centre who was awarded a WHO fellowship completed his studies during the year.

The development of a school of public health in Vienna is still in the planning stage, but a WHO expert in medical library organization assisted in planning the basic library for the school, and in improving the libraries of the Viennese Society of Physicians (Gesellschaft der Ärzte) and the Obersteiner Library at the Neurological Institute (Verein für Psychiatrie und Neurologie), both important reference centres for all Austria.*

Individual fellowships were awarded for studies in public health, tuberculosis, venereal-disease control, environmental sanitation, and maternal and child health.

Belgium

Belgium was represented at the second session of the International Anti-Venereal-Disease Commission of the Rhine, held in Strasbourg, and has invited the Commission to hold its third session in Belgium.

Individual fellowships were awarded to Belgium under the regular programme during the year. The participation of Belgium in the inter-country programmes is shown in Table I.

Denmark

A country-wide survey of morbidity in the adult population was initiated by the Danish National Health Service in 1951, with the aim of providing detailed information on the nature and duration of non-reportable diseases and on admissions to hospitals. The relation between social conditions and illness forms an important aspect of the study, which has the support of the Rockefeller Foundation. WHO is interested in the international aspects of this survey and helped with it in various ways during the year, notably by a visit from one of the experts who made a survey of sickness studies in England, and by providing two fellowships for Danish nationals to enable them to observe similar work in other countries.

Denmark continued to show interest in the medico-social problems of alcohol during the year; a Danish applicant was awarded an individual fellowship for study of the treatment of alcoholics.

The anaesthesiology training centre in Copenhagen was in its third year. The third basic course, which began on 2 June 1952, was preceded by a short course on the organization of anaesthesiology departments. This centre has not only been a stimulus to the national health services, but has created interest in modern anaesthesiology in many countries where its development has been retarded for one reason or another. A feature of the third training course was the increasing teaching responsibilities which were assumed by Danish instructors, backed by international lecturers and instructors provided by WHO. WHO instructors were assigned for shorter periods than in the first and second courses.

The first meeting of a preparatory committee established to develop public-health training courses for the Scandinavian countries was held in Copenhagen. WHO and the Rockefeller Foundation took part in the work of this inter-governmental committee, which met subsequently in Göteborg and drew up the final plans for the first training course, to be given in 1953. Denmark also offered to act
as host for a part of the course, on the rehabilitation of the handicapped adult.

Denmark participated in the inter-country programmes summarized in Table I, and was awarded individual fellowships for study in maternal and child health, medical education, surgery and pharmacology, as well as the fellowship in alcoholism already mentioned above.

**Finland**

During the year Finland signed a plan of operations for a comprehensive programme in many aspects of communicable-disease control, public health, nursing, environmental sanitation, social and occupational health, maternal and child health, mental health, and education and training. Fifteen fellowships were awarded in communicable diseases, public health, nursing, and social and occupational health.

The Pori district was selected for an intensive epidemiological and statistical study of the entire population in relation to tuberculosis control. An epidemiologist and a statistician visited Finland in connexion with this project.

A statistical follow-up of the programme for the control of congenital syphilis, carried out jointly by WHO and UNICEF in 1950 and 1951, was arranged, and the expert who was assigned this task was also able to assist in the reorganization of the general services for vital and health statistics, which included the establishment of national training courses.

While visiting Finland, a WHO consultant assisted in planning an expanded programme of health education of the public.

By the end of the year, equipment provided by UNICEF had arrived to strengthen institutions caring for physically handicapped children, and the Finnish Government is constructing a new gymnasium where part of this equipment will be used. This assistance was followed up by the visit of a WHO consultant.

The milk programme supported by WHO and UNICEF made progress during the year, with the establishment of pasteurization and bottling plants. Milk sanitation is now being supervised in the whole of the country, and an intensive education programme on the use of safe milk has been initiated, in connexion with which public-health nurses are receiving special training. As a result of these measures a fall in mortality from infant diarrhoea and enteritis all over the country has been observed. Research work on the relationships between the quality of milk and infantile diarrhoea is going forward at the children’s clinics in Helsinki. One fellowship in child nutrition and five fellowships in other fields of child health were awarded during the year.

Two fellowships were awarded to a physician and a nurse for the study of mental health services for industrial workers. Plans were developed for WHO to use the excellent training facilities at the Institute of Industrial Hygiene in Helsinki for the training of students from other countries, and a consultant advised on general aspects of industrial health, including medical inspection of factories.

Finland acted as host for part of the course on the rehabilitation of the physically handicapped adult referred to in Table I.

An expert visited Finland, mainly to advise on national training in environmental sanitation, which it is proposed to link up with the Scandinavian training courses in public health referred to in Table I; a further visit was planned for 1953. Two individual fellowships in environmental sanitation were awarded to a medical officer and an engineer, who will become teachers in the national training courses.

Assistance was given for a project to unify two large and several smaller library collections into a central medical-school library, to be established near the Meilahti Hospital and the Institute of Industrial Hygiene, and two trainees were selected for study abroad. The improvement of the library facilities at the medical University of Turku and at the Institute of Industrial Hygiene was also agreed upon as an essential part of the development of national training institutions.

Finland participated in the inter-country programmes as shown in Table I.

**France**

During December, a conference on the undergraduate teaching of preventive medicine was held in Nancy. It was attended by professors of hygiene...
Selected discussion leaders introduced the topics of training content, methods and procedures in teaching, and collaboration within the medical faculty and between the medical faculty and other institutions. This conference was planned as the first of a series of regular meetings where European professors of hygiene and directors of schools of public health will examine training methods in relation to present needs. A second conference, on postgraduate teaching, is being arranged for April 1953 in Göteborg, Sweden.

The demonstration and training area in rural public health described in previous Annual Reports continued to be developed in the Soissons area during the year. The services of a statistician were provided by WHO, in view of the importance of such studies in rural areas for international health work.

The regional health officer in maternal and child health accompanied a French expert in surveying the programme for premature infants sponsored jointly by WHO and UNICEF. The arrival of supplies has permitted the expansion of facilities, for which hospital administrations are offering additional financial support. The programme for the care of premature infants has stimulated the establishment of a network of facilities throughout the country, the training of more personnel, and the scientific studies now being carried out in some of the larger centres. Three fellowships were awarded for studies on prematurity in European countries, and two others for more general study in maternal and child health.

The return of trainees from study abroad marked a further stage in the development of child-guidance work in France.

The Deputy Regional Director visited Algeria for general programme discussions, and a WHO consultant co-operated with Algerian experts in planning an expanded programme of trachoma control.

A centre for advanced training in anaesthesiology was inaugurated in November at the University of Paris. By providing a technical adviser, WHO helped in the development of this centre, which in due course will augment international training facilities in anaesthesiology in Europe. A fellowship was granted to a member of the teaching staff.

Senior health officers from 19 European countries formed a study group on public-health administration. This group visited areas in the country typifying different health problems and services. This is part of a long-term programme which was first referred to in the Annual Report for 1951.

The second meeting of the International Anti-Venereal-Disease Commission of the Rhine took place in Strasbourg, where the commission set itself some additional tasks designed to control these diseases along the Rhine river. The composition of the commission is set out in Table I.

Continued progress was made during the year in the study of the health and welfare needs of the family unit, for which facilities have been provided since 1951 by France and the United Kingdom. The principal part of the French study was completed during the year.

Close contact between WHO and the International Children's Centre ensured the co-ordination of work, particularly in training. WHO provided 23 fellowships for attendance at symposia and training courses sponsored by the centre, which, at the request of WHO, also organized a special course in the care of premature children. This course was attended by 18 doctors and nurses from Italy and four from Yugoslavia.

France participated in the inter-country programmes set out in Table I. In addition, individual fellowships were awarded for studies in medical statistics, blood transfusion, medical social services, rehabilitation, cancer, tuberculosis, maternal and child health (already mentioned above), epidemiology, environmental sanitation and mental health.

**Germany, Federal Republic**

A WHO consultant visited Germany and discussed with appropriate professional groups the European conference of health educators planned for 1953. A similar visit was paid by a WHO consultant in nursing to help in preparing a regional conference of public-health and hospital nurses.

UNICEF equipment was distributed to six institutions caring for physically handicapped children, and a consultant discussed with the authorities the need for a training course in this subject to follow
up the one which was sponsored by WHO and the United Nations, including UNICEF, in 1951.

Germany contributed one of the discussion leaders to the 1952 European conference of sanitary engineers, and was awarded one individual fellowship for study in environmental sanitation.

Information on the participation of the Federal Republic of Germany in the inter-country programmes is contained in Table I. In addition, 11 fellowships were awarded for studies in public-health administration, anaesthesiology, maternal and child health, venereal diseases, mental health and virus diseases, and in environmental sanitation as mentioned above.

Greece

A plan of operations was drawn up with Greece during the year to cover its participation in the expanded Technical Assistance programme. Effort is being concentrated on tuberculosis control, and, to a lesser extent, on other communicable diseases and national training institutions.

The first two members of the WHO team in tuberculosis control took up their work and during the latter part of the year some progress was made with this programme, which involves the establishment of regional control areas.* Two fellowships were awarded for attendance at the tuberculosis demonstration and training centre at Istanbul which had been previously established in co-operation with WHO.

A consultant microbiologist visited Greece to advise on the public-health laboratory services, and seven fellowships were awarded in port sanitation, trachoma control, laboratory services, nursing, quarantine and bacteriology.*

After a regional health officer had discussed with the Government the general problems which confront the School of Hygiene in Athens, a consultant in medical library organization assisted in choosing a trainee for the important library in this school.* The selection of additional candidates for training in medical library organization was also discussed as part of a programme to strengthen national training institutions.

The programme for handicapped children was somewhat expanded during the year, and the first expert provided by WHO began his work. At the end of the year three Fellows started their training abroad and UNICEF supplies will arrive on their return. The United Nations and ILO also collaborated in this programme.

A similar expansion of programmes for maternal and child health involves the provision of mobile services for rural areas,* to be attached to permanent health centres in Thessaly. A WHO consultant in social paediatrics visited the country at the end of the year.

Iceland

Iceland participated in the inter-country programmes listed in Table I, and was a member of the inter-governmental committee to plan the Scandinavian training courses in public health. In addition, two individual fellowships were granted for studies in mental health and nursing.

Ireland

The inter-country programmes in which Ireland took part are shown in Table I. Six fellowships were granted for studies in public-health administration, tuberculosis, mental health and nursing.

Italy

The programme for the control of syphilis and tuberculous meningitis, sponsored initially by WHO and UNICEF, continued during the year under the auspices of the Government.

A consultant visited the country to follow up the programme of care for physically handicapped children with which WHO had assisted in 1951. Centres to be provided with supplies by UNICEF were agreed on, and plans were made for the continued training of personnel in the centres selected.

The national plan for the care of premature infants made good progress during the year. Seven centres in Genoa, Milan, Florence, Rome and Naples were equipped with supplies by UNICEF. Later it is planned to establish 14 more centres. A combined team of 18 physicians and nurses took a special training course at the Ecole de Puériculture in Paris (Table I).

The possibility of Italy's acting as host for a 1953 seminar on occupational health in Milan was discussed. Preliminary plans were also made to use the facilities available in the scientific institutions of Italy for studies on problems of insect control.
A new school of public health, which WHO will help to develop, was established in Rome. It is planned to provide fellowships for members of the teaching faculty at a later stage, and visiting lecturers. During the year WHO began to provide the school with teaching equipment and medical literature.

The inter-country programmes in which Italy took part are shown in Table I. In addition, individual fellowships were granted for studies in public-health administration and nursing.

**Luxembourg**

Luxembourg took part in the study of certain aspects of public-health administration in Europe organized for senior health officers (Table I).

**Monaco**

Monaco participated in the group training course in industrial medicine held in Birmingham and Manchester (Table I).

**Morocco (French Protectorate)**

After the admission of Morocco (French Protectorate) to associate membership of the Organization, the country was visited for discussions with the Government on programmes. The plans agreed on included the expansion of work in trachoma control,* which will be carried out with the joint assistance of WHO and UNICEF. The latter has already made funds available for supplies.

The French Protectorate of Morocco participated in the malaria training course in Lisbon and the seminar on zoonoses in Vienna (Table I).

**Netherlands**

After its official opening in December 1951, the Rotterdam port demonstration and training centre went through a year of intensive preparation for international training courses in maritime venereal-disease control, to be given in 1953 and 1954. Experts from maritime nations throughout the world cooperated with five study groups of national experts in laying foundations for these courses, which will cover all aspects of the treatment, laboratory investigation, contact tracing and health education necessary for fighting venereal diseases amongst seafarers. Fellowships have been offered to maritime nations in all the Regions of WHO to enable them to send students to attend the training courses.

A regional health officer visited the Netherlands to plan a co-operative programme with the Institute of Preventive Medicine in Leyden for providing international training in public health.

An outcome of the 1950 Noordwijk conference of public-health nurses was a national conference on health education which took place during 1952. Staff members from headquarters and the Regional Office attended, and WHO also helped in the organization of a reference library for the participants.

The University of Groningen gave again, but in a more condensed form, the training course in thoracic surgery in which WHO had collaborated in 1951. Some of the trainees were enabled to take the course this year by being awarded WHO fellowships.

The first seminar on occupational health sponsored by WHO was organized in Leyden during the year, with the co-operation of ILO. Participating countries sent groups of up to six persons representing various aspects of the subject. Because of the wide range of interest, the seminar has been organized in two parts: at Leyden it was conducted in English, but it is planned to hold it again for French-speaking participants, probably at Milan in 1953.

The participation of the Netherlands in inter-country programmes is shown in Table I. Individual fellowships were awarded in tuberculosis, sickness insurance, endemic goitre, hospital organization, maternal and child health, mental health, nursing, public-health administration, nutrition, and communicable diseases.

**Norway**

Senior health officers from 18 countries of Europe visited Norway to study public-health administration there. After a preliminary discussion on the structure and functions of the Directorate of Health, the participants divided into groups to see representative areas of the country and their associated health problems and services before re-assembling for final discussion. This study group was in its second year of work and has visited Sweden, Scotland, Belgium, Norway and France, in that order. It has the long-term objective of fostering the exchange of experience and ideas among senior health officers on health problems and practices in Europe. Its next meeting is planned for 1954.
Earlier in the year, Norway acted as host for a seminar on child psychiatry, in which a faculty of international experts met teams of participants from all the Scandinavian countries for lectures and discussions over a period of two weeks. The Government immediately followed this up by organizing a national seminar on the same lines later in the year.

As part of the development of national training institutions, plans were made during the visit of a medical library consultant for the distribution of medical literature provided by WHO; the greater part of this literature will go to two important teaching hospitals in Oslo. Norwegian librarians expressed interest in the adoption of a uniform medical classification scheme, and a WHO expert lectured on this subject at a meeting of the Norwegian Library Association.

Norway participated in the inter-country programmes described in Table I, and, in addition, was awarded individual fellowships for study in geriatrics, hospital administration, public-health administration, tuberculosis, and nursing.

**Portugal**

The Government again offered facilities for the same type of summer training course in malaria control as the one described in the Annual Report for 1951. Eleven WHO Fellows, including participants from territories of North Africa, attended.

A WHO consultant visited the country to discuss with the Government and interested professional groups the character of a regional conference on nursing planned for 1953.

Portugal took part in the inter-country programmes (Table I), and was awarded individual fellowships for study in bacteriology, brucellosis, venereal-disease control, nutrition and public-health administration.

**Spain**

The initial stages of the Technical Assistance programme in Spain concentrated on the control of the zoonoses, particularly Q fever, brucellosis and rabies. Two short-term consultants on zoonoses visited the country* and two fellowships were granted, including one for attendance at the WHO-sponsored rabies working conference held in the Pasteur Institute at Coonoor, India. Equipment and supplies were furnished for this programme.

Consultants in nursing and health education of the public visited Spain during the year to discuss the regional conferences in these subjects planned for 1953.

Spain's participation in the inter-country programmes is shown in Table I.

**Sweden**

An inter-governmental committee met in Copenhagen and Göteborg to decide which aspects of public health should be most emphasized in the training programme for the Scandinavian countries. The first course, which will be given in Göteborg in July and August 1953, will accommodate about 20 Scandinavian Fellows and will concentrate on epidemiology, statistics and environmental sanitation. A medical library consultant visited Göteborg to advise on the provision of special medical literature for the trainees; this service will be handled by the medical-school library.

Sweden offered the facilities of her institutions for a training course in the rehabilitation of the handicapped adult, which was sponsored by the United Nations with the collaboration of WHO and ILO. The course was conducted consecutively in Sweden, Finland and Denmark, and was attended by teams from other countries, aided by the fellowship programmes of the participating agencies.

Sweden took part in inter-country programmes (Table I) and was awarded nine individual fellowships for studies in mental health, nursing, public-health administration, venereal-disease control, physiotherapy, and social and occupational health.

**Switzerland**

A WHO consultant discussed with the Government the 1953 regional conference on nursing and the possibility of holding it in Switzerland.

Switzerland's participation in the inter-country programmes is shown in Table I. In addition, individual fellowships were awarded for studies in surgery and tuberculosis.

**Trieste (Zone A)**

At the request of the authorities and after consultation with the United Nations, WHO approved a fellowship programme for Trieste.* During the year seven individual fellowships were awarded for
studies in maternal and child health, nutrition, mental health, cardiology, cancer, and anaesthesiology.

A WHO expert revisited Trieste (Zone A) in connexion with the tuberculosis problem amongst refugees described in the Annual Report for 1951. He found that it had been possible to put most of the previous recommendations into effect and that, although tuberculosis was still a major public-health problem, the situation had substantially improved.

**Tunisia**

After the admission of Tunisia as an Associate Member of the Organization, the country was visited for discussions with the Government on the possibility of WHO's assisting with a comprehensive public-health programme.* In this programme special attention will be given to the control of tuberculosis and trachoma, health education, maternal and child health, and environmental sanitation. A WHO consultant has helped to plan the programme in trachoma control, and UNICEF funds are available for equipment and supplies.

Three individual fellowships were awarded for studies in public-health administration and tuberculosis, and Tunisia participated in the malaria training course in Lisbon (Table I).

**Turkey**

In consequence of the decision to assign Turkey provisionally to the European Region (see page 106), the Regional Director and a representative of the Regional Office for the Eastern Mediterranean visited Turkey to arrange for the transfer of WHO's services.

WHO's assistance in developing a tuberculosis demonstration and training centre in Istanbul was completed during the year. This centre, where modern methods of tuberculosis control were demonstrated, was used as a regional training centre for the Eastern Mediterranean, where 650 doctors and 520 nurses and student nurses received instruction. 90,000 radiological examinations were made, and demonstrations were given in case-finding, laboratory diagnosis, the functioning of a vaccination service, prevention, the treatment of children, and health education of the public.

The School of Hygiene in Ankara has recently not been available for public-health teaching. It is now proposed to use it again for this purpose, and a regional health officer visited Turkey to discuss a request for assistance with this project.*

Short-term consultants on public-health administration and public-health engineering were assigned to Ankara during the year, as advisers to the Government.*

A WHO consultant assisted the Government in planning a venereal-disease control campaign, in which WHO has been asked to assist over a period of two years.*

The BCG campaign described in the Annual Report for 1951 began during the year, with the arrival of the first members of a WHO team, which will work with national experts in an extensive vaccination programme.*

Two advisers were appointed to assist in the development of a new training school for nurses.*

Supplies were ordered for an urban demonstration and training centre in maternal and child health, and a WHO team will be provided to help with this project in 1953.*

A WHO consultant visited Turkey to assist the Ministry of Health and the Ministry of Labour in developing a national programme in industrial health.

The participation of Turkey in the inter-country programmes is shown in Table I. Nine individual fellowships were awarded for studies in public-health administration, tuberculosis, surgery, nursing, and maternal and child health.

**United Kingdom of Great Britain and Northern Ireland**

In the study of the health and welfare needs of the family unit, for which facilities were provided by the Government in 1951, excellent progress was made during the year. This study, which is being coordinated with a similar one in France, will be completed next year.

The training facilities of the United Kingdom continued to be used fully, both for individual studies and for group training. Two courses, in the engineering aspects of public health and in industrial medicine, which were organized by the British Council, were attended by WHO Fellows from a number of countries in Europe. In addition, the Government acted as host for the third conference of European sanitary engineers, held in London, and for a summer school on mental health and
infant development organized by the World Federation for Mental Health at Chichester; both were attended, with the assistance of WHO, by participants from many countries.

The inter-country programmes in which the United Kingdom took part are shown in Table I. Eight fellowships were awarded for individual studies in maternal and child health, nursing education, dentistry, diabetes, endocrinology, and bacteriology.

Yugoslavia

WHO's assistance in a comprehensive public-health programme in Yugoslavia, started in 1951, was completed by the end of the year.* The Regional Director visited the country to survey the progress of the programme and agreed on a plan of operations which provides for it to be continued over the next two years and at the same time introduces new elements, particularly in tuberculosis control and the mental health of industrial workers.

During 1952 WHO and UNICEF continued to help with the programme for the control of endemic syphilis which has been carried on in Bosnia. This most resistant disease is now declining to such an extent that it can be adequately controlled by ordinary public-health measures. The entire experience and the lessons learned have international significance and the national director and national field teams co-operated fully.

Communicable diseases are a major problem in Yugoslavia, and WHO has provided consultants and awarded many fellowships in epidemiology, bacteriology and the control of virus diseases.* A special team of three consultants organized a refresher course in the everyday problems of communicable-disease control, which was attended by 150 trainees from all parts of the country.*

Another consultant surveyed the facilities for controlling an estimated 60,000 trachoma cases in the country and recommended an intensive campaign in a carefully selected control area.* For this campaign UNICEF supplies are being made available.

A nutrition consultant, who had previously visited Yugoslavia both in 1950 and in 1951, conducted a field and laboratory study of pellagra in an area where maize is the principal food.* Through the generosity of a private foundation, enrichment grinders for local mills and vitamins for enrichment were provided for this study, in which over 25 local workers took part.

The project to improve penicillin production in Yugoslavia was accelerated by the arrival of UNICEF supplies and the visit of a team of three WHO experts. Two members of the staff helping with the penicillin plant were engaged in advanced studies at the Istituto Superiore di Sanità in Rome. Early in 1953 WHO will provide consultants to work for several months with the plant operators.*

Fellowships were awarded by WHO and UNICEF to workers in plasma and gamma-globulin production, and UNICEF furnished special supplies for this process.

The supplies provided by UNICEF for the programme for handicapped children arrived, and a WHO consultant subsequently discussed with the Government the establishment of a central rehabilitation unit for children comparable to the one for adults which was set up in Belgrade with the cooperation of the United Nations and WHO.

The high infant-mortality rates called for the visit of a consultant to advise on current problems of infant feeding,* and personnel of two centres for premature infants were trained in a special course organized at the Ecole de Puériculture in Paris. UNICEF, which had equipped the two centres for premature infants in Belgrade and Zagreb, also financed the fellowships provided to cover the cost of attendance at this course. The Government has decided to expand the maternal and child health programme, principally by increasing the maternity consultation centres, infant welfare centres, and facilities for training nurses and midwives. UNICEF has been asked to assist in providing equipment and supplies and WHO will give the necessary advisory services.*

Reference has already been made to a new programme in the mental health of industrial workers.* A survey by a WHO consultant in industrial hygiene * led to recommendations on important current problems in connexion with industrial accidents, safety and ventilation devices, improved diets for workers, and the establishment of regional laboratories for industrial hygiene. Some of these recommendations are already reflected in the second stage of the Technical Assistance programme for Yugoslavia.

A consultant on a programme in environmental sanitation gave advice on the utilization of existing
personnel and the training of additional workers required for the expansion of the programme.* Important questions of water supply and conservation, waste disposal and stream pollution present problems which cannot easily be overcome by the country with its present economic difficulties.

Medical library organization was the subject of a visit of a WHO consultant to five medical schools at Belgrade, Skopje, Sarajevo, Ljubljana and Zagreb.* Among many topics discussed during this visit were the centralization of library services, the co-operation between librarians in the federation and the exchange of duplicate material within the country. A Fellow was selected for medical library training for a full year,* at the end of which it is planned to establish a central library advisory bureau which will also be responsible for sponsoring training courses for prospective librarians. An additional fellowship of shorter duration was awarded to the librarian of the medical faculty at Belgrade.*

Yugoslavia acted as host for a conference of heads of laboratories producing diphtheria and pertussis prophylactics, held at Dubrovnik. This conference, organized jointly by WHO headquarters and the Regional Office, was attended by experts from Canada, Denmark, France, Germany, the Netherlands, Switzerland, Turkey, the United Kingdom of Great Britain and Northern Ireland, the United States of America and Yugoslavia. Discussion centred on recent advances in the production of these prophylactics and the adoption of immunization methods of proven value.

The participation of Yugoslavia in the inter-country programmes is shown in Table I, and over 70 individual fellowships, including those already mentioned above, were awarded during the year.*
RESEARCH ON THE INFLUENZA VIRUS AT THE WHO WORLD INFLUENZA CENTRE

Cultivating the virus of influenza in embryonated eggs. Drilling the egg for inoculation.

Injecting virus into the egg.

Harvesting the virus after incubation. All these operations are performed in a special compartment under ultra-violet light.

Testing for virus by infecting a mouse.

Testing for virus by the haemagglutination test.

Studying electron microphotographs of the influenza virus.

Dr. C. H. Andrewes (right), Director of the World Influenza Centre, which was established in London in 1948 by the Interim Commission of WHO. With him is Dr. Isaacs, his assistant.
(1) Frequent sources of infection are the customs of eating from the same dish or...

(2) drinking from the same vessel.

(3) Member of the team prepares syringes for taking blood samples.

(4) Nurse distributes tubes, which will be passed to the team member taking the samples.

(5) Dr. Grin, who directed the campaign, examines a boy for syphilitic lesions.
ENDEMIC SYPHILIS IN BOSNIA

(6) Distribution of information leaflets on endemic syphilis to schoolchildren.

(7) The chief nurse of the team examines a patient in the clinic set up in the hall of a village co-operative.

(8) The medical officer of a tractor factory prescribes penicillin for one of the 1,700 employees.

(9) The mycologist of the penicillin plant established at Belgrade prepares a culture.

(10) The penicillin produced in the plant is put into ampoules in an aseptic compartment.
Mr. J. N. Ritchie, Chief Veterinary Officer of the Ministry of Agriculture for England and Wales, conducts the demonstration of PPD tuberculin testing of cows at the Vienna Veterinary Medical School.

Professor Alois Pommer of the Vienna Veterinary Medical School x-rays a cow for tuberculosis.

Professor Kress (Austria) demonstrates tuberculous lesions in the organs of a slaughtered cow.

Brenno Babudieri of the Istituto Superiore di Sanità, Rome, demonstrates laboratory techniques for the diagnosis of Q fever.

Dr. J. W. Wolff, of the Royal Institute of Tropical Hygiene, Amsterdam, lectures on leptospirosis in the amphitheatre of the Institute of Hygiene, Vienna.
CHAPTER 15

EASTERN MEDITERRANEAN REGION

By the end of 1952, 38 projects were in operation in the Eastern Mediterranean Region, including 12 carried over from 1951. In addition, 15 initial surveys were completed and 49 projects were at various stages of negotiation and planning.

It was not possible to hold a session of the Regional Committee in 1952, but the programme for 1953 and the budget estimates for 1954 were successfully planned with the countries individually, in accordance with the procedure followed in 1951. During the year the newly-created United Kingdom of Libya became a Member of the Eastern Mediterranean Region. On the other hand, Turkey was transferred temporarily to the European Region.

The Technical Assistance projects in the Region were greatly facilitated by decisions of the Technical Assistance Board allowing the Organization to waive, under certain conditions, the obligation upon governments to provide lodging for staff in the field, and to make exceptions in certain cases to the limitation on the provision of equipment and supplies (see page 159).

A Deputy Regional Director was appointed in August, and a new post—budget and finance officer—was created.

In view of the increased activities in regional operations, staff from headquarters made a survey of most of the functions of the Regional Office during the latter half of the year. The recommendations resulting from the survey, relating to matters of organization, staffing, development and simplification of procedures, and attribution of duties and responsibilities between units, are now being implemented.

In 1952 there were no serious delays in starting projects because of lack of supplies, although in some cases these had not all arrived when the teams went into the field. On the other hand, in some countries there were considerable delays due to customs difficulties.

Co-operation with the United Nations and other agencies was close. The administration and finance officer continued to maintain liaison with officers of the agencies working in the Region in monthly meetings of an inter-secretariat committee. Co-operation with UNICEF in planning and implementing joint projects was assured by frequent visits of other staff members to Beirut and Alexandria.

Every opportunity was taken, both at the Regional Office and in the field, to maintain close contact with the representatives of the United States Technical Co-operation Administration (TCA) in the countries of the Region, in order to avoid duplication of effort and to evolve joint projects for the countries concerned. During December a study of international aid in the field was conducted by a representative of the Regional Office and the Director of Health and Sanitation of the TCA, who together visited Egypt, the Hashemite Kingdom of the Jordan, Iraq, Lebanon and Libya. At a meeting subsequently held at the Regional Office, at which representatives of headquarters and of UNICEF were present, it was noted that the governments of the countries in the Region were becoming increasingly aware of the importance of health to the development of their economic and social activities and were anxious to seek all possible aid to improve the health of their peoples. It was recognized that there was a need to establish closer co-operation in the field, and for that purpose it was recommended that technical co-ordinating committees should be set up in each country to meet regularly for discussion of joint projects for Technical Assistance.

A serious attempt was made during the year through public information to extend knowledge and appreciation of the work of WHO throughout the Region, where, as a whole, press coverage had not been adequate. The situation was good in Egypt, and also in other Arab countries, where Egyptian

--- 125 ---
newspapers are widely read, but was less satisfactory in countries, such as Pakistan, whose language is not Arabic. Special articles were therefore prepared on the work of WHO in Pakistan and sent there for translation and distribution. Staff went to the Hashemite Kingdom of the Jordan, Iran, Iraq, Lebanon, and Syria to meet members of the Press, the radio, and government information departments, and to photograph the work of field teams. The increased coverage of WHO activities which was later given by the Press of these countries showed the value of the visits made. As many people in the Region are unable to read, printed information has to be supplemented by visual material, the need for which is increasing. Experience has shown that visual material must be in terms of things known and understood and that it must be varied to suit the conditions of each country.

The public-information leaflet on WHO was translated into Arabic, printed, and widely distributed during the year. An illustrated booklet on work in the Eastern Mediterranean Region was published in English and, as its success seemed to justify its translation, an Arabic version was also issued.

**General Review of Work in the Region**

The strengthening of public-health administrations and the improvement of training of health personnel were the main items in the programme of assistance to countries during the year, although the Regional Office also provided help in bridging specific gaps in health services and in emergencies calling for special action.

Various means of strengthening public-health administrations were adopted. First, WHO appointed advisers to governments. It proved difficult to recruit public-health administrators of suitable calibre; however, one was appointed to Ethiopia during the year. In 1951 an adviser had already been assigned to Libya, another to Iran, and a third to Jordan, Lebanon, and Syria, so that by the end of 1952 advisers were working with six of the governments in the Region. In 1953 it is planned to provide "country representatives" in some countries, rather than advisers to governments. Secondly, twenty-two fellowships were granted to physicians and nurses for training in public health. By developing health demonstration areas in rural districts WHO attempted to show how health and welfare services may be integrated. In 1952 preliminary surveys for such areas were made in Lebanon, Iraq, Iran and Pakistan. WHO also planned the development of urban health centres to show how the different parts of a city health service may be integrated and linked with other WHO-assisted projects operating in the same places. Finally, a series of seminars was planned for 1953 and 1954, to bring together senior public-health administrators from the countries in the Region to discuss common problems and ways of solving them. The subjects of the seminars will include mental health, sanitary engineering, public-health nursing, paediatrics, public-health administration and school health. For the last two, travelling seminars are planned.

The lack of trained personnel of all grades has been one of the main obstacles to progress in public health, and emphasis has accordingly been placed on training in most of the field projects in the Region. All the projects in maternal and child health, rural health, and the control of malaria and venereal diseases were developed both to demonstrate modern methods and to provide facilities for training. Specific training projects were also started, such as the projects for the training of nurses in Iran and Israel. WHO helped with the development or establishment of national training facilities. It gave assistance to medical schools in Pakistan, and provided lecturers—one on parasitic diseases to Iraq, and another on preventive medicine to the French University of Beirut. The Organization also helped with postgraduate training in the Malaria Institute in Iran, made plans to assist training in basic nursing in Egypt, Iran, Israel, Jordan, Lebanon, Libya, Pakistan and Syria, and awarded regional and inter-regional fellowships.

The wide variation in educational facilities in the Region, some countries possessing well-established
Universities for graduate and postgraduate education while others have no facilities for training even medical auxiliaries, makes it necessary, both in awarding fellowships and in helping training institutions, to provide assistance on three different levels, to train (1) teachers and administrators, (2) fully-qualified doctors, nurses, public-health engineers and sanitarians, and (3) health auxiliaries. During the year 131 fellowships were awarded, as shown in the table in Annex 16. It is believed that the fellowship programme has been on the whole successful.

The training of auxiliary health staff was promoted in maternal and child health centres and through fellowships to the American University at Beirut, which organized special courses for sanitary inspectors, laboratory technicians and public-health nurses under the direction of a WHO public-health administrator. In all these training projects advantage was taken of other projects in the countries concerned to provide practical training in the field. More attention was given to helping the more developed countries to establish training institutes for their own benefit and for that of the whole Region. Plans were started to establish in Egypt a regional radiological training centre and a regional nursing college.

As already mentioned, assistance was given to countries in meeting special needs. Consultants were sent to advise on the epidemic of cerebrospinal meningitis in the Sudan; nursing instructors were assigned to midwifery schools in Iran; advice was given and surveys carried out in connexion with the establishment of a rehabilitation centre for immigrants in Israel and with a similar rehabilitation project for crippled children in Lebanon.

Interest in the control of malaria is steadily increasing. With assistance from WHO and UNICEF, Egypt made plans to build a DDT plant, and will open, with the help of WHO, a training centre for Arabic-speaking maliologists, entomologists and sanitary inspectors. Iran and Pakistan, assisted by
TCA and UNICEF respectively, are continuing, with advice from WHO, intensive work in malaria control, which has earned great praise and has been of considerable value to these countries. WHO-assisted projects were also continued in Lebanon and were begun in Saudi Arabia, in Syria, and in the Tanjero valley of Iraq during the year. The regional malaria adviser surveyed the malaria problem with a view to the drawing up of a control project.

In the regional work on tuberculosis, it was agreed that every project should include a laboratory, that BCG campaigns should form a part of such projects, and that a manual should be prepared on the technique of making simple bacteriological and epidemiological investigations. It was decided, moreover, that statisticians should be appointed to assist with projects in tuberculosis control, including campaigns for BCG vaccination. A special research team from the Tuberculosis Research Office, Copenhagen, investigated the variations noted in the results obtained in the Region. During the year, the programme of BCG vaccination was completed in Aden and turned over to the Government; the programme in Pakistan, considering the shortage of team personnel, progressed satisfactorily; the campaign in Egypt was about to terminate at the end of the year; BCG programmes were started in Iran and Iraq, and others planned for Libya and the Sudan for 1953. Tuberculosis demonstration and training centres were opened in Egypt and Syria, and WHO's assistance to the centre in Pakistan will be prolonged into 1953. The building of the tuberculosis centre in Iraq, which had suffered some delay, was going forward at the end of the year; arrangements for opening a centre in Israel early in 1953 had been completed, and a programme including BCG vaccination and a tuberculosis centre in Ethiopia had been planned for 1953.

Training and demonstration centres are greatly needed throughout the Region if the health of mothers and children is to be improved. Special attention was given to the training of midwives, public-health nurses and auxiliaries, and, because of the extreme shortage of nursing staff, several projects had for their primary objective the training of community midwives, for whom courses were arranged. Demonstrations and refresher courses were arranged for all categories of medical personnel, including general practitioners, medical students and student nurses. Demonstration centres for maternal and child health were opened during the year in Beirut (Lebanon), in Damascus (Syria) and in Peshawar (Pakistan). The Lahore project in Pakistan was fully active throughout 1952. Other centres were planned and will soon be opened in Baghdad (Iraq), in Dacca and Karachi (Pakistan), and in Teheran (Iran) and similar projects were well advanced for Libya and Jordan. WHO also sent a team to assist in the training of nurses in Iran. In most of the projects UNICEF has given assistance by providing equipment and supplies.

Assistance was given to schools for training nurses in Syria and Israel, and plans were made to establish training centres in Libya and Ethiopia. Nursing advisers were provided for Libya and Iran—such advisers have been working for some time in Lebanon and Syria and the usefulness of their services has been appreciated.

The two treponematosis programmes which were in operation during the whole of 1951—the demonstration of control of venereal diseases in Egypt and the bejel-syphilis project carried out in Iraq with assistance from UNICEF—were continued throughout 1952. The former finished at the end of the year, but the programme in Iraq will, at the request of the Government, be extended throughout 1953. In June, an advisory team on the control of venereal diseases began to operate in Ethiopia; towards the end of the year another began work in Saudi Arabia, and a demonstration centre was opened at Karachi (Pakistan). Plans were made for WHO's assistance with a bejel-syphilis campaign due to begin in Syria early in 1953.

Surveys of the incidence of leprosy and demonstrations of modern methods of treatment were started in Ethiopia in February. A plan for another such project, to start in April 1953, was submitted to the Government of Iran for approval.

In environmental sanitation WHO's attention was directed mainly to a survey of the problems affecting the Region and to the development of training programmes. In connexion with this survey the regional adviser visited Egypt, Jordan, Lebanon, Libya, Pakistan, Turkey, and Syria. The sanitarian is, in fact, an indispensable member of almost every project of the Region. There is immense scope for work in food hygiene in the Region, and requests
were received and plans made, in collaboration with FAO, for a consultant to be sent to Egypt and Syria. The greatest need, however, is to organize and develop the training of sanitarians, public-health engineers and auxiliaries. The training scheme at the American University of Beirut will be useful, but training schemes need to be developed within each country and adapted to local conditions and resources. It is hoped that trainees taking courses at the American University will be able to serve as instructors in environmental sanitation in their own countries. Public-health engineers, however, must be trained by fellowships outside the Region, and here the problem is to find candidates of suitable educational standard. Service conditions for sanitarians must also be improved.

The services of a headquarters consultant on health education were placed temporarily at the disposal of the Regional Office during the year. This consultant visited Egypt, Jordan, Lebanon and Syria to study health-education programmes and to stimulate interest in the regional centre for training in fundamental education at Sirs el Layan in Egypt, a project sponsored by UNESCO and in which WHO is co-operating. During the year a meeting was held with UNESCO on the part to be played by WHO in the project, and it was decided that it should become a fundamental education centre sponsored jointly by the two organizations.

In the Eastern Mediterranean trachoma is a perennial problem; in Egypt alone the disease is estimated to be the cause of 70 per cent of all blindness. Since the advent of sulfonamides and antibiotics, a regional campaign against trachoma has been under consideration. The intention is that a pilot project should be started by a team to determine the most practicable method of mass control suitable for the different countries of the Region. Information was obtained from the work carried out among Palestine refugees by UNRWRAPNE (see Chapter 19) and from the deliberations of the WHO Expert Committee on Trachoma, which met in Geneva in March. The main difficulty remains that of ensuring over an extended period in a mass campaign the correct and regular application of the modern drugs recommended.

The regional survey of bilharziasis started in 1951 was completed by surveys in Ethiopia (including Eritrea), Iran, Iraq, British Somaliland, Somalia, the Sudan, Syria and Yemen. The two consultants submitted reports for consideration by the Regional Office and the governments concerned. Towards the end of the year a scheme for the control of bilharziasis was put into operation in Egypt; a similar scheme was being planned for Iraq and plans were agreed on for a project in which bilharziasis and malaria control are combined, to be carried out in Syria in 1953. Field trials of new molluscicides are still in progress in Egypt.2

For the inter-regional rabies conference and seminar held at Coonoor, India, in July, under the sponsorship of WHO (see page 20), 15 fellowships were awarded to representatives from countries in the Eastern Mediterranean—three of them to Turkey, then still a Member of the Region.

A consultant completed surveys in mental health in Egypt and Iraq in the early part of 1952 and in October another consultant made a similar survey in Jordan. The resulting reports were being considered by the governments concerned at the end of the year. In December a meeting held in the Regional Office to plan the mental health seminar proposed for late 1953 was attended by representatives from Egypt, Iraq, Lebanon, the Sudan and Syria, by the two consultants mentioned above and by members of headquarters staff. It was stressed that the seminar would be an important stimulus to public and official interest in a changed approach to mental health in the Region.

Thirty-four agreements with governments for assistance from the Technical Assistance funds or under the regular programme were signed.

For assistance to Palestine refugees, see Chapter 19.

---

Work 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 Aden, the BCG programme in which WHO and UNICEF assisted was completed in May. The results were excellent, the percentage of conversions to the tuberculin-positive state being nearly 100 per cent. The Government took over the responsibility for continuing the service with equipment transferred from UNICEF, which agreed to continue providing supplies.

2 WHO's financial support of this activity takes the form of a grant, included under the relevant heading in the regular budget for headquarters.
Cyprus

Three fellowships were awarded, two * of them under Technical Assistance.

Egypt

In Egypt, two 1951 projects—the demonstration of control of venereal diseases and the programme for the expansion of BCG vaccination—were continued throughout the year. Both terminated at the end of 1952. The venereal-disease team completed its work in Lower Egypt and moved to Cairo in March. From this new base it continued with training schemes, initiated control methods at Edfu in Upper Egypt and extended its activities to clinics for maternal and child health. This project was mainly concerned with surveys, health education of the public, social services in the prevention of venereal disease and the training of personnel. A seminar on health and human relations, sponsored by the Joint Committee of the Community Agencies, the Egyptian Ministry of Health and UNESCO, in which WHO staff participated, was held in Cairo in March and is thought to have done much to stimulate interest in the prevention of venereal disease.

The programme for BCG vaccination, carried on with the help of WHO and UNICEF, progressed successfully, and the Government has drawn up plans for continuing the work as a regular public service. The Government expressed its appreciation for the assistance given by WHO in this campaign, in which no less than 4,107,500 persons were tested and 1,245,000 vaccinated. (These figures include the results of the work done by the International Tuberculosis Campaign before WHO and \*UNICEF took over responsibility for the programme."

In August work on the tuberculosis demonstration and training centre was begun in Cairo, * when the team leader and two assistants arrived. Good progress was reported at the end of the year. An administrative council was formed to co-ordinate the work of the organizations concerned in the project.

An agreement was signed for a project for the control of bilharziasis in Egypt; a team leader was recruited, and work was started at the end of the year. * Field trials of molluscocides were continued. *

A mental-health survey was made which included visits to mental hospitals, clinics, factories, schools, prisons and institutions. The consultant carrying out the survey gave lectures on mental health and made a number of recommendations covering, among other things, the development of mental-health services in the Ministry of Health and the clinical training of students and graduates in medicine in a psychiatric institute.

A regional adviser on environmental sanitation studied sanitation problems in Egypt with a view to promoting training courses for sanitary engineers at the University of Alexandria and at the Ibrahim I University in Cairo, the former for undergraduates and the latter for graduates. WHO now plans to provide lecturers for these two universities.

Three other projects were initiated in Egypt during the third quarter of the year: a survey of the organization of hospital services; * a project for the study of industrial health and occupational diseases, for which a preliminary survey was made; and a survey on pellagra, * of which the first phase was completed and which will be followed by a second survey in the spring of 1953.

The Government has now appointed a director for the health demonstration area in Calioub, * which has been the subject of negotiations for some time, and it is expected that an agreement will be signed in the near future.

A WHO consultant assisted in drawing up a scheme for a pilot project in the Calioub area for the control of trachoma. This project will also include environmental sanitation and health education for schoolchildren and children of pre-school age. It will require the active co-operation of mothers and teachers.

An expert took up duty at the Memorial Ophthalmic Institute at Giza at the end of the year to assist with virus research, * including trachoma.

WHO was requested by the Government to provide a team of experts for a seminar on eye diseases to be held in Cairo and to coincide with the celebration of the fiftieth anniversary of the Egyptian Ophthalmic Society, in February 1953. The WHO experts are to lecture on eye diseases and to demonstrate modern methods of treatment.

A consultant in health education from headquarters visited Egypt in connexion with the regional centre for training in fundamental education at Sirs el Layan, on which agreement had been reached with UNESCO * (see page 129).
The plan for a DDT production plant, with which WHO and UNICEF have assisted, was approved, and final details were worked out with the Government by an expert.* Two experts completed a field survey for this project. The responsibility for the industrial part of it will be transferred to the United Nations Technical Assistance Administration.

Plans were made to send a public-health advisory team to Egypt in 1953.* Towards the end of 1952, the Egyptian Government requested assistance in developing a regional training centre for field workers in malaria, for which WHO plans to provide an instructor in sanitation, fellowships and equipment.* Nine fellowships were awarded, five* of them under Technical Assistance.

Ethiopia (including Eritrea)

In 1952 three projects were started in Ethiopia, with assistance from WHO. The first of these was a survey of the incidence of leprosy combined with a demonstration of modern methods of treatment.* Satisfactory progress was made and the project will terminate early in 1953. In the second—a project for assistance in public-health administration*—the adviser appointed took up his post in October in Addis Ababa and other members of the team were due to follow early in 1953. The third project was for a demonstration of the control of venereal diseases,* an advisory team started work in June in the Filoha and Takla Haimanot Clinics at Addis Ababa, where the chief laboratory adviser began training courses for laboratory technicians.

Advisers visited the country and drew up plans of operation for a BCG campaign and a tuberculosis demonstration and training centre* to be undertaken by the Government with help from WHO and UNICEF. These projects are due to start in 1953. The team leader for the BCG campaign was appointed; UNICEF has approved the appointment of an administrative officer and the plans have been submitted to the Government.

Other projects being planned are a training scheme for auxiliary personnel* and a joint WHO/UNICEF programme in maternal and child health.* Twenty-six fellowships, one* under Technical Assistance, were awarded to applicants from Ethiopia, and one* under Technical Assistance to an applicant from Eritrea.

Iran

The project in malaria control* described in the Annual Report for 1951 was continued with remark-
A survey on nutrition * and a rural health survey * were completed during 1952.

A BCG campaign was launched in April, with the assistance of WHO and UNICEF, after some delay in the arrival of equipment, due to customs formalities. A very low level of sensitivity to tuberculin was found in the rural areas near Teheran, and a slightly higher level on the Caspian littoral. Since plans for the expansion of the campaign are under consideration, these findings made it necessary to study the pre-vaccination tuberculin allergy in samples of the population so as to decide where a large-scale campaign should begin. In general, the campaign was successful, and the percentage of persons returning for the reading of the tests was very satisfactory. The building of a tuberculosis centre was nearly completed and supplies and equipment had begun to arrive at the end of the year.* Smallpox vaccination was also undertaken during the campaign.

The programme for the control of venereal disease,* for which staff had been assigned and all other preparations made, was ready to start in Teheran at the end of the year, and the team leader was in the field.

As a continuation of the medical teaching mission sent to Iran in 1951 (see Annual Report for that year, page 127), an advisory group on medical education visited medical faculties at Isfahan, Meshed, Shiraz and Teheran.* A report was submitted to the Government containing proposals for improving medical education in the provinces.

Other projects being planned at the end of the year and to be started early in 1953 include: the control of insect-borne diseases, for which the Government requested the addition of a laboratory technician; * assistance in re-establishing the school of midwifery in Teheran; * the provision of two experts to operate a new diagnostic and therapeutic unit and to train technicians at the Radiology Ferusabadi Hospital; * leprosy control, for which a plan of operations was submitted to the Government and which is expected to begin in April 1953; * and the control of trachoma, for which a fellowship was granted. Plans are also progressing for assistance to the Pahlevi Laboratory and the Razi Institute.* In 1952, 29 fellowships were awarded, 18* of them under Technical Assistance.

Iraq

The project for the control of bejel and syphilis, carried on with assistance from WHO and UNICEF, was terminated at the end of the year, but at the request of the Government it will be continued throughout 1953, by a new team.* Efforts will be concentrated on the control of the diseases in the Amara area, whose inaccessibility had hampered the progress of the advisory team.

The BCG campaign began in Iraq in July after completion of preparatory work. It is being carried on with assistance from WHO and UNICEF; four teams, each comprising a doctor and two nurses, were in operation, and results showed a very high tuberculin sensitivity in Baghdad. This campaign will be expanded.

The project for the establishment of a tuberculosis demonstration centre suffered a serious setback because of delays in the erection of the buildings.* The leader of the BCG team was appointed as senior adviser to the tuberculosis centre and will direct both projects simultaneously.

In the Tanjero Valley, Sulaimaniya Province, a malaria project,* after being retarded by difficulties in obtaining accommodation for the staff, was begun in August, and good progress was made with the initial survey. UNICEF is to assist in the expansion of this project. The villages selected for the work of the team are those where spleen rates range from 10 to 33 per cent among children under 10 years of age, and where the parasite rates are from 10 to 42 per cent.

For a public-health advisory group,* a chief adviser was recruited and was ready to start work at the end of the year. At the request of the Government an epidemiologist was added to this group, and a sanitary engineer will be recruited. The agreement was signed by the Government.

A WHO consultant on mental health completed a survey of Iraq during the early part of 1952, and at the end of the year negotiations were proceeding on a request for the services of a psychologist for a school for backward children.

An expert was recruited for a survey of the incidence of leprosy and a demonstration of modern methods of treatment,* which will begin in 1953.

Plans were made for WHO's assistance in establishing in Baghdad a training and demonstration
centre for maternal and child health.* The project was delayed because the premises were not yet ready, but it is hoped that the centre will be opened early in 1953.

WHO was asked to help with other projects, not started at the end of the year. They include a project for the establishment of a rural health centre,* which was approved; a project for the control of bilharziasis,* for which plans will be drawn up on the basis of the report of the consultant who made the survey (see page 129); and a project for the control of trachoma.* In addition WHO has provided a lecturer in parasitic diseases, who was appointed late in 1952.

Thirteen fellowships were awarded, of which two* were financed from Technical Assistance funds and one was administered by WHO on behalf of UNICEF.

Israel

In 1952 consultants made surveys in connexion with three projects in Israel: the improvement of public-health laboratory services,* the control of zoonoses (which included brucellosis, rabies and bovine tuberculosis)* and the rehabilitation of immigrants.

In the case of the rehabilitation programme, the assistance of WHO and UNICEF was requested because, although the rehabilitation services are well developed and of a high standard, the demand is exceptionally high on account of the unrestricted immigration of disabled refugees from all parts of the world, and a large number of post-polio myelitis cases. Israel planned to construct a rehabilitation centre in the grounds of the Sarafand General Hospital, to include a school of physiotherapy. For this project two physiotherapists are being recruited, one for a year and the other for six months; special equipment will be provided and two fellowships awarded.

Another project started during the year was for the training of public-health nurses;* WHO also gave assistance to training schools for nurses.

A WHO consultant on venereal diseases, who advised on a national plan for control, finished his assignment in January.*

The field trials in rabies which have continued in Israel since 1950 are described in Chapter 1.

Arrangements were made for the opening of a tuberculosis demonstration and training centre at Jaffa in April 1953.* A senior adviser for this project has been recruited.

Fifteen fellowships were awarded, seven* of them under Technical Assistance.

Jordan (Hashemite Kingdom of the)

(For work with Palestine refugees see Chapter 19.)

During the year two laboratory experts were taken over by WHO from UNRWA to help the Government to continue the public-health laboratory service in Jerusalem* (see page 162).

Under the joint auspices of WHO and UNICEF a mental health specialist was appointed as a short-term consultant to advise the Government on the management of its mental hospital. A mental health survey was made towards the end of the year.

A project for joint WHO/UNICEF assistance in a demonstration and training centre for maternal and child health was drawn up and will be implemented with funds from the WHO regular budget and with some support from TCA. This project will be combined with the project for a nursing training school and will provide facilities for the training of community midwives and general nurses. UNICEF will provide equipment, drugs and diet supplements to the existing maternal and child health centres and dispensaries in the country, and equipment for a new maternity hospital and the nursing school.

A BCG programme, to be carried out with assistance from WHO and UNICEF, was prepared and agreed upon,* and plans were in preparation for a demonstration and training centre in tuberculosis control.*

The regional adviser on environmental sanitation visited the country to advise on problems in sanitation and to plan a rural health centre, for which a short-term consultant will be recruited in 1953.*

A consultant in health education from headquarters visited Jordan, studied facilities and programmes and helped to stimulate interest in the regional centre for training in fundamental education.

Two fellowships were awarded.

Lebanon

(For work with Palestine refugees see Chapter 19).

Four WHO-assisted projects carried over from 1951 were in operation in Lebanon during 1952: in nursing,* malaria control,* public-health administration,* and public-health teaching at the French University.* The nursing advisory programme was completed during the year, much appreciation having been shown for the work of the two WHO nurses, who demonstrated how the public-health aspects of
nursing can be included in the basic curriculum of schools of nursing.* One of the nurses was afterwards transferred to the demonstration and training centre for maternal and child health in Beirut* which opened in August, and will also continue with teaching at the nursery schools and with advisory services.

In the project for malaria control,* the initial survey was completed, with help from WHO, and showed that in the area selected for the work only 33,500 out of a population of 122,050 were living in places where transmission was regular. The remainder were exposed to risk only during seasonal migrations into the affected area. The control phase in this project, in which about 33,180 inhabitants were protected for about two months, covered over a million square metres of wall space; nearly 6,000 dwellings in over 140 villages were sprayed. There is some evidence that the "band" or "stripe" spraying method is as successful as the complete spraying of houses, and that a saving of 25 per cent is effected.

It was arranged that the public-health administrator who had been appointed to advise the Government in 1951 should also cover Syria and Jordan.*

A lecturer on preventive medicine was provided for the French University in Beirut during the year.*

Surveys were completed for the other two projects—the rural health centre * and the programme for the rehabilitation of crippled children. For the latter project WHO was asked for help in establishing a special non-sectarian school for physically handicapped children in need of after-care and special post-hospital education. It has been recommended to the Government that a physiotherapy centre and a workshop with brace and surgical equipment should be set up at the Cité des Apprentis libanais, an orphanage. The intention is that the centre should not only provide treatment and physical education to handicapped children, but serve as a model for other countries and train personnel working in similar units. The American University Hospital may provide medical supervision and after-care for the children. (Facilities provided by the American University of Beirut for training auxiliary personnel are described on page 127.)

The regional adviser on environmental sanitation visited Lebanon to study the work in this field.

The project for assistance in establishing a laboratory for micro-film production was delayed, and the valuable equipment provided by WHO remained in the warehouse pending a solution of the problem of customs duty.

Seven fellowships were awarded, three* of them under Technical Assistance.

** Libya **

A public-health administrator, assigned to Libya in 1951, continued to advise the Government throughout 1952.*

In addition, a public-health nurse was appointed to advise on the establishment of training centres.* For a project in the training of nurses, the appointment of three nursing instructors was planned.*

A project for BCG vaccination, to be carried on with assistance from WHO and UNICEF, has been approved by the Government, and most of the supplies and equipment were delivered in Tripoli.

A plan was drawn up by WHO and UNICEF for their help in establishing a maternal and child health demonstration and training centre in Tripolitania.* By this plan, which is being considered by the Government, the centre will provide accommodation for the midwifery students and will also offer simple hospital facilities for paediatric and obstetric cases. The essential feature is to be practical training under rural conditions. UNICEF will provide equipment and supplies for this centre as well as for the 25 existing centres.

Final plans for a health education project * were approved by the Government.

The regional adviser in environmental sanitation went to the country to study the administration of the sanitation services.

Five fellowships were awarded, three* of them under Technical Assistance.

** Pakistan **

The tuberculosis demonstration and training centre in Karachi,* which was established with the assistance of WHO and UNICEF, suffered from frequent changes in its personnel as a result of illness or departure. The Government accordingly asked for the services of the WHO advisory staff to be continued throughout 1953. There were other difficulties in connexion with this project: it suffered from frequent breakdowns in the x-ray apparatus, shortages of local health visitors, and the failure to find a suitable bacteriologist. It is now planned that one bacteriologist should supervise both the
laboratory at Karachi and the one at Dacca, which is to be established in 1953. The establishment of the centre at Dacca was delayed because of difficulties in construction.*

The WHO/UNICEF-assisted campaign for BCG vaccination progressed satisfactorily, but, because of plans for expansion, it will need more international personnel, which has become increasingly difficult to find. The present national staff comprises 12 doctors and 72 vaccinators. A statistician trained at the WHO Tuberculosis Research Office in Copenhagen was appointed to help with this project, and a research team from that office is investigating the wide variation in pre-vaccination tuberculin allergy which was observed in the field work in Pakistan. In November, the team was visited by the Director of the Tuberculosis Research Office. BCG vaccine is now being supplied by the Karachi laboratory, which has been recognized as a BCG vaccine-producing laboratory by the WHO Expert Committee on Biological Standardization.

Plans were made for help by WHO and UNICEF in four projects in maternal and child health.* The demonstration and training centre at Lahore functioned according to plan through the year, although its activities were for some time seriously handicapped by the lack of adequate accommodation for the students. The demand for training far exceeds the present capacity of the centre. A committee was appointed to assist in the transfer of the responsibility for this project to the Government, when WHO's assistance ends in 1953. A similar centre was opened in Peshawar in September 1952 and made good progress after some difficulty in the appointment of national matching staff. The centres in Dacca and in Karachi will begin operations in the middle of 1953.

WHO has undertaken to assist the Government in cholera control and research in East Bengal. Work began in August when the team leader arrived.*

The Government carried out further extensive work in malaria control after the withdrawal of WHO personnel in 1951, and UNICEF continued to provide supplies for this project.

The regional adviser suggested improvements in sanitation administration and training facilities.

A beginning was made in organizing the field training area at Pattoke for the Punjab Institute of Hygiene. This area was surveyed, and recommendations were made by a consultant from headquarters. A team leader will be appointed to draw up the final plans before work in the field is started.*

A chief adviser appointed by WHO arrived at the nursing school at Dacca, and two other instructors are due early in 1953.* This team will assist in expanding and strengthening the nursing school attached to the Medical College Hospital in order to increase the number and improve the quality of trained nurses. UNICEF will provide supplies for this project.

The first of the professors who are to be assigned by WHO to help the Government in its project for giving assistance to medical schools in West Pakistan has started work. Recruitment was also in progress for instructors in the basic medical sciences for universities in East Pakistan.

At the end of the year the demonstration centre in the control of venereal diseases established in Karachi began operations.*

By the end of the year a nurse had been selected to advise the Government on the development of nursing services.*

Responsibility for the industrial aspects of projects for assistance in the production of DDT and of antibiotics was transferred to the United Nations Technical Assistance Administration.*

Twelve fellowships were awarded. Five* were under Technical Assistance and the other seven were administered by WHO on behalf of UNICEF.

Saudi Arabia

In Saudi Arabia the WHO malaria advisory team* started work in March 1952. The work of the team was somewhat restricted by the advent of Ramadan and the Pilgrimage to Mecca. Moreover, some difficulties with transport and equipment were encountered. At the request of the Government the team transferred its activities to places considered to be immediately threatened, and worked in areas other than those originally decided upon. The inability of the Government to appoint matching personnel contributed to the postponement of the regular epidemiological survey until late 1952, but some progress was made before the end of the year. As early as April, the survey in Jeddah showed the presence of five different species of anopheles, and a few larvae of A. gambiae were found.

Work on the new quarantine station for pilgrims at Jeddah* has become very urgent. WHO is giving assistance and has provided a quarantine officer for this project, and a bacteriologist will follow early in 1953.

A team to assist the Government in a project for the control of venereal diseases* was selected and had begun work by the end of the year. Supplies and equipment for the project had already been delivered.

Three fellowships were awarded.
Somalia

The regional malaria adviser visited Somalia in August and, after a survey, recommended that a demonstration of malaria control should be organized in the lower valley of the Shibeli River, an area capable of large agricultural development if the local population can be adequately protected against the disease. These recommendations were submitted to the Government, which has not yet made a formal request for assistance.

Sudan

At the urgent request of the Government WHO sent two members of the staff of the Regional Office to the Sudan to advise on the control of an epidemic of cerebrospinal meningitis on an unprecedented scale in the Kordofan Province. Epidemics have recently become an annual occurrence in the country. The studies made by these officials, later augmented by a survey carried out by a consultant, proved the feasibility of controlling the disease in rural areas by chemoprophylaxis, either with sulfa drugs or with penicillin. A plan of operations based on these findings was drawn up and, at the end of the year, awaited the approval of the Government. The object of the plan is to supplement the present system of control by means of mass prophylaxis, to reduce the carrier rate, and to suppress inapparent infection, as well as to treat cases. WHO is to provide an epidemiologist, a bacteriologist and six Arabic-speaking physicians for a period of one year, and is to supply equipment and transport.

The regional adviser on BCG vaccination made a survey of tuberculosis in the Sudan, which showed that the infection was widespread. On the basis of his recommendations a plan was drawn up for WHO and UNICEF assistance in a pilot scheme and a mass campaign, to begin in 1953.* The plan includes the ascertainment of tuberculin allergy in various racial and age-groups throughout the country and advice on the establishment of a permanent BCG-vaccination service.

One fellowship was awarded.

Syria

WHO assisted with three new programmes during 1952: a tuberculosis demonstration centre, a demonstration and training centre for maternal and child health,* and a project in malaria control.*

The tuberculosis demonstration and training centre was opened in Damascus in November, with the assistance of the WHO team which initiated the centre in Istanbul. At the end of the year provision was being made to add a nurse, a laboratory technician, a statistician and a bacteriologist to the team for the project; the Government will supply all buildings for the tuberculosis diagnostic laboratory. Fellowships will be given to a physician, a thoracic surgeon and a nurse to receive training at the centre.

There was some delay in establishing the WHO/UNICEF-assisted centre in Damascus for maternal and child health * but at the end of the year the staff was in the field, the equipment had been delivered, the Government had placed an excellent building at the disposal of the centre, and the project was in operation. The centre is intended to provide facilities for training “casa-nurses”, nurses, and midwives, in close co-operation with the school of nursing in Damascus.

The WHO/UNICEF team which started a project for malaria control at Homs during the year will also supervise the malaria part of a joint project for the control of malaria and bilharziasis in the Jezireh area. The final plan of operation for this project was submitted to the Government.*

The WHO nursing adviser assisted both the Government and the school of nursing in Damascus in all matters relating to the full development of nursing services and education.* She helped to compile a register of professional nurses, midwives and auxiliary nurses, and to revise nursing legislation. At the end of the year a survey of nursing resources was being carried out, and a handbook on nursing procedures was being translated into Arabic. This project will be extended in 1953, when two nurse-instructors, teaching equipment, and fellowships will be provided, and will include assistance in the establishment of a new nursing school in Aleppo.

Negotiations were completed for a campaign against bejel and syphilis, to begin in 1953 with assistance from WHO and UNICEF.* This campaign is a necessary extension of that carried out in Iraq, because of the frequent passing of the nomadic populations from one country to the other.

The regional adviser on environmental sanitation studied sanitation problems in Syria.

Five fellowships were awarded, three * of them under Technical Assistance.

Yemen

Negotiations for a project in public-health administration were continued.*
CAMPAIGN AGAINST YAWS IN INDONESIA

The anti-yaws team is approaching a village in Java. The headman asks the inhabitants for full cooperation.

A temporary clinic is established. Soon the villagers are coming with their children for examination.

The team leader examines a girl for outward signs of yaws. Her leg bears the tell-tale ulcer.

The WHO serologist takes a sample for analysis. Equipment for this campaign was supplied by UNICEF.
Graduate draws a map of the distribution of Anopheles maculipennis for the malaria training course held at Lagos, Nigeria, with facilities provided by the Nigerian medical service.

Two of the WHO Fellows who attended the course test various types of insecticide equipment.

The course covered all aspects of malaria control, including work in the laboratory.
Searching in household water container for \textit{Aedes aegypti} larvae

—and in the jungle for larvae of \textit{Haemagogus}, a mosquito that transmits jungle yellow fever.

\section*{ATTACK ON THE BREEDING-PLACES OF DISEASE}

Members of an Afghan anti-typhus team in Kabul delouse bedding.

Anti-plague team in action in the slums of Calcutta.
Dr. Pierre Lépine of the Pasteur Institute, Paris, prepares material for the laboratory training that formed an important part of the programme of the conference.

Two world authorities on rabies, Dr. Harald Johnson of the Rockefeller Foundation (left) and Dr. Hilary Koprowski of the Lederle Laboratories, New York (right) demonstrate the injection of rabies virus into the brains of anaesthetized mice.

A group of participants get experience in new laboratory techniques.

Weighing out portions of brain tissue from animals infected with rabies. Each participant carried out tests on his portion, following closely the instructions of the discussion leaders.
CHAPTER 16

WESTERN PACIFIC REGION

During 1952 the Regional Organization for the Western Pacific developed steadily and its activities expanded. In October 1952 there were 53 projects in operation as compared with 21 in October 1951. For the first time regional seminars were held in the Western Pacific Region.

Basic agreements were signed with two countries during the year and 17 supplementary agreements with eight others. These agreements related to projects in nursing education, maternal and child health, midwifery, hospitals and the control of tuberculosis, malaria, diphtheria, yaws and bilharziasis.

To cope with the increasing amount of work, the staff of the Regional Office was expanded. At the beginning of December 1951, there was an international staff of 13, a local staff of 32, and a field staff of 16. By December 1952 the international staff numbered 19, the local staff 44 and the field staff 37. Sixteen short-term consultants had been or were being employed, and another 28 officials were being recruited for field duty early in 1953. The international staff employed during the year were nationals of the following countries: Australia, Belgium, Bolivia, Canada, Chile, China (Taiwan), Denmark, Finland, France, Greece, India, Italy, the Netherlands, New Zealand, Norway, the Philippines, Spain, Switzerland, the United Kingdom of Great Britain and Northern Ireland, and the United States of America.

The 16 consultants were experts in ophthalmology, rabies, nursing education, venereal diseases, bilharziasis, malacology, public health, public-health training, medical statistics, hospital construction, mental health, and the care of crippled children; one came from each of the following countries: Canada, Ceylon, Germany, Israel, Malta, Sweden, Switzerland, and the United Kingdom of Great Britain and Northern Ireland, and eight from the United States of America.

It was decided that all personnel taking up duties in the Region should pass through the Regional Office for briefing and also, if at all possible, should be installed in the field by a permanent staff member of the office.

Attention has been given to securing the maximum use of non-convertible currencies. During the year, it became possible to finance from softer currency accounts most of the activities in the non-self-governing British territories and in the Associated States of Indo-China. A satisfactory registry was developed during the year, and a small library was organized. Improvements were made in the physical facilities of the Regional Office, but the office space was not adequate for the increased staff, and negotiations were begun for an extension of the buildings and a prolongation of the lease.

The Host Agreement with the Government of the Philippines was approved by the Fifth World Health Assembly. Subsequently, after an exchange of letters with the Government of the Philippines, it was ratified and came into effect.

In September, the third session of the Regional Committee was held in Saigon. It was the first session to be attended by representatives of all the Member States of the Region, and there were local representatives of many governmental administrations. The delegation of the United Kingdom was composed of representatives from four colonial administrations in the Region, and those of France and of Portugal contained local representatives of two health administrations. The United States of America sent an observer. Representatives were present from the United Nations (including the Technical Assistance Administration, the United Nations Korean Reconstruction Agency and UNICEF), FAO and UNESCO, and observers from the Mutual Security Agency, the Rockefeller Foundation, the International Union against Cancer, the International Union against Venereal Diseases, the World Medical Association, the International Association

---

1 The Region, as delineated by the First World Health Assembly (Off. Rec. World Hlth. Org. 13, 80, 330) and affected by resolutions WHA3.118 and WHA4.86, includes: Australia, Cambodia, China, Japan, Korea, Laos, New Zealand, the Philippines, Viet Nam and, provisionally, Malaya.
for the Prevention of Blindness, the International Council of Nurses, the American College of Chest Physicians, the International Dental Federation, the International Committee of the Red Cross, the Vietnamese Red Cross and the French Red Cross.

In adopting its programme and budget for 1954 the committee authorized the Regional Director to establish priorities according to criteria which it listed, if the funds available should be insufficient for the implementation of all the projects proposed. Technical discussions were held during the session on public-health training in the Region.

There was useful co-operation throughout the year with the United Nations, particularly with UNICEF, and with the specialized agencies. In collaboration with UNICEF, WHO gave assistance to the Governments of Brunei, Cambodia, China (Taiwan), Hong Kong, Malaya, North Borneo, the Philippines, Sarawak, Singapore and Viet Nam, and a WHO public-health administrator in Viet Nam acted as the UNICEF representative for the Associated States of Indo-China. In China (Taiwan), the Philippines and Viet Nam co-operation with other organizations was facilitated by the establishment of co-ordination committees, whose primary purpose was to assist the Governments to avoid overlapping in the planning of health programmes.

One resident Technical Assistance representative is now stationed in the Region. He was assigned to the Philippines, and has maintained good liaison on the Technical Assistance projects in that country. Late in the year, the United Nations stationed a liaison officer in Sydney for Australia and New Zealand. An effort was made to work more closely with the secretariat of the Colombo Plan.

The Director-General paid visits to Hong Kong, Japan, the Philippines and Singapore.

The Regional Office distributed 40,000 copies of many different types of information material in four languages. It translated several publications into Chinese, and distributed more than 7,000 copies of the Chinese edition of the WHO Chronicle. Forty press releases about WHO activities were issued, and a series of radio broadcasts was begun, with the use of recordings made in Geneva during meetings of the Health Assembly and the Executive Board and others made in the field. Photographs of WHO’s work were exhibited in Australia, New Zealand, the Philippines, Singapore and Viet Nam, and posters and banners were shown at the session of the Regional Committee and at United Nations Day celebrations in several countries. For the observance of World Health Day, the Regional Office gave considerable assistance to a number of countries by providing posters, booklets, folders and pamphlets for use in press interviews, radio talks, public meetings, cinema shows and school lectures.

General Review of Work in the Region

The primary objective has been to help to meet the most pressing health needs within the general policy and principles adopted by the Organization. Only in a few countries were there long-term health programmes in which the Organization could assist; however, the government of one country asked for assistance in surveying its health needs, and the survey should lead to the preparation of a long-term programme.

From the assistance being given it has been possible to observe certain general trends. For example, there were more projects of assistance in nursing than in any other subject; and programmes for the control of tuberculosis and malaria were also numerous. An interesting point in the malaria projects was the help given to two countries in field research work, and field research has also been a feature of the bilharziasis project in the Philippines. A recent development has been the increasing attention given to environmental sanitation. Health education of the public was a part of many projects; one programme of training in this subject was begun during the year, and a lecturer was provided for the University of Malaya.

In Cambodia, Korea, Laos, Malaya, the Philippines and Viet Nam, health work was hindered by political disturbances ranging from minor disputes to open conflict. Another factor affecting the work of governments and the Organization is the geography of large parts of the Region, where small communities live on tiny islands often far from other islands and even farther from the mainland.

Considerable efforts were required to recruit personnel with the requisite qualifications. Although for certain categories numerous applicants were available, there has seldom been a large choice of candidates possessing all the qualifications desired. The dearth of suitable people has in many instances
delayed the implementation of such projects as those in nursing, for which at the end of the year 22 instructors were required, only 13 of whom had been recruited.

Tuberculosis work, particularly in BCG projects, was accelerated. In consultation with the governments and with UNICEF, WHO helped to plan BCG campaigns for Brunei, Cambodia, North Borneo and Viet Nam, and work on some of these projects started before the end of the year. A mass campaign was started in Sarawak, and another, begun in the Philippines at the end of 1951, was continued. Campaigns were completed in China (Taiwan) and Hong Kong.

The Alabang Laboratory near Manila, which received the approval of WHO as a BCG production
laboratory, is producing sufficient vaccine not only for the campaign in the Philippines but for export to Hong Kong and Taiwan. The BCG laboratory of the Pasteur Institute in Saigon was also approved by the Organization; its vaccine will be used in Cambodia and Viet Nam. Under a director who had completed a WHO-sponsored study tour in the United States of America, Europe and the Philippines the laboratory at Taipei also started production, and it was arranged that a WHO BCG consultant should inspect it. The same consultant will also visit Japan, where BCG is produced on a very large scale. For the Malaya and Singapore campaigns, the vaccine produced in Madras was used.

In November, the regional adviser on tuberculosis and the team leader for the project in Sarawak attended a conference on tuberculosis held in Alexandria (see page 14). Invitations were issued for a Pan-Pacific conference on tuberculosis problems, to be held in April 1953 in Manila, and WHO is giving considerable assistance to the Government of the Philippines in organizing it.

Although most of WHO's advisory work on tuberculosis was in connexion with BCG campaigns, an increasing amount of assistance to governments in other aspects of tuberculosis control (such as surveys, treatment, work in dispensaries and thoracic surgery) was discussed.

Malaria is still a major public-health problem in the Region except in the far north and far south and in those Pacific islands where Anopheles mosquitoes are not found. During the year, WHO assisted in malaria and insect-control projects in Cambodia, the Philippines, Sarawak, Taiwan and Viet Nam. The projects in Cambodia and Viet Nam are continuations of those described in previous Annual Reports. In May, a four-year project was started in Taiwan with the eventual purpose of eradicating malaria from the island. In the malaria projects in the Philippines and Sarawak, the principal objective is to determine whether or not A. minimus flavirostris and A. leucosphyrus can be controlled by the use of residual insecticides. If they can, the economic consequences of the findings will be considerable. In both projects the international teams are training as many local workers as possible in order to ensure the continuation and expansion of the work after the withdrawal of WHO personnel. In many countries of the Region the use of residual insecticides for the control of malaria has not been considered so successful as in most other parts of the world (see page 12). For this reason, projects in the Western Pacific were largely concerned not with demonstrating the use of residual insecticides but with determining their effectiveness.

During the year, three short-term consultants in venereal diseases and treponematoses were engaged, and a specialist from headquarters made a short visit to the Region. The Governments of Hong Kong, the Philippines and Taiwan were advised on the improvement of their venereal-disease services, and in Taiwan a plan of operations was prepared for a control demonstration, which will be carried out with the help of WHO and UNICEF. Another plan was prepared with the Government of Laos for a project to control yaws in the provinces of Pakse, Saravane, Savannakhet and Takhet. In the Philippines it was recommended that the mass yaws campaign be extended, and plans for this expansion were made with UNICEF.

Work in ophthalmology was started. A short-term consultant, engaged to assist in preparing a plan of operations for the control of trachoma in Taiwan, also gave advice to the Government of Hong Kong, investigated conjunctivitis in the Philippines, and visited Sarawak towards the end of the year to advise the Government on the development of ophthalmological services.

Although several of the quarantinable diseases are prevalent in the Region, plague is the only one that has been the subject of a request for assistance. China (Taiwan) has asked that a consultant in plague control should study this subject in the Kinmen Islands, but because of the difficulty of recruiting such a consultant a fellowship was granted to enable a local physician to study plague-vaccine production and methods of rat and flea control in Hawaii and India. At the session of the Regional Committee, it was decided that a survey of smallpox in certain countries should be made to determine what would be needed in each country to achieve control throughout the Region.

Studies on bilharziasis were made during the year. Schistosoma japonicum is found in Celebes (South-East Asia Region), Japan, the Philippines and Taiwan, but the problem varies in the different countries. In Taiwan man has not been known to be infested; in Japan there is reason to believe that bilharziasis can be effectively controlled by the use of molluscicides, but in the Philippines the evidence of their effectiveness is as yet insufficient to justify using them, and field research has therefore been started.

The governments of many countries in the Region asked the Organization to assist them in the training
of nurses. The assistance already being given by WHO to the schools of nursing in Malaya and North Borneo, as described in last year's Report, was increased by the assignment of more WHO nurses to the teaching staff. In addition, several new projects in nursing education were started: in Brunei a nursing instructor helped to start a training programme for assistant nurses; in Cambodia a team of nursing instructors and a specialist in maternal and child health helped the Government to establish the first school of nursing in that country and to develop a training programme for midwives and public-health nurses; additional staff were assigned to Taiwan to assist in strengthening nursing education and developing training in public-health nursing; and a midwifery instructor was assigned to Singapore to advise on the development of a midwifery teaching programme.

The first seminar on nursing education to be held in the Western Pacific was organized in Taiwan in November. This seminar, sponsored by WHO under the Technical Assistance programme, was attended by 29 nursing instructors from 12 countries. The "workshop" method was recognized as a new and effective way of teaching. The active participation of the host Government and the co-operation of UNESCO and UNICEF were most valuable, and the interest and enthusiasm of the participating Governments and the nurses who attended will be valuable in planning future nursing seminars.

During 1952 progress was made, in conjunction with UNICEF, in a number of projects in maternal and child health. In Cambodia and Viet Nam plans were prepared for maternal and child health centres, a paediatric ward, nursing and midwifery schools, and the provision of equipment (the project in Cambodia was an enlargement of the demonstration project started at the end of 1951). A programme in maternal and child health was begun in Taiwan, and advice and assistance on the care of premature infants were being planned for Japan. In Hong Kong, plans were made to start a project early in 1953. Projects for maternal and child health were thus initiated in two countries during the year—an important development in the activities of the Region.

In addition to the nursing seminar already described, the Regional Office also arranged a seminar on vital and health statistics in Tokyo with the co-operation of the United Nations and the Government of Japan. This seminar gave additional practical training to workers in statistics from eight countries in the Region.

The inter-regional seminar and working conference on rabies held at Coonoor, India, was attended by ten participants from five different countries in the Western Pacific. Other regional conferences at which participants from the Western Pacific were present were the yaws symposium at Bangkok, Thailand, and the seminar on mental health and infant development in Chichester, England.

During the year 63 individual fellowships and 53 fellowships for group training were awarded to applicants from 17 countries and territories; of these 43 were provided under the regular programme and 73 under Technical Assistance.

Assistance in public-health training was given to the Universities of Malaya and the Philippines, and considerable attention was devoted to the development of teaching facilities at both these institutions.

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.

Australia

Three individual fellowships and seven for attendance at seminars were awarded. Plans were made to hold a seminar in mental health in Sydney in 1953.

Brunei

In the Government Hospital, in order to provide essential personnel for the care of patients, a WHO nursing instructor started a programme of training for assistant nurses and assistant dressers.* Encour-
aged by interest of the community, young women with the best available education are taking up this training. As the general standard of education in the country is improved, it is planned to train students in a school of basic nursing.

Plans were completed during the year for a three-month BCG campaign, to be carried out by the Government with assistance from WHO and UNICEF. Supplies and equipment were provided by UNICEF, and the international team will proceed to Brunei Town in 1953. It is expected that the local company, which has a highly developed medical service, will participate. When international participation comes to an end, the Government intends to continue BCG vaccination within the scope of its resources.

WHO planned to help with a project in malaria control in Brunei, and a preliminary survey will be made early in 1953.

Cambodia

WHO and UNICEF are to assist the Government in a BCG campaign, for which a plan of operations was completed and signed. It was expected that the campaign would begin early in 1953: UNICEF supplies and equipment had been received, local teams were ready, and the international team arrived in December. This project, which is closely linked with that for Viet Nam, will last for eighteen months.*

A project in public-health administration was delayed by difficulties of recruitment.

Teaching and demonstration in maternal and child health were carried out according to plan.* The WHO specialist provided for this project lectured on paediatrics and obstetrics in the Ecole d’officiers de santé, where members of the senior class were also given practical experience. Two Cambodian physicians connected with the project were given fellowships for study outside the Region. Participation at all levels was excellent, and sustained interest in the health of mothers and children was aroused. The Government approved plans for the construction of a children’s hospital in Phnom-Penh, the capital.

The team of nursing instructors carefully studied local needs and, in preparation for a long-term programme in nursing education, ascertained the number of student recruits that would be available. The plan calls for four categories of trainees: the professional nurse, the nurse-midwife, the village midwife and the nurse’s aide. Teaching facilities were provided at the health centre and in the paediatric ward in Phnom-Penh. It is planned to start a school of basic nursing and midwifery as soon as the necessary personnel have been recruited.

The Ecole d’officiers de santé was assisted by lectures given by WHO staff stationed in Cambodia, and arrangements were made to buy books for the school library. At the end of the year the possibility of strengthening the teaching faculty by WHO lecturers engaged for this purpose was being considered.*

The WHO malaria and insect-control team, with headquarters in Phnom-Penh, operated in parts of the provinces of Kompong-Cham, Takeo and Siem-Reap.* The malariologist in charge of the project and the sanitarian of the team covered as much territory as local security conditions permitted. The team sprayed the houses of almost 19,000 people in 1952, and, if local conditions permit, will protect an additional 22,000 people in 1953. Local personnel were trained in the various phases of malaria control, and it is planned to use the team, in collaboration with the staff of the Ecole d’officiers de santé, to instruct pupils at the school in malaria and parasitology.

Three* fellowships were awarded under Technical Assistance.

China (Taiwan)

The island of Taiwan has a network of hospitals, health centres and health stations. The shortage of health workers is not great, but their quality needs to be improved. Fellowships were awarded during the year to enable suitable candidates to study in and outside the Region. Many of the Fellows who speak Japanese were placed in Japan. WHO also provided experts and essential teaching and demonstration equipment. UNICEF co-operated in some of these projects, and WHO gave technical advice for several UNICEF projects.

The WHO team in nursing education is assisting with the teaching programme at the National Taiwan University School of Nursing in Taipei.* Members of the team taught nursing (general, maternity, paediatric and surgical) in the nursing school, and the international team leader assisted in correlating the training in public health given in the maternal and child health project with that given to student nurses in the school. The plans include refresher courses for graduate staff. For this project a medical nursing instructor will also be recruited; fellowships
are being arranged to prepare local nurses for teaching positions.

The seminar on nursing education* held in Taiwan during the year is described on page 141.

The WHO/UNICEF-assisted maternal and child health project began in Taichung in August.* The WHO team consists of a specialist on maternal and child health, a public-health nurse and a nurse-midwife. At the provincial level, the Government established a committee on maternal and child health, and the provincial hospital, health centres, stations and sub-stations in the Taichung Hsien were integrated into this project. In-service training of all categories of health workers started, and training was also given to the student nurses in the WHO-assisted nursing education project who go to Taichung for experience in public-health work. Community interest and participation have been excellent.

WHO’s technical approval was given to the provision of aid by UNICEF for an island-wide immunization campaign against diphtheria, pertussis and tetanus, to start first in the Taichung Hsien. WHO consultants assisted the Government in surveying the needs and facilities for the control of venereal diseases, and at the end of the year an agreement was being negotiated for assistance by UNICEF and WHO in a demonstration project which will be an integral part of the provincial health services.*

A short-term consultant was sent to advise the Government on the implementation of a project in trachoma control, mainly for children. The pilot phase of this project, in which UNICEF is also assisting, was initiated among schoolchildren in Taipei, and the work will ultimately be expanded, as local personnel are trained, to cover the entire island.

Because of difficulties in recruiting an international expert on plague, a fellowship is to be awarded to a suitable candidate to study the control of fleas and rats and other aspects of plague control, including the production of vaccine.*

WHO is assisting in a malaria and insect-control project, started on 15 May with the object of eventually eradicating malaria from the island.* This project, planned for four years, includes the training of local personnel in the various phases of the control of malaria and of insects, particularly those which are susceptible to insecticides. It is planned to integrate the malaria-control service into the local health services. During the year the team sprayed a total of some 21,500 structures, giving protection to over 155,000 persons, and in 1953 it plans to protect 1,503,000. By the fourth year of operation (1955), it is expected that the team will have reached practically all the malarious population of the island, estimated at about 5,300,000.

The mass BCG campaign was already well advanced by 1 January 1952, when about 683,700 persons had been tested and 455,450 vaccinated. At the end of March, when the international team had completed its work, 21 local teams had been trained and some 848,700 people (including most of the schoolchildren and many pre-school children) had been tested and approximately 555,000 vaccinated. The campaign was then continued by the Government, with equipment and supplies provided by UNICEF and technical advice and guidance from WHO. A statistician was made available during September and October to improve the handling of the statistics, and by the end of September over 1,284,000 people had been tested and 852,875 vaccinated. Of 11,800 persons vaccinated and re-tested the overall conversion rate was 78.5% with 5 tuberculin units. It was noted, however, that the rate varied considerably with different batches of vaccine and also with different teams. The conversion rate was much lower in a group of babies vaccinated by scarification and multipuncture.

Early in the year, the BCG-production laboratory built by the Government at Taipei was completely equipped by UNICEF and other organizations. The specialist in charge returned from fellowship training and the laboratory began to produce vaccine early in June. A request has been received that the laboratory should be inspected, with a view to WHO’s approval. In the meantime, vaccine for the project was imported from Manila.

During the year 27 fellowships were awarded, including 7* under Technical Assistance.

**Hong Kong**

Preliminary planning for a maternal and child health project was successfully concluded.* When the project agreement has been signed, four internationally recruited consultants will go to Hong Kong to start work. Emphasis will be placed on school health and health education of the public, and the work will be closely associated with the maternal and child health centres for which UNICEF is providing equipment and supplies.
BCG work, with assistance from WHO and UNICEF, was planned late in 1951, and a short but successful campaign was carried out from April to June 1952. During this period, the international team trained local teams, and after only two months had tested almost 100,000 people and vaccinated 17,400. In addition, some 860 persons were tested with histoplasmin and only two were found positive. The BCG work is being continued by the Government. In December the tuberculosis adviser and the BCG team leader made a second visit to Hong Kong to advise and assist the Government with the vaccination of new-born babies.

WHO short-term consultants visited the country to exchange information and to advise on how to strengthen the Hong Kong services for the control of venereal diseases.

Another short-term consultant assisted in surveying the problem of trachoma and advising on methods of control.

WHO gave technical advice for a UNICEF-assisted diphtheria immunization project.

Three fellowships were awarded, including two * under Technical Assistance.

Korea

At the request of the United Nations Korean Reconstruction Agency (UNKRA), WHO organized and sent to Korea a health planning mission of three, which studied the health needs of Korea and recommended practical means of meeting them. From the report of this mission, which was being examined at the end of the year, a five-year rehabilitation plan will be developed, to be related to comparable plans in other fields. Projects for venereal-disease control * and assistance to educational institutions were held in abeyance pending a decision on the recommendations made in the report (which is described in greater detail in Chapter 19).

Nine fellowships were awarded, five * of them under Technical Assistance.

Laos

Towards the end of the year a yaws-control project was started for the four southern provinces of Laos.* The international team leader and two Laotian doctors visited Thailand to study the control work being carried out there.

WHO also arranged with Cambodia for nurses from Laos to take courses in nursing education which are being offered, with WHO's assistance, at Phnom-Penh. Other fellowships for the study of public-health administration in Cambodia were being arranged.*

A project in malaria control was planned for Laos,* and the possibility of a demonstration in maternal and child health was being considered.*

Ten * fellowships were awarded under Technical Assistance.

Macao

Discussions were held with officials of the Government of Macao on ways in which it might use the services of the Organization.

Malaya

WHO is helping the expansion of nursing education in Malaya by providing six nursing instructors to assist with the teaching in the school of nursing and with refresher courses for graduate nurses.* The three WHO nurse-instructors assigned to the Penang school are teaching general nursing, ward
work, and paediatrics; they attended conferences of nursing instructors in the Federation of Malaya and assisted with State examinations. Another, an instructor in public-health nursing, was recruited to give further training to personnel of the health centre, and two others will be assigned to the school of nursing at Kuala Lumpur. WHO will help with a project for midwifery training, to be expanded under a new project agreement.

Assistance with a rural public-health training centre is being planned.*

Seven fellowships were awarded during the year to permit attendance at seminars.*

Netherlands New Guinea

One * fellowship was awarded to enable a nurse to attend the nursing seminar in Taiwan.

New Caledonia

One * fellowship was awarded so that an official of the South Pacific Commission could attend the yaws symposium in Bangkok.

North Borneo

The Government asked help from UNICEF and WHO in planning a programme of BCG vaccination, to start as soon as possible. UNICEF agreed in principle to send equipment and supplies, and WHO will provide two fellowships to enable a doctor and a dresser to go to Brunei or Sarawak to learn the work from the international team there.*

The WHO team in nursing education continued to give teaching courses at the school of nursing in Jesselton.* Midwifery teaching was taken over by the Government, and WHO assisted with instruction in paediatric nursing. To improve the teaching programme WHO will provide a public-health nurse to supervise the practical work of students, and will send teaching supplies. UNICEF provided supplies for the first part of the programme.

UNICEF undertook to supply the equipment for a laboratory where serological tests may be made for the programme for the control of syphilis which it is supporting, and WHO gave technical advice on the equipment required.

One * fellowship was awarded, under Technical Assistance, to enable a physician to attend the yaws symposium in Bangkok.

Territory of Papua and New Guinea

A public-health adviser visited the Territory to discuss ways in which the Organization might assist. Information on yaws and other subjects was sent, and a request was received for a health educator to work in connexion with malaria control * and for a fellowship in public-health administration.

One * fellowship was awarded, under Technical Assistance, to a nurse from the Territory for attendance at the nursing seminar in Taiwan.

Philippines

Three WHO short-term consultants gave technical advice to the Government on the WHO/UNICEF projects to combat maternal syphilis and on the mass campaign against yaws. Although various difficulties were encountered during the period in which these campaigns were carried on, both were highly successful. The campaign against maternal syphilis was limited by the small number of serological laboratories, but from August 1951, when it started, until October 1952 over 26,500 people were examined and approximately 3,800 cases treated. Typhoons, the isolation of certain areas and religious beliefs retarded the work on yaws, but a firm basis was laid for a national campaign, and a new agreement to permit its extension to other islands was prepared. From August 1951, when work was started, until October 1952, about 665,000 people were examined and over 27,500 cases were found and treated. It seems probable that if eradication is to be secured it will be necessary to speed up the work. Single injections of penicillin were given to a relatively small group of patients, and the results have appeared satisfactory. The general application of the single-injection technique may solve the problem of obtaining greater coverage.

The mental health project which was to have started in 1952 and finished in 1953 was delayed, but some progress was made. At the end of 1952 a short-term consultant arrived in Manila to select Fellows to study abroad, and it was hoped that he might also be available to assist in the later stage of the project, after the return of the Fellows.

A group of three scientists assisted the Government in a bilharziasis survey.* It had been expected that this team would be able to make definite recommendations for the control of the disease in the Philippines and that a demonstration of techniques
would be made in 1953. But, as the knowledge available was insufficient to decide on control measures, a long-term research project was recommended and arranged to begin early in 1953.

The project for strengthening the staff of the Institute of Hygiene in the University of the Philippines was delayed because of difficulties in obtaining matching personnel. As a result of discussions with other organizations, it seemed likely at the end of the year that these difficulties would soon be overcome.

A pilot project started on the island of Mindoro, in February 1952, to help the Government to determine whether residual spraying of premises with insecticides was an effective and economical means of controlling malaria in the Philippines.* The first round of spraying, affecting over 26,500 people, was completed, and detailed epidemiological and entomological observations are now in progress. The project was also used to train local personnel, and it thus served a useful purpose in connexion with the large-scale programme of malaria control which is being planned by the Government and will be carried on with assistance from bilateral agencies. It was decided to continue the pilot project until June 1954, in order to cover a larger population and to make a field trial of the insecticide dieldrin.

The Government had already carried out BCG vaccination in a small way for several years before the larger campaign, which was begun with international assistance at the end of 1951. At the request of the Government, a specialist on BCG was provided for this campaign and arrived in March 1952. The campaign appears to be progressing favourably. The number of persons vaccinated per month rose swiftly from July onwards: by August over 100,000 persons were being tested monthly, and at the end of October some 663,500 people had been tested and 304,600 vaccinated. The Government asked for the services of the specialist for a further year.* International assistance will continue for another three years, in order to test all persons up to the age of 20 years and vaccinate the negative reactors.

The BCG-production laboratory at Alabang increased its output during the year. It provided all the vaccine necessary for the Philippines, and large quantities for export to Taiwan and Hong Kong.

WHO gave technical advice to the UNICEF mission in the Philippines on a variety of subjects, including the type of clinical equipment to be provided for 500 maternal and child health centres. A refresher course was planned for the midwives who will receive the midwifery equipment which UNICEF is distributing.* Advice was given on the continuation of the UNICEF project for providing drugs and diet supplements and on the production of diphtheria toxoid by the Alabang Laboratory. For the latter project UNICEF provided equipment and supplies and WHO arranged a UNICEF fellowship for the study of toxoid production in Bombay. WHO also advised on the form of equipment to be used in the domiciliary obstetrical service of the Manila City Health Department.

During the year 14* fellowships were awarded under the Technical Assistance programme.

**Sarawak**

WHO drew up an agreement with the Government for a project in health education of the public which had been under consideration for some time and which started in the latter part of the year.* In this project, an internationally recruited specialist will assist in the training of student teachers, give refresher courses to graduate teachers and other adult groups, help in the preparation of syllabuses for various groups concerned with health education, and train an understudy. It is also planned to award a fellowship to enable a teacher from Sarawak to take advanced studies abroad, if a suitable person can be found. A museum and demonstration on health education will also be prepared.

A malaria pilot project started in Sarawak in July and will last for two years.* In this project the Government will be assisted in making surveys for a malaria map of Sarawak, training local personnel, and determining whether residual spraying of premises with insecticides is an effective and economical means of controlling malaria in the territory. The project leader began the survey in 1952, and it is expected that the first round of residual spraying will be done early in 1953.

For some time the Government has planned to conduct a BCG campaign, and arrangements were completed early in the year, some assistance from UNICEF and WHO being requested. UNICEF sent supplies and equipment, and an internationally recruited team arrived in July. Since then, tuberculin testing and BCG vaccination were carried out by local personnel, supervised by the international team. By the end of August almost 18,000 people
had started the test; of those about 13,500 had completed it (with about 4,500 negatives) and approximately 4,600 had been vaccinated (including over 60 new-born babies).

The programme of training in domiciliary midwifery and prenatal care was continued.*

Two* fellowships were awarded under the Technical Assistance programme.

Singapore

Some progress was made with the project for strengthening the staff of the University of Malaya.* The greatest difficulty lay in finding suitable people for the seven lectureships. During the year, WHO recruited a nutrition lecturer, and the University requested that a lectureship in public-health engineering be substituted for that in medical sociology, for which it already has a suitable person. A lecturer on health education took up a two-year appointment. The University constructed temporary buildings for the accommodation of the lecturers. Although all the posts had not been filled, sufficient staff was available to begin the Diploma of Public Health course.

Discussions were held with the authorities in both Singapore and Malaya on the establishment of an urban health centre in Singapore, for which a consultant will be provided in 1953,* and a rural health centre in Malacca. It is proposed to use these centres for teaching as well as for direct services to the population.

A WHO nursing instructor assisted the Government in the development of a midwifery training scheme, which will include hospital and domiciliary practice.* Help was given in revising the Midwives Ordinance.

During the year the Government continued BCG vaccination with its own resources, but on a smaller scale than in 1951. Advice was given on the compilation of the statistics by a WHO statistical expert sent to Singapore at the request of the Government for this work. Statistics from the original campaign were studied at the Tuberculosis Research Office, Copenhagen.

Six fellowships were awarded, including three* under Technical Assistance for attendance at a seminar.

Viet Nam

The WHO specialist on public-health administration assigned to Viet Nam, besides co-ordinating the work in all WHO-assisted projects in the country, helped the Government by making surveys and by giving advice on long-term planning and on the best ways of using in health work the assistance which is being given by outside agencies.*

Assistance in a maternal and child health project* is being given by UNICEF. This project covers, in five maternal and child health centres (three in the Saigon-Cholon area, one in Hanoï and one in Huế), a paediatric ward, a school of nursing, and a school of midwifery, for all of which UNICEF is providing equipment, supplies and diet supplements.

A WHO short-term consultant on hospital construction visited Viet Nam to assist in the planning of the new children's hospital for Saigon.*

The malaria and insect-control team in South Viet Nam* worked under extreme difficulties, because of the shortage of local personnel and the lack of security in some parts of the country. The team was able to spray villages in the provinces of Gocong and Bienhoa; in addition, after it had been decided to include the Pays Montagnards du Sud in the demonstration area, malaria surveys and residual spraying programmes were carried out there, under the general supervision of the project leader. The epidemiological findings in some of the villages in the P.M.S. showed the necessity of undertaking certain additional investigations which the project leader had been unable to make for lack of adequate local assistance. It is expected that the problem of recruiting local personnel will soon be solved.

The Government asked WHO and UNICEF to help with a BCG programme which it proposes to carry out and a tripartite plan of operations for an 18-month campaign was completed and signed.* This project will be closely linked with the one in Cambodia. UNICEF has sent equipment and supplies. The vaccine for the campaign will be supplied by the Institut Pasteur in Saigon.

Two fellowships were awarded, including one* under Technical Assistance.
PART III

COLLABORATION WITH OTHER ORGANIZATIONS
CHAPTER 17

CO-ORDINATION OF WORK WITH OTHER ORGANIZATIONS

Much of the work described in other parts of this report was carried out in co-operation with other organizations of the United Nations system: some of it was done in collaboration with other intergovernmental organizations and with nongovernmental organizations. This chapter describes the inter-secretariat consultations which make co-operation possible, and summarizes the co-operative projects.

The decisions of the Economic and Social Council and of the General Assembly of the United Nations on the co-ordination of the programmes and policies of the United Nations and specialized agencies, and on the concentration of effort and resources, provide the basis for this work. In 1952 these bodies concerned themselves mainly with new recommendations on priorities, but also reviewed the progress made in co-ordination. WHO took part in the discussions on both subjects.

From time to time the General Assembly and the Economic and Social Council invite the specialized agencies to co-operate with the United Nations on programmes which interest several organizations. The organizations concerned draw up such programmes jointly, through the mechanism of the Administrative Committee on Co-ordination (ACC) or the Technical Assistance Board, or in ad hoc meetings, and submit the programmes to their directing bodies for approval. (The co-operation of WHO in the Expanded Programme of Technical Assistance for Economic Development is reported in the following chapter.)

In these joint programmes increasing attention is being given to co-operation among the international organizations at the stage where national or regional projects are planned with governments. Such cooperation between international organizations in planning the development of national health projects is the basis of the joint programmes carried on by UNICEF and WHO, for example, and is becoming increasingly important in the work of WHO with other organizations.

The United Nations organizations also consult with one another, through the ACC, to develop uniform administrative and financial practices.

General Co-ordination of Programmes and Policies

Development and Concentration of Efforts in the Social Field

WHO prepared the chapter on health of the Preliminary Report on the World Social Situation, which was submitted in 1952 to the Social Commission and the Economic and Social Council. The English version was published by the United Nations during the year. The Organization agreed to contribute to future reports on the subject and to the surveys of national and international measures taken to improve social conditions. It took part in drafting an inter-agency programme of concerted practical action in the social field, which the Economic and Social Council requested for 1953.

Insecticides

Early in 1952 the United Nations, FAO and WHO convened a meeting of representatives of exporting and importing countries, to examine the position regarding the international supply of insecticides for health and agricultural purposes. The results of the meeting are described in Chapter 7. A cooperative study was begun with ILO and FAO on the toxic hazards of certain insecticides to animals and human beings (see Chapter 3, Environmental Sanitation).

Water Control and Utilization, and Development of Arid Lands

The General Assembly asked the United Nations agencies to collaborate in planning an international programme on this subject and WHO took part in preliminary discussions. The Organization continued to co-operate with UNESCO on research on arid zones (see Chapter 3, Environmental Sanitation).

Food and Famine

The United Nations, FAO and WHO prepared at the request of the General Assembly a report,
later approved by it, on procedures for co-operation among intergovernmental organizations and voluntary agencies in the event of famines arising from natural causes.

Human Rights

The Covenants on Human Rights, which are now being elaborated, will place upon WHO certain responsibilities for reporting on the implementation of the Covenants with respect to the right to health. Representatives of the Organization took part in the discussions on the Covenants, and particularly in those concerning the clauses on implementation.

Joint Programmes developed through the Administrative Committee on Co-ordination

Long-Range Activities for Children

The programme of long-range activities for children, developed in 1951, was approved by the directing bodies of the interested organizations and by the Economic and Social Council. The first country projects of Technical Assistance to governments under this programme were started in 1952 (see Chapter 3, under Nursing, and Maternal and Child Health).

Rehabilitation of the Physically Handicapped

Work on a joint programme proceeded (as described in Chapter 3, under Maternal and Child Health, and Social and Occupational Health). Assistance in projects for the rehabilitation of physically handicapped adults or of physically handicapped children was given to countries in the Americas, South-East Asia, the Eastern Mediterranean and the Western Pacific (see Chapters 12, 13, 15 and 16).

Fundamental Education

The United Nations, ILO, FAO and WHO continued to co-operate in the UNESCO programme of fundamental education. In 1952 a second international training centre was established in Egypt; WHO continued its co-operation in the international training centre at Patzcuaro, Mexico, and collaborated with UNESCO in fundamental education projects in Egypt, Ceylon and Thailand, and in health education for the Palestine refugees (see Chapter 3, under Health Education, and also under the Regions concerned).

Community Organization and Development

The United Nations informally consulted WHO and other interested specialized agencies in 1951 and 1952 on the planning of a programme for social welfare centres. In 1952, WHO was invited to appoint public-health administrators to take part in the United Nations surveys of community organization and development in different areas (see Chapter 3). The Organization was represented at a meeting in India called by the United Nations on the training of auxiliary personnel for work in this subject.

Other Subjects

WHO's co-operation with other organizations on migration, the administration of fellowships, publications and library services, and in a public information team, is referred to in Chapters 3, 4, 8 and 9.

Administrative and Financial Matters

Details of a survey of common services, which was conducted by the United Nations with the cooperation of specialized agencies, and the inter-agency consultations on the conditions of service and staff protection against illness and accident, are given in Chapter 10.

Discussions took place among specialized agencies on the application of the United Nations Convention on Privileges and Immunities.

The International Civil Service Advisory Board completed a report on in-service training and also a preliminary report on "Standards of Professional Conduct in International Civil Service" which are of great interest to the United Nations organizations.

Other Joint Programmes

WHO and other organizations of the United Nations system continued to co-operate in a number of projects which were mentioned in previous Annual Reports. These include the organization of health demonstration areas (see Chapters 3, 12 and 14), the control of milk quality (Chapter 3, under Environmental Sanitation), social welfare problems (Chapter 3, Social and Occupational Health), the training of auxiliary workers (Chapter 4) and mental health (Chapter 3, under Maternal and Child Health, and Mental Health). In connexion with the last subject, WHO and the United Nations collaborated in organizing a Scandinavian seminar in child psychiatry and child guidance work held during the year. The study of the health and welfare
needs of the family unit in France and the United Kingdom was also continued in co-operation with several other organizations.

Co-operation with Individual Organizations of the United Nations System

United Nations

As in previous years, WHO co-operated with the Trusteeship Council and the Division on Information from Non-Self-Governing Territories (Chapter 3).

Work was carried out with the Statistical Commission of the United Nations on various statistical questions, such as preparations for the World Population Conference, the seminar on vital and health statistics held in Tokyo, and the Inter-American Center of Biostatistics (see Chapters 5, 12 and 16).

Advice was given to the bodies of the United Nations concerned with the addictive character of drugs (Chapter 6).

Work was carried on with the Economic Commission for Europe on housing and on the statistical classification of road-traffic accidents. In this connexion WHO gave advice on the physiological and mental standards of drivers in preparation for a further meeting (see Chapter 3, under Environmental Sanitation, and Social and Occupational Health).

The Joint Committee on Health Policy, UNICEF/WHO, meeting in 1952, recommended that the two organizations should collaborate in work in trachoma and leprosy and certain work in environmental sanitation. This recommendation was referred to the Executive Board of UNICEF, which agreed that pilot projects on trachoma and leprosy treatment should be undertaken, and asked the Joint Committee on Health Policy to reconsider and further advise on environmental sanitation projects. The health projects receiving joint assistance from WHO and UNICEF in 1952 were extremely numerous; they are mentioned throughout the Report.

The services which WHO has provided to UNRWA/P神经 and UNKRA are described in Chapter 19.

International Labour Organisation

In addition to working jointly on problems on migration, ILO and WHO co-operated in preparations for the meetings of the joint committees on occupational health and the hygiene of seafarers, in work of the International Anti-Venereal-Disease Commission of the Rhine, in a European seminar on occupational health, and in regional seminars for social security administrators, sponsored by ILO. Technical advice was given to ILO field missions. (See Chapter 3, under Social and Occupational Health, and Chapter 14.)

Food and Agriculture Organization

Co-operation with FAO continued, principally on nutrition and the zoonoses. A meeting of the Joint FAO/WHO Expert Committee on Nutrition was held in November to consider the nutritional problems of Africa, and the two organizations co-operated in various schemes for the production of skimmed milk, the assessment of nutritional levels, and a nutrition survey among Arab refugees (see Chapter 3, under Nutrition, and Chapter 19). An inter-regional rabies seminar was organized jointly at Coonoor, India, and one on the zoonoses in Vienna. A session of the Joint FAO/WHO Expert Committee on Brucellosis was held during the year and the usual work carried out by the FAO/WHO Brucellosis Centres. There was also co-operation on meat hygiene and bovine tuberculosis (Chapter 1).

United Nations Educational, Scientific and Cultural Organization

In addition to the work on fundamental education and arid zone research mentioned above, WHO and UNESCO co-operated in the organization of a conference on the education and mental health of children in Europe, and publications relating to fundamental education and health education of the public. UNESCO also co-operated with WHO in organizing a nursing seminar in Taiwan. WHO's regional advisers on health education of the public in Latin America and South-East Asia co-operated with UNESCO in giving assistance to the governments of those Regions. WHO continued to collaborate in the preparation of lists of medical equipment and supplies. UNESCO is using material provided by WHO in three travelling exhibits; one was prepared during 1952. (See Chapter 3, under Health Education, Chapter 4, Chapter 8, and under the Regions.)

Other Specialized Agencies

The International Civil Aviation Organization continued to co-operate with WHO on the hygiene and sanitation of airports (Chapter 3).

As in previous years WHO designated health experts on the economic survey missions sent by the International Bank for Reconstruction and Development to Ceylon and Iraq.
The Plenipotentiary Conference of the International Telecommunication Union refused to accede to a request by the United Nations that the facilities granted to governments for the use of international telecommunication services be extended to the specialized agencies. Negotiations with the Union will continue in consultation with other interested organizations through the ACC.

The Universal Postal Union is studying with WHO the question of the delay in the international transmission of biological materials (Chapter 6).

Co-operation with Non-Governmental Organizations brought into Relations with WHO

The Executive Board at its ninth session in January 1952 decided to reconsider completely the problem of official relations with non-governmental organizations and requested the Director-General to prepare for it a study of the question so that it might make proposals to the World Health Assembly. The study was completed during the year for submission at the eleventh session of the Board.

In the meantime consideration of all new and renewed applications for official relations with WHO was suspended, but relations with the 27 non-governmental organizations already on the official list (see Annex 9) were continued. Representatives were sent to meetings of particular interest to WHO (see Annex 7) and observers from those organizations attended a number of meetings called by WHO, including those of the Regional Committees.

Instances of co-operation with these organizations will be found throughout the Report. The following are examples:

In promoting the exchange of scientific information WHO had close working relations with the Council for International Organizations of Medical Sciences (CIOMS). The membership of CIOMS has been continuously growing and has become increasingly representative of international organizations of medical sciences. After almost three years of initial difficulties, CIOMS has started to co-ordinate international congresses of the medical sciences as to time, place and subject matter and to improve congress techniques; it has developed practical methods that are proving satisfactory. The year's work of CIOMS included a conference of organizers of international medical congresses, the compilation of a manual for such organizers and symposia for the co-ordination of subject matters of congresses. Advantage was taken of the presence of outstanding scientists on several occasions for the organization of advanced courses in connexion with congresses. WHO and UNESCO have taken an active part in the work of CIOMS since its inception; they have jointly subsidized it, and their support will probably be continued. Through this organization WHO receives copies of published proceedings of all international congresses.

The World Federation of United Nations Associations and many of its affiliated national bodies helped to make known to the public the aims and work of WHO. This Federation helped WHO with the annual observance of World Health Day, for which many of its national associations arranged special programmes and disseminated articles and other information prepared by WHO. WFUNA also collaborated in arranging a seminar on world health, in Geneva during the Fifth World Health Assembly, when 40 doctors, nurses and medical students from 14 countries took part in the discussions and heard lectures by members of the Secretariat and national delegates to the Health Assembly. Similar seminars to be held in conjunction with meetings of WHO Regional Committees were in the planning stage. The Director-General gave an opening address at the seventh plenary Assembly of WFUNA, and addressed national meetings during his official visits to countries.

The sixth session of the International Conference of Social Work, held in Madras, had as its general theme the role of social service in raising standards of living. WHO helped to find speakers and experts for the open discussions on health and provided background literature. The organizers of the conference arranged for the sale of WHO publications on the premises.

The Executive Committee of the International Union against Venereal Diseases, meeting in London, proposed that the Union should set up an office in Geneva for liaison with WHO. The Union consulted WHO on the possibility of opening an office in Asia. The collection of information on venereal-disease legislation in different countries—a project in which WHO co-operates with the Union—was continued.

The International Pharmaceutical Federation was kept informed of developments in connexion with
the *Pharmacopoea Internationalis*, international nonproprietary names for drugs, and the control of pharmaceutical preparations. The lectures given by a WHO staff member and by members of the Expert Committee on the International Pharmacopoeia at the 14th General Assembly of the Federation in Rome in September 1951 were published in the Federation's *Bulletin* in March 1952. The question of convening an expert committee to discuss the control of pharmaceutical preparations is being considered with the Federation.

The part which the International Dental Federation is able to play in assisting WHO in fellowship programmes was defined. The Federation supplied information for the Organization's current study on the use of fluorides in water supplies and the effect of refined sugar on teeth.

Information was exchanged with the International Society for the Welfare of Cripples, which helped in briefing WHO consultants assigned to programmes for the rehabilitation of handicapped children.

A study of training in paediatrics, sponsored jointly by WHO and the International Paediatric Association, was started in Europe. The purpose of this study is to describe and assess the merits of the training in paediatrics for undergraduates and graduates at medical teaching centres and to make such information available to other teaching centres. It is planned to extend the study eventually to include other Regions. This work involves close co-operation with the Association and, through it, with its national paediatric societies.

There has been close co-operation both at headquarters and in the Regions with the International Union for Child Welfare, particularly in the study of adoption undertaken by the Union at the request of the United Nations Department of Social Affairs. WHO helped the Union in preparing an international study conference on child welfare, held at Bombay in co-operation with the Indian Council for Child Welfare.

WHO has worked closely with the International Union against Tuberculosis since it was brought into official relations with the Organization early in 1950. As the Union has affiliated societies in 58 countries, WHO field workers in tuberculosis normally contact these voluntary organizations, most of which are closely linked with governmental antituberculosis programmes.

Through the World Medical Association valuable comments were received from its various national medical associations on the table of doses for adults and children. The Association also co-operated with WHO on the selection and introduction of international non-proprietary names for new drugs in order to avoid the difficulties which arise when there are many names for the same medical substance, and there was further collaboration on the preparation of the First World Conference on Medical Education (see Chapter 4).

The Central Council for Health Education of the United Kingdom had informal discussions with WHO on training courses in health education.

The World Federation for Mental Health contributed valuable material on the teaching of mental health to medical students; it organized an international seminar on mental health and infant development at Chichester, England for WHO Fellows (see page 30), and offered its assistance in connexion with the seminar on mental health which WHO is to organize in 1953.

The Nursing Bureau of the League of Red Cross Societies continued to co-operate with the Organization in providing information on Red Cross nursing activities and in helping to brief WHO field personnel.

In the South-East Asia Region there were close relations with the Indian Red Cross Society.

Co-operation continued with the International Council of Nurses and with the Florence Nightingale International Foundation which is associated with it. During 1952, the Council, at the request of WHO, carried out a study of advanced education programmes for nursing instructors and administrators, in which particular attention was given to the facilities available for international students. The problems relating to international recognition of nursing diplomas were referred to the Council. Information on nursing development was regularly exchanged. WHO was invited to speak on the work of the Organization at the summer school in London in July 1952 for former students of the Florence Nightingale International Foundation.

The International Hospital Federation sent WHO blueprints of hospitals planned for the tropics, and these were forwarded to American Samoa.

**Co-operation with Non-Governmental Organizations not in Relation with WHO, and with other Organizations**

Much assistance was given to WHO throughout the year by many non-governmental organizations, both national and international, not in relations with WHO.
At the annual conference of the Sanitary Inspectors Association in the United Kingdom, WHO was invited to send a representative to speak on its organization and objectives.

The Organization presented a scientific paper at the annual convention of the American Society on Tropical Medicine and Hygiene.

A working paper on urbanization and social medicine was prepared by WHO for the annual session of the Institut international des Civilisations différentes at Florence.

The International Association of Universities helped in collecting information on the teaching of preventive medicine in certain countries. The inquiry, which was completed by the end of the year, was limited to a sample of some 40 universities in Asia.

WHO and the Unitarian Service Committee of the United States of America co-operated in following up results of teaching projects jointly undertaken in 1951 and in preparing two major projects to be implemented in 1953.

At the Symposium on the Endemiology of Cancer of the Lung held by the Council for the International Organization of Medical Sciences at Louvain in July, the American Cancer Society was asked to cooperate with WHO in distributing copies of its Manual of Tumor Nomenclature and Coding throughout the world for trials, in accordance with a recommendation of the WHO Expert Committee on Health Statistics, and in drawing up a list of pathological terms for another edition of the same manual.

The Rockefeller Foundation co-operated with WHO in a number of projects, particularly in Europe (see Chapter 14, Table I).

Co-operation with CARE is described in Chapter 7.

WHO has also co-operated with other organizations, such as the Interim Commission of the International Union for Health Education (see Chapter 3), the Office International des Epizooties (see Chapter 1), and the International Bureau for the Protection of Industrial Property (see Chapter 6).

Collaboration with Inter-Governmental Organizations

Arrangements for working relations between the Council of Europe and the WHO Regional Office for Europe were set out in an exchange of letters between the two organizations.

Discussions for the co-ordination of epidemiological intelligence services in the Pacific were continued with the South Pacific Commission.

In the African Region close co-operation continued with the Commission for Technical Co-operation in Africa South of the Sahara (CCTA) on a wide range of subjects.

Under Article 70 of the Constitution, the Fifth World Health Assembly approved an agreement with the International Committee of Military Medicine and Pharmacy, and WHO was subsequently represented at the fifteenth session of the Working Body of the international committee, the Office international de Documentation de Médecine militaire.

WHO co-operated with the International Air Transport Association and made full use of the technical knowledge which it provided in connexion with international quarantine.

Liaison with the "bilateral organizations", such as the Mutual Security Agency, the Technical Co-operation Administration and the Colombo Plan, is referred to in Chapter 18.
The calendar year 1952 constituted the second period of the Expanded Programme of Technical Assistance for Under-Developed Countries. During that time WHO received 127 requests from 55 countries, in addition to the 275 requests from 58 countries received during the first period. At the end of 1952, 167 projects were in operation, compared with 71 in 1951, and 22 others were completed during the year. The agreements signed with governments, which are a prerequisite for any action on a request, numbered 92 during the second period. Two hundred and twenty experts were recruited for field operations, in contrast to 155 during the entire first period, which consisted of 18 months.

Since the success or failure of the entire effort depends on the quality of the personnel recruited for service in the Technical Assistance programme, everything possible was done to appoint the most competent persons available, while ensuring, as far as possible, an appropriate geographical distribution.

Progress was also made in education and training, and 371 fellowships were awarded during the second period, as against only 84 during the first.

The principal types of work in which WHO is engaged under the Expanded Programme are the following:

1. strengthening of national public-health administrations, including assistance in the planning of national programmes;
2. assistance in training medical, nursing and auxiliary personnel;
3. maternal and child health programmes;
4. programmes in the control of communicable diseases such as malaria, venereal diseases, tuberculosis, and epidemic diseases;
5. health demonstration areas;
6. production of antibiotics and insecticides (DDT), in collaboration with UNICEF;
7. food production and the raising of health standards, in collaboration with FAO;
8. industrial health, in collaboration with ILO;
9. health education, sometimes with UNESCO's fundamental education programmes;
10. improvement of nutrition, in collaboration with FAO; and
11. veterinary public health and the control of animal diseases, also with FAO.

Financial Arrangements for the Second Period

The Second Technical Assistance Conference was held in Paris on 21 January 1952, in conjunction with the United Nations General Assembly. At this conference the equivalent of US $18,967,499 was pledged to the Technical Assistance programme, and by 30 November the equivalent of US $11,201,372 had been paid into the Special Account, which is handled by the United Nations Bureau of Finance. This compares with $20,070,260 pledged for the first financial period of 18 months, of which $19,433,360 had been paid by 31 August 1952.

In conformity with resolution 222 (IX) of the Economic and Social Council,1 the financial resources available for the programme are, when received, allotted by the Secretary-General of the United Nations as follows: one part is automatically available to the participating agencies on an approved percentage basis; the other, commonly referred to as the Retained Contributions Account, is retained for subsequent distribution by the Technical Assistance

---

1 Reproduced in the Handbook of Basic Documents—page 145 in the fifth edition
Board. Programmes undertaken jointly by two or more of the participating agencies and also, wherever possible, integrated programmes for a whole country are customarily financed from the Retained Contributions Account.

On 1 January 1952, WHO had a balance of $1,645,527 remaining from the first period; during the second period it was entitled to automatic allocations which brought the total of funds automatically available in 1952 to $4,259,313. In addition to these funds a sum amounting to $1,512,662 from the Retained Contributions Account was earmarked for WHO for specific projects submitted to and approved by the Technical Assistance Board. Hence, during the second financial period WHO had the equivalent of $5,771,975 available, in cash or in kind, for activities under the Expanded Programme.

It should be noted that a number of contributions were in kind only, or in services and supplies, and special limitations were attached to the utilization of others. During the first period certain contributions to the Special Account were unused because of the conditions attached and the types of projects which the participating agencies were able to initiate. In 1952 the Board made strenuous efforts to use such contributions: it frequently arranged for supplies to be purchased or for joint projects to be established in the donor country. WHO, in spite of the difficulties encountered, made a special effort to use all contributions, in co-operation with the other agencies participating in the Expanded Programme.

There is some cause for concern at the slowness with which pledges have been honoured. In 1952, it was necessary to use currencies that are readily exchangeable to purchase other currencies pledged but not received in the Special Account by the time they were needed. Unless pledges are received earlier in the next financial year, there is no doubt that the continuation of the programme at the level now envisaged will be endangered.

Technical Assistance Committee and Technical Assistance Board

As the United Nations Economic and Social Council met only once during the second period, the participating agencies made only one report to the Council's Technical Assistance Committee in 1952. Nevertheless, in May, this committee studied the administrative machinery of the Expanded Programme, and in July, during the fourteenth session of the Council, reviewed in full the activities of the participating organizations. On the recommendation of the Committee, the Council reviewed the progress made in the Expanded Programme and approved, in resolution 433 (XIV) A, a major reorganization of the Technical Assistance Board.

The Technical Assistance Board itself had previously realized that stronger central leadership and continuous guidance, such as might be provided through a full-time chairman of the Board, were essential to the most effective utilization of the resources available to the participating organizations. The Technical Assistance Committee concurred in this view, and the Council established the post of full-time Executive Chairman.

The Board, as reorganized, takes its decisions with the concurrence of the Executive Chairman, who has, moreover, the specific responsibility of reviewing programmes and individual projects submitted by the participating agencies before they are initiated, with a view to facilitating, in agreement with the governments concerned, the development of integrated country programmes. The Executive Chairman also has power to act on behalf of the Technical Assistance Board in the distribution and use of the funds available for the Expanded Programme. In order to meet these new responsibilities effectively, the Executive Chairman strengthened the Secretariat of the Technical Assistance Board, particularly through the appointment of short-term consultants for specific assignments. To help make the advance review of the programmes for 1953 he appointed four consultants unconnected with any United Nations programme to study the total programme with him in November 1952 before he presented his recommendations to the Technical Assistance Board in December.

The practice, adopted experimentally during the first period, of appointing to certain countries resident Technical Assistance representatives or liaison officers as representatives of the Technical Assistance Board was continued and expanded, since it was considered the most appropriate method of achieving co-ordination at the country level, the necessity for which has been emphasized by the Technical Assistance Committee and the Economic and Social Council. These officials, who represent all the organizations participating in the Expanded Programme, deal directly with ministers. They have proved their value, particularly in the development of integrated country programmes. They are also a link with the large-scale programmes of assistance being financed by both multilateral and bilateral
technical assistance organizations outside the United Nations system.

Co-ordination with other Technical Assistance Programmes

The second period also saw the rapid development of several schemes of bilateral and multilateral technical assistance.

The principal multilateral regional programmes are those directed under the Colombo Plan and the Organization of American States. WHO is fortunately placed for co-operation with the latter in that the Pan American Sanitary Bureau, serving as WHO's Regional Office for the Americas, is, as a specialized agency of the Organization of American States, a direct participant in its programme.

In addition, the Mutual Security Agency and the Technical Co-operation Administration of the United States of America developed rapidly. Other programmes growing in scope include those initiated by Belgium, France and the United Kingdom of Great Britain and Northern Ireland and the newly created Norwegian Foundation for Assistance to Under-developed Countries.

Supplies and Equipment

In the initial periods of certain types of programmes, particularly training and demonstration projects connected with health, considerable amounts of imported equipment and supplies are required, and often their cost is very high. Recognizing the difficulties which governments have experienced in contributing towards these costs, the Technical Assistance Committee recommended that the rules in connexion with equipment and supplies be generously interpreted. In November 1951 the Technical Assistance Board decided that projects calling for expenditure on supplies and equipment of more than 25 per cent of the project cost could be implemented, subject to the prior approval of the Board. This procedure was found to be still too restrictive to the development of many health programmes and to delay their implementation. On further representation from WHO, the Technical Assistance Committee and the Economic and Social Council authorized a more liberal policy, and the Technical Assistance Board was thus able to evolve a more satisfactory procedure: it was agreed that the Director-General of the specialized agency concerned could take the responsibility of approving for any project expenditure of over 25 per cent on equipment and supplies, provided that they were not available from other sources and that all such authorizations were reported and justified to the Chairman of the Technical Assistance Board. This revised policy, placing on the organization concerned the responsibility for authorizing such expenditure in the light of technical considerations, enabled WHO to develop satisfactory long-term training and demonstration projects under conditions in which a higher proportion of equipment and supplies was required from international sources.

Local Costs to Recipient Governments

In line with the conception of the Expanded Programme of Technical Assistance as a co-operative effort between the well-developed and the less-developed countries to promote higher levels of economic and social welfare, requesting governments have normally been required, under resolution 222 (IX) of the Economic and Social Council referred to above, to assume responsibility for a substantial part of the costs of the technical services with which they are provided, at least that part which can be paid in their own currencies. However, from the very first, some of the under-developed countries most in need of technical assistance found themselves unable to meet this requirement in full. After this situation had been studied, a resolution of the Technical Assistance Committee, noted by the Economic and Social Council in March 1951, at its twelfth session, gave a more liberal interpretation of this requirement; it set out the specific items which were expected to be the responsibility of the local governments, but, in certain cases, provided for exemption from the provision of lodging for experts, subject to the prior approval of the Technical Assistance Board. With the rapid growth of the programme in the second period, the financial commitments of the local governments grew proportionately heavier, and many more governments were obliged to seek exemptions. This was particularly true of health projects, where the provision of local personnel and other financial commitments of

---

2 UN document E/TAC/SR.16
3 Reproduced in Off. Rec. World Hlth Org. 35, 389
the governments form a very substantial contribution towards their total cost. Recognizing this, the Fifth World Health Assembly, in resolution WHA5.59, took action to bring relief to the many governments which sought exemptions under WHO's regular programme and recommended that the Technical Assistance Committee reconsider this problem with respect to Technical Assistance projects.

Favourable action on this recommendation was taken by the Technical Assistance Committee, which decided (1) that, pending further detailed study of the entire problem, the Executive Chairman, in consultation with the participating organizations and with the assistance of the resident Technical Assistance representatives, should ensure the application of the principle that governments should make a substantial contribution, in local currency or in kind, and should strive for uniformity in the handling of projects of the same nature; (2) that, although requesting governments would be expected to undertake to secure suitable accommodation for experts, they would not be obliged to provide the costs of their lodging or travel per diem; (3) that governments might also be exempted from furnishing local transportation in certain circumstances; and (4) that beneficiary governments should not necessarily be expected to meet the external travel costs connected with fellowships. This decision was noted by the Economic and Social Council at its fourteenth session in resolution 433 (XIV) B.

In all cases the authority for this action was placed in the hands of the Directors-General of the participating organizations, who, however, periodically report the granting of waivers to the Executive Chairman.

**Plans for the Third Period (1953) of the Expanded Programme**

In resolution 433 (XIV) B, adopted at its fourteenth session, the Economic and Social Council recommended that governments should make contributions to the third period of Technical Assistance to a total of $25,000,000, and that the United Nations General Assembly, at its seventh session, make appropriate arrangements for receiving and securing pledges.

For the third period, funds received are to be allocated on the basis of arrangements similar to those so far in operation: 50 per cent of the total pledged, or a sum up to but not exceeding $10,000,000, is to be distributed on the fixed percentage basis established by the Council in its resolution 222 (IX) A. The remainder will be retained in the Special Account for distribution by the Technical Assistance Board for specific projects of the different agencies, on the basis of the contributions made by those projects to the economic development of the requesting countries. At present, it is not possible to estimate the total sum which will be provided for the 1953 programme. WHO's commitments for future operations are already substantial; the cost of its projects continuing from 1952 is likely to exceed the amount automatically allocated. New activities in 1953 will therefore be subject to the approval of the Technical Assistance Board in the light of the criteria which it and the Economic and Social Council have established and to the amount of funds which are available.

---

4 UN document E/2304, Annex 2
CHAPTER 19

HEALTH SERVICES FOR SPECIAL GROUPS

During 1952, in addition to the assistance given to governments, WHO continued to provide health services to special groups at the request of the United Nations: the Palestine refugees under the care of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), and the civilian population of Korea.

Palestine Refugees

In 1952 WHO completed its fourth year of collaboration in the Palestine refugee programme, in which more than 850,000 refugees in Lebanon, Syria, Jordan and the Gaza area have been cared for. With the creation of UNRWA in May 1950 WHO assumed the role of planning and directing the health aspects of this programme. This was done by assigning a chief medical officer, a malariologist, and a public-health engineer to UNRWA and providing consultants as needed. In addition to paying the salaries and allowances of the chief medical officer and the malariologist, WHO makes an annual grant of $42,857 to UNRWA. These arrangements are provided in an agreement between WHO and UNRWA, which was extended by resolution WHA5.72 to 30 June 1953.

The United Nations General Assembly at its sixth session adopted a resolution endorsing a three-year programme (from 1 July 1951) for the relief of Palestine refugees and for assistance towards their self-support, and expressing its appreciation of the assistance afforded to UNRWA by the specialized agencies.

Full accounts of the health work of UNRWA can be found in the Annual Reports of its Health Division, obtainable from its office in Beirut, Lebanon.

In general, the health conditions of the refugees during 1952 were good. Of the quarantinable diseases, none were reported. A few sporadic cases of endemic typhus fever and several of tick-borne relapsing fever occurred. The incidence of poliomyelitis was higher than usual in Lebanon and Syria, 54 cases being reported in September, ten of them among refugees; the cases were among the very young. The incidence of the enteric fevers was about the same as that of the host countries, although it was much lower among the refugees in the camps than among those outside. Tuberculosis control is also at about the same level among the refugees as in the host countries; much improvement is still needed. Trachoma continues to be highly prevalent, but the expense of antibiotic ointments and the staff involved has not permitted an extensive programme of treatment.

In the malaria-control programme among the refugees, now based on the results of malaria surveys, the procedure was changed from mass residual spraying to selective spraying of premises near breeding places and surrounding refugee camps. During the year, some 160,000 persons were protected at a cost of about 12 US cents per head. There has been a downward trend in the incidence of malaria in all areas. New cases among infants, representing actual transmission, were extremely rare in protected areas. This has been described as the first programme for preventing malaria outbreaks in highly endemic areas among a population living in conditions favourable to the propagation of the disease. In the Jordan Valley, previously almost uninhabitable because of malaria, 90,000 refugees are now living free from malaria transmission. In the consideration of areas that might be developed agriculturally for the refugees, close attention is paid to the health hazards in general.
and the malaria hazards in particular; malaria surveys form a part of every settlement scheme. Eight young refugees have been trained as malaria technicians, and more such training is planned.

The nutrition survey made by experts from WHO and FAO early in the year showed that relatively few refugee children could be described as badly nourished. The degree of malnutrition varied according to whether the dependence on rations provided was complete or only partial.

The refugees are served by 79 UNRWA-PRNE-operated clinics, and nearly 2,000 hospital beds are available to them. Some 10,000 laboratory examinations are made monthly, in laboratories operated by UNRWA-PRNE or in outside laboratories. In the middle of the year an agreement was reached between WHO, the Government of the Hashemite Kingdom of the Jordan and UNRWA-PRNE for the Government to take over the UNRWA-PRNE public-health laboratory in Jerusalem, with WHO assuming technical supervision and providing international staff, fellowships and supplies. This is in keeping with UNRWA-PRNE’s policy of ensuring that some of the developments in its programme will be perpetuated. A WHO specialist in health education spent three months in the area, stimulating health education work and planning a joint WHO and UNRWA-PRNE training programme as the basis of a work programme among the refugees.

The UNRWA-PRNE venereal-disease control programme was continued throughout the year. Of over 28,000 serologic tests for syphilis made in a twelve-month period, 7.3 per cent gave positive results. It is estimated that the general syphilis morbidity is under 5 per cent.

In environmental sanitation, the main problems are a drinking-water supply, safe disposal of wastes, and adequate shelter in either tents or houses. Of the approximately 850,000 refugees, some 282,000 live in 60 camps of various sizes, the rest in existing towns and villages. Primitive though the sanitary facilities may be, the lack of epidemics of filth-borne diseases testify to their effectiveness.

Training of auxiliary health personnel has become a significant part of the UNRWA-PRNE programme. During 1952, 165 workers of various categories were trained or were in training. About three-quarters of those who finished this training have already been employed. In addition, 13 refugees have taken part in training programmes sponsored by the United States Technical Co-operation Administration at the American University in Beirut.

Prophylactic immunization was also an important part of the programme. During a twelve-month period, 263,944 smallpox vaccinations, 580,068 TAB inoculations, and 303,303 diphtheria inoculations were carried out.

The UNRWA-PRNE Health Division, which operates on a budget of slightly over $2,000,000 a year, has some 2,000 employees, of whom only 16 are international—a great reduction from 1950, when it had 29 international employees, and greater yet over the pre-UNRWA-PRNE days when 129 international staff were giving health services.

Not all health care for the refugees is given by UNRWA-PRNE. There are many voluntary agencies which serve in different ways, some by operating hospitals with a subsidy from UNRWA-PRNE, and others by organizing services directly themselves. The host governments also collaborate.

Korea

In July 1952 the United Nations Korean Reconstruction Agency (UNKRA) asked WHO to send a mission to the Republic of Korea to prepare, after consultation with the Government, a plan for rehabilitating the health services. Two other specialized agencies, FAO and UNESCO, also sent missions to make proposals on certain aspects of rehabilitation. Since the three agencies have some common interests, particularly in nutrition and in medical education, the missions found it expedient to consult together from time to time.

During its three months in Korea, the WHO mission visited almost all the accessible parts of the country, and maintained the closest possible contact with Korean officials and health workers, with whom problems were freely discussed.

The report of the mission is concerned only with principles and outlines and leaves the details to be
filled in by those who will carry out the work. The proposals are designed to place public-health and medical services on a stable footing by the end of a five-year term of reconstruction. An account of the present condition of these services precedes a statement of the objectives of reconstruction and an outline of the way in which the Government, with UNKRA help, might attain them.

Immediate measures discussed include the control of epidemic and endemic diseases, the provision of supplies, the training of personnel, the improvement of urban sanitation, medical care, medical education, a fellowships programme, and a rehabilitation programme. Long-term measures are also suggested with special reference to organization, finance, medical education, reorganization of hospital systems and health units, reconstitution of laboratory services and improvement of water supplies.
## Annex 1

### MEMBERSHIP OF THE WORLD HEALTH ORGANIZATION

(31 December 1952)

States which have accepted or ratified the Constitution of WHO, signed in New York on 22 July 1946, and territories admitted to associate membership 1:

<table>
<thead>
<tr>
<th>Member States</th>
<th>Date of acceptance or ratification</th>
<th>Member States</th>
<th>Date of acceptance or ratification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan (37)</td>
<td>19 April 1948</td>
<td>Korea (65)</td>
<td>17 August 1949</td>
</tr>
<tr>
<td>Albania (13)</td>
<td>26 May 1947</td>
<td>Laos (71)</td>
<td>17 May 1950</td>
</tr>
<tr>
<td>Argentina (56)</td>
<td>22 October 1948</td>
<td>Lebanon (58)</td>
<td>19 January 1949</td>
</tr>
<tr>
<td>Australia (28)</td>
<td>2 February 1948</td>
<td>Liberia (7)</td>
<td>14 March 1947</td>
</tr>
<tr>
<td>Austria (15)</td>
<td>30 June 1947</td>
<td>Libya, United Kingdom of (79)</td>
<td>16 May 1952</td>
</tr>
<tr>
<td>Belgium (49)</td>
<td>25 June 1948</td>
<td>Luxembourg (63)</td>
<td>3 June 1949</td>
</tr>
<tr>
<td>Bolivia (68)</td>
<td>23 December 1949</td>
<td>Mexico (35)</td>
<td>7 April 1948</td>
</tr>
<tr>
<td>Brazil (39)</td>
<td>2 June 1948</td>
<td>Monaco (53)</td>
<td>8 July 1948</td>
</tr>
<tr>
<td>Bulgaria (41)</td>
<td>9 June 1948</td>
<td>Netherlands (12)</td>
<td>25 April 1947</td>
</tr>
<tr>
<td>Burma (50)</td>
<td>1 July 1948</td>
<td>New Zealand (5)</td>
<td>10 December 1946</td>
</tr>
<tr>
<td>Byelorussian SSR (34)</td>
<td>7 April 1948</td>
<td>Nicaragua (69)</td>
<td>24 April 1950</td>
</tr>
<tr>
<td>Cambodia (72)</td>
<td>17 May 1950</td>
<td>Norway (18)</td>
<td>18 August 1947</td>
</tr>
<tr>
<td>Canada (3)</td>
<td>29 August 1946</td>
<td>Pakistan (48)</td>
<td>23 June 1948</td>
</tr>
<tr>
<td>Ceylon (52)</td>
<td>7 July 1948</td>
<td>Panama (75)</td>
<td>20 February 1951</td>
</tr>
<tr>
<td>Chile (55)</td>
<td>15 October 1948</td>
<td>Paraguay (57)</td>
<td>4 January 1949</td>
</tr>
<tr>
<td>China (1)</td>
<td>22 July 1946</td>
<td>Peru (67)</td>
<td>11 November 1949</td>
</tr>
<tr>
<td>Costa Rica (60)</td>
<td>17 March 1949</td>
<td>Philippines, Republic of the (54)</td>
<td>9 July 1948</td>
</tr>
<tr>
<td>Cuba (70)</td>
<td>9 May 1950</td>
<td>Poland (38)</td>
<td>6 May 1948</td>
</tr>
<tr>
<td>Czechoslovakia (30)</td>
<td>1 March 1948</td>
<td>Portugal (29)</td>
<td>13 February 1948</td>
</tr>
<tr>
<td>Denmark (36)</td>
<td>19 April 1948</td>
<td>Roumania (40)</td>
<td>8 June 1948</td>
</tr>
<tr>
<td>Dominican Republic (45)</td>
<td>21 June 1948</td>
<td>Saudi Arabia (14)</td>
<td>26 May 1947</td>
</tr>
<tr>
<td>Ecuador (59)</td>
<td>1 March 1949</td>
<td>Spain (77)</td>
<td>28 May 1951</td>
</tr>
<tr>
<td>Egypt (25)</td>
<td>16 December 1947</td>
<td>Sweden (19)</td>
<td>28 August 1947</td>
</tr>
<tr>
<td>El Salvador (47)</td>
<td>22 June 1948</td>
<td>Switzerland (8)</td>
<td>26 March 1947</td>
</tr>
<tr>
<td>Ethiopia (11)</td>
<td>11 April 1947</td>
<td>Syria (6)</td>
<td>18 December 1946</td>
</tr>
<tr>
<td>Finland (22)</td>
<td>7 October 1947</td>
<td>Thailand (21)</td>
<td>26 September 1947</td>
</tr>
<tr>
<td>France (42)</td>
<td>16 June 1948</td>
<td>Turkey (26)</td>
<td>2 January 1948</td>
</tr>
<tr>
<td>Germany, Federal Republic of (78)</td>
<td>29 May 1951</td>
<td>Ukrainian SSR (33)</td>
<td>3 April 1948</td>
</tr>
<tr>
<td>Greece (31)</td>
<td>12 March 1948</td>
<td>Union of South Africa (16)</td>
<td>7 August 1947</td>
</tr>
<tr>
<td>Guatemala (66)</td>
<td>26 August 1949</td>
<td>Union of Soviet Socialist Republics (32)</td>
<td>24 March 1948</td>
</tr>
<tr>
<td>Haiti (17)</td>
<td>12 August 1947</td>
<td>United Kingdom of Great Britain and</td>
<td></td>
</tr>
<tr>
<td>Honduras (61)</td>
<td>8 April 1949</td>
<td>Northern Ireland (2)</td>
<td>22 July 1946</td>
</tr>
<tr>
<td>Hungary (43)</td>
<td>17 June 1948</td>
<td>United States of America (46)</td>
<td>21 June 1948</td>
</tr>
<tr>
<td>Iceland (44)</td>
<td>17 June 1948</td>
<td>Uruguay (62)</td>
<td>22 April 1949</td>
</tr>
<tr>
<td>India (27)</td>
<td>12 January 1948</td>
<td>Venezuela (51)</td>
<td>7 July 1948</td>
</tr>
<tr>
<td>Indonesia, Republic of (74)</td>
<td>23 May 1950</td>
<td>Viet Nam (73)</td>
<td>17 May 1950</td>
</tr>
<tr>
<td>Iran (4)</td>
<td>23 November 1946</td>
<td>Yugoslavia (24)</td>
<td>19 November 1947</td>
</tr>
<tr>
<td>Iraq (20)</td>
<td>23 September 1947</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ireland (23)</td>
<td>20 October 1947</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Israel (64)</td>
<td>21 June 1949</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Italy (10)</td>
<td>11 April 1947</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Japan (76)</td>
<td>16 May 1951</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jordan, Hashemite Kingdom of the (9)</td>
<td>7 April 1947</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 The chronological order of acceptance, ratification or admission is indicated by the figures in parentheses following the name of each country.
Annex 2

MEMBERSHIP OF THE EXECUTIVE BOARD
(31 December 1952)

Member States entitled to designate persons to serve on the Executive Board:

<table>
<thead>
<tr>
<th>Member States</th>
<th>Unexpired term of office 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Belgium</td>
<td>2 years</td>
</tr>
<tr>
<td>2. Brazil</td>
<td>3 years</td>
</tr>
<tr>
<td>3. Canada</td>
<td>3 years</td>
</tr>
<tr>
<td>4. Ceylon</td>
<td>2 years</td>
</tr>
<tr>
<td>5. Chile</td>
<td>1 year</td>
</tr>
<tr>
<td>6. Cuba</td>
<td>2 years</td>
</tr>
<tr>
<td>7. Denmark</td>
<td>3 years</td>
</tr>
<tr>
<td>8. El Salvador</td>
<td>1 year</td>
</tr>
<tr>
<td>9. France</td>
<td>1 year</td>
</tr>
<tr>
<td>10. Greece</td>
<td>2 years</td>
</tr>
<tr>
<td>11. Iran</td>
<td>3 years</td>
</tr>
<tr>
<td>12. Italy</td>
<td>1 year</td>
</tr>
<tr>
<td>13. Lebanon</td>
<td>2 years</td>
</tr>
<tr>
<td>14. Liberia</td>
<td>2 years</td>
</tr>
<tr>
<td>15. New Zealand</td>
<td>3 years</td>
</tr>
<tr>
<td>16. Pakistan</td>
<td>1 year</td>
</tr>
<tr>
<td>17. Thailand</td>
<td>1 year</td>
</tr>
<tr>
<td>18. United Kingdom of Great Britain and Northern Ireland</td>
<td>3 years</td>
</tr>
</tbody>
</table>

Composition of the Executive Board following the Fifth World Health Assembly (May 1952):

Designated by

<table>
<thead>
<tr>
<th>Designated by</th>
<th>Designated by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. M. JAFAR, Director-General of Health, Karachi, Chairman</td>
<td>Dr. M. J. FERREIRA, Professor of Hygiene, State Faculty of Medicine, Rio de Janeiro</td>
</tr>
<tr>
<td>Professor G. A. CANAPERIA, Chief Medical Officer, Office of the High Commissioner for Hygiene and Public Health, Rome, Vice-Chairman</td>
<td>Dr. S. HAYEK, Chief Medical Officer, Ministry of Health and Welfare, Beirut</td>
</tr>
<tr>
<td>Professor G. A. CANAPERIA, Chief Medical Officer, Office of the High Commissioner for Hygiene and Public Health, Rome, Vice-Chairman</td>
<td>Dr. F. HURTADO, Professor of Paediatrics, School of Medicine, University of Havana</td>
</tr>
<tr>
<td>Dr. A. H. Taba, Director, Health Department, Iranian State Railways, Teheran, Vice-Chairman</td>
<td>Dr. O. LEROUX, Assistant Director, Health Insurance Studies, Department of National Health and Welfare, Ottawa</td>
</tr>
<tr>
<td>Dr. A. H. Taba, Director, Health Department, Iranian State Railways, Teheran, Vice-Chairman</td>
<td>Dr. Melville MACKENZIE, Principal Medical Officer, Ministry of Health, London</td>
</tr>
<tr>
<td>Dr. G. ALIVISATOS, Professor of Hygiene at the University and Professor of Epidemiology at the School of Hygiene, Athens</td>
<td>Dr. O. LEROUX, Assistant Director, Health Insurance Studies, Department of National Health and Welfare, Ottawa</td>
</tr>
<tr>
<td>Dr. G. ALIVISATOS, Professor of Hygiene at the University and Professor of Epidemiology at the School of Hygiene, Athens</td>
<td>Dr. J. ALLWOOD-PAREDES, Director-General of Public Health, San Salvador</td>
</tr>
<tr>
<td>Dr. J. ALLWOOD-PAREDES, Director-General of Public Health, San Salvador</td>
<td>Dr. O. ANDERSEN, Professor of Paediatrics, University of Copenhagen</td>
</tr>
<tr>
<td>Dr. J. ALLWOOD-PAREDES, Director-General of Public Health, San Salvador</td>
<td>Dr. O. ANDERSEN, Professor of Paediatrics, University of Copenhagen</td>
</tr>
<tr>
<td>Dr. C. VAN DEN BERG, Director-General for International Health Affairs, Ministry of Social Affairs of the Netherlands, The Hague</td>
<td>Dr. C. VAN DEN BERG, Director-General for International Health Affairs, Ministry of Social Affairs of the Netherlands, The Hague</td>
</tr>
<tr>
<td>Dr. C. VAN DEN BERG, Director-General for International Health Affairs, Ministry of Social Affairs of the Netherlands, The Hague</td>
<td>Professeur J. PARISOT, Doyen de la Faculté de Médecine de Nancy</td>
</tr>
<tr>
<td>Dr. A. L. BRAVO, Chief, Tuberculosis Department, Public Health Service, Santiago</td>
<td>Dr. J. N. TOGBA, Director of Public Health and Sanitation, Monrovia</td>
</tr>
<tr>
<td>Dr. A. L. BRAVO, Chief, Tuberculosis Department, Public Health Service, Santiago</td>
<td>Dr. H. B. TURBOTT, Deputy Director-General of Health, Wellington</td>
</tr>
<tr>
<td>Dr. S. DAENGSYANG, Deputy Director-General, Department of Health, Bangkok</td>
<td>Dr. W. G. WICKREMESINGHE, Director of Health Services, Colombo</td>
</tr>
<tr>
<td>Dr. S. DAENGSYANG, Deputy Director-General, Department of Health, Bangkok</td>
<td>Dr. S. DAENGSYANG, Deputy Director-General, Department of Health, Bangkok</td>
</tr>
<tr>
<td>Thailand</td>
<td>Ceylon</td>
</tr>
<tr>
<td>Thailand</td>
<td>Ceylon</td>
</tr>
</tbody>
</table>

1 As from the end of the Fifth World Health Assembly (May 1952)
2 Dr. Taba relinquished his place on the Board on his appointment to the staff of the Organization on 5 August 1952.
3 Replaced by Dr. A. Aguilar, Alternate, at the tenth session of the Board, 29 May to 3 June 1952
4 Absent from the tenth session of the Board, 29 May to 3 June 1952
Annex 3

EXPERT ADVISORY PANELS AND EXPERT COMMITTEES

To supply the Organization with technical advice by correspondence and to provide the membership of its expert committees, 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
Insecticides
International quarantine
International pharmacopoeia and pharmaceutical preparations
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
Rickettsioses
Social and occupational health
Trachoma
Tuberculosis
Venereal infections and treponematoses (including serology and laboratory aspects)
Virus diseases
Yellow fever
Zoonoses

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 of the expert committees held in 1952.

GEOGRAPHICAL DISTRIBUTION OF MEMBERSHIP OF EXPERT ADVISORY PANELS AT THE END OF 1952

<table>
<thead>
<tr>
<th>Region and Country</th>
<th>Number of Members</th>
<th>Regional Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Africa</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belgian Congo</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Southern Rhodesia</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Tanganyika</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Union of South Africa</td>
<td>14</td>
<td>25</td>
</tr>
<tr>
<td><strong>Americas</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Argentina</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Bolivia</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Brazil</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>British Guiana</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>British West Indies</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Canada</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>Chile</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Colombia</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Americas (continued)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cuba</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Ecuador</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>El Salvador</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Guatemala</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Haiti</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Jamaica</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Mexico</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Nicaragua</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Panama</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Paraguay</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Peru</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Trinidad</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>United States of America</td>
<td>220</td>
<td></td>
</tr>
<tr>
<td>Uruguay</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Venezuela</td>
<td>12</td>
<td>392</td>
</tr>
</tbody>
</table>
## THE WORK OF WHO, 1952

<table>
<thead>
<tr>
<th>Region and Country</th>
<th>Number of Members</th>
<th>Regional Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>South-East Asia</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afghanistan</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Ceylon</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>Indonesia</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Thailand</td>
<td>3</td>
<td>72</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region and Country</th>
<th>Number of Members</th>
<th>Regional Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Europe (continued)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Kingdom of Great Britain and Northern Ireland</td>
<td>117</td>
<td></td>
</tr>
<tr>
<td>Yugoslavia</td>
<td>13</td>
<td>453</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region and Country</th>
<th>Number of Members</th>
<th>Regional Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eastern Mediterranean</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cyprus</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Egypt</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Iran</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Iraq</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Israel</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Lebanon</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Pakistan</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region and Country</th>
<th>Number of Members</th>
<th>Regional Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Western Pacific</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>China</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Hong Kong</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Japan</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Malaya</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Netherlands New Guinea</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>New Zealand</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>North Borneo</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Philippines</td>
<td>8</td>
<td>28</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region and Country</th>
<th>Number of Members</th>
<th>Regional Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Territory not assigned to Region</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangier</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**GRAND TOTAL**: 1027

### MEMBERS OF EXPERT COMMITTEES HELD IN 1952

#### Expert Committee on Bilharziasis

**First Session**

Dr. D. M. Blair, Director of Preventive Services, Department of Health, Salisbury, Southern Rhodesia

Professor E. C. Faust, Head, Division of Parasitology, Department of Tropical Medicine and Public Health, Tulane University of Louisiana, New Orleans, La., USA

Dr. J. Gaud, Directeur de l’Institut d’Hygiène du Maroc, Rabat, Morocco

Dr. D. B. McMullen, Chief, Department of Medical Zoology, Army Medical Service Graduate School, Walter Reed Army Medical Center, Washington, D.C., USA

Dr. J. Oliver Gonzalez, Associate Professor of Parasitology, Department of Microbiology, School of Medicine, University of Puerto Rico, San Juan, Puerto Rico

Dr. W. H. Wright, Chief, Laboratory of Tropical Diseases, National Microbiological Institute, National Institutes of Health (US Public Health Service), Bethesda, Md., USA

---

#### Expert Committee on Biological Standardization

**Sixth Session**

Dr. J. H. Gaddum, Professor of Pharmacology, Edinburgh University, Edinburgh, United Kingdom of Great Britain and Northern Ireland

Dr. E. Grasset, Directeur de l’Institut d’Hygiène ; Professeur de Bactériologie et d’Hygiène à l’Université de Genève, Geneva, Switzerland

Dr. C. Hamburger, Chief, Hormone Department, Statens Seruminstitut, Copenhagen, Denmark

Dr. N. K. Jerne, Acting Chief, Department of Biological Standards, Statens Seruminstitut, Copenhagen, Denmark

Dr. D. C. Lahiri, Assistant Director, Haffkine Institute, Bombay, India

Dr. C. A. Morrell, Director, Food and Drug Divisions, Department of National Health and Welfare, Ottawa, Canada

Dr. A. B. Nichols, Secretary, United States Pharmacopoeial Convention, Inc., New York, N.Y., USA

---

1 Including the French Union
Dr. W. L. M. Perry, Director, Department of Biological Standards, National Institute for Medical Research, Mill Hill, London, United Kingdom of Great Britain and Northern Ireland

Dr. J. Tréfouël, Directeur de l’Institut Pasteur, Paris, France

Dr. W. G. Workman, Chief, Biologics Control Laboratory, National Microbiological Institute, National Institutes of Health (US Public Health Service), Bethesda, Md., USA

Expert Committee on Drugs Liable to Produce Addiction

Third Session

Sir Ram N. Chopra, Professor of Pharmacology; Director, Drug Research Laboratory, Srinagar, Kashmir

Dr. N. B. Eddy, Chief, Section on Analgesics, Division of Chemistry, National Institute of Arthritis and Metabolic Diseases, National Institutes of Health (US Public Health Service), Bethesda, Md., USA

Dr. H. Fischer,2 Professeur de Pharmacologie à la Faculté de Médecine de l’Université de Zurich, Switzerland

Dr. G. Joachimoglou, Professor of Pharmacology; Chairman, Superior Health Council, Ministry of Hygiene, Athens, Greece

Dr. J. La Barre, Professeur de Pharmacologie à la Faculté de Médecine et de Pharmacie de l’Université de Bruxelles, Brussels, Belgium

Dr. B. Lorenzo-Velasquez, Professor of Pharmacology, Faculty of Medicine, University of Madrid, Spain

J. R. Nicholls, D.Sc., Deputy Government Chemist, Government Laboratory, London, United Kingdom of Great Britain and Northern Ireland

Dr. F. Verzar,2 Professeur de Physiologie à la Faculté de Médecine de l’Université de Bâle, Switzerland

Expert Committee on Hepatitis

First Session

Dr. W. P. Havens, Associate Professor of Medicine, Jefferson Medical College, Philadelphia, Pa., USA

Professor C. D. de Langen, Department of Medicine, City and University Hospital Foundation, Utrecht, Netherlands

Dr. F. O. MacCallum, Director, Virus Reference Laboratory, Public Health Laboratory Service, London, United Kingdom of Great Britain and Northern Ireland

Professor G. C. O. Olin, Director, State Bacteriological Laboratory, Stockholm, Sweden

Professor J. R. Paul, Professor of Preventive Medicine, Yale University School of Medicine, New Haven, Conn., USA

Dr. N. G. H. Welin, Assistant Physician, Sahlgren Hospital, Göteborg, Sweden

2 Attended part of the session

Expert Committee on Influenza

First Session

Dr. C. H. Andrewes, World Influenza Centre of the World Health Organization; Deputy Director of the National Institute for Medical Research, Mill Hill, London, United Kingdom of Great Britain and Northern Ireland

Professor I. Archetti, Istituto Superiore di Sanità, Rome, Italy

Dr. Dorland J. Davis, Executive Secretary, Influenza Information Center, National Institutes of Health (US Public Health Service), Bethesda, Md., USA

Dr. M. R. Hilleman, Chief, Diagnostic and Respiratory Research Sections, Department of Virus and Rickettsial Diseases, Army Medical Service Graduate School, Washington, D.C., USA

Professeur P. Lépine, Chef du Service des Virus, Institut Pasteur, Paris, France

Professor T. P. Magill, Strain Study Center for the Americas, Department of Microbiology and Immunology, State University Medical Center at New York, Brooklyn, N.Y., USA

Dr. Preben von Magnus, Chief of Laboratory, Statens Serum-institut, Copenhagen, Denmark

Professor J. Mulder, Professor of Medicine, University Medica Clinic, Leyden, Netherlands

Professor C. H. Stuart-Harris, University Department of Medicine, The Royal Hospital, Sheffield, United Kingdom of Great Britain and Northern Ireland

Expert Committee on the International Pharmacopoeia and Pharmaceutical Preparations

Tenth 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. Canbäck, Director, Pharmaceutical Control Laboratory, Stockholm, Sweden; Vice-Chairman, Swedish Pharmacopoeia Commission; Member of the Scandinavian Pharmacopoeial Council

Dr. I. R. Fahmy, Professor of Pharmacognosy, Faculty of Medicine, Fouad I University, Cairo, Egypt; Secretary, Egyptian Pharmacopoeia Commission

Dr. H. Flück, Professeur de Pharmacognosie à l’École Polytechnique fédérale, Zurich, 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 of Great Britain and Northern Ireland

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, N.Y., USA
Dr. D. van Os, Professor of Pharmacy and Toxicology, University of Groningen, Netherlands; Chairman, Netherlands Pharmacopoeia Commission

Eleventh Session

Dr. J. L. Andrade, Professor of Pharmacy and Chemistry, Caracas University; Head, Analytical Laboratory for Food, Drugs and Cosmetics, Ministry of Health and Welfare, Caracas, Venezuela

Dr. T. Canbäck, Director, 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, Zurich, 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 of Great Britain and Northern Ireland

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, N.Y., USA

Dr. D. van Os, Professor of Pharmacy and Toxicology, University of Groningen, Netherlands; Chairman, Netherlands Pharmacopoeia Commission

Dr. P. Valenzuela, Dean, College of Pharmacy, University of the Philippines; Chairman, Section on Pharmacopoeias, Research Council for the Philippines, Manila, Republic of the Philippines

Sub-Committee on Non-Proprietary Names

Fourth and Fifth 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 of Great Britain and Northern Ireland

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, N.Y., USA

Dr. Baggesgaard Rasmussen, Denmark, was unable to attend.

Expert Committee on Leprosy

First Session

Dr. Dharmendra, Leprosy Research Department, School of Tropical Medicine, Calcutta, India

Dr. J. Lowe, Leprosy Research Unit, Uzuakoli, Nigeria

Dr. J. N. Rodriguez, Department of Health, Manila, Republic of the Philippines

Dr. L. de Souza Lima, Department of Leprosy Prevention, Office of the Secretary of State for Health, São Paulo, Brazil

Dr. H. W. Wade, Associate Medical Director, The Leonard Wood Memorial, Cuban Leprosy Colony, Palawan, Republic of the Philippines

Expert Committee on Mental Health

Third Session

Dr. D. Blain, Medical Director, American Psychiatric Association, Washington, D.C., USA

Dr. M. V. Govindaswamy, Medical Superintendent, Mysore Government Mental Hospital, Bangalore, India

Professor G. Kraus, University Psychiatric Hospital, Groningen, Netherlands

Dr. G. Magnusson, St. Hans Hospital, Roskilde, Denmark

Dr. I. Matté Blanco, Professor of Psychiatry, School of Medicine, University of Chile, Santiago, Chile

Professeur M. Müller, Médecin-Directeur de l'Hôpital psychiatrique de Münsingen, Berne, Switzerland

Dr. Phon Sangsingkeo, Hospital for Mental Diseases, Dhonburi, Thailand

Dr. T. P. Rees, Medical Superintendent, Warlingham Park Hospital, Warlingham, Surrey, United Kingdom of Great Britain and Northern Ireland

Dr. P. Sivadon, Médecin-Chef, Centre de Traitement et de Rédadaptation sociale, Neuilly-sur-Marne (Seine-et-Oise), France

Expert Committee on Plague

Second Session

Dr. J. M. de la Barrera, Professor of Bacteriology, National University of La Plata, Argentina

Dr. A. Castro, Director, National Plague Service, Ministry of Education and Health, Rio de Janeiro, Brazil

Dr. G. Girard, Chef du Service de la Peste, Institut Pasteur, Paris, France

Dr. K. F. Meyer, Director, G. W. Hooper Foundation, University of California Medical Center, San Francisco, Calif., USA

Major-General Sir Sahib Singh Sokhey, Member of the Council of States, New Delhi, India

Dr. P. M. Wagle, Director, Haffkine Institute, Bombay, India
Expert Committee on Trachoma

First Session

Professor G. B. Bietti, Director, Ophthalmological Clinic, University of Parma, Italy

Dr. A. F. Tobgy, Professor of Ophthalmology, Fouad I University, Cairo, Egypt

Dr. F. Maxwell Lyons, Director, Memorial Ophthalmic Laboratory, Cairo, Egypt

Dr. Y. Mitsui, Assistant Professor of Ophthalmology, Kumamoto University Medical School, Kumamoto, Japan

Dr. H. Moutinho, Director, Ophthalmological Clinic, Hospital Militar Principal and Hospital do Ultramar, Lisbon, Portugal

Dr. R. Nataf, Ophtalmologiste des Hôpitaux de Tunis ; Membre associé de l'Institut Pasteur de Tunis, Tunisia

Dr. R. Pagès, Médecin spécialiste des Hôpitaux du Maroc ; Médecin-chef du Centre d'Ophtalmologie et de Trachomatologie experimentionale de Salé, Rabat, Morocco

Dr. P. Thyeson, Clinical Professor of Ophthalmology, School of Medicine, University of California Medical Center, San Francisco, Calif., USA

Expert Committee on Venereal Infections and Trepomematoses

Fourth Session

Dr. J. M. de Barros, Assistant Professor of Venereology in the School of Hygiene and Public Health, University of São Paulo, Brazil

Dr. T. J. Bauer, Chief, Division of Venereal Disease, US Public Health Service, Washington, D.C., USA

Dr. H. T. Chaglassian, Professor of Dermatology and Syphilology, American University, Beirut, Lebanon

Dr. E. I. Grin, Director, Central Dispensary for Skin and Venereal Diseases, Ministry of Health, Sarajevo, Yugoslavia

Dr. G. L. M. McElligot, Director, Venereal Disease Department, St. Mary's Hospital ; Adviser in Venereal Diseases, Ministry of Health, London, United Kingdom of Great Britain and Northern Ireland

Dr. R. V. Rajam, Professor of Venereology, Government General Hospital, Madras, India

Dr. M. Soetopo, Professor of Dermato-syphilology ; Director, Venereal Disease Research Institute in Indonesia, Soerabaya, Indonesia

Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel

Second Session

Dr. D. Campbell, Professor of Pharmacology ; Dean, Faculty of Medicine, University of Aberdeen ; President of the General Medical Council, United Kingdom of Great Britain and Northern Ireland

Dr. L. J. Evans, Executive Associate, The Commonwealth Fund, New York, N.Y., USA

Dr. D. Knutson, Director, Medical Policlinic, Carolinian Hospital, Stockholm, Sweden ; Chairman, Council of the World Medical Association

Dr. C. F. Krumdieck, Professor of Paediatrics, University of San Marcos, Lima, Peru ; Executive, Pan American Office of Medical Education

Sir Arcot L. Mudaliar, Vice-Chancellor, University of Madras, India

Professeur J. Parisot, Professeur d'Hygiène et de Médecine préventive et sociale ; Doyen de la Faculté de Médecine de l'Université de Nancy, France

Dr. T. C. Routley, General Secretary, Canadian Medical Association, Toronto, Canada

Dr. J. S. Saleh, Professor of Obstetrics and Gynaecology ; Dean, Faculty of Medicine, University of Teheran, Iran

Dr. H. E. Sigerist, Research Associate in the History of Medicine of Yale University ; Pura, Switzerland

Dr. A. Štampar, Professor of Public Health and Social Medicine ; Dean, Faculty of Medicine, and Director, School of Public Health, University of Zagreb ; President of the Yugoslav Academy of Sciences and Arts, Zagreb, Yugoslavia

Joint FAO/WHO Expert Committee on Brucellosis

Second Session

Dr. G. Alivisatos, Professor of Hygiene at the University and Professor of Epidemiology at the School of Hygiene, Athens, Greece

Dr. H. C. Bendixen, Royal Veterinary and Agricultural College, Copenhagen, Denmark

Dr. M. Ruiz Castafieda, Medical Research Institute, General Hospital, Mexico City, D.F., Mexico

Sir Weldon Dalrymple-Champey, Bt., Deputy Chief Medical Officer, Ministry of Health, London, United Kingdom of Great Britain and Northern Ireland

Dr. S. B. Golem, “Reñik Saydam” Central Institute of Hygiene, Ankara, Turkey

Dr. N. B. McCullough, Chief, Laboratory of Clinical Investigation, National Microbiological Institute, National Institutes of Health (US Public Health Service), Bethesda, Md., USA

Dr. C. Manthei, Animal Disease Station, US Bureau of Animal Industry, Beltsville, Md., USA

Dr. G. Mazzetti, Director, Institute of Hygiene and Microbiology, University of Florence, Italy

Dr. G. Renoux, Chef de Laboratoire, Institut Pasteur, Tunis, Tunisia

Dr. W. W. Spink, Department of Medicine, University of Minnesota, Minneapolis, Minn., USA

Dr. A. W. Stableforth, Director, Ministry of Agriculture and Fisheries Veterinary Laboratory, New Haw, Weybridge, Surrey, United Kingdom of Great Britain and Northern Ireland
Joint FAO/WHO Expert Committee on Nutrition

Third Session

FAO:
Dr. E. J. Bigwood, Professeur de Biochimie et de Nutrition à la Faculté de Médecine de l’Université libre de Bruxelles, Brussels, Belgium
Professor P. Gyorgy, Professor of Nutrition in Paediatrics, University of Pennsylvania, Philadelphia, Pa., USA
Professeur R. Jacquot, Directeur du Laboratoire de Biochimie de la Nutrition, Centre National de la Recherche Scientifique, Bellevue (Seine-et-Oise), France
Professor G. J. Jauz, Chief, Nutrition Section, Institute of Tropical Medicine, Lisbon, Portugal
Dr. L. A. Maynard, Professor of Biochemistry and Nutrition, Cornell University, Ithaca, N.Y., USA
Dr. V. N. Patwardhan, Director, Nutrition Research Laboratories, Indian Council of Medical Research, Coonoor, India
Mr. A. J. Wakefield, Resident Representative of the Technical Assistance Board, Port-au-Prince, Haiti

WHO:
Dr. J. F. Brock, Professor of the Practice of Medicine, University of Cape Town, Union of South Africa
Dr. F. W. Clements, Section of Social Paediatrics, Institute of Child Health, University of Sydney, New South Wales, Australia
Professor G. Frontali, Director, Paediatric Clinic, University of Rome, Italy
Professor B. S. Platt, Head, Department of Nutrition, London School of Hygiene and Tropical Medicine; Director, Human Nutrition Research Unit, Medical Research Council, London, United Kingdom of Great Britain and Northern Ireland
Dr. M. V. Radhakrishna Rao, Chief, Department of Nutrition, Government of Bombay; Haffkine Institute, Bombay, India

Dr. H. C. Trowell, Uganda Medical Service, Mulago Hospital, Kampala, Uganda
Dr. J. C. Waterlow, Member of Scientific Staff, Medical Research Council of Great Britain; Senior Research Fellow, University College of the West Indies, Mona, Jamaica

Joint ILO/WHO Committee on Occupational Health

Second Session

ILO:
Dr. L. Carozzi, Professeur honoraire de l’Université de Genève; Former Chief, Industrial Hygiene Service, ILO (1920-1940)
Dr. L. Greenburg, Commissioner, City of New York Department of Air Pollution Control, New York, N.Y., USA
Professeur P. Mazel, Directeur de l’Institut de Médecine du Travail, Lyons, France
Dr. E. R. A. Merewether, H. M. Senior Medical Inspector of Factories, Ministry of Labour and National Service, and Medical Adviser to the Ministry of Agriculture and Fisheries, London, United Kingdom of Great Britain and Northern Ireland

WHO:
Mr. J. J. Bloomfield, Industrial Hygiene Specialist, Division of Health, Welfare and Housing, Institute of Inter-American Affairs, Lima, Peru
Dr. G. C. E. Burger, Medical Department, Philips Gloei-lampenfabrieken, Eindhoven, Netherlands
Dr. K. C. Charron, Chief, Occupational Health Division, Department of National Health and Welfare, Ottawa, Canada
Miss D. A. Pemberton, Chief Nursing Officer, Boots Pure Drug Company Ltd., Nottingham, United Kingdom of Great Britain and Northern Ireland
Dr. M. N. Rao, Professor of Physiological and Industrial Hygiene, All-India Institute of Hygiene and Public Health, Calcutta, India

Annex 4

CONFERENCES AND MEETINGS CALLED BY WHO IN 1952

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-12 January</td>
<td>Expert Committee on Drugs Liable to Produce Addiction, third session</td>
<td>Geneva</td>
</tr>
<tr>
<td>7-17 January</td>
<td>Executive Board, Standing Committee on Administration and Finance</td>
<td>Geneva</td>
</tr>
<tr>
<td>21 January - 4 February</td>
<td>Executive Board, ninth 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 organized by the other agency concerned.
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 and 30 January</td>
<td>Léon Bernard Foundation Committee</td>
<td>Geneva</td>
</tr>
<tr>
<td>2-8 March</td>
<td>Expert Committee on Trachoma, first session</td>
<td>Geneva</td>
</tr>
<tr>
<td>19-24 March</td>
<td>Ad hoc Committee on Reservations to the International Sanitary Regulations (WHO Regulations No. 2)</td>
<td>Geneva</td>
</tr>
<tr>
<td>24 March - 5 April</td>
<td>Working Conference on Nursing Education</td>
<td>Geneva</td>
</tr>
<tr>
<td>9-10 April</td>
<td>UNICEF/WHO : Joint Committee on Health Policy, fifth session</td>
<td>New York</td>
</tr>
<tr>
<td>23-30 April</td>
<td>Expert Committee on the International Pharmacopoeia, tenth session</td>
<td>Geneva</td>
</tr>
<tr>
<td>1-2 May</td>
<td>Expert Committee on the International Pharmacopoeia, Sub-Committee on Non-Proprietary Names, fourth session</td>
<td>Geneva</td>
</tr>
<tr>
<td>5-22 May</td>
<td>Fifth World Health Assembly</td>
<td>Geneva</td>
</tr>
<tr>
<td>29 May - 3 June</td>
<td>Executive Board, tenth session</td>
<td>Geneva</td>
</tr>
<tr>
<td>23-25 June</td>
<td>Consultative Group on Laboratory Investigation of Dried Smallpox Vaccine</td>
<td>Geneva</td>
</tr>
<tr>
<td>27 June, 10-11 October</td>
<td>Meetings of Government Representatives to prepare Scandinavian Training Courses in Public Health (with Rockefeller Foundation)</td>
<td>Copenhagen and Göteborg</td>
</tr>
<tr>
<td>27-28 June</td>
<td>International Anti-Venereal-Disease Commission of the Rhine, second session</td>
<td>Strasbourg</td>
</tr>
<tr>
<td>21-26 July</td>
<td>Expert Committee on Hepatitis, first session</td>
<td>Liége</td>
</tr>
<tr>
<td>28 July - 2 August</td>
<td>Expert Committee on Venereal Infections and Treponematoses, fourth session</td>
<td>London</td>
</tr>
<tr>
<td>31 July - 7 August</td>
<td>Regional Committee for Africa, second session</td>
<td>Monrovia</td>
</tr>
<tr>
<td>4-9 September</td>
<td>Regional Committee for South-East Asia, fifth session</td>
<td>Bandoeng</td>
</tr>
<tr>
<td>8-12 September</td>
<td>Expert Committee on Influenza, first session</td>
<td>Geneva</td>
</tr>
<tr>
<td>15-20 September</td>
<td>United Nations/WHO : Joint Meeting of Experts on the Mental Health Aspects of Adoption</td>
<td>New York</td>
</tr>
<tr>
<td>15-24 September</td>
<td>Regional Committee for the Americas, fourth session, and Directing Council, PASO, sixth session</td>
<td>Havana</td>
</tr>
<tr>
<td>25-27 September</td>
<td>Regional Committee for Europe, second session</td>
<td>Lisbon</td>
</tr>
<tr>
<td>25-30 September</td>
<td>Regional Committee for the Western Pacific, third session</td>
<td>Saigon</td>
</tr>
<tr>
<td>4-10 October</td>
<td>Expert Committee on Bilharziasis, first session</td>
<td>San Juan, Puerto Rico</td>
</tr>
<tr>
<td>6-12 October</td>
<td>ILO/WHO : Joint Committee on Occupational Health, second session</td>
<td>Geneva</td>
</tr>
<tr>
<td>13-18 October</td>
<td>FAO/WHO : Joint Expert Committee on Brucellosis, second session</td>
<td>Florence</td>
</tr>
<tr>
<td>13-18 October</td>
<td>Conference on Diphtheria and Pertussis Vaccines</td>
<td>Dubrovnik, Yugoslavia</td>
</tr>
<tr>
<td>20-25 October</td>
<td>Expert Committee on Biological Standardization, sixth session</td>
<td>Geneva</td>
</tr>
<tr>
<td>27 October - 1 November</td>
<td>Expert Committee on the International Pharmacopoeia, eleventh session</td>
<td>Geneva</td>
</tr>
<tr>
<td>3-4 November</td>
<td>Expert Committee on the International Pharmacopoeia, Sub-Committee on Non-Proprietary Names, fifth session</td>
<td>Geneva</td>
</tr>
<tr>
<td>10-18 November</td>
<td>Expert Committee on Leprosy, first session</td>
<td>Geneva</td>
</tr>
<tr>
<td>24-29 November</td>
<td>Expert Committee on Mental Health, third session</td>
<td>Rio de Janeiro</td>
</tr>
<tr>
<td>28 November - 4 December</td>
<td>FAO/WHO : Joint Expert Committee on Nutrition, third session (in cooperation with the CCTA Nutrition Conference)</td>
<td>Fajara, near Bathurst, Gambia</td>
</tr>
<tr>
<td>3-9 December</td>
<td>Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel, second session</td>
<td>Nancy</td>
</tr>
<tr>
<td>5-10 December</td>
<td>Expert Committee on Plague, second session</td>
<td>Bombay</td>
</tr>
<tr>
<td>8-12 December</td>
<td>Study Group on Epidemic Goitre</td>
<td>London</td>
</tr>
</tbody>
</table>
Annex 5

CONFERENCES, SYMPOSIA, SEMINARS AND TRAINING COURSES

Part 1 of this annex lists the international or inter-regional conferences, symposia, seminars and training courses which WHO organized or helped to organize in 1952. Part 2 shows international courses, sponsored by other organizations, in which WHO assisted by providing 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 in Chapter 14, Table I.

Part 1

Courses organized wholly or in part by WHO

<table>
<thead>
<tr>
<th>Throughout year</th>
<th>Research and Training Centre in Antibiotics (with the Istituto Superiore di Sanità, Rome)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-12 February</td>
<td>Visiting team of medical scientists ¹</td>
</tr>
<tr>
<td>13 February - 5 March</td>
<td>Visiting team of medical scientists ²</td>
</tr>
<tr>
<td>7 March - 3 April</td>
<td>Visiting team of medical scientists ³</td>
</tr>
<tr>
<td>14-22 March</td>
<td>International Symposium on Yaws Control (with Government of Thailand and UNICEF)</td>
</tr>
<tr>
<td>6 April - 4 May</td>
<td>Advisory Group on Medical Education ⁴</td>
</tr>
<tr>
<td>21 April - 5 July</td>
<td>Postgraduate Training Course for Nutritionists in Africa South of the Sahara (with FAO)</td>
</tr>
<tr>
<td>12 May (for one year)</td>
<td>Course for Medical Records Librarians</td>
</tr>
<tr>
<td>1 June (for one year)</td>
<td>Anaesthesiology Centre : Basic Postgraduate Course for Anaesthesiologists</td>
</tr>
<tr>
<td>2 June - 26 July</td>
<td>Malaria Training Course</td>
</tr>
<tr>
<td>16 June - 25 August</td>
<td>Malaria Training Course (with Institute of Malariology, Lisbon)</td>
</tr>
<tr>
<td>30 June - 8 August</td>
<td>Third Nursing Workshop (with PASB)</td>
</tr>
<tr>
<td>14-28 July</td>
<td>Inter-regional Rabies Conference and Seminar</td>
</tr>
<tr>
<td>15 July - 15 August</td>
<td>Training Course on the Control of Venereal Diseases</td>
</tr>
<tr>
<td>4 August - 20 September</td>
<td>Western Pacific Regional Seminar on Vital and Health Statistics (with United Nations)</td>
</tr>
<tr>
<td>22 August (for 5 years)</td>
<td>Inter-American Center of Biostatistics</td>
</tr>
<tr>
<td>6 September - 5 October</td>
<td>Travelling Study Group on Public-Health Administration ⁴</td>
</tr>
</tbody>
</table>

¹ This was a nine-day lecture and demonstration course, on the following subjects: physiology, pharmacology, biochemistry, internal medicine, paediatrics, general and thoracic surgery, anaesthesiology, radiology and epidemiology.

² This was a three-week lecture and demonstration course on the following subjects: physiology, pharmacology, biochemistry, internal medicine, paediatrics, general and thoracic surgery, anaesthesiology, radiology, epidemiology and medical education.

³ This was a follow-up of the 1951 medical teaching mission, on problems of medical education in the medical faculties of the four towns mentioned.

⁴ This group was composed of 19 senior public-health officers from different countries. They studied methods of public-health administration in various parts of France and Norway and discussed them with the authorities of those countries.
<table>
<thead>
<tr>
<th>Date Range</th>
<th>Event Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 October - 4 November</td>
<td>Third Seminar of European Sanitary Engineers (with Rockefeller Foundation)</td>
<td>London</td>
</tr>
<tr>
<td>1 November (for one year)</td>
<td>Anaesthesiology Centre: Training Course for Anaesthesiologists (with University of Paris)</td>
<td>Paris</td>
</tr>
<tr>
<td>3-21 November</td>
<td>First Regional Seminar on Nursing Education (with UNESCO)</td>
<td>Taiwan</td>
</tr>
<tr>
<td>10-13 November</td>
<td>First Seminar for Central American Sanitary Engineers</td>
<td>Managua</td>
</tr>
<tr>
<td>24-29 November</td>
<td>Seminar on the Zoonoses (with FAO)</td>
<td>Vienna</td>
</tr>
<tr>
<td>30 November - 9 December</td>
<td>First European Seminar on Occupational Health (with ILO)</td>
<td>Leyden</td>
</tr>
<tr>
<td>1-15 December</td>
<td>Inter-American Seminar on Brucellosis</td>
<td>Santiago, Chile</td>
</tr>
<tr>
<td>8-13 December</td>
<td>European Study Conference on Undergraduate Training in Hygiene, Preventive Medicine and Social Medicine</td>
<td>Nancy</td>
</tr>
</tbody>
</table>

**Part 2**

Courses in which WHO assisted

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Event Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 January - 31 May</td>
<td>Group Training Course on the Rehabilitation of Physically Handicapped Children (organized by International Children’s Centre)</td>
<td>Paris</td>
</tr>
<tr>
<td>1 March - 31 May</td>
<td>Training Course on Social Paediatrics (organized by International Children's Centre)</td>
<td>Paris</td>
</tr>
<tr>
<td>1 May - 31 July</td>
<td>Course on the Care of Premature Infants (organized by International Children's Centre)</td>
<td>Paris</td>
</tr>
<tr>
<td>4-25 June</td>
<td>Postgraduate Course on Fundamentals of Thoracic Clinical Science and Surgery (organized by University of Groningen)</td>
<td>Groningen</td>
</tr>
<tr>
<td>9-18 June</td>
<td>Seminar on Homeless Children (organized by International Children’s Centre)</td>
<td>London</td>
</tr>
<tr>
<td>29 June - 12 July</td>
<td>Training Course on the Engineering Aspects of Public Health (organized by British Council and Institute of Civil Engineers)</td>
<td>London and Birmingham</td>
</tr>
<tr>
<td>5-19 July</td>
<td>Seminar on the Health and Welfare Aspects of Foster-Home Care (organized by United Nations)</td>
<td>Oslo</td>
</tr>
<tr>
<td>19 July - 10 August</td>
<td>Seminar on Mental Health and Infant Development (organized by World Federation for Mental Health)</td>
<td>Chichester, England</td>
</tr>
<tr>
<td>18-31 August</td>
<td>Seminar on the Teaching and Supervision of Social Case Work (organized by United Nations)</td>
<td>Helsinki</td>
</tr>
<tr>
<td>8 September - 9 November</td>
<td>Group Training Course on Rehabilitation of the Physically Handicapped Adult (organized by United Nations, with ILO)</td>
<td>Denmark, Finland and Sweden Manchester and Birmingham</td>
</tr>
<tr>
<td>18 September - 8 October</td>
<td>Training Course in Industrial Medicine (organized by British Council)</td>
<td>Paris</td>
</tr>
<tr>
<td>17-19 October</td>
<td>Third Annual Seminar on the TPI-Test and New Immunological Aspects of Syphilis (organized by French Society of Dermatology and Syphilology)</td>
<td>Marseilles</td>
</tr>
<tr>
<td>20 October - 1 December</td>
<td>Training Course on Biological Diagnosis of Communicable Diseases in Childhood (organized by International Children’s Centre)</td>
<td>Paris</td>
</tr>
<tr>
<td>27 November - 17 December</td>
<td>Conference on Education and Mental Health of Children (organized by UNESCO)</td>
<td>Paris</td>
</tr>
<tr>
<td>8-13 December</td>
<td>Seminar on Problems of Childhood in Tropical Countries of Africa (organized by International Children’s Centre)</td>
<td>Brazzaville</td>
</tr>
<tr>
<td>23-27 December</td>
<td>Regional Symposium on Tropical Building Design (organized by UNESCO and National Institute of Sciences of India)</td>
<td>Delhi</td>
</tr>
</tbody>
</table>
Annex 6

CONFERENCES AND MEETINGS CALLED BY THE UNITED NATIONS AND SPECIALIZED AGENCIES IN 1952 AT WHICH WHO WAS REPRESENTED

6 November 1951 - 5 February 1952
General Assembly, sixth session
14-18 January
UNESCO : Inter-Secretariat Working Party of the United Nations and Specialized Agencies on Fundamental Education

7-9 January
UNESCO/UNICEF/WHO : Joint planning committee for proposed conference on the school child
15 January
Administrative Committee on Co-ordination : Preparatory Committee, 18th session
27-31 January
UNESCO : United States National Committee, third conference
29 January - 2 February
Technical Assistance Board, 17th meeting
29 January - 8 February
Economic Commission for Asia and the Far East, eighth session
4-5 February
Technical Assistance Board : Meeting of National Committees on Technical Assistance of European Countries
6-7 February
Second United Nations Technical Assistance Conference
7-8 February
Administrative Committee on Co-ordination : Working Group on Publications, third session
7-8 February
Economic Commission for Latin America : Inter-Agency Regional Co-ordination Committee on Migration in Latin America, first session
11-14 February
Economic Commission for Latin America : Committee of the Whole
11-14 February
Economic and Social Council : Working Party on Insecticides DDT and BHC
18 February - 1 March
ILO : Advisory Committee on Salaried Employees and Professional Workers, second session
27 February - 1 April
Trusteeship Council, tenth session
3-15 March
ILO : Governing Body, 118th session
13 March - 6 April
UNESCO : Executive Board, 29th session
25 March - 4 April
Technical Assistance Committee : Working Party on Expanded Programme
26 March - 3 April
Technical Assistance Board, 18th meeting
1-2 April
Administrative Committee on Co-ordination : Preparatory Committee, 20th session
3-4 April
Administrative Committee on Co-ordination : Consultative Committee on Administrative Questions, Working Party on Social Security Questions
4 April
Administrative Committee on Co-ordination, 14th session
7-11 April
Administrative Committee on Co-ordination : Consultative Committee on Administrative Questions, 12th session
14-17 April
United Nations International Children's Emergency Fund : Programme Committee, 144th-151st meetings
14 April - 14 June
Commission on Human Rights, eighth session
15 April - 9 May
Commission on Narcotic Drugs, seventh session
16-22 April
United Nations : Third Conference of Non-Governmental Organizations interested in Migration
17-30 April
ILO : Fifth Conference of American States Members of the ILO
21-24 April
UNESCO : Advisory Committee on Arid Zone Research, third session

Paris
Paris
Paris
Rangoon
Paris
Santiago, Chile
Geneva
Geneva
New York
New York
New York
New York
New York
New York
Geneva
New York
New York
New York
New York
New York
Petropolis, Brazil
Ankara
<table>
<thead>
<tr>
<th>Date Range</th>
<th>Event Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 April - 3 May</td>
<td>ILO : Metal Trades Committee, fourth session</td>
<td>Geneva</td>
</tr>
<tr>
<td>28 April</td>
<td>Administrative Committee on Co-ordination : Technical Working Group on Migration, fourth session</td>
<td>New York</td>
</tr>
<tr>
<td>1-6 May</td>
<td>Technical Assistance Board, 19th meeting</td>
<td>Geneva</td>
</tr>
<tr>
<td>5-17 May</td>
<td>ILO : Iron and Steel Committee, fourth session</td>
<td>Geneva</td>
</tr>
<tr>
<td>6 May</td>
<td>Joint Staff Pension Board : Standing Committee, sixth session</td>
<td>New York</td>
</tr>
<tr>
<td>12-16 May</td>
<td>International Civil Service Advisory Board, fourth session</td>
<td>New York</td>
</tr>
<tr>
<td>12-19 May</td>
<td>Social Commission, eighth session</td>
<td>New York</td>
</tr>
<tr>
<td>14-15 May</td>
<td>Administrative Committee on Co-ordination : Consultative Committee on Public Information, 16th session</td>
<td>New York</td>
</tr>
<tr>
<td>14 May - 12 July</td>
<td>UPU : Congress, 13th session</td>
<td>Brussels</td>
</tr>
<tr>
<td>15-16 May</td>
<td>United Nations Film Board, 18th session</td>
<td>New York</td>
</tr>
<tr>
<td>20 May - 1 August</td>
<td>Economic and Social Council, 14th session</td>
<td>New York</td>
</tr>
<tr>
<td>22-23 May</td>
<td>Technical Assistance Committee, 21st-23rd meetings</td>
<td>New York</td>
</tr>
<tr>
<td>26 May - 6 June</td>
<td>UNESCO : Executive Board, 30th session</td>
<td>Paris</td>
</tr>
<tr>
<td>30-31 May</td>
<td>ILO : Governing Body, 119th session</td>
<td>Geneva</td>
</tr>
<tr>
<td>3 June - 24 July</td>
<td>Trusteeship Council, 11th session</td>
<td>New York</td>
</tr>
<tr>
<td>4-25 June</td>
<td>ILO : International Labour Conference, 35th session</td>
<td>Geneva</td>
</tr>
<tr>
<td>9-14 June</td>
<td>FAO : Council, 15th session</td>
<td>Rome</td>
</tr>
<tr>
<td>16-19 June</td>
<td>Permanent Central Opium Board and Narcotic Drugs Supervisory Body, seventh joint session</td>
<td>Geneva</td>
</tr>
<tr>
<td>26-27 June</td>
<td>Economic Commission for Latin America : Inter-Agency Regional Co-ordination Committee on Migration in Latin America, second session</td>
<td>São Paulo</td>
</tr>
<tr>
<td>26, 27, 30 June and 1, 2, 3, 7, 10 and 11 July</td>
<td>Technical Assistance Committee : Working Party to consider fourth report of the Technical Assistance Board</td>
<td>New York</td>
</tr>
<tr>
<td>30 June - 5 July</td>
<td>FAO : Conference on Home Economics and Nutrition in the Caribbean</td>
<td>Port of Spain, Trinidad</td>
</tr>
<tr>
<td>8-18 July</td>
<td>Technical Assistance Board, 20th meeting</td>
<td>New York</td>
</tr>
<tr>
<td>9-11 July</td>
<td>Administrative Committee on Co-ordination : Preparatory Committee, 21st session</td>
<td>New York</td>
</tr>
<tr>
<td>16-18 July</td>
<td>Technical Assistance Committee, 24th-28th sessions</td>
<td>New York</td>
</tr>
<tr>
<td>28 July - 8 August</td>
<td>Joint Staff Pension Board</td>
<td>New York</td>
</tr>
<tr>
<td>31 July - 5 August</td>
<td>UNESCO : second meeting of the Chiefs of Technical Assistance Missions in Latin America</td>
<td>Lima</td>
</tr>
<tr>
<td>1-4 September</td>
<td>Economic Commission for Europe : Housing Sub-Committee, sixth session</td>
<td>Geneva</td>
</tr>
<tr>
<td>8-12 September</td>
<td>UNESCO : Conference of Specialized Agencies and Foundations on the International Dissemination of Scientific Knowledge</td>
<td>Paris</td>
</tr>
<tr>
<td>11 September-7 October</td>
<td>Committee on Information from Non-Self-Governing Territories, third session</td>
<td>New York</td>
</tr>
<tr>
<td>15-20 September</td>
<td>Technical Assistance Board, 21st meeting</td>
<td>Geneva</td>
</tr>
<tr>
<td>16-19 September</td>
<td>UNESCO : Meeting of Experts on the Teaching of the Social Sciences</td>
<td>Paris</td>
</tr>
<tr>
<td>22-26 September</td>
<td>Administrative Committee on Co-ordination : Consultative Committee on Administrative Questions, 13th session</td>
<td>New York</td>
</tr>
<tr>
<td>Date Range</td>
<td>Event Description</td>
<td>Location</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------------------------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>29 September - 1 October</td>
<td>UNESCO : Advisory Committee on Arid Zone Research, fourth session</td>
<td>London</td>
</tr>
<tr>
<td>2-3 October</td>
<td>Administrative Committee on Co-ordination : Consultative Committee on Public Information, 17th session</td>
<td>New York</td>
</tr>
<tr>
<td>3-4 October</td>
<td>United Nations Film Board, 19th session</td>
<td>New York</td>
</tr>
<tr>
<td>3 October-22 December</td>
<td>ITU : International Plenipotentiary Conference</td>
<td>Buenos Aires</td>
</tr>
<tr>
<td>6-8 October</td>
<td>Administrative Committee on Co-ordination : Preparatory Committee, 22nd session</td>
<td>New York</td>
</tr>
<tr>
<td>6-10 October</td>
<td>United Nations : Fifth Conference of International Non-Governmental Organizations on United Nations Information</td>
<td>New York</td>
</tr>
<tr>
<td>6, 7, 10 and 13 October</td>
<td>United Nations International Children's Emergency Fund : Executive Board, 96th-102nd meetings</td>
<td>New York</td>
</tr>
<tr>
<td>7-28 October</td>
<td>UNESCO : Seminar on the Education of Youth for a World Community</td>
<td>Rangoon</td>
</tr>
<tr>
<td>9 October</td>
<td>Advisory Committee on Administrative and Budgetary Questions</td>
<td>New York</td>
</tr>
<tr>
<td>10 October</td>
<td>Administrative Committee on Co-ordination, 15th session</td>
<td>New York</td>
</tr>
<tr>
<td>10 October</td>
<td>Administrative Committee on Co-ordination and Advisory Committee on Administrative and Budgetary Questions, joint meeting</td>
<td>New York</td>
</tr>
<tr>
<td>14 October - 22 December</td>
<td>General Assembly, seventh session, first part</td>
<td>New York</td>
</tr>
<tr>
<td>24-31 October</td>
<td>United Nations : Regional Conference of Non-Governmental Organizations</td>
<td>Manila</td>
</tr>
<tr>
<td>3-7 November</td>
<td>Permanent Central Opium Board and Narcotic Drugs Supervisory Body, eighth joint session</td>
<td>Geneva</td>
</tr>
<tr>
<td>5-10 November</td>
<td>UNESCO : Executive Board, 31st session</td>
<td>Paris</td>
</tr>
<tr>
<td>12 November - 11 December</td>
<td>UNESCO : General Conference, seventh session</td>
<td>Paris</td>
</tr>
<tr>
<td>17-19 November</td>
<td>United Nations : World Population Conference, Preparatory Committee, first meeting</td>
<td>Geneva</td>
</tr>
<tr>
<td>17-29 November</td>
<td>FAO : Council, 16th session</td>
<td>Rome</td>
</tr>
<tr>
<td>25-28 November</td>
<td>ILO : Governing Body, 120th session</td>
<td>Geneva</td>
</tr>
<tr>
<td>27-29 November</td>
<td>UNESCO : Meeting of experts on the legal, political and sociological problems in new independent states</td>
<td>Brussels</td>
</tr>
<tr>
<td>1-10 December</td>
<td>ILO : Technical Meeting on the Protection of Young Workers in Asian Countries</td>
<td>Kandy</td>
</tr>
<tr>
<td>1-13 December</td>
<td>ILO : Latin American Manpower Technical Conference</td>
<td>Lima</td>
</tr>
<tr>
<td>1-17 December</td>
<td>ILO : Meeting of Experts on the Prevention and Suppression of Dust in Mining, Tunnelling and Quarrying</td>
<td>Geneva</td>
</tr>
<tr>
<td>8-11 December</td>
<td>Administrative Committee on Co-ordination : Technical Working Group on Long-Range Activities for Children, second session</td>
<td>Rome</td>
</tr>
<tr>
<td>8-16 December</td>
<td>Technical Assistance Board, 22nd session</td>
<td>New York</td>
</tr>
<tr>
<td>12-20 December</td>
<td>UNESCO : First Regional Conference on Free and Compulsory Education in South Asia and the Pacific</td>
<td>Bombay</td>
</tr>
<tr>
<td>22-26 December</td>
<td>United Nations : Technical Meeting on Training Auxiliary Workers in South-East Asia</td>
<td>Gandhi Gram, India</td>
</tr>
<tr>
<td>28 December 1952 - 3 January 1953</td>
<td>UNESCO : Seminar concerning Declaration of Human Rights</td>
<td>Delhi</td>
</tr>
</tbody>
</table>
Annex 7

CONFERENCES AND MEETINGS OF NON-GOVERNMENTAL AND OTHER ORGANIZATIONS
IN 1952 AT WHICH WHO WAS REPRESENTED

2-4 January
Institute of Inter-American Affairs, meeting on health education
Washington, D.C.

19-20 January
World Medical Association, Organizing Committee of the First World Conference on Medical Education, first session
Paris

25-26 January
National Research Council, Committee on Brucellosis
Minneapolis, Minn.

4-7 February
All-India Tuberculosis Conference
Lucknow

18 February
International Children's Centre, meeting of working party on antituberculosis vaccination
Paris

18-23 February
Provisional Inter-Governmental Committee for the Movement of Migrants from Europe, second session
Geneva

4-10 March
First Pan American University Congress of Odontology
Buenos Aires

5-15 March
Tripartite Border Sanitary Convention, Committee of Control, third meeting
La Paz, Bolivia

24 March
International Children's Centre, Technical Advisory Committee
Paris

24-27 March
United States/Mexico Border Public Health Association, tenth annual meeting
Monterrey, Mexico

24 March - 8 April
Inter-American Conference on Social Security, fourth session
Mexico City

7 and 10 April
Council for the Co-ordination of International Congresses of Medical Sciences,1 Executive Committee, tenth session
Geneva

8-10 April
Council for the Co-ordination of International Congresses of Medical Sciences,1 Second General Assembly
Geneva

17-19 April
Southern Branch of the American Public Health Association, meeting of the Committee on Inter-American Health Problems
Baltimore, Md.

21-30 April
Pan American Sanitary Organization, Executive Committee, 16th session
Washington, D.C.

22-25 April
Royal Sanitary Institute, Health Congress
Margate, England

23-26 April
Institute of Tropical Medicine, First National Congress of Tropical Medicine
Lisbon

25-26 April
World Medical Association, Organizing Committee of the First World Conference on Medical Education, second session
Brussels

28 April - 3 May
World Medical Association, Council, 14th session
Brussels

30 April - 2 May
Royal College of Nursing, Conference Number Twelve on World Organisation and the Nurse
London

1-2 May
American Venereal Disease Association, 14th annual session, and Symposium on Recent Advances in the Study of Venereal Diseases
Washington, D.C.

5 May
Johns Hopkins University School of Hygiene and Public Health, Seminar on Venereal Diseases
Baltimore, Md.

5-10 May
Fédération des Sociétés gynécologiques et obstétricales de Langue française, 15th congress
Algiers and Tunis

7 May
Columbia University, Seminar on Venereal Diseases
New York

12-16 May
American Psychiatric Association, 108th annual meeting
Atlantic City, N.J.

12-17 May
Office International des Epizooties, 20th annual general meeting
Paris

1 Re-named Council for International Organizations of Medical Sciences at the Second General Assembly of the Council
17 May
Académie suisse des Sciences médicales, scientific meeting
Lausanne

26-30 May
Council of Europe, Consultative Assembly, fourth session (first part)
Strasbourg

2-3 June
League of Red Cross Societies, Nursing Advisory Committee, 11th meeting
Geneva

4-5 June
International Academy of Forensic and Social Medicine, plenary congress
Brussels

4-7 June
International Office of Documentation on Military Medicine, 15th session
Liége and Brussels

4-7 June
Institut international des Civilisations différentes, annual session
Florence

6-9 June
International Institute for Administrative Sciences, Committee of Administrative Practices
Knocke, Belgium

9-12 June
International Pharmaceutical Federation, Conference of the International Commission on Pharmaceutical Specialties and the Directors of Control Laboratories for Pharmaceutical Preparations
Brussels

9-13 June
American Medical Association, Annual Scientific Assembly
Chicago, Ill.

9-19 June
South Pacific Commission, Research Council, fourth meeting
Noumea, New Caledonia
San José, Costa Rica

12-15 June
Fourth Central American Congress on Venereology
Paris

13-15 June
Council for International Organizations of Medical Sciences, Executive Committee, 11th session
Atlantic City, N.J.

23-26 June
American Veterinary Medical Association, 89th annual meeting
Meiringen, Switzerland

28-29 June
Société suisse de Psychiatrie

30 June - 1 July
International Social Security Association, Executive Committee, eighth session
Geneva

7-11 July
First International Congress of Dietetics
Amsterdam

10-12 July
International Union for Child Welfare, Conference of Experts on Questions of Adoption
Geneva

10-19 July
International Council of Nurses, Florence Nightingale International Foundation, summer school
London

15-19 July
International Society of Geographical Pathology, International Congress on Hepatitis
Liége

19-26 July
International Dental Federation, 11th congress
London

21-26 July
Tenth International Congress of Dermatology
London

23-24 July
League of Red Cross Societies, Health Advisory Committee, fifth session
Toronto

25 July, 4 and 8 August
League of Red Cross Societies, Board of Governors, 22nd meeting
Toronto

26 July - 7 August
XVIIIth International Red Cross Conference
Tapachula, Mexico

29-30 July
Conference on Onchocerciasis
Santiago, Chile

29 July - 2 August
National Congress of Hygiene
London

31 July - 1 August
International Union against Venereal Diseases, meeting of the Executive Committee
Dakar

3-12 August
World Assembly of Youth, Fourth Council
Clacton-on-Sea, England

6-16 August
Central Council for Health Education, summer school
Dublin

7-11 August
British Medical Association and Irish Medical Association, annual scientific meeting
Clarens, Switzerland

13-24 August
American Friends Service Committee, Conference on National Interest and International Responsibility
Agra, India

15 August
Agra Medical Students Union, Clinical Society, Clinical Week
Brussels

20 August - 2 September
World Federation for Mental Health, fifth annual meeting and meetings of the Executive Board
Madras

24-26 August
All-India Paediatric Conference
24-30 August  International Union against Tuberculosis, 12th conference, and American College of Chest Physicians, second international congress  

1-7 September  World Federation of United Nations Associations, Seventh Plenary Assembly  

8-12 September  Association of Medical Records Officers, First International Congress on Medical Records  

9-12 September  Sanitary Inspectors Association, 59th annual conference  

15-19 September  International Air Transport Association, eighth annual general meeting  

15-30 September  Council of Europe, Consultative Assembly, fourth session (second part)  

24-27 September  Trained Nurses Association of India, annual conference  

25 September  Pan American Sanitary Organization, Executive Committee, 18th session  

25-30 September  International Scientific Committee for Trypanosomiasis Research, fourth annual meeting  

26 September - 1 October  First Inter-American Congress on Public Health  

30 September - 1 October  World Medical Association, Organizing Committee of the First World Conference on Medical Education, third session  

1-4 October  International Union of Nutritional Sciences, Symposium on Present Problems in Nutrition Research  

3-4 October  Council for International Organizations of Medical Sciences, 12th session  

5-10 October  World Medical Association, Council, 15th session  

12-16 October  World Medical Association, Sixth General Assembly  

13-21 October  Provisional Inter-Governmental Committee for the Movement of Migrants from Europe, fourth session  

15 October  Indian Conference of Social Work  

17 October  World Medical Association, Medical Editors of the World, third annual meeting  

18-19 October  World Medical Association, Council, 16th session  

22-24 October  Associated Country Women of the World, Regional Conference of African Constituent Societies  

24 October  International Children's Centre, Technical Advisory Committee  

25 October  European Association against Poliomyelitis, General Assembly  

25-26 October  Seventeenth United Provinces Medical Conference  

30-31 October  Committee of Experts on Social and Medical Assistance  

2-8 November  Fourth Inter-American Congress of Radiology  

3-4 November  Public Works Congress and Exhibition  

10-12 November  Association of American Medical Colleges, 63rd annual meeting  

11-12 November  World Medical Association, First World Conference on Medical Education, Programme Committee  

18-27 November  Commission for Technical Co-operation in Africa South of the Sahara, Regional Conference on Housing Research in Africa  

19-26 November  Inter-American Association of Sanitary Engineering, 1952 Congress  


21-24 November  Fourth International Congress on Hydatidosis  

24 November - 1 December  Indian Council of Medical Research, Scientific Advisory Board and Advisory Committee  

Rio de Janeiro  

Geneva  

London  

Brighton, England  

Geneva  

Strasbourg  

New Delhi  

Havana  

Lourenço Marques  

Havana  

London  

Basle  

Paris  

Athens  

Athens  

Geneva  

Delhi  

Athens  

Athens  

Nairobi  

Paris  

Brussels  

Sitapur, India  

Strasbourg  

Mexico City  

London  

Colorado Springs, Col.  

London  

Pretoria  

Buenos Aires  

Fajara, near Bathurst, Gambia  

Santiago, Chile  

Jaipur, India
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 December</td>
<td>Council for International Organizations of Medical Sciences, Preliminary planning for the conference on the recruitment of medical research workers</td>
<td></td>
</tr>
<tr>
<td>5-8 December</td>
<td>First Central American Congress on Paediatrics</td>
<td>Paris</td>
</tr>
<tr>
<td>7-13 December</td>
<td>First International Congress on Antibiotics and Chemotherapeutics</td>
<td>Bombay</td>
</tr>
<tr>
<td>8-11 December</td>
<td>World Veterans Federation, Third Annual General Assembly</td>
<td>Buenos Aires</td>
</tr>
<tr>
<td>9 December</td>
<td>International Committee of the Red Cross and League of Red Cross Societies, International Commission of Medical Equipment</td>
<td>London</td>
</tr>
<tr>
<td>10-14 December</td>
<td>Institute of Nutrition of Central America and Panama, Council, third meeting</td>
<td>Geneva</td>
</tr>
<tr>
<td>14-19 December</td>
<td>Sixth International Conference of Social Work</td>
<td>Panama</td>
</tr>
</tbody>
</table>

---

**Annex 8**

**TENTATIVE SCHEDULE OF ORGANIZATIONAL MEETINGS TO BE CALLED BY WHO IN 1953**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 January</td>
<td>Executive Board, eleventh session</td>
<td>Geneva</td>
</tr>
<tr>
<td>1-2 May</td>
<td>UNICEF/WHO : Joint Committee on Health Policy, sixth session</td>
<td>Geneva</td>
</tr>
<tr>
<td>5 May</td>
<td>Sixth World Health Assembly</td>
<td>Geneva</td>
</tr>
<tr>
<td>28 May</td>
<td>Executive Board, twelfth session</td>
<td>Geneva</td>
</tr>
<tr>
<td>First half of September</td>
<td>Regional Committee for Europe, third session</td>
<td>Copenhagen</td>
</tr>
<tr>
<td>Second week of September</td>
<td>Regional Committee for Africa, third session</td>
<td>Kampala</td>
</tr>
<tr>
<td>September</td>
<td>Regional Committee for South-East Asia, sixth session</td>
<td>in Thailand</td>
</tr>
<tr>
<td>14-25 September</td>
<td>Regional Committee for the Americas, fifth session, and Directing Council PASO, seventh meeting</td>
<td>Washington</td>
</tr>
<tr>
<td>Second or third week of September</td>
<td>Regional Committee for the Western Pacific, fourth session</td>
<td>Manila</td>
</tr>
<tr>
<td>September</td>
<td>Regional Committee for the Eastern Mediterranean, fourth session</td>
<td>(Unscheduled)</td>
</tr>
</tbody>
</table>
ANNEX 9

NON-GOVERNMENTAL ORGANIZATIONS BROUGHT INTO RELATIONS 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 International Organizations 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,
London, United Kingdom
International Federation for Housing and Town Planning,
The Hague, 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,
Winschoten, 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 10

#### REGULAR BUDGET FOR 1952

<table>
<thead>
<tr>
<th>Appropriation section</th>
<th>Purpose of appropriation</th>
<th>Original amount voted</th>
<th>Transfers authorized by Executive Board</th>
<th>Transfers authorized by Fifth Health Assembly</th>
<th>Revised appropriation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PART I: ORGANIZATIONAL MEETINGS</strong></td>
<td></td>
<td>US $</td>
<td>US $</td>
<td>US $</td>
<td>US $</td>
</tr>
<tr>
<td>1. World Health Assembly</td>
<td></td>
<td>141,453</td>
<td>11,297</td>
<td>152,750</td>
<td></td>
</tr>
<tr>
<td>2. Executive Board and its Committees</td>
<td></td>
<td>86,370</td>
<td>(8,690)</td>
<td>77,680</td>
<td></td>
</tr>
<tr>
<td>3. Regional Committees</td>
<td></td>
<td>37,200</td>
<td>12,550</td>
<td>49,750</td>
<td></td>
</tr>
<tr>
<td><strong>Total — Part I</strong></td>
<td></td>
<td>265,023</td>
<td>15,157</td>
<td></td>
<td>280,180</td>
</tr>
<tr>
<td><strong>PART II: OPERATING PROGRAMME</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Central Technical Services</td>
<td></td>
<td>1,543,548</td>
<td>(25,522)</td>
<td>1,518,026</td>
<td></td>
</tr>
<tr>
<td>5. Advisory Services</td>
<td></td>
<td>3,726,433</td>
<td>(118,324)</td>
<td>3,583,329</td>
<td></td>
</tr>
<tr>
<td>6. Regional Offices</td>
<td></td>
<td>911,424</td>
<td>90,216</td>
<td>1,001,640</td>
<td></td>
</tr>
<tr>
<td>7. Expert Committees and Conferences</td>
<td></td>
<td>191,388</td>
<td>(10,435)</td>
<td>180,953</td>
<td></td>
</tr>
<tr>
<td><strong>Total — Part II</strong></td>
<td></td>
<td>6,372,793</td>
<td>(64,065)</td>
<td>(24,780)</td>
<td>6,283,948</td>
</tr>
<tr>
<td><strong>PART III: ADMINISTRATIVE SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Administrative Services</td>
<td></td>
<td>1,039,966</td>
<td>48,908</td>
<td>1,088,874</td>
<td></td>
</tr>
<tr>
<td><strong>Total — Part III</strong></td>
<td></td>
<td>1,039,966</td>
<td>48,908</td>
<td></td>
<td>1,088,874</td>
</tr>
<tr>
<td><strong>PART IV: SUPPLEMENTAL BUILDING FUND</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Supplemental Transfer to Building Fund</td>
<td></td>
<td></td>
<td></td>
<td>24,780</td>
<td>24,780</td>
</tr>
<tr>
<td><strong>Total — Part IV</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SUB-TOTAL — PARTS I TO IV</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7,677,782</td>
</tr>
<tr>
<td><strong>PART V: RESERVE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Undistributed Reserve</td>
<td></td>
<td>1,400,000</td>
<td></td>
<td>1,400,000</td>
<td></td>
</tr>
<tr>
<td><strong>Total — Part V</strong></td>
<td></td>
<td>1,400,000</td>
<td></td>
<td></td>
<td>1,400,000</td>
</tr>
<tr>
<td><strong>TOTAL — ALL PARTS</strong></td>
<td></td>
<td>9,077,782</td>
<td></td>
<td></td>
<td>9,077,782</td>
</tr>
</tbody>
</table>

1. Voted by the Fourth World Health Assembly (resolution WHA4.73, *Off. Rec. World Hlth Org.* 35, 47)
2. Transfers authorized by the Executive Board at its ninth session (resolution EB9.R61, *Off. Rec. World Hlth Org.* 40, 22) and by correspondence with the individual members of the Executive Board, in accordance with paragraph IV of the Appropriation Resolution for 1952 (resolution WHA4.73)
3. Transfer authorized by the Fifth World Health Assembly to the new Part IV (Supplemental Building Fund) from Parts I, II and III of the Appropriation Resolution for 1952 (resolution WHA5.54, *Off. Rec. World Hlth Org.* 42, 35)
4. This amount equals the sum of the assessments against inactive Members.
Annex 11

STATUS OF CONTRIBUTIONS AND ADVANCES TO THE WORKING CAPITAL FUND
(as at 31 December 1952)

1. ARREARS OF CONTRIBUTIONS IN RESPECT OF THE 1948 AND 1949 ASSESSMENTS
(Expressed in US dollars)

<table>
<thead>
<tr>
<th>States</th>
<th>Amounts due</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1948</td>
<td>1949</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td><strong>A. Active Members</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Argentina</td>
<td>56,139</td>
<td>88,959</td>
<td>145,098</td>
<td></td>
</tr>
<tr>
<td>Ecuador</td>
<td>—</td>
<td>218</td>
<td>218</td>
<td></td>
</tr>
<tr>
<td><strong>Total A</strong></td>
<td>56,139</td>
<td>89,177</td>
<td>145,316</td>
<td></td>
</tr>
<tr>
<td>( = 1.77%)</td>
<td>( = 1.77%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B. Inactive Members</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Albania</td>
<td>—</td>
<td>2,004</td>
<td>2,004</td>
<td></td>
</tr>
<tr>
<td>Bulgaria</td>
<td>3,304</td>
<td>6,812</td>
<td>10,116</td>
<td></td>
</tr>
<tr>
<td>Byelorussian SSR</td>
<td>6,575</td>
<td>10,418</td>
<td>16,993</td>
<td></td>
</tr>
<tr>
<td>China</td>
<td>182,073</td>
<td>288,515</td>
<td>470,588</td>
<td></td>
</tr>
<tr>
<td>Czechoslovakia</td>
<td>—</td>
<td>39,927</td>
<td>39,927</td>
<td></td>
</tr>
<tr>
<td>Hungary</td>
<td>6,069</td>
<td>9,617</td>
<td>15,686</td>
<td></td>
</tr>
<tr>
<td>Poland</td>
<td>—</td>
<td>45,681</td>
<td>45,681</td>
<td></td>
</tr>
<tr>
<td>Roumania</td>
<td>—</td>
<td>15,857</td>
<td>15,857</td>
<td></td>
</tr>
<tr>
<td>Ukrainian SSR</td>
<td>25,541</td>
<td>40,472</td>
<td>66,013</td>
<td></td>
</tr>
<tr>
<td>Union of Soviet Socialist Republic</td>
<td>192,440</td>
<td>304,945</td>
<td>497,385</td>
<td></td>
</tr>
<tr>
<td><strong>Total B</strong></td>
<td>416,002</td>
<td>764,248</td>
<td>1,180,250</td>
<td></td>
</tr>
<tr>
<td>( = 13.11%)</td>
<td>( = 15.14%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C. Non-Member</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colombia</td>
<td>7,504</td>
<td>—</td>
<td>7,504</td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>479,645</td>
<td>853,425</td>
<td>1,333,070</td>
<td></td>
</tr>
<tr>
<td>( = 15.12%)</td>
<td>( = 16.91%)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. **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>
</tr>
<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>Iran</td>
<td>31,703</td>
<td>25,487</td>
<td>6,216</td>
</tr>
<tr>
<td>Peru</td>
<td>14,090</td>
<td>11,879</td>
<td>2,211</td>
</tr>
<tr>
<td>Uruguay</td>
<td>12,916</td>
<td>571</td>
<td>12,345</td>
</tr>
<tr>
<td><strong>Total A</strong></td>
<td>198,435</td>
<td>37,937</td>
<td>160,498</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(= 2.26%)</td>
</tr>
<tr>
<td><strong>B. Inactive Members</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Albania</td>
<td>2,935</td>
<td>-</td>
<td>2,935</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>9,980</td>
<td>-</td>
<td>9,980</td>
</tr>
<tr>
<td>Byelorussian SSR</td>
<td>15,265</td>
<td>-</td>
<td>15,265</td>
</tr>
<tr>
<td>China</td>
<td>422,702</td>
<td>-</td>
<td>422,702</td>
</tr>
<tr>
<td>Czechoslovakia</td>
<td>63,406</td>
<td>-</td>
<td>63,406</td>
</tr>
<tr>
<td>Hungary</td>
<td>14,090</td>
<td>-</td>
<td>14,090</td>
</tr>
<tr>
<td>Poland</td>
<td>66,928</td>
<td>-</td>
<td>66,928</td>
</tr>
<tr>
<td>Roumania</td>
<td>24,658</td>
<td>-</td>
<td>24,658</td>
</tr>
<tr>
<td>Ukrainian SSR</td>
<td>59,296</td>
<td>-</td>
<td>59,296</td>
</tr>
<tr>
<td>Union of Soviet Socialist Republics</td>
<td>446,772</td>
<td>-</td>
<td>446,772</td>
</tr>
<tr>
<td><strong>Total B</strong></td>
<td>1,126,032</td>
<td>-</td>
<td>1,126,032</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(= 15.86%)</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>1,324,467</td>
<td>37,937</td>
<td>1,286,530</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(= 18.12%)</td>
</tr>
</tbody>
</table>
### 3. Arrears of Contributions in Respect of the 1951 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>131,371</td>
<td>-</td>
<td>131,371</td>
</tr>
<tr>
<td>Bolivia</td>
<td>5,917</td>
<td>-</td>
<td>5,917</td>
</tr>
<tr>
<td>Cuba</td>
<td>20,712</td>
<td>10,164</td>
<td>10,548</td>
</tr>
<tr>
<td>Ecuador</td>
<td>3,550</td>
<td>-</td>
<td>3,550</td>
</tr>
<tr>
<td>Iran</td>
<td>31,956</td>
<td>-</td>
<td>31,956</td>
</tr>
<tr>
<td>Paraguay</td>
<td>2,959</td>
<td>-</td>
<td>2,959</td>
</tr>
<tr>
<td>Peru</td>
<td>14,202</td>
<td>-</td>
<td>14,202</td>
</tr>
<tr>
<td>Spain</td>
<td>77,265</td>
<td>-</td>
<td>77,265</td>
</tr>
<tr>
<td>Syria</td>
<td>8,285</td>
<td>-</td>
<td>8,285</td>
</tr>
<tr>
<td>Uruguay</td>
<td>13,019</td>
<td>-</td>
<td>13,019</td>
</tr>
<tr>
<td><strong>Total A</strong></td>
<td>309,236</td>
<td>10,164</td>
<td>299,072</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(≈ 3.99%)</td>
</tr>
<tr>
<td><strong>B. Inactive Members</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Albania</td>
<td>2,959</td>
<td>-</td>
<td>2,959</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>10,060</td>
<td>-</td>
<td>10,060</td>
</tr>
<tr>
<td>Byelorussian SSR</td>
<td>15,386</td>
<td>-</td>
<td>15,386</td>
</tr>
<tr>
<td>China</td>
<td>426,070</td>
<td>-</td>
<td>426,070</td>
</tr>
<tr>
<td>Czechoslovakia</td>
<td>63,911</td>
<td>-</td>
<td>63,911</td>
</tr>
<tr>
<td>Hungary</td>
<td>14,202</td>
<td>-</td>
<td>14,202</td>
</tr>
<tr>
<td>Poland</td>
<td>67,462</td>
<td>-</td>
<td>67,462</td>
</tr>
<tr>
<td>Roumania</td>
<td>24,855</td>
<td>-</td>
<td>24,855</td>
</tr>
<tr>
<td>Ukrainian SSR</td>
<td>59,768</td>
<td>-</td>
<td>59,768</td>
</tr>
<tr>
<td>Union of Soviet Socialist Republic</td>
<td>450,333</td>
<td>-</td>
<td>450,333</td>
</tr>
<tr>
<td><strong>Total B</strong></td>
<td>1,135,006</td>
<td>-</td>
<td>1,135,006</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(≈ 15.14%)</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>1,444,242</td>
<td>10,164</td>
<td>1,434,078</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(≈ 19.13%)</td>
</tr>
</tbody>
</table>
4. **Status of Contributions in respect of the 1952 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>Afghanistan</td>
<td>4,359</td>
<td>4,359</td>
<td>—</td>
</tr>
<tr>
<td>Argentina</td>
<td>161,336</td>
<td>—</td>
<td>161,336</td>
</tr>
<tr>
<td>Australia</td>
<td>152,003</td>
<td>152,003</td>
<td>—</td>
</tr>
<tr>
<td>Austria</td>
<td>12,355</td>
<td>12,355</td>
<td>—</td>
</tr>
<tr>
<td>Belgium</td>
<td>117,731</td>
<td>117,731</td>
<td>—</td>
</tr>
<tr>
<td>Bolivia</td>
<td>7,267</td>
<td>—</td>
<td>7,267</td>
</tr>
<tr>
<td>Brazil</td>
<td>161,336</td>
<td>139,324</td>
<td>22,012</td>
</tr>
<tr>
<td>Burma</td>
<td>4,359</td>
<td>4,359</td>
<td>—</td>
</tr>
<tr>
<td>Cambodia</td>
<td>3,634</td>
<td>3,634</td>
<td>—</td>
</tr>
<tr>
<td>Canada</td>
<td>260,299</td>
<td>260,299</td>
<td>—</td>
</tr>
<tr>
<td>Ceylon</td>
<td>3,634</td>
<td>3,634</td>
<td>—</td>
</tr>
<tr>
<td>Chile</td>
<td>39,244</td>
<td>30,035</td>
<td>9,209</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>3,634</td>
<td>3,634</td>
<td>—</td>
</tr>
<tr>
<td>Cuba</td>
<td>25,436</td>
<td>—</td>
<td>25,436</td>
</tr>
<tr>
<td>Denmark</td>
<td>69,039</td>
<td>69,039</td>
<td>—</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>4,359</td>
<td>—</td>
<td>4,359</td>
</tr>
<tr>
<td>Ecuador</td>
<td>4,359</td>
<td>—</td>
<td>4,359</td>
</tr>
<tr>
<td>Egypt</td>
<td>69,039</td>
<td>69,039</td>
<td>—</td>
</tr>
<tr>
<td>El Salvador</td>
<td>4,359</td>
<td>4,359</td>
<td>—</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>7,267</td>
<td>1,210</td>
<td>6,057</td>
</tr>
<tr>
<td>Finland</td>
<td>12,355</td>
<td>12,355</td>
<td>—</td>
</tr>
<tr>
<td>France</td>
<td>523,250</td>
<td>521,228</td>
<td>2,022</td>
</tr>
<tr>
<td>Germany, Federal Republic of</td>
<td>275,285</td>
<td>275,285</td>
<td>—</td>
</tr>
<tr>
<td>Greece</td>
<td>14,535</td>
<td>14,535</td>
<td>—</td>
</tr>
<tr>
<td>Guatemala</td>
<td>4,359</td>
<td>4,359</td>
<td>—</td>
</tr>
<tr>
<td>Haiti</td>
<td>3,634</td>
<td>3,634</td>
<td>—</td>
</tr>
<tr>
<td>Honduras</td>
<td>3,634</td>
<td>3,634</td>
<td>—</td>
</tr>
<tr>
<td>Iceland</td>
<td>3,557</td>
<td>3,557</td>
<td>—</td>
</tr>
<tr>
<td>India</td>
<td>283,427</td>
<td>283,427</td>
<td>—</td>
</tr>
<tr>
<td>Indonesia</td>
<td>29,069</td>
<td>29,069</td>
<td>—</td>
</tr>
<tr>
<td>Iran</td>
<td>39,244</td>
<td>—</td>
<td>39,244</td>
</tr>
<tr>
<td>Iraq</td>
<td>14,535</td>
<td>—</td>
<td>14,535</td>
</tr>
<tr>
<td>Ireland</td>
<td>31,249</td>
<td>31,249</td>
<td>—</td>
</tr>
<tr>
<td>Israel</td>
<td>10,175</td>
<td>—</td>
<td>10,175</td>
</tr>
<tr>
<td>Italy</td>
<td>183,138</td>
<td>179,633</td>
<td>3,505</td>
</tr>
<tr>
<td>Japan</td>
<td>139,534</td>
<td>139,534</td>
<td>—</td>
</tr>
<tr>
<td>Jordan, Hashemite Kingdom of</td>
<td>3,634</td>
<td>3,634</td>
<td>—</td>
</tr>
<tr>
<td>Korea</td>
<td>3,634</td>
<td>3,634</td>
<td>—</td>
</tr>
<tr>
<td>Laos</td>
<td>3,634</td>
<td>3,634</td>
<td>—</td>
</tr>
<tr>
<td>Lebanon</td>
<td>5,087</td>
<td>5,087</td>
<td>—</td>
</tr>
<tr>
<td>Liberia</td>
<td>3,634</td>
<td>3,634</td>
<td>—</td>
</tr>
<tr>
<td>Libya, United Kingdom of</td>
<td>3,557</td>
<td>3,557</td>
<td>—</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>4,359</td>
<td>4,359</td>
<td>—</td>
</tr>
<tr>
<td>Mexico</td>
<td>55,232</td>
<td>55,232</td>
<td>—</td>
</tr>
<tr>
<td>Monaco</td>
<td>3,557</td>
<td>3,557</td>
<td>—</td>
</tr>
<tr>
<td>* Morocco (French Protectorate)</td>
<td>2,134</td>
<td>—</td>
<td>2,134</td>
</tr>
<tr>
<td>Netherlands</td>
<td>122,092</td>
<td>122,092</td>
<td>—</td>
</tr>
<tr>
<td>New Zealand</td>
<td>36,137</td>
<td>36,137</td>
<td>—</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>3,634</td>
<td>3,634</td>
<td>—</td>
</tr>
<tr>
<td>Norway</td>
<td>43,604</td>
<td>43,604</td>
<td>—</td>
</tr>
<tr>
<td>Pakistan</td>
<td>61,046</td>
<td>61,046</td>
<td>—</td>
</tr>
<tr>
<td>Panama</td>
<td>4,359</td>
<td>4,359</td>
<td>—</td>
</tr>
</tbody>
</table>

* Associate Member
<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 (continued)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paraguay</td>
<td>3,634</td>
<td>—</td>
<td>3,634</td>
</tr>
<tr>
<td>Peru</td>
<td>17,442</td>
<td>—</td>
<td>17,442</td>
</tr>
<tr>
<td>Philippines</td>
<td>25,436</td>
<td>25,436</td>
<td>—</td>
</tr>
<tr>
<td>Portugal</td>
<td>34,157</td>
<td>34,157</td>
<td>—</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>7,267</td>
<td>7,267</td>
<td>—</td>
</tr>
<tr>
<td>* Southern Rhodesia</td>
<td>2,180</td>
<td>2,180</td>
<td>—</td>
</tr>
<tr>
<td>Spain</td>
<td>93,896</td>
<td>—</td>
<td>93,896</td>
</tr>
<tr>
<td>Sweden</td>
<td>133,675</td>
<td>133,675</td>
<td>—</td>
</tr>
<tr>
<td>Switzerland</td>
<td>87,209</td>
<td>87,209</td>
<td>—</td>
</tr>
<tr>
<td>Syria</td>
<td>10,175</td>
<td>—</td>
<td>10,175</td>
</tr>
<tr>
<td>Thailand</td>
<td>23,256</td>
<td>23,256</td>
<td>—</td>
</tr>
<tr>
<td>* Tunisia</td>
<td>2,134</td>
<td>—</td>
<td>2,134</td>
</tr>
<tr>
<td>Turkey</td>
<td>79,214</td>
<td>79,214</td>
<td>—</td>
</tr>
<tr>
<td>Union of South Africa</td>
<td>97,382</td>
<td>97,382</td>
<td>—</td>
</tr>
<tr>
<td>United Kingdom of Great Britain and Northern Ireland</td>
<td>967,556</td>
<td>967,556</td>
<td>—</td>
</tr>
<tr>
<td>United States of America</td>
<td>2,866,667</td>
<td>2,866,667</td>
<td>—</td>
</tr>
<tr>
<td>Uruguay</td>
<td>15,988</td>
<td>—</td>
<td>15,988</td>
</tr>
<tr>
<td>Venezuela</td>
<td>23,256</td>
<td>23,256</td>
<td>—</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>18,168</td>
<td>18,168</td>
<td>—</td>
</tr>
<tr>
<td>Yugoslavia</td>
<td>29,069</td>
<td>28,284</td>
<td>785</td>
</tr>
<tr>
<td><strong>Total A</strong></td>
<td>7,583,124</td>
<td>7,127,420</td>
<td>455,704</td>
</tr>
</tbody>
</table>

(= 5.08%)

| **B. Inactive Members** | | | |
| Albania | 3,634 | — | 3,634 |
| Bulgaria | 12,355 | — | 12,355 |
| Byelorussian SSR | 18,896 | — | 18,896 |
| China | 523,250 | — | 523,250 |
| Czechoslovakia | 78,488 | — | 78,488 |
| Hungary | 17,442 | — | 17,442 |
| Poland | 82,484 | — | 82,484 |
| Roumania | 30,523 | — | 30,523 |
| Ukrainian SSR | 73,401 | — | 73,401 |
| Union of Soviet Socialist Republics | 553,045 | — | 553,045 |
| **Total B** | 1,393,882 | — | 1,393,882 |

(= 15.53%)

| **GRAND TOTAL** | 8,977,006 | 7,127,420 | 1,849,586 |

(= 20.61%)

* Associate Member
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>
<td>1,505.80</td>
<td>1,505.80</td>
<td>55,714.64</td>
</tr>
<tr>
<td>Argentina</td>
<td>55,714.64</td>
<td>55,714.64</td>
<td>-</td>
</tr>
<tr>
<td>Australia</td>
<td>59,227.51</td>
<td>59,227.51</td>
<td>-</td>
</tr>
<tr>
<td>Austria</td>
<td>5,520.93</td>
<td>5,520.93</td>
<td>-</td>
</tr>
<tr>
<td>Belgium</td>
<td>40,656.63</td>
<td>40,656.63</td>
<td>-</td>
</tr>
<tr>
<td>Bolivia</td>
<td>3,203</td>
<td>819</td>
<td>2,384</td>
</tr>
<tr>
<td>Brazil</td>
<td>55,714.64</td>
<td>55,714.64</td>
<td>-</td>
</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>
<td>-</td>
</tr>
<tr>
<td>Canada</td>
<td>96,371.27</td>
<td>96,371.27</td>
<td>-</td>
</tr>
<tr>
<td>Ceylon</td>
<td>1,255.17</td>
<td>1,255.17</td>
<td>-</td>
</tr>
<tr>
<td>Chile</td>
<td>13,552.21</td>
<td>13,552.21</td>
<td>-</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>1,471.29</td>
<td>1,471.29</td>
<td>-</td>
</tr>
<tr>
<td>Cuba</td>
<td>11,212</td>
<td>11,212</td>
<td>-</td>
</tr>
<tr>
<td>Denmark</td>
<td>23,841.18</td>
<td>23,841.18</td>
<td>-</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>1,505.80</td>
<td>1,505.80</td>
<td>-</td>
</tr>
<tr>
<td>Ecuador</td>
<td>1,765.15</td>
<td></td>
<td>1,765.15</td>
</tr>
<tr>
<td>Egypt</td>
<td>23,841.18</td>
<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>
<td>-</td>
</tr>
<tr>
<td>Finland</td>
<td>4,266.77</td>
<td>4,266.77</td>
<td>-</td>
</tr>
<tr>
<td>France</td>
<td>180,696.12</td>
<td>180,696.12</td>
<td>-</td>
</tr>
<tr>
<td>Germany, Federal Republic of</td>
<td>97,598</td>
<td>97,598</td>
<td>-</td>
</tr>
<tr>
<td>Greece</td>
<td>5,019.67</td>
<td>5,019.67</td>
<td>-</td>
</tr>
<tr>
<td>Guatemala</td>
<td>1,922</td>
<td>1,922</td>
<td>-</td>
</tr>
<tr>
<td>Haiti</td>
<td>1,255.17</td>
<td>1,255.17</td>
<td>-</td>
</tr>
<tr>
<td>Honduras</td>
<td>1,471.29</td>
<td>1,471.29</td>
<td>-</td>
</tr>
<tr>
<td>Iceland</td>
<td>1,255.17</td>
<td>1,255.17</td>
<td>-</td>
</tr>
<tr>
<td>India</td>
<td>97,877.07</td>
<td>97,877.07</td>
<td>-</td>
</tr>
<tr>
<td>Indonesia</td>
<td>12,813</td>
<td>12,813</td>
<td>-</td>
</tr>
<tr>
<td>Iran</td>
<td>13,552.21</td>
<td>13,552.21</td>
<td>-</td>
</tr>
<tr>
<td>Iraq</td>
<td>5,019.67</td>
<td>5,019.67</td>
<td>-</td>
</tr>
<tr>
<td>Ireland</td>
<td>10,791.25</td>
<td>10,791.25</td>
<td>-</td>
</tr>
<tr>
<td>Israel</td>
<td>4,485</td>
<td>4,485</td>
<td>-</td>
</tr>
<tr>
<td>Italy</td>
<td>63,243.64</td>
<td>63,243.64</td>
<td>-</td>
</tr>
<tr>
<td>Japan</td>
<td>53,969</td>
<td>53,969</td>
<td>-</td>
</tr>
<tr>
<td>Jordan, Hashemite Kingdom of the</td>
<td>1,255.17</td>
<td>1,255.17</td>
<td>-</td>
</tr>
<tr>
<td>Korea</td>
<td>3,203</td>
<td>3,203</td>
<td>-</td>
</tr>
<tr>
<td>Laos</td>
<td>1,602</td>
<td>1,602</td>
<td>-</td>
</tr>
<tr>
<td>Lebanon</td>
<td>2,059.01</td>
<td>2,059.01</td>
<td>-</td>
</tr>
<tr>
<td>Liberia</td>
<td>1,255.17</td>
<td>1,255.17</td>
<td>-</td>
</tr>
<tr>
<td>Libya, United Kingdom of</td>
<td>1,261</td>
<td>1,261</td>
<td>-</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>1,765.15</td>
<td>1,765.15</td>
<td>-</td>
</tr>
<tr>
<td>Mexico</td>
<td>19,073.15</td>
<td>19,073.15</td>
<td>-</td>
</tr>
<tr>
<td>Monaco</td>
<td>1,255.17</td>
<td>1,255.17</td>
<td>-</td>
</tr>
<tr>
<td>* Morocco (French Protectorate)</td>
<td>757</td>
<td></td>
<td>757</td>
</tr>
<tr>
<td>Netherlands</td>
<td>42,162.43</td>
<td>42,162.43</td>
<td>-</td>
</tr>
<tr>
<td>New Zealand</td>
<td>15,058.01</td>
<td>15,058.01</td>
<td>-</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>1,602</td>
<td>1,602</td>
<td>-</td>
</tr>
<tr>
<td>Norway</td>
<td>15,058.01</td>
<td>15,058.01</td>
<td>-</td>
</tr>
<tr>
<td>Pakistan</td>
<td>21,081.21</td>
<td>21,081.21</td>
<td>-</td>
</tr>
<tr>
<td>Panama</td>
<td>1,922.15</td>
<td>1,922.15</td>
<td>-</td>
</tr>
</tbody>
</table>

* Associate Member
<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 (continued)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paraguay</td>
<td>1,471.29</td>
<td>1,471.29</td>
<td>—</td>
</tr>
<tr>
<td>Peru</td>
<td>7,688</td>
<td>7,688</td>
<td>—</td>
</tr>
<tr>
<td>Philippines</td>
<td>8,784.17</td>
<td>8,784.17</td>
<td>—</td>
</tr>
<tr>
<td>Portugal</td>
<td>11,794.78</td>
<td>11,794.78</td>
<td>—</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>2,509.33</td>
<td>2,509.33</td>
<td>—</td>
</tr>
<tr>
<td>* Southern Rhodesia</td>
<td>961</td>
<td>961</td>
<td>—</td>
</tr>
<tr>
<td>Spain</td>
<td>33,289</td>
<td>—</td>
<td>33,289</td>
</tr>
<tr>
<td>Sweden</td>
<td>61,486.21</td>
<td>61,486.21</td>
<td>—</td>
</tr>
<tr>
<td>Switzerland</td>
<td>30,116.02</td>
<td>30,116.02</td>
<td>—</td>
</tr>
<tr>
<td>Syria</td>
<td>3,513.87</td>
<td>3,513.87</td>
<td>—</td>
</tr>
<tr>
<td>Thailand</td>
<td>8,031.27</td>
<td>8,031.27</td>
<td>—</td>
</tr>
<tr>
<td>* Tunisia</td>
<td>757</td>
<td>—</td>
<td>757</td>
</tr>
<tr>
<td>Turkey</td>
<td>27,355.05</td>
<td>27,355.05</td>
<td>—</td>
</tr>
<tr>
<td>Union of South Africa</td>
<td>33,628.89</td>
<td>33,628.89</td>
<td>—</td>
</tr>
<tr>
<td>United Kingdom of Great Britain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and Northern Ireland</td>
<td>345,831.97</td>
<td>345,831.97</td>
<td>—</td>
</tr>
<tr>
<td>United States of America</td>
<td>1,201,377.59</td>
<td>1,201,377.59</td>
<td>—</td>
</tr>
<tr>
<td>Uruguay</td>
<td>6,471.88</td>
<td>6,471.88</td>
<td>—</td>
</tr>
<tr>
<td>Venezuela</td>
<td>8,031.27</td>
<td>8,031.27</td>
<td>—</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>8,009</td>
<td>8,009</td>
<td>—</td>
</tr>
<tr>
<td>Yugoslavia</td>
<td>10,038.34</td>
<td>10,038.34</td>
<td>—</td>
</tr>
<tr>
<td><strong>TOTAL A</strong></td>
<td>2,900,231.92</td>
<td>2,805,565.13</td>
<td>94,666.79</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(= 2.80%)</td>
</tr>
<tr>
<td><strong>B. Inactive Members</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Albania</td>
<td>1,255.17</td>
<td>679</td>
<td>576.17</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>4,266.77</td>
<td>2,310</td>
<td>1,956.77</td>
</tr>
<tr>
<td>Byelorussian SSR</td>
<td>6,525.47</td>
<td>—</td>
<td>6,525.47</td>
</tr>
<tr>
<td>China</td>
<td>180,696.12</td>
<td>—</td>
<td>180,696.12</td>
</tr>
<tr>
<td>Czechoslovakia</td>
<td>27,104.42</td>
<td>14,673</td>
<td>12,431.42</td>
</tr>
<tr>
<td>Hungary</td>
<td>6,023.21</td>
<td>3,100</td>
<td>2,923.21</td>
</tr>
<tr>
<td>Poland</td>
<td>28,610.22</td>
<td>15,488</td>
<td>13,122.22</td>
</tr>
<tr>
<td>Roumanian</td>
<td>10,540.61</td>
<td>5,706</td>
<td>4,834.61</td>
</tr>
<tr>
<td>Ukrainian SSR</td>
<td>25,346.99</td>
<td>—</td>
<td>25,346.99</td>
</tr>
<tr>
<td>Union of Soviet Socialist Republic</td>
<td>190,985.10</td>
<td>—</td>
<td>190,985.10</td>
</tr>
<tr>
<td><strong>TOTAL B</strong></td>
<td>481,354.08</td>
<td>41,956</td>
<td>439,398.08</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(= 13.00%)</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td>3,381,586</td>
<td>2,847,521.13</td>
<td>534,064.87</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(= 15.80%)</td>
</tr>
</tbody>
</table>

* Associate Member
## Annex 12
### STRUCTURE OF THE SECRETARIAT AT HEADQUARTERS

**THE DIRECTOR-GENERAL**

<table>
<thead>
<tr>
<th>Departments</th>
<th>Divisions</th>
<th>Sections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division of Public Information</td>
<td>Office of Technical Assistance</td>
<td>Malaria and Insect Control</td>
</tr>
<tr>
<td>Office of External Relations</td>
<td>Office of Reports and Analysis</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Venereal Diseases and Treponematoses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Endemo-epidemic Diseases</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maternal and Child Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mental Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nutrition</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Public Health Administration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nursing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health Education of the Public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social and Occupational Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fellowships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exchange of Scientific Information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assistance to Educational Institutions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Epidemiological Information and Morbidity Statistics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>International Quarantine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Statistical Studies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>International Classification of Diseases and Causes of Death</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Technological Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Singapore Epidemiological Intelligence Station</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Biological Standardization</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pharmaceutical</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Addiction-producing Drugs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Antibiotics and Insecticides</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tuberculosis Research Office, Copenhagen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Technical Publications</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health Legislation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Documents and Official Records</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Translation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Library and Reference</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Administrative Management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Personnel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Conference and Office Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Legal Office</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supply Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Office of Internal Audit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Budget</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Finance and Accounts</td>
</tr>
</tbody>
</table>

- Communication Services
- Organization of Public-Health Services
- Environmental Sanitation
- Education and Training Services
- Therapeutic Substances
- Editorial and Reference Services
- Administrative Management and Personnel
- Budget and Finance
- Advisory Services
- Central Technical Services
- Administration and Finance
- Legal Office
- Supply Services
- Office of Internal Audit
- Budget
- Finance and Accounts
Annex 13

SENIOR OFFICIALS OF THE WORLD HEALTH ORGANIZATION
(31 December 1952)

Brock Chisholm
Director-General

Pierre Dorolle
Deputy Director-General

OFFICE OF THE DIRECTOR-GENERAL

J. HANDLER
Director
Division of Public Information

W. P. FORREST
Director
Office of External Relations

P. M. KAUL
Director
Office of Technical Assistance

N. SINAI
Director
Office of Reports and Analysis

DEPARTMENT OF ADVISORY SERVICES

V. SUTTER
Assistant Director-General
Division of Communicable Disease Services

W. BONNE
Director
Division of Organization of Public-Health Services

J. S. PETERSON
Director
Division of Environmental Sanitation

H. G. BAITY
Director
Division of Education and Training Services

E. GRZEGORZEWSKI
Director

DEPARTMENT OF CENTRAL TECHNICAL SERVICES

H. S. GEAR
Assistant Director-General
Health Statistics

M. PASCUA
Director-Consultant
Division of Epidemiological and Health Statistical Services

Y. BIRAUD
Director
Division of Therapeutic Substances

W. TIMMERMAN
Director
Division of Editorial and Reference Services

N. HOWARD-JONES
Director

DEPARTMENT OF ADMINISTRATION AND FINANCE

M. P. SIEGEL
Assistant Director-General
Division of Administrative Management and Personnel

H. C. GRANT
Director
Division of Budget and Finance

E. RENLUND
Director

REGIONAL OFFICE FOR AFRICA — BRAZZAVILLE

F. DAUBENTON
Director

REGIONAL OFFICE FOR THE AMERICAS — WASHINGTON, D.C.

F. SOPER
Director

M. CANDAU
Deputy Director

REGIONAL OFFICE FOR SOUTH-EAST ASIA — NEW DELHI

C. MANI
Director

S. CHELLAPPAN
Deputy Director

REGIONAL OFFICE FOR EUROPE — GENEVA

N. BEGG
Director

G. MONTUS
Deputy Director

REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN — ALEXANDRIA

A. T. SHOUSHA
Director

A. H. TABA
Deputy Director

REGIONAL OFFICE FOR THE WESTERN PACIFIC — MANILA

I. FANG
Director

T. GAN
Deputy Director
## Annex 14

### GROWTH OF STAFF IN 1952

<table>
<thead>
<tr>
<th>Organizational breakdown</th>
<th>Size of staff on 31 December 1951</th>
<th>Size of staff on 30 November 1952</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Technical Assistance</td>
</tr>
<tr>
<td>Headquarters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internationally recruited</td>
<td>193</td>
<td></td>
</tr>
<tr>
<td>Locally recruited</td>
<td>217</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>410</td>
<td>46</td>
</tr>
<tr>
<td>Regional Offices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Africa</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Internationally recruited</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Locally recruited</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>South-East Asia</td>
<td>54</td>
<td>11</td>
</tr>
<tr>
<td>Internationally recruited</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Locally recruited</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>Europe</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Internationally recruited</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Locally recruited</td>
<td>64</td>
<td>2</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Internationally recruited</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Locally recruited</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Western Pacific</td>
<td>213</td>
<td>82</td>
</tr>
<tr>
<td>Internationally recruited</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Locally recruited</td>
<td>219</td>
<td></td>
</tr>
<tr>
<td>Field staff in countries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Nations Liaison Office, New York</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Internationally recruited</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Locally recruited</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>UNICEF Liaison</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

1 Excluding consultants
<table>
<thead>
<tr>
<th>Organizational breakdown</th>
<th>Size of staff on 31 December 1951</th>
<th>Size of staff on 30 November 1952</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total (UNICEF)</td>
<td>Technical Assistance (UNICEF)</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Epidemiological Intelligence Station, Singapore</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>internationally recruited</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>locally recruited</td>
<td>14</td>
<td>-</td>
</tr>
<tr>
<td>Tuberculosis Research Office, Copenhagen</td>
<td>57</td>
<td>52</td>
</tr>
<tr>
<td>internationally recruited</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>locally recruited</td>
<td>52</td>
<td>-</td>
</tr>
<tr>
<td>Clearing Centre, Southport</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Staff on loan, on payroll of the Pan American Sanitary Bureau, and without pay</td>
<td>980</td>
<td>164</td>
</tr>
<tr>
<td>GRAND TOTAL</td>
<td>985</td>
<td>1203</td>
</tr>
</tbody>
</table>
### Annex 15

COMPOSITION OF STAFF BY NATIONALITY 1

as at 30 November 1952

<table>
<thead>
<tr>
<th>Country</th>
<th>Grades P.5 and above</th>
<th>Grades P.1 to P.4</th>
<th>TOTAL</th>
<th>Technical Assistance</th>
<th>UNICEF</th>
<th>Regular Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>—</td>
<td>2</td>
</tr>
<tr>
<td>Australia</td>
<td>1</td>
<td>7</td>
<td>8</td>
<td>5</td>
<td>—</td>
<td>3</td>
</tr>
<tr>
<td>Austria</td>
<td>—</td>
<td>6</td>
<td>6</td>
<td>4</td>
<td>—</td>
<td>2</td>
</tr>
<tr>
<td>Belgium</td>
<td>1</td>
<td>10</td>
<td>11</td>
<td>3</td>
<td>—</td>
<td>8</td>
</tr>
<tr>
<td>Bolivia</td>
<td>—</td>
<td>1</td>
<td>1</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Brazil</td>
<td>—</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Burma</td>
<td>—</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Canada</td>
<td>3</td>
<td>38</td>
<td>41</td>
<td>27</td>
<td>—</td>
<td>14</td>
</tr>
<tr>
<td>Ceylon</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>—</td>
<td>1</td>
</tr>
<tr>
<td>Chile</td>
<td>1</td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>—</td>
<td>2</td>
</tr>
<tr>
<td>China 2</td>
<td>4</td>
<td>6</td>
<td>10</td>
<td>5</td>
<td>—</td>
<td>5</td>
</tr>
<tr>
<td>Colombia 2</td>
<td>—</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>—</td>
<td>1</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>—</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>—</td>
<td>1</td>
</tr>
<tr>
<td>Cuba</td>
<td>—</td>
<td>1</td>
<td>1</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Czechoslovakia 2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>—</td>
<td>2</td>
</tr>
<tr>
<td>Denmark</td>
<td>1</td>
<td>39</td>
<td>40</td>
<td>11</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>Ecuador</td>
<td>—</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>—</td>
<td>2</td>
</tr>
<tr>
<td>Egypt</td>
<td>1</td>
<td>10</td>
<td>11</td>
<td>6</td>
<td>—</td>
<td>5</td>
</tr>
<tr>
<td>El Salvador</td>
<td>1</td>
<td>—</td>
<td>1</td>
<td>—</td>
<td>—</td>
<td>1</td>
</tr>
<tr>
<td>Finland</td>
<td>—</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>—</td>
<td>1</td>
</tr>
<tr>
<td>France</td>
<td>4</td>
<td>45</td>
<td>49</td>
<td>11</td>
<td>7</td>
<td>31</td>
</tr>
<tr>
<td>Germany, Federal Republic of</td>
<td>—</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>—</td>
<td>2</td>
</tr>
<tr>
<td>Greece</td>
<td>—</td>
<td>8</td>
<td>8</td>
<td>5</td>
<td>—</td>
<td>3</td>
</tr>
<tr>
<td>Guatemala</td>
<td>—</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Haiti</td>
<td>—</td>
<td>1</td>
<td>1</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Hungary 2</td>
<td>1</td>
<td>—</td>
<td>1</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>India</td>
<td>4</td>
<td>14</td>
<td>18</td>
<td>11</td>
<td>—</td>
<td>7</td>
</tr>
<tr>
<td>Iran</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>—</td>
<td>1</td>
</tr>
<tr>
<td>Ireland</td>
<td>—</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>—</td>
<td>2</td>
</tr>
<tr>
<td>Italy</td>
<td>1</td>
<td>14</td>
<td>15</td>
<td>5</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Korea</td>
<td>—</td>
<td>1</td>
<td>1</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>—</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>—</td>
<td>1</td>
</tr>
<tr>
<td>Mexico</td>
<td>—</td>
<td>7</td>
<td>7</td>
<td>4</td>
<td>—</td>
<td>3</td>
</tr>
<tr>
<td>Netherlands</td>
<td>4</td>
<td>21</td>
<td>25</td>
<td>10</td>
<td>—</td>
<td>15</td>
</tr>
<tr>
<td>New Zealand</td>
<td>—</td>
<td>9</td>
<td>9</td>
<td>5</td>
<td>—</td>
<td>4</td>
</tr>
<tr>
<td>Norway</td>
<td>1</td>
<td>20</td>
<td>21</td>
<td>3</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Panama</td>
<td>—</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Peru</td>
<td>—</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Philippines</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>—</td>
<td>1</td>
</tr>
<tr>
<td>Poland 2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>—</td>
<td>3</td>
</tr>
<tr>
<td>Portugal</td>
<td>—</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Roumania 2</td>
<td>—</td>
<td>1</td>
<td>1</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Spain</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>—</td>
<td>2</td>
</tr>
<tr>
<td>Sweden</td>
<td>1</td>
<td>9</td>
<td>10</td>
<td>5</td>
<td>—</td>
<td>5</td>
</tr>
<tr>
<td>Switzerland</td>
<td>—</td>
<td>27</td>
<td>27</td>
<td>3</td>
<td>—</td>
<td>24</td>
</tr>
<tr>
<td>Thailand</td>
<td>—</td>
<td>1</td>
<td>1</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Union of South Africa</td>
<td>2</td>
<td>8</td>
<td>10</td>
<td>5</td>
<td>—</td>
<td>5</td>
</tr>
<tr>
<td>Union of Soviet Socialist Republics 2</td>
<td>—</td>
<td>1</td>
<td>1</td>
<td>—</td>
<td>—</td>
<td>1</td>
</tr>
<tr>
<td>United Kingdom of Great Britain and Northern Ireland</td>
<td>10</td>
<td>120</td>
<td>130</td>
<td>62</td>
<td>1</td>
<td>67</td>
</tr>
<tr>
<td>United States of America</td>
<td>17</td>
<td>97</td>
<td>114</td>
<td>52</td>
<td>1</td>
<td>61</td>
</tr>
<tr>
<td>Yugoslavia</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>—</td>
<td>—</td>
<td>2</td>
</tr>
<tr>
<td>Stateless</td>
<td>—</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>65</strong></td>
<td><strong>595</strong></td>
<td><strong>660</strong></td>
<td><strong>301</strong></td>
<td><strong>42</strong></td>
<td><strong>317</strong></td>
</tr>
</tbody>
</table>

1 Excluding consultants and staff locally recruited, on loan, on the payroll of the Pan American Sanitary Bureau, and without pay

2 Inactive Member

3 Non-Member
## Annex 16

### FELLOWSHIPS AWARDED IN 1952

1. DISTRIBUTION BY COUNTRY OF ORIGIN, SOURCE OF FUNDS AND TYPE OF FELLOWSHIP

<table>
<thead>
<tr>
<th>Region and country of origin</th>
<th>Source of funds</th>
<th>Type of fellowship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WHO</td>
<td>UNICEF</td>
</tr>
<tr>
<td>African Region</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belgian Congo</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>British Cameroons</td>
<td>1</td>
<td>—</td>
</tr>
<tr>
<td>French Cameroons</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>French Equatorial Africa</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>French Togoland</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>French West Africa</td>
<td>2</td>
<td>—</td>
</tr>
<tr>
<td>Gold Coast</td>
<td>3</td>
<td>—</td>
</tr>
<tr>
<td>Kenya</td>
<td>2</td>
<td>—</td>
</tr>
<tr>
<td>Madagascar</td>
<td>10</td>
<td>—</td>
</tr>
<tr>
<td>Mauritius</td>
<td>1</td>
<td>—</td>
</tr>
<tr>
<td>Nigeria</td>
<td>3</td>
<td>—</td>
</tr>
<tr>
<td>Portuguese Guinea</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Sao Tomé</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>2</td>
<td>—</td>
</tr>
<tr>
<td>Uganda</td>
<td>1</td>
<td>—</td>
</tr>
<tr>
<td>Union of South Africa</td>
<td>1</td>
<td>—</td>
</tr>
<tr>
<td>Zanzibar</td>
<td>1</td>
<td>—</td>
</tr>
<tr>
<td><strong>Total: African Region</strong></td>
<td>27</td>
<td>18</td>
</tr>
<tr>
<td>Americas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Argentina</td>
<td>9</td>
<td>—</td>
</tr>
<tr>
<td>Bolivia</td>
<td>2</td>
<td>—</td>
</tr>
<tr>
<td>Brazil</td>
<td>12</td>
<td>—</td>
</tr>
<tr>
<td>Canada</td>
<td>1</td>
<td>—</td>
</tr>
<tr>
<td>Chile</td>
<td>14</td>
<td>—</td>
</tr>
<tr>
<td>Colombia</td>
<td>2</td>
<td>—</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Cuba</td>
<td>1</td>
<td>—</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>2</td>
<td>—</td>
</tr>
<tr>
<td>Ecuador</td>
<td>6</td>
<td>—</td>
</tr>
<tr>
<td>El Salvador</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Guatemala</td>
<td>2</td>
<td>—</td>
</tr>
<tr>
<td>Guiana, British</td>
<td>1</td>
<td>—</td>
</tr>
<tr>
<td>Haiti</td>
<td>3</td>
<td>—</td>
</tr>
<tr>
<td>Honduras</td>
<td>1</td>
<td>—</td>
</tr>
<tr>
<td>Jamaica</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Mexico</td>
<td>5</td>
<td>—</td>
</tr>
<tr>
<td>Netherlands Antilles</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Panama</td>
<td>1</td>
<td>—</td>
</tr>
<tr>
<td>Paraguay</td>
<td>5</td>
<td>—</td>
</tr>
<tr>
<td>Peru</td>
<td>8</td>
<td>—</td>
</tr>
<tr>
<td>United States of America</td>
<td>14</td>
<td>—</td>
</tr>
<tr>
<td>Uruguay</td>
<td>8</td>
<td>—</td>
</tr>
<tr>
<td>Venezuela</td>
<td>6</td>
<td>—</td>
</tr>
<tr>
<td>Windward Islands</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Total: Americas</strong></td>
<td>103</td>
<td>54</td>
</tr>
</tbody>
</table>

1 All fellowships administered by WHO, including those from WHO, UNICEF and Technical Assistance for Economic Development funds

2 Includes short fellowships of less than a month for participation in educational meetings where no distinction exists between teachers and trainees.
<table>
<thead>
<tr>
<th>Region and country of origin</th>
<th>Source of funds</th>
<th>Type of fellowship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WHO</td>
<td>UNICEF</td>
</tr>
<tr>
<td>South-East Asia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afghanistan</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Burma</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Ceylon</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>India</td>
<td>17</td>
<td>3</td>
</tr>
<tr>
<td>India, French Settlements in</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Indonesia</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>Thailand</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total : South-East Asia</strong></td>
<td>46</td>
<td>18</td>
</tr>
<tr>
<td>Europe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Austria</td>
<td>19</td>
<td>5</td>
</tr>
<tr>
<td>Belgium</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>Denmark</td>
<td>39</td>
<td>1</td>
</tr>
<tr>
<td>Finland</td>
<td>31</td>
<td>27</td>
</tr>
<tr>
<td>France (including Algeria)</td>
<td>31</td>
<td>6</td>
</tr>
<tr>
<td>Germany, Federal Republic of</td>
<td>33</td>
<td>33</td>
</tr>
<tr>
<td>Greece</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>Iceland</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Ireland</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>Italy</td>
<td>19</td>
<td>17</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Monaco</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Morocco (Fr. Protectorate)</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Netherlands</td>
<td>33</td>
<td>1</td>
</tr>
<tr>
<td>Norway</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>Portugal</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Spain</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>Sweden</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>Switzerland</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Trieste</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Tunisia</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Turkey</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>United Kingdom of Great Britain and Northern Ireland</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>Yugoslavia</td>
<td>15</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total : Europe</strong></td>
<td>431</td>
<td>27</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cyprus</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Egypt</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Ethiopia (including Eritrea)</td>
<td>25</td>
<td>2</td>
</tr>
<tr>
<td>Iran</td>
<td>11</td>
<td>18</td>
</tr>
<tr>
<td>Iraq</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Israel</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Jordan, Hashemite Kingdom of the Lebanon</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Libya</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Libya</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Pakistan</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Sudan</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total : Eastern Mediterranean</strong></td>
<td>73</td>
<td>8</td>
</tr>
</tbody>
</table>
## ANNEX 16

### Region and country of origin

<table>
<thead>
<tr>
<th>Region and country of origin</th>
<th>Source of funds</th>
<th>Type of fellowship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WHO</td>
<td>UNICEF</td>
</tr>
<tr>
<td>Western Pacific</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Cambodia</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>China</td>
<td>20</td>
<td>-</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Japan</td>
<td>9</td>
<td>-</td>
</tr>
<tr>
<td>Korea</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Laos</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Malaya</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Netherlands New Guinea</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>New Caledonia</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>New Zealand</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>North Borneo</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Papua and New Guinea</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Philippines</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Sarawak</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Singapore</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>1</td>
<td>-</td>
</tr>
</tbody>
</table>

**Total: Western Pacific**

<table>
<thead>
<tr>
<th>WHO</th>
<th>UNICEF</th>
<th>Technical Assistance</th>
<th>TOTAL</th>
<th>Inter-regional</th>
<th>Regional</th>
<th>Individual training</th>
<th>Group training</th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
<td>73</td>
<td>116</td>
<td>58</td>
<td>58</td>
<td>63</td>
<td>53</td>
<td></td>
</tr>
</tbody>
</table>

**Total: All Regions**

| Percentage | 63% | 5% | 32% | 100% | 34% | 66% | 57% | 43% |

### 2. AVERAGE DURATION OF FELLOWSHIPS

<table>
<thead>
<tr>
<th>Region of origin</th>
<th>Number of fellowships</th>
<th>Number of months</th>
<th>Average length in months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>45</td>
<td>243</td>
<td>5.4</td>
</tr>
<tr>
<td>Americas</td>
<td>157</td>
<td>862</td>
<td>5.5</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>106</td>
<td>543</td>
<td>5.1</td>
</tr>
<tr>
<td>Europe</td>
<td>592</td>
<td>1,788</td>
<td>3.0</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>131</td>
<td>1,070</td>
<td>8.2</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>116</td>
<td>503</td>
<td>4.3</td>
</tr>
</tbody>
</table>

**All Regions**

<table>
<thead>
<tr>
<th>Number of fellowships</th>
<th>Number of months</th>
<th>Average length in months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,147</td>
<td>5,009</td>
<td>4.3</td>
</tr>
</tbody>
</table>
3. DISTRIBUTION OF FELLOWSHIPS BY SUBJECT OF STUDY

<table>
<thead>
<tr>
<th>Subject of study</th>
<th>Number of fellowships</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEALTH ORGANIZATION AND SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public-Health Administration</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public-health administration</td>
<td>91</td>
<td></td>
</tr>
<tr>
<td>Hospital and medical care administration</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Hospital and clinic buildings</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Medical librarianship</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td><strong>117</strong></td>
<td><strong>10%</strong></td>
</tr>
<tr>
<td><strong>Sanitation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental sanitation</td>
<td>77</td>
<td></td>
</tr>
<tr>
<td>Housing and town-planning</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Food control</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td><strong>81</strong></td>
<td><strong>7%</strong></td>
</tr>
<tr>
<td><strong>Nursing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing, including midwifery</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>Public-health nursing and health visitors</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Medical social work</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td><strong>86</strong></td>
<td><strong>7%</strong></td>
</tr>
<tr>
<td><strong>Maternal and Child Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization of maternal and child health services</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td>Paediatrics and obstetrics</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td><strong>98</strong></td>
<td><strong>9%</strong></td>
</tr>
<tr>
<td><strong>Other Health Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health and child guidance</td>
<td>97</td>
<td></td>
</tr>
<tr>
<td>Health education</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Occupational health</td>
<td>59</td>
<td></td>
</tr>
<tr>
<td>Nutrition and dietetics</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Health statistics</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Dental care and hygiene</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Drug control</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td><strong>286</strong></td>
<td><strong>25%</strong></td>
</tr>
<tr>
<td><strong>TOTAL : HEALTH ORGANIZATION AND SERVICES</strong></td>
<td><strong>668</strong></td>
<td><strong>58%</strong></td>
</tr>
<tr>
<td><strong>COMMUNICABLE DISEASES SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaria</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>Venereal diseases and treponematoses</td>
<td>65</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>Other communicable diseases, epidemiology and quarantine</td>
<td>125</td>
<td></td>
</tr>
<tr>
<td>Laboratory services</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>Chemotherapy, antibiotics</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL : COMMUNICABLE DISEASES SERVICES</strong></td>
<td><strong>348</strong></td>
<td><strong>31%</strong></td>
</tr>
<tr>
<td>Subject of study</td>
<td>Number of fellowships</td>
<td>Percentage</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>-----------------------</td>
<td>------------</td>
</tr>
<tr>
<td><strong>CLINICAL, MEDICAL SCIENCES AND EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Clinical Medicine</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery and medicine</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>Anaesthesiology</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Radiology</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Haematology, blood bank</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Other medical and surgical specialities</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>115</td>
<td>10%</td>
</tr>
<tr>
<td><em>Medical Sciences and Education</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anatomy and histology</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Physiology</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Biophysics, biochemistry, chemistry</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Pathology</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Pharmacology</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Medical personnel educational methods</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>16</td>
<td>1%</td>
</tr>
<tr>
<td><strong>TOTAL : CLINICAL, MEDICAL SCIENCES AND EDUCATION</strong></td>
<td></td>
<td>131</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td></td>
<td>1,147</td>
</tr>
</tbody>
</table>

### 4. DISTRIBUTION OF FELLOWSHIP VISITS TO COUNTRIES BY REGION OF ORIGIN AND REGION OF STUDY

<table>
<thead>
<tr>
<th>Region of origin</th>
<th>Total number of visits to countries</th>
<th>Region of study</th>
<th>Africa</th>
<th>Americas</th>
<th>South-East Asia</th>
<th>Europe</th>
<th>Eastern Mediterranean</th>
<th>Western Pacific</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>52</td>
<td>18</td>
<td>10</td>
<td>3</td>
<td>20</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Americas</td>
<td>207</td>
<td>-</td>
<td>134</td>
<td>5</td>
<td>61</td>
<td>2</td>
<td>26</td>
<td>-</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>159</td>
<td>1</td>
<td>17</td>
<td>50</td>
<td>63</td>
<td>2</td>
<td>-</td>
<td>26</td>
</tr>
<tr>
<td>Europe</td>
<td>814</td>
<td>1</td>
<td>86</td>
<td>9</td>
<td>718</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>187</td>
<td>-</td>
<td>18</td>
<td>13</td>
<td>117</td>
<td>38</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>137</td>
<td>-</td>
<td>31</td>
<td>19</td>
<td>28</td>
<td>-</td>
<td>59</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>1,556</td>
<td>19</td>
<td>296</td>
<td>99</td>
<td>1,007</td>
<td>42</td>
<td>93</td>
<td></td>
</tr>
</tbody>
</table>

*The same Fellow may visit more than one country.*
Annex 17

ENTRY-INTO-FORCE OF THE INTERNATIONAL SANITARY REGULATIONS

The International Sanitary Regulations (WHO Regulations No. 2) came into force on 1 October 1952. The position of the various States and territories with regard to the Regulations on that date is, for reasons of historical interest, reproduced in the following table:

Members of the World Health Organization

1. **Bound by the Regulations**
   - **(1) without reservation**
     - Afghanistan, Austria, Belgium, Bolivia, Brazil, Cambodia, Canada, China, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Ethiopia, Finland, France, Guatemala, Haiti, Hashemite Kingdom of the Jordan, Honduras, Iceland, Indonesia, Iran, Iraq, Ireland, Israel, Italy, Japan, Korea, Laos, Lebanon, Liberia, Luxembourg, Mexico, Monaco, Netherlands, New Zealand, Nicaragua, Norway, Panama, Paraguay, Peru, Portugal, Spain, Syria, Thailand, Turkey, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay, Venezuela, Viet Nam, Yugoslavia
   - **(2) with reservations**
     - Greece (in respect of Article 69), Pakistan (in respect of Articles 42, 43, 70, 74, 100 and Appendix 3); Philippines (in respect of Article 69), Saudi Arabia (in respect of Articles 61, 63, 64, 69, A1, A6), Union of South Africa (in respect of Articles 40, 42, 43, 76, 77)

2. **Not bound by the Regulations**
   - Australia, Burma, Denmark, Federal Republic of Germany, Sweden, Switzerland

3. **Position not defined**
   - **(1) States not having informed the Director-General whether they were willing to accept the Health Assembly’s decisions on the reservations notified**
     - Argentina, Ceylon, Chile, Egypt, India
   - **(2) Inactive Members**
     - Albania, Bulgaria, Byelorussian SSR, Czechoslovakia, Hungary, Poland, Roumania, Ukrainian SSR, Union of Soviet Socialist Republics
   - **(3) State having until 1 March 1953 to submit reservations**
     - United Kingdom of Libya

Non-Members of the World Health Organization

1. **Bound by the Regulations**
   - Vatican City

2. **Not bound by the Regulations**
   - Liechtenstein

3. **Position not defined**
   - Andorra, Colombia, Free Territory of Trieste, International Zone of Tangier, Mongolian People’s Republic, Nepal, San Marino, Sultanate of Muscat and Oman, Yemen

---

1 Metropolitan territory only, a declaration having been made under Article 106, paragraph 2, of the Regulations, reserving the right to notify, on or before 11 December 1952, rejection or reservations in respect of overseas or outlying territories for whose international relations the State is responsible.

2 A declaration was made under Article 6, paragraph 2, of the Regulations, reserving the right to notify, on or before 11 December 1952, rejection or reservations in respect of overseas or outlying territories for whose international relations the State is responsible.

3 The notification of the Government of Denmark was regarded by the Fifth World Health Assembly as a rejection on legal grounds pending the completion of national constitutional procedure. The Government also made a declaration, under Article 106, paragraph 2, of the Regulations, reserving the right to notify, on or before 11 December 1952, rejection or reservations in respect of overseas or outlying territories for whose international relations Denmark is responsible.

4 The notification from the Government was regarded by the Fifth World Health Assembly as a rejection on legal grounds pending the completion of national constitutional procedure.
THE WORK OF WHO, 1952
ANNUAL REPORT OF THE DIRECTOR-GENERAL
TO THE
WORLD HEALTH ASSEMBLY AND TO THE UNITED NATIONS
INDEX

WORLD HEALTH ORGANIZATION
PALAIS DES NATIONS
GENEVA
INDEX

(Main references are in heavy type.)

Abstract Archives of Alcohol Literature, 31, 109, 114
Accommodation for WHO headquarters, 67
Account, Assembly Suspense, 66
Aden, 129
Administration, general, of WHO, 64-9
Administrative Committee on Co-ordination, 57
Administrative Questions, Consultative Committee on, 65
Adoption, problems of, 30
Advisory Committee on Arid Zone Research, 27
Advisory Committee on Salaried Employees and Professional Workers (ILO), 27
Aedes aegypti eradication: Colombia, 84; Dominican Republic, 85
See also Insect control
Afghanistan, 98-9
See also Environmental sanitation; Typhus
African Region, 6, 73-7
Agreement(s), 68, 129
Brussels, 1924, 15
for the Unification of Pharmacopoeial Formulas for Potent Drugs (Brussels Agreements), 52, 68
host —
France, for Regional Office for Africa, 68, 73
Philippines, 68, 137
International Committee of Military Medicine and Pharmacy, 68
Aircraft, disinsecting, 44
Airports, hygiene and sanitation, 27
Alcoholism: Denmark, 116
seminar, South America, 81
See also Abstract Archives of Alcohol Literature
Algeria, 118
American Cancer Society, 156
American Society on Tropical Medicine and Hygiene, 156
Americas, Region of the, 78-91
Anaesthesiology training centres —
Copenhagen, 109, 116
Paris, 109, 118
Angola, 77
See also Environmental sanitation
Ankylostomiasis: Paraguay, 90
Annual Epidemiological and Vital Statistics, 1939-1946, 47
Annual Epidemiological and Vital Statistics, 1947-1949, 47
Anthropology, cultural: Africa, 6, 74
Antibiotics —
international standards, 50
production, 3, 54-5; Chile, 54, 83; India, 54, 103; Pakistan, 135; Yugoslavia, 54
training courses, 109
use in —
control of communicable diseases, 2
treatment of trachoma, 17
Anti-Brucella abortus serum, international standard, 50
Antityphoid serum, international standard, 50
Appropriation Resolution, 1952, 65
Area representatives, 5, 64
Argentina, 82
Arid land, development, 27, 151
Arid Zone Research, Advisory Committee on, 27
Assembly Suspense Account, 66
Assessments, 66
See also Contributions
Associate Members, rights and obligations, 68
Australia, 141
Austria, 115-16
Auxiliary medical personnel, see Training
Bahamas, 82
Barbados, 82
BCG, 14, 23, 24; Aden, 129, Brunei, 142; Burma, 100; Cambodia, 142; Costa Rica, 84; Denmark, 24; Eastern Mediterranean, 128; Ecuador, 24, 85; Egypt, 24, 130; El Salvador, 86; Ethiopia, 131; Hong Kong, 144; India, 24, 102, 103; Indonesia, 104; Iran, 132; Iraq, 132; Jamaica, 88; Jordan, 133; Leeward Islands, 88; Libya, 134; North Borneo, 145; Pakistan, 135; Paraguay, 90; Philippines, 146; Sarawak, 146; Singapore, 147; South-East Asia, 97; Sudan, 136; Taiwan, 143; Thailand, 105; Trinidad, 91; Turkey, 122; Uruguay, 91; Viet Nam, 147
conference, Durban, 77
production, 91, 139, 143, 146
See also Tuberculosis
BCG Vaccination: Studies by the WHO Tuberculosis Research Office, Copenhagen, 23
Bechuanaland, 76
Bego, N., 108
Bejel: Iraq, 132; Syria, 136
See also Treponematoses
Belgian Congo, 76
See also Nutrition
Belgium, 116
Beriberi: Philippines, 33
BHC, 27
See also Insecticides
Biennial Assemblies, see World Health Assemblies, frequency of sessions
Bilharziasis, 16; Africa, 74; Eastern Mediterranean, 129; Egypt, 16, 130; Iraq, 133; Japan, 16; Philippines, 145; Syria, 136; Western Pacific, 140
Bilharziasis, Expert Committee on, 16
members, 170
Biological standardization, 49-51
See also International biological standards
Biological Standardization, Expert Committee on, 51
members, 170
Biologicals, international transport, 51
Biologie d'Anopheles gambiae, 58
Biostatistics, Inter-American Center of, 82
Bolivia, 82

— 1 —
INDEX

Bovine tuberculosis, 20
Brazil, 83
See also Brucellosis
British Cameroons, 76
British Guiana, 83
British Honduras, 83
Brucellosis, 19-20 ; Argentina, 82 ; Brazil, 19 ; Burma, 19 ; Ethiopia, 19 ; Greece, 19 ; Honduras, 19 ; Iran, 19 ; Iraq, 19 ; Israel, 19 ; Mexico, 19 ; Pakistan, 19 ; Spain, 19 ; Thailand, 19 ; Turkey, 19 ; Yugoslavia, 19, 20
See also FAO/WHO Brucellosis Centres
Brucellosis, Joint FAO/WHO Expert Committee on, 19 members, 173
Brunei, 141-2
Brussels Agreement, 1924, accession of Israel and Japan, 15
Budget —
for 1952, 65, 186
for 1953, 6
See also Programmes
Building Fund, 65, 67
Bulletin of the World Health Organization, 23, 58
Burma, 99-101
See also Brucellosis ; Environmental sanitation ; Leprosy ; Medical education
Cable code, epidemiological (CODEPID), 46
Cambodia, 142
See also Environmental sanitation
Cambourlac, F. J. C., 73
Cameroons, British, 76
Cameroons, French, 77
Canada, 83
Cancer, mortality, 4
Cardiolipin —
production : India, 103
reference preparations, 15
Center, Inter-American, on Biostatistics, 82
Center, Strain Study, for the Americas, 16
Central Council for Health Education, 155
Central Research Institute, Kasauli, 19
Centre, International Children's, 74, 108, 118
Centre, World Influenza, 16
Cerebrospinal meningitis, 21 ; Sudan, 21, 136
Certificates, international, of vaccination, 44
Ceylon, 101-2
See also DDT ; Fundamental education ; Medical education ; Population studies ; Veterinary public health
Child guidance : France, 118
Child psychiatry, seminars : Norway, 111, 121
Child Welfare, International Union for, 29, 155
Childhood —
communicable diseases of, training course, Paris, 109
problems of, in tropical countries of Africa, conference, 74
Children —
rehabilitation of physically handicapped, 29 ; Austria, 116 ; Europe, 110 ; Finland, 117 ; Germany, 118 ; Greece, 119 ; Italy, 119 ; Japan, 17, 29, 144 ; Lebanon, 29, 134 ; South-East Asia, 93 ; Yugoslavia, 123
See also International Children's Centre ; Seminars
Children's hospital : Bolivia, 82
Chile, 83
See also Antibiotics
China (Taiwan), 142-3
See also Environmental sanitation ; Plague ; Trepomatoses
Cholera, 21 ; India, 103 ; Pakistan, 135
Chronic diseases, 4
Chronicle of the World Health Organization, 58, 80
Codeine, 53
CODEPID (epidemiological cable code), 46
Colombia, 83-4
See also Environmental sanitation ; Smallpox ; Veterinary public health
Colombo Plan, 93, 138, 159
Commission, Economic, for Asia and the Far East (ECAFE), 93
Commission, Economic, for Europe (ECE), 108
Housing Sub-Committee, 27
Commission for Technical Co-operation in Africa South of the Sahara, 27, 33, 73, 156
conferences, 75
Commission, International Anti-Venereal-Disease, of the Rhine, 15, 106, 112, 116, 118
Commission on Narcotic Drugs, 53
Commission, Population, of United Nations, 92
Committee, Administrative, on Co-ordination, 57
joint programmes elaborated through, 152
Committee, Advisory, on Salaried Employees and Professional Workers (ILO), 27
Committee, Consultative, on Administrative Questions, 65
Committee, International, of Military Medicine and Pharmacy, 68, 156
Committee, International Scientific, for Trypanosomiasis Research, 75
Committee on International Quarantine, 17, 44
Committee on Reservations to International Sanitary Regulations (ad hoc committee), 41
Communities —
co-ordination, for Technical Assistance, 5, 92, 125
See also Expert Committees ; National Committees on Vital and Health Statistics
Commonwealth Serum Laboratories, Melbourne, 19
Communicable diseases, 2, 11-22 ; Europe, 109, 115 ; Finland, 117 ; Greece, 119 ; Latin America, 81, 83 ; Yugoslavia, 123
Community organization and development, 152
Comparability of Statistics of Causes of Death according to the Fifth and Sixth Revisions of the International List, 58
Conference(s) —
and meetings called in 1952 —
non-governmental and intergovernmental organizations, 181-4
United Nations and specialized agencies, 178-80
WHO, 174-5
organized or assisted by WHO in 1952, 176-7
regional technical, Europe, 114
Conference, International, of Social Work, 154
Conference, Inter-American, on Public Health, 78
Conjunctivitis : Philippines, 140
Consultative Committee on Administrative Questions, 65
Contributions, 6, 66
status, 187-91
Convention on the Privileges and Immunities of the Specialized Agencies, 68, 152
Conventions, International Sanitary, see International Sanitary Conventions
Co-operative for American Remittances to Europe (CARE), 55
Co-ordination of work with other organizations, 151-6
Cortisone, 18
Costa Rica, 84-5
See also Insect control ; Medical education
Council for International Organizations of Medical Sciences, 40, 154
Council of Europe, 108, 156
Cuba, 85
Cultural anthropology : Africa, 6, 74
Cyprus, 130

DAUBENTON, F., 73

DDT —
  availability, 27
determination of effectiveness, 13
  See also Insecticides
  production, 55 ; Ceylon, 55, 96, 98, 102 ; Egypt, 55, 131 ; India, 55, 96, 98, 103 ; Pakistan, 55, 135
  supplies for programmes, 96
  use in typhus control, 18
Demonstration and training : South-East Asia, 92
Demonstration and training area, rural public health, Soissons, 118
Demonstration and training centres —
  maternal and child health, 29 ; Iran, 131 ; Iraq, 132 ; Jordan, 133 ; Lebanon, 134 ; Libya, 134 ; Pakistan, 135 ; Syria, 136 ; Turkey, 122
  public health : Peru, 91
  rehabilitation of physically handicapped : Latin America, 81
tuberculosis, 13 ; Burma, 99 ; Egypt, 130 ; Ethiopia, 131 ; India, 102 ; Iraq, 132 ; Israel, 133 ; Jordan, 133 ; Pakistan, 134 ; South-East Asia, 97 ; Syria, 136 ; Turkey, 122
  venereal diseases : Pakistan, 135
  See also Port Demonstration and Training Centre, Rotterdam
  See also Training centres
Denmark, 116-17
  See also BCG
Dental services, 35
  See also International Dental Federation
Diacetylmorphine, 52
Dimercaprol, international standard, 51
Diphtheria, 21
  and pertussis vaccines, conference, Dubrovnik, 3, 21, 109, 124
  immunization campaigns, 3 ; Brazil, 83 ; Chile, 83 ; Columbia, 83 ; Hong Kong, 144 ; Palestine refugees, 162 ; Taiwan, 143
  mortality, 4
Diphtheria toxoid production, 146
Director-General, term of office, 65
Discussions, technical, see Technical discussions
Disinsecting of aircraft, 44
Dominican Republic, 85
Drug Supervisory Body of the United Nations, 53
Drugs —
  and equipment, availability of essential, 54-6
  and other therapeutic substances, 49-53
  liable to produce addiction, 52-3
Drugs Liable to Produce Addiction, Expert Committee on, 52 members, 171
Eastern Mediterranean Region, 7, 125-36
Economic and Social Council, Commission on Narcotic Drugs, 53
Economic Commission for Asia and the Far East (ECAFE), 93
Economic Commission for Europe (ECE), 108
Housing Sub-Committee, 27
Ecuador, 85-6
  See also BCG ; Insect control ; Veterinary public health
Education —
  and training, 36-40 ; Europe, 114 ; Finland, 117
  See also Fundamental education ; Health education of the public ; Medical education ; Nursing ; Training ; Training centres ; Training courses ; Veterinary education
Education of Medical and Auxiliary Personnel, Expert Committee on Professional and Technical, 36 members, 173
Educational institutions, assistance to, 38
Egypt, 130-1
  See also BCG ; Bilharziasis ; DDT ; Health education of the public ; Occupational health ; Poliomyelitis
El Salvador, 86
  See also Environmental sanitation
Endemic goitre, 34
Environmental sanitation, 2, 26-8 ; Afghanistan, 26, 99 ; Africa, 6 ; Angola, 26, 77 ; Austria, 115 ; Burma, 26 ; Cambodia, 26 ; Colombia, 26 ; Eastern Mediterranean, 128 ; Egypt, 130 ; El Salvador, 26 ; Europe, 115 ; Finland, 117 ; India, 26 ; Indonesia, 26 ; Iran, 26 ; Iraq, 26 ; Jordan, 133 ; Lebanon, 134 ; Liberia, 26 ; Libya, 134 ; Pakistan, 26, 135 ; Palestine refugees, 162 ; Philippines, 26 ; Saudi Arabia, 26 ; Seychelles, 26, 76 ; South-East Asia, 95 ; Syria, 26, 136 ; Taiwan, 26 ; Thailand, 105 ; Turkey, 26 ; Viet Nam, 26 ; Yugoslavia, 123
  See also Garbage disposal ; Training courses ; Water supplies
Epidemics, control, 3
Epidemiological and statistical services, 41-8
Epidemiological and Vital Statistics Report, 46
Epidemiological cable code (CODEPID), 46
Epidemiological information, 46
  radio-telegraphic communications network (map), 47
Epilepsy : Austria, 116
Equipment —
  and supplies, see Supplies
availability of essential drugs and, 54-6
  See also Supplies
Ethiopia (including Eritrea), 131
  See also Brucellosis ; Leprosy
European Region, 106-24
Executive Board, membership, 168
Expanded Programme of Technical Assistance for Economic Development, see Technical Assistance
Expert advisory panels, geographical distribution, 169-70
Expert committees —
  list of members, 170-4
  See also under subjects
External Auditor, Report, 1952, 65
Eye diseases —
  seminar, Cairo, 130
  See also Conjunctivitis ; Trachoma
Family unit, health and welfare needs, 28, 110, 118, 122
  See also Health visitors
FAO —
  co-operation with, 153
  assistance to population of Andes, 81
  food hygiene, 129
  health demonstration area : El Salvador, 86
  insecticides, 26
  international standards, 50
  malaria and insect control, 102
FAO (continued) —
co-operation with, —
milk control, 26
nutrition, 33, 34, 74, 104, 108, 116, 162
skimmed milk supplies, 76, 77
zoonoses, 19, 21, 108
mission to Korea, 162

FAO/WHO Brucellosis Centres, 19, 82, 88, 91
Fellowships, 1, 37-8, 52 ; Africa, 74, 75 ; Americas, 80, 81 ;
Eastern Mediterranean, 126, 129 ; South-East Asia, 96 ;
Western Pacific, 141
distribution by country of origin, source of funds and
type (tables), 199-203
See also under individual countries and territories
Fellowships, Technical Working Group on, 38
Fifth World Health Assembly, 6-7
Filaria : Ceylon, 101 ; Thailand, 105
Financial position of WHO, 6, 66
Financial Report, 1952, 65
Finland, 117
See also Occupational health
Florence Nightingale International Foundation, 155
Food and Agriculture Organization, see FAO
Food and famine, 151
Food hygiene, Eastern Mediterranean, 128
Foster-home care, seminar, Oslo, 110
France, 117-18
  host agreement for Regional Office for Africa, 68, 73
French Cameroons, 77
See also Malaria
French Equatorial Africa, 76-7
See also Nutrition
French India, 104
French Togoland, 77
See also Malaria
French West Africa, 77
See also Malaria
Fund, Building, 65, 67
Fund, Working Capital, see Working Capital Fund
Fundamental education, 34, 152 ; Ceylon, 95 ; Eastern
Mediterranean, 129 ; Haiti, 87 ; Indonesia, 104 ; Latin
America, 88 ; Thailand, 105
Gambia, 76
Gamma-globulin, 17, 18
  production, Yugoslavia, 123
Garbage disposal : Chile, 83 ; Guatemala, 87
Geographical Pathology, International Society of, 18
Germany, Federal Republic, 118-19
Gift to WHO, exceptional contribution from Laos, 65
Goitre, endemic, 34
Gold Coast, 76
Gonorrhoea, see Venereal diseases
Greece, 119
See also Brucellosis ; Rabies
Guatemala, 87
Guide for national studies of nursing needs and resources, 28
Haiti, 87
Handbook of Resolutions and Decisions of the World Health
Assembly and Executive Board, 59
Hashemite Kingdom of the Jordan, see Jordan
Hashish preparations, testing : Libya, 53
Headquarters accommodation, 67
Health demonstration areas : Ceylon, 102 ; Chile, 83 ; Eastern
Mediterranean, 126 ; Ecuador, 85 ; Egypt, 130 ; El Salvador,
86 ; Venezuela, 91
Health Education, Central Council for, 155
Health education of the public, 34-5 ; Bolivia, 82 ; Ceylon,
102 ; Eastern Mediterranean, 34, 129 ; Egypt, 35 ; Europe,
115 ; Finland, 117 ; Honduras, 87 ; Indonesia, 104 ; Jordan,
133 ; Latin America, 88 ; Libya, 134 ; Nicaragua, 89 ;
Palestine refugees, 162 ; Sarawak, 34, 146 ; Singapore, 34 ;
South-East Asia, 95
  conference —
    national, Netherlands, 35, 120
    regional, 34, 121
Health educators, conference, Europe, 115, 118
Health legislation, 59 ; Liberia, 74
Health services —
  for special groups, 161-3
    local : Haiti, 87
    rural : Guatemala, 87 ; Panama, 89
Health statistics, 46-8
See also Vital and health statistics
Health Statistics, 80
Health Statistics, Expert Committee on, 48
Health visitors —
  refresher courses: India, 103
See also Family unit, health and welfare needs
Hepatitis, 18
Hepatitis, Expert Committee on, 18
members, 171
Honduras, 87
See also Brucellosis
Honduras, British, 83
Hong Kong, 143-4
See also Treponematoses
Hookworm, see Ankylostomiasis
Hospital, children’s : Bolivia, 82
Hospital administration, 32
Hospital Federation, International, 155
Hospital services : Egypt, 130
Housing, 27
  conference, Pretoria, 75
Human Rights, Covenants on, 152
Hygiene and Bacteriology, Institute of (University of Stras-
bourg), 18
Hygiene of seafarers, 32
ICAO, 27, 153
Iceland, 119
ILO —
  Advisory Committee on Salaried Employees and Pro-
fessional Workers, 27
co-operation, 153
  assistance to population of Andes, 81
  health demonstration area : El Salvador, 86
  maternal and child health, 30
  migration, 35
  rehabilitation, 32, 121
  social and occupational health, 31, 32
  venereal diseases, Rhine boatmen, 106
Immigrants, rehabilitation : Israel, 133
Immunization, see Diphtheria ; Tetanus
India, 102-4
See also Antibiotics ; BCG ; DDT ; Environmental
sanitation ; Malaria ; Medical education ; Occupational
health ; Penicillin ; Plague ; Population studies ;
Rabies ; Training centres
India, French, 104
India, Portuguese, 104
Indian Council of Medical Research, 103
INDEX

Indonesia, 104
See also Medical education; Plague; Rabies, Treponematoses

Industrial health: Egypt, 130; Finland, 117; Iran, 131; Turkey, 122

Industrial hygiene: Yugoslavia, 123

Industrial medicine, training course, Manchester and Birmingham, 111, 122

International Property, International Union for the Protection of, 52

Infant development, mental health and, summer school, Chichester, 30, 81, 122

Influenza, 16-17

epidemics, 3

Influenza, Expert Committee on, 17

members, 171

Influenza, swine, 20-1

Influenza centres, 3, 16, 17
See also World Influenza Centre

Information, see Epidemiological information; Public information; Scientific information

Insect-borne diseases: Ceylon, 101; Iran, 132

Insect control, 2, 19, 26; Afghanistan, 99; Bahamas, 82; Barbados, 82; British Honduras, 83; Burma, 99; Cambodia, 142; Central America, 19, 82; Colombia, 84; Costa Rica, 19; Cuba, 85; Dominican Republic, 85; Ecuador, 19; Guatemala, 87; Haiti, 87; Honduras, 87; India, 102; Indonesia, 104; Italy, 119; Jamaica, 88; Leeward Islands, 88; Mexico, 88; Netherlands Antilles, 88; Nicaragua, 89; Panama, 89; Peru, 91; Surinam, 91; Taiwan, 143; Trinidad, 91; Viet Nam, 147; Windward Islands, 91

symposium, Europe, 115

Insect vectors in international traffic, control, 44

Insecticides -

co-operation with other organizations, 151
determination of effectiveness, 12, 77, 140, 146
production, 55
toxic hazards, 26, 27
use in control of — communicable diseases, 2
malaria, 12

Insecticides DDT and BHC, Working Party on, 27

Institut international des Civilisations differentes, 156

Institute, Central Research, Kasauli, 19

Institute, National, for Medical Research, 50

Institute of Hygiene and Bacteriology of the University of Strasbourg, 18

Institutions, educational, assistance to, 38

Instituto de Medicina Tropical, Lisbon, 18

Insurance, staff health and accident, 65

Inter-American Center of Biostatistics, 82

Inter-American Congress on Public Health, First, 78

Inter-governmental Organizations —

conferences and meetings called in 1952, 181-4
co-operation with, 156

International Anti-Venereal-Disease Commission of the Rhine, 15, 106, 112, 116, 118

International Air Transport Association, 156

International Association of Universities, 156

International Bank for Reconstruction and Development, 153

International biological standards, 49-51

Q-fever anti-serum, 20
tuberculin, 20, 51

International certificates of vaccination, 44

International Children's Centre, 108, 118
conference, Brazzaville, 74

International Civil Aviation Organization, see ICAO

International Committee of Military Medicine and Pharmacy, 68, 156

International Conference of Social Work, 154

International Council of Nurses, 29, 155

International Dental Federation, 155

International Digest of Health Legislation, 59

International health work, co-ordination and direction, 5, 11-69

International Hospital Federation, 155

International Organizations of Medical Sciences, Council for, 40, 154

International Paediatric Association, 1, 155

International Pharmaceutical Federation, 154

International Pharmacopoeia and Pharmaceutical Preparations, Expert Committee on, 51

members, 171-2

International Quarantine, Committee on, 17, 44

International Sanitary Conventions, 6, 44

International Sanitary Regulations (WHO Regulations No. 2), 5, 6, 41-4

position of States and territories — December 1952 (map), 42
time of entry-into-force, 204

International Scientific Committee for Trypanosomiasis Research, 75

International Society for the Welfare of Cripples, 29, 155

International Society of Geographical Pathology, 18

International Telecommunication Union, see ITU

International Tuberculosis Campaign, 23, 24

International Union against Tuberculosis, 155

International Union against Venereal Diseases, 154

International Union for Child Welfare, 29, 155

International Union for the Protection of Industrial Property, 52

Intestinal parasitism: Seychelles, 76

Iran, 131-2

See also Brucellosis; Environmental sanitation; Medical education; Occupational health; Rabies

Iraq, 132-3

See also Brucellosis; Environmental sanitation

Ireland, 119

Isonicotinic acid hydrazide, 3

Israel, 133

National Committee on Vital and Health Statistics, 48
See also Brucellosis; Brussels Agreement; Rabies; Veterinary public health

Italy, 119-20

ITU, 46, 154

Jamaica, 87-8

Japan, 144

See also Bilharziasis; Brussels Agreement; Children

Joint Meeting of Experts on the Mental Health Aspects of Adoption, New York, 30, 31

Jordan, Hashemite Kingdom of the, 133

Kenya, 76

Korea, 144

WHO mission, 162-3

Kwashiorkor, 33

Kwashiorkor in Africa, 58

Laboratory technicians, training courses: Panama, 89

Laos, 144

contribution, exceptional, to WHO, 65
League of Red Cross Societies, 155
Lebanon, 133-4
See also Children
Lechitin, reference preparations, 15
Leeward Islands, 88
Legislative publications, 59
Léon Bernard Foundation Medal and Prize, 6
Leprosy, 22
Burma, 98; Ceylon, 98; Ethiopia, 22, 131; Iran, 132; Iraq, 132; South-East Asia, 98; Thailand, 98
Leprosy, Expert Committee on, 22
members, 172
Leptospirosis, 21
Liberia, 77
See also Environmental sanitation; Health legislation; Malaria
Libraries, medical: Finland, 117
See also Medical library organization
Libraries, medical records: Peru, 90
Library and reference services, 59-60
Libya, United Kingdom of, 134
admission to WHO, 6
assignment to Eastern Mediterranean Region, 125
See also Hashish preparations
Literature, medical: Norway, 121
Luxembourg, 120

Macao, 144
Madagascar, 77
Malaria, 11-13; Afghanistan, 98, 99; Brunei, 142; Burma, 99; Cambodia, 142; Dominican Republic, 85; French Cameroons, 12, 13, 77; French Togoland, 13; French West Africa, 13, 77; India, 1, 102; Indonesia, 104; Iran, 131; Iraq, 132; Laos, 144; Lebanon, 134; Liberia, 12, 77; Nigeria, 76; Pakistan, 135; Palestine refugees, 161; Papua and New Guinea, 145; Paraguay, 89; Philippines, 12, 146; Sarawak, 12, 146; Saudi Arabia, 135; Somalia, 136; South-East Asia, 96; Syria, 12, 136; Taiwan, 143; Viet Nam, 147; Western Pacific, 140
control by insecticides, 2
insect vectors, in international traffic, 44
mortality, 4
training centre: Eastern Mediterranean, 131
training courses —
    Aquas de Moura and Lisbon, 12, 110, 121
    Lagos, 75
Malaria Conference in Equatorial Africa (Kampala 1950), 12
Malaya, 144-5
See also Occupational health; Public health; Rabies; Rural health
Management studies, 64
Maternal and Child health, 29-30; Afghanistan, 99; Austria, 116; Brazil, 83; Burma, 100; Cambodia, 142; Ceylon, 101, 102; Chile, 83; Ecuador, 85; Ethiopia, 131; Europe, 115; Finland, 117; Greece, 119; Hong Kong, 143; India, 103; Indonesia, 104; Laos, 144; Paraguay, 89; Peru, 90; South-East Asia, 94-5; Taiwan, 143; Thailand, 105; Viet Nam, 147; Yugoslavia, 123
See also Child guidance; Demonstration and training centres; Premature infants
Maternal Care and Mental Health, 31
Mauritius, 76
Meat hygiene, 19; Americas, 81
Mecca Pilgrimage, 44
map, 45
Medical Certification of Cause of Death, 58
Medical education, 1; Costa Rica, 38; Iran, 132
conferences, 36; Burma, 36; Ceylon, 36; India, 36; Indonesia, 36; Iran, 36
See also Training; Training centres; Training courses
Medical Education, World Conference on, 36
Medical personnel —
problems relating to, 32
See also Education and training; Nursing; Training
Medical libraries: Finland, 117
Medical library organization: Austria, 115, 116; Europe, 115; Greece, 119; Yugoslavia, 124
Medical literature: Norway, 121
Medical-records libraries: Peru, 90
Medical Research, National Institute for, 50
Medical scientists, visiting teams (medical teaching missions), 1, 39, 101, 102, 104, 132
Medicine, industrial —
training course, Manchester and Birmingham, 122
See also Industrial health; Occupational health; Social and occupational health
Medicine, preventive, see Preventive medicine
Medicine, preventive and social: Costa Rica, 84
Meetings —
organizational, scheduled for 1953, 184
See also Conferences
Membership —
Executive Board, 168
WHO, 67
list, 167
Meningitis —
cerebrospinal, see Cerebrospinal meningitis
tuberculosis: Italy, 119
Mental health, 30-1; Eastern Mediterranean, 129; Egypt, 130; Europe, 115; Finland, 117; Iraq, 132; Jordan, 133; Philippines, 145; Portuguese India, 104; South-East Asia, 95; Uruguay, 91; Yugoslavia, 123
and infant development, summer school, Chichester, 30, 81, 111, 122
seminars, 30, 31
Eastern Mediterranean, 129, Sydney, 141
See also Child psychiatry
Mental Health, Expert Committee on, 30
members, 172
Mental Health, World Federation for, 31, 123, 155
Mental Health Aspects of Adoption, Joint Meeting of Experts on, New York, 30, 31
Mexico, 88
See also Brucellosis; Rabies
Microbial Growth and its Inhibition, 58
Micro-film production: Lebanon, 134
Midwives, training: Afghanistan, 99; Burma, 100; Cambodia, 142; Ceylon, 101; Colombia, 84; India, 103; Indonesia, 104; Iran, 132; Jordan, 133; Malaya, 145; North Borneo, 145; Philippines, 146; Sarawak, 147; Singapore, 147; Thailand, 105; Yugoslavia, 123
Migration, 35
Military Medicine and Pharmacy, International Committee of, 68, 156
Milk, skimmed: Belgian Congo, 76; French Equatorial Africa, 76
Milk hygiene, 26
Milk sanitation: Finland, 117
Mollusccides, 16, 130
Monaco, 120
Monographs, see World Health Organization: Monograph Series
Monthly Epidemiological Report, 80
Morbidity survey: Denmark, 116
Morocco (French Protectorate), 120
admission to associate membership, 6
assignment to European Region, 106
Morphine and derivatives, 52, 53
Mortality from infectious diseases, statistics, 4
Mutual Security Agency, 159
Narcotic Drugs, Commission on, 53
National Committees on Vital and Health Statistics, 48
National health administrations, strengthening of, 25-35
See also Public-health administration
National Institute for Medical Research, 50
Netherlands Antilles, 88-9
Netherlands New Guinea, 145
New Caledonia, 145
Nicaragua, 89
Nigeria, 76
Non-governmental organizations —
conferences and meetings called in 1952, 181-4
coopération, 154-6
in relations with WHO, 185
Non-Proprietary Names, Sub-Committee on, 52
members, 172
North Borneo, 145
Norway, 120-1
Nurses, see Nursing
Nurses, International Council of, 29, 155
Nursing, 28-9; Afghanistan, 99; Bolivia, 82; Brunei, 141; Burma, 100, 101; Cambodia, 142; Ceylon, 101, 102; Costa Rica, 84; Europe, 115; Finland, 117; India, 103; Iran, 131; Israel, 133; Jordan, 133; Laos, 144; Lebanon, 133; Libya, 134; Malaya, 144; Mexico, 88; North Borneo, 145; Pakistan, 135; Peru, 91; South-East Asia, 96; Syria, 136; Taiwan, 141, 142; Thailand, 105; Yugoslavia, 123
college: Eastern Mediterranean, 127
conference, Europe, 115, 121
workshops, Americas, 80-1
See also Paediatric nursing
Nursing, Expert Committee on, 28
Nursing education —
conference, Geneva, 29
seminar, Taiwan, 141
See also Nursing
Nursing instructors, training courses: Burma, 100, 101; India, 103; Mexico, 88
Nutrition, 33-4; Austria, 116; Belgian Congo, 33; Brazil, 83; El Salvador, 86; French Equatorial Africa, 33; Indonesia, 104; Iran, 132; Palestine refugees, 162; Ruanda Urundi, 33; South-East Asia, 95; Yugoslavia, 123
conference, Fajara, 33, 75
training course, Marseilles, 74
Nutrition, Joint FAO/WHO Expert Committee on, 33, 34, 75
members, 174
Obstetric services: Afghanistan, 99
Obstetrics: Colombia, 84
See also Midwives
Occupational diseases: Egypt, 130; Iran, 131
Occupational health: Egypt, 31; Europe, 115; Finland, 31; India, 32; Iran, 31; Malaya, 32; Turkey, 31; Yugoslavia, 31
seminars —
Leyden, 31, 111, 120
Milan, 119
See also Industrial medicine; Social and occupational health
Occupational Health, Joint ILO/WHO Committee on, 31
members, 174
Office International des Epizooties, 19, 20
Official Records of the World Health Organization, 59
Ophthalmological services: Sarawak, 140
See also Eye diseases; Trachoma
Opium, 53
Organization of American States, 159
Organizational structure of WHO, 64
Paediatric nursing: India, 103; North Borneo, 145
Paediatric services: Afghanistan, 99
Paediatrics: Burma, 100
See also Maternal and child health
Pakistan, 134-5
See also Brucellosis; DDT; Environmental sanitation
Palais des Nations, extension, 67
Palestine refugees, 161-2
Pan American Sanitary Bureau, 78
Pan American Sanitary Organization, 78
Panama, 89
Papua and New Guinea, Territory of, 145
Paraguay, 89-90
Parasitic diseases, 16; Iraq, 133
Pathology, International Society of Geographical, 18
Pellagra: Egypt, 130; Yugoslavia, 123
Penicillin —
international standard, 49
production, 54; Austria, 115; India, 97, 98; Yugoslavia, 123
use in treatment and control of —
cerebrospinal meningitis, 21
communicable diseases, 2
treponematoses, 14, 15
Permanent Central Opium Board, 53
Personnel, medical and medical auxiliary, see Education and training; Nursing; Training
Pertussis, 21
immunization campaigns: Brazil, 83; Chile, 83; Colombia, 83; Taiwan, 143
See also Diphtheria
Peru, 90-1
See also Veterinary public health
Pesticides, 26
See also Insecticides
Pharmaceutical preparations, control, 52
Pharmaceutical standards and nomenclature, 51-2
Pharmacopoea Internationalis, 15, 51-2, 58
See also International Pharmaceutical Federation
Philippines, 145-6
host agreement for regional office, 68, 137
See also Beriberi; Conjunctivitis; Environmental sanitation; Malaria; Public health; Venereal diseases; Veterinary public health
Physiotherapy centre, Lebanon, 134
INDEX

Pilgrimage, Mecca, see Mecca Pilgrimage

Pinta, 15

Plague, 21-2 ; India, 21, 103 ; Indonesia, 22, 104 ; Peru, 91 ; Taiwan, 140, 143

Plague, Expert Committee on, 22

members, 172

Poliomyelitis, 17 ; Egypt, 56 ; India, 56 ; Israel, 133 ; Japan, 144

epidemics, 3

Population, increase, 4

Population Commission of United Nations, 92

Population studies : Ceylon, 95 ; India, 95, 103

Port Demonstration and Training Centre, Rotterdam, 113, 120

Portugal, 121

Portuguese Guinea, 77

Portuguese India, 104

Preliminary Report on the World Social Situation, 151

Premature infants : Europe, 111 ; France, 118 ; Italy, 119 ;

Japan, 144 ; Yugoslavia, 123

Press releases, 61

Preventive and social medicine : Costa Rica, 84

Preventive medicine : Lebanon, 134

undergraduate teaching, conference, Nancy, 1, 111, 117

Privileges and Immunities of the Specialized Agencies, Convention on the, 68, 152

Professional and Technical Education of Medical and Auxiliary Personnel, Expert Committee on, 36

members, 173

Programme(s) —

and budget, form of volume, 66

changes in emphasis, 5

for 1952, budgetary provision, 65

fellowships, 1

inter-country, Europe (table), 109-13

joint, elaborated through Administrative Committee on Co-ordination, 152

regular, Europe, 114

See also Technical Assistance

Psychiatric nursing : Mexico, 88

Psychiatry, see Child psychiatry

Public health : Egypt, 131 ; Finland, 117 ; Iraq, 132 ; Malaya, 141 ; Peru, 90 ; Philippines, 141 ; Tunisia, 122 ; Yugoslavia, 123

demonstration and training centre : Peru, 91

laboratory services : Israel, 133

rural : Guatemala, 87 ; Iran, 132 ; Panama, 89

See also Demonstration and training area ; Rural health ; Training centres

school : Austria, 115 ; Italy, 120

veterinary, see Veterinary public health

See also Training ; Training courses

Public Health, First Inter-American Congress on, 78

Public health administration : Cambodia, 142 ; Colombia, 84 ;

Eastern Mediterranean, 126 ; Ethiopia, 131 ; Europe, 115 ;

Iran, 131 ; Jordan, 134 ; Lebanon, 134 ; Libya, 134 ; Syria, 134 ; Viet Nam, 147 ; Yemen, 136

study group, 112, 118, 120

See also National health administrations

Public Health Administration, Expert Committee on, 25

Public information, 61-3 ; Americas, 80 ; Eastern Mediterranean, 125 ; South-East Asia, 94 ; Western Pacific, 138

Publications, 57-9

Publications, Technical Working Group on, 57

Publications Revolving Fund, 57

Q fever, 20

Quarantine —

Station, Jeddah, 135

See also International Quarantine, Expert Committee on

Rabies, 20 ; Greece, 20 ; India, 20 ; Indonesia, 20 ; Iran, 20 ;

Israel, 20, 133 ; Malaya, 20 ; Mexico, 20, 88 ; Thailand, 20 ;

United States of America, 91 ; Yugoslavia, 20

conference and seminar, Coonoor, 2, 20, 98

Radio broadcasts on work of WHO, 62

Red Cross Societies, League of, 155

Reference Services, Library and, 59-60

Refresher courses —

health visitors : India, 103

midwives : Burma, 100 ; Indonesia, 104 ; Philippines, 146

paediatric nurses : India, 103

nurses, in communicable disease control : Yugoslavia, 123

See also Training ; Training courses

Refugees, Palestine, 161-2

Region(s) —

African, 73-7

Americas, 78-91

assignment to, 6, 69

Eastern Mediterranean, 125-36

European, 106-24

map, 72

South-East Asia, 92-105

Western Pacific, 137-47

Regional Committee —

Africa, 73

Eastern Mediterranean, 7, 125

Europe, 106-7

South-Asia, 94

Western Pacific, 137

Regional Director —

Africa, 73

Europe, 108

Regional Office —

Africa, 6, 73, 74

Americas, 78-9, 80

Eastern Mediterranean, 125

Europe, 106, 108

South-East Asia, 92

Western Pacific, 137

Regionalization, 6

Regulations, International Sanitary, see International Sanitary Regulations

Rehabilitation : Latin America, 81

immigrants : Israel, 133

physically handicapped, 32, 81, 152

See also Children ; Training courses


Report on Terminology in Malaria, 13

Reservations to International Sanitary Regulations, see International Sanitary Regulations

Rickettsial diseases, virus and, 16-19

Rockefeller Foundation, 108, 116, 156

Ruanda-Urundi, 76

See also Nutrition

Rural health : Iran, 132

centres, Iraq, 133 ; Jordan, 133 ; Lebanon, 134 ; Malaya, 145, 147

services ; Guatemala, 87 ; Panama, 89

See also Training centres
Salaried Employees and Professional Workers, ILO Advisory Committee on, 27
Sanitary Conventions, International, see International Sanitary Conventions
Sanitary engineering: Colombia, 84; El Salvador, 86 seminar, Nicaragua, 82
Sanitary engineers —
  conference, London, 110, 119, 122
  training courses —
    Alexandria and Cairo, 130
    London and Birmingham, 109, 122
Sanitary inspectors, training courses, Liberia, 77
Sanitary Inspectors Association, 156
Sanitary Regulations, International, see International Sanitary Regulations
Sanitation, environmental, see Environmental sanitation
São Tomé, 77
Sarawak, 146-7
  See also Health education of the public; Malaria; Ophthalmological services
Saudi Arabia, 135
  See also Environmental sanitation
Scarlet fever, mortality, 4
Scarlet-fever streptococcus antitoxin, international standard, 50
School health services: Thailand, 105
Scientific information, exchange of, 39-40
Secretariat, structure, 194
Seminars —
  alcoholism, South America, 81
  child psychiatry: Norway, 111, 121
  children, homeless, London, 110
  Eastern Mediterranean, 126
  environmental sanitation, 27
  eye diseases, Cairo, 130
  foster-home care, Oslo, 110
  health and human relations, Cairo, 130
  health education, Cairo, 34
  mental health, 30, 31
    Eastern Mediterranean, 129
    Sydney, 141
  See also Summer school
  nursing education, Taiwan, 141
  occupational health —
    Leyden, 31, 111, 120
    Milan, 119
organized or assisted by WHO in 1952, 176-7
rabies, Coonoor, 2, 20, 98
regional, on public-health problems, 2
regional technical, Europe, 114
sanitary engineering, Nicaragua, 82
social case-work, Geneva and Helsinki, 112
social security administrators, ILO, 32
syphilis, Marseilles, 113
venereal diseases, San José, Costa Rica, 81
vital and health statistics, Tokyo, 2, 47-8, 141
zoonoses, Vienna, 19, 113, 116
See also Training courses
Serology: Central America, 81
Serology and Laboratory Aspects, Sub-Committee on, 15
Serum —
  anti-Brucella abortus, international standard, 50
  antityphoid, international standard, 50
  rabies, hyperimmune, 20
  production: Austria, 115
Seychelles, 76
  See also Environmental sanitation
Sierra Leone, 76
Singapore, 147
  See also Health education of the public
Skimmed milk: Belgian Congo, 76; French Equatorial Africa, 76
Smallpox, 4, 17; Bolivia, 82; Colombia, 21; Iran, 132; Palestine refugees, 162; Paraguay, 90; Peru, 90, 91; Western Pacific, 140
dried vaccines, 4, 17
Social and Occupational health, 31-3; Finland, 117
  See also Occupational health
Social medicine, 1
Social security, 32
Social welfare, 32
  centres, 152
Social work, 151
  See also Seminars
Somalia, 136
South-East Asia Region, 92-105
South Pacific Commission, 156
Spain, 121
  See also Brucellosis
Specialized agencies —
  conferences and meetings called in 1952, 178-80
  See also FAO; ICAO; ILO; ITU; UNESCO
Staff —
  composition by nationality (table), 198
  growth in 1952 (table), 196-7
  recruitment and conditions of service, 65
  regional (including regional offices) —
    Africa, 73-4
    Americas, 78
    Eastern Mediterranean, 125
    South-East Asia, 92
    Western Pacific, 137, 138
  senior, of WHO, 195
Statens Seruminstitut, Copenhagen, 15, 23, 50
Statistical services, epidemiological and, 41-8
Statistical study, tuberculosis, in Finland, 117
Statistics —
  BCG-vaccination campaign, 23
  See also BCG
health, see Health Statistics; Vital and health statistics
mortality, from infectious diseases, 4
vital, see Vital and health statistics
Strain Study Center for the Americas, 16
Streptomycin, 115
Study of the Influence of the Decline in Mortality on Growth of Populations, 4
Style Manual, 57
Sudan, 136
  See also Cerebrospinal meningitis
Sulfonamides, use in treatment —
  cerebrospinal meningitis, 21
  trachoma, 17
Summer school on mental health and infant development, Chichester, 30, 81, 111, 122
Supplies: Eastern Mediterranean, 125
  and equipment: Americas, 80; French India, 104; South-East Asia, 98
    Technical Assistance programme, 159
    drugs and equipment, procurement, 55-6
Surgery, thoracic, training course, Groningen, 112, 120
Surinam, 91
Sweden, 121
Swine influenza, 20-1
INDEX

Switzerland, 121
Symposia organized or assisted by WHO in 1952, 176-7
Syphilis: Finland, 117; Haiti, 87; Iraq, 132; Italy, 119;
North Borneo, 145; Philippines, 145; Syria, 136; Yugoslavia, 123
See also Seminars; Treponematoses
Syria, 136
See also Environmental sanitation; Malaria
Taiwan, 142-3
See also Environmental sanitation; Plague; Treponematoses
Technical Assistance —
agreements, 68
committees, co-ordination, 5, 92, 125
fellowships: South-East Asia, 96
programme, 1, 157-60
Eastern Mediterranean, 125
Europe, 108, 114-15
resident representative, Western Pacific, 138
Technical Assistance Administration, 54, 55, 93, 108, 131, 135
Technical Assistance Board, 158
Technical Assistance Committee, 158
Technical Co-operation Administration, 93, 125, 131, 133, 159
Technical Co-operation in Africa South of the Sahara,
Commission for, 27, 33, 73, 156
conferences, 75
Technical discussions —
Regional Committee for the Western Pacific, 138
World Health Assembly, 7
Technical Report Series, see World Health Organization:
Technical Report Series
Tetanus, immunization: Taiwan, 143
Thailand, 104-5
See also Brucellosis; Rabies; Treponematoses
Therapeutic substances —
drugs and other, 49-53
non-proprietary names, 52
Thoracic surgery, training course, Groningen, 112, 120
Togoland, French, 77
See also Malaria
Trachoma, 17-18; Algeria, 118; Eastern Mediterranean, 129;
Egypt, 130; Hong Kong, 144; Iran, 132; Iraq, 133;
Morocco (French Protectorate), 120; Taiwan, 143; Tunisia, 122;
Yugoslavia, 123
Trachoma, Expert Committee on, 17
members, 173
Training —
development of national institutions, 117, 119, 121
medical and public-health personnel, including auxiliaries,
1-2, 38, 120; Colombia, 84; Eastern Mediterranean,
126, 127, 129; Ethiopia, 131; Europe, 115; Malaya,
141; Palestine refugees, 162; Philippines, 141;
Scandinavia, 121
environmental sanitation, 2; Finland, 117; Pakistan,
135
health education of the public, 34
malaria control, 12
maternal and child health; Cambodia, 142; India, 103
midwifery, see Midwives
mental health of industrial workers, 117
nursing, see Nursing
paediatrics, 155
rehabilitation of physically handicapped children: Italy, 119
Tuberculosis, 14
Training (continued) —
See also Demonstration and training; Demonstration
and training centres; Education and training
Training centres —
anæsthesiologv —
Copenhagen, 109, 116
Paris, 109, 118
communicable diseases, Latin America, 81, 83
fundamental education —
Paucuaro, 34, 88, 152
Sir-S-el-Layan, 129, 152
malaria, 12
Eastern Mediterranean, 131
nursing: Libya, 134
radiological Eastern Mediterranean, 127
rural public health: Malaya, 145, 147
Treponematoses: South-East Asia, 97
tuberculosis: Ecuador, 85
venereal diseases: India, 97
See also Port Demonstration and Training Centre,
Rotterdam
See also Demonstration and training centres
Training courses: South-East Asia, 96
antibiotics, 109
communicable diseases: Europe, 109; Latin America, 81
engineering aspects of public health, London and
Birmingham, 109, 122
industrial medicine, Manchester and Birmingham, 111,
122
laboratory technicians: Panama, 89
malaria —
Aguas de Moura and Lisbon, 12, 110, 121, Lagos, 75
midwifery, see Midwives
nursing instructors: Burma, 100, 101; India, 103;
Mexico, 88
See also Nursing
nutrition, Marseilles, 74
organized or assisted by WHO in 1952, 176-7
paediatrics: Burma, 100
social, Paris, 112
premature infants, care of: Italy, 111; Yugoslavia, 111,
123
public health: El Salvador, 86; Scandinavia, 112, 116, 117
rehabilitation —
handicapped adult, Scandinavia, 110, 117, 121
physically handicapped children —
Germany, 118
Paris, 110
sanitary engineers, Alexandria and Cairo, 130
sanitary inspectors, Liberia, 77
thoracic surgery, Groningen, 112, 120
venereal diseases: Ethiopia, 131
See also Port Demonstration and Training Centre,
Rotterdam
venereology and serology: Central America, 81
vital and health statistics: Finland, 117
See also Refresher courses; Seminars
Treponematoses, 14-16; Bechuanaland, 76; Hong Kong,
15; Indonesia, 15, 104; South-East Asia, 97; Taiwan, 15;
Thailand, 15, 105; Western Pacific, 140; Yugoslavia, 15
See also Venereal diseases
Trieste (Zone A), 121-2
Trinidad, 91
Tropical Medicine and Hygiene, American Society on, 156
Trypanosomiasis Research, International Scientific Committee for, 75

Tuberculin, 20, 51

testing, 23

Tuberculosis, 3, 13-14; Afghanistan, 99; Austria, 115; British Honduras, 83; Burma, 99; Ceylon, 101; Eastern Mediterranean, 128; Ecuador, 85; El Salvador, 86; Finland, 117; Greece, 119; Guatemala, 87; Haiti, 87; India, 102; Indonesia, 104; Jamaica, 87; Paraguay, 89; South-East Asia, 97; Sudan, 136; Thailand, 104; Trieste (Zone A), 122

conferences —
Eastern Mediterranean, 14
Pan-Pacific, Manila, 140

immunization research centre, 23

laboratory diagnosis: Peru, 91; Trinidad, 91

See also Demonstration and training centres

Tuberculosis, bovine, 20

Tuberculosis, International Union against, 155

Tuberculosis Research Office, Copenhagen, 14, 23-4

Tuberculous meningitis: Italy, 119

Tunisia, 122

admission to associate membership, 6
assignment to European Region, 106

Turkey, 122
assignment to European Region, 7, 106, 125
See also Brucellosis; Demonstration and training centres; Environmental sanitation; Occupational health

Typhoid fever —
mortality, 4

vaccination (TAB), Palestine refugees, 162

Typhus, 18; Afghanistan, 95, 99; Bolivia, 82; Peru, 90
mortality, 4

Uganda, 76

UNESCO —

co-operation with, 153

arid land development, 27
assistance to population of Andes, 81
fundamental education, 34, 87, 88, 95, 104, 105, 129
health demonstration area: El Salvador, 86
health education of the public, 93, 95, 102
medical library organization, 108
projects in South-East Asia, 93
publications, distribution and sales, 57

seminar on nursing education, Taiwan, 141

mission to Korea, 162

UNICEF —

co-operation with, 153

antibiotics production, 54, 55
BCG, 24, 84, 85, 86, 88, 91, 100, 102, 103, 129, 130, 131, 132, 133, 134, 135, 136, 142, 143, 144, 145, 146, 147
bejel, 136
cardiolipin production, 103
children’s hospital, Bolivia, 82
DDT production, 98, 103, 131
diphtheria and pertussis immunization, 21, 83, 143, 144
environmental sanitation, 28
epilepsy, 116

in Regions —
Eastern Mediterranean, 125
Europe, 108
South-East Asia, 93
Western Pacific, 138

UNICEF (continued) —

co-operation with —

insect control, 82, 84, 85, 89, 99
insecticides, Africa, 77
malaria, 12, 13, 77, 85, 89, 99, 132, 135, 136
maternal and child health, 29, 83, 89, 90, 99, 100, 103, 123, 131, 133, 134, 136, 143, 147
mental health, 133
milk control and supplies, 26, 76, 77, 117
nursing, 133, 135, 145
nutrition, 33

plasma and gamma-globulin production, 123
premature infants, care of, 118, 123
public health, 89, 90
rehabilitation, 116, 117, 118, 119, 123, 133
seminar on nursing education, Taiwan, 141
serum and vaccine production, 115
syphilis, 87, 117, 119, 123, 136, 145
trachoma, 17, 120, 122, 123, 143
treponematoses, 104
tuberculosis, 14, 87, 100, 101, 102, 105, 115, 134
tuberculous meningitis, 119
typhus, 18, 82, 99
venereal diseases, 97, 99, 103, 143
yaws, 77, 87, 97, 98, 103, 104
yellow fever, 19, 82, 89

fellowships, 37

South-East Asia, 96
mission to Philippines, 146

supply programmes, Bulgaria, Czechoslovakia, Poland, 115

Unification of Pharmacopoeial Formulas for Potent Drugs, Agreements for (Brussels Agreements), 52, 68

Union of South Africa, 77

Unitarian Service Committee, 156

See also Medical scientists, visiting teams of

United Kingdom of Great Britain and Northern Ireland, 122-3

United Nations —

common services with European Office, 67

conferences and meetings called in 1952, 178-80

co-operation with, 153

assistance to population of Andes, 81
environmental sanitation, 27

in Regions —

Eastern Mediterranean, 125
Europe, 108
South-East Asia, 92
Western Pacific, 138

maternal and child health, 29

rehabilitation, 121

Drug Supervisory Body, 53

Population Commission, 92

See also Economic and Social Council; Economic Commission for Asia and the Far East; Economic Commission for Europe; Technical Assistance

United Nations Appeal for Children, 23

United Nations Associations, World Federation of, 154

United Nations Educational, Scientific and Cultural Organization, see UNESCO

United Nations International Children’s Emergency Fund, see UNICEF

United Nations Korean Reconstruction Agency, (UNKRA), 162, 163

United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA/PNE), 161, 162

United States of America, 91
INDEX

Universal Postal Union (UPU), 51, 154
Urban health centres : Eastern Mediterranean, 126 ; Singapore, 147
Uruguay, 91

Vaccination —
international certificates, 44
yellow fever, 4
See also BCG ; Diphtheria ; Smallpox

Vaccines —
diphtheria-pertussis, 83
See also Diphtheria
influenza, 17
plague, 143
poliomyelitis, 17
production : Austria, 115
rabies, 20, 88
smallpox, dried, 4, 17
pertussis, 3
See also Diphtheria
yellow-fever, 19

institutes approved (map), 18

Venereal diseases, 14-16 ; Afghanistan, 99 ; Austria, 115 ;
Burma, 100 ; Central America, 81 ; Ceylon, 101 ; Ecuador, 85 ;
Egypt, 130 ; Ethiopia, 131 ; Guatemala, 87 ; Hong Kong, 144 ;
India, 103 ; Iran, 132 ; Israel, 133 ; Mexico, 88 ;
Pakistan, 135 ; Palestine refugees, 162 ; Paraguay, 90 ;
Philippines, 140 ; Saudi Arabia, 135 ; South-East Asia, 97 ;
Taiwan, 143 ; Turkey, 122 ; Western Pacific, 140
Port Demonstration and Training Centre, Rotterdam, 120
See also International Anti-Venereal-Disease Commission
of the Rhine ; Syphilis
Venereal Diseases, International Union against, 154
Venereal Infections and Treponematoses, Expert Committee on, 14, 15
members, 173
Venereology, training courses, Central America, 81
Venezuela, 91
See also Veterinary public health
Veterinary education : Ecuador, 85
Veterinary public health : Ceylon, 19 ; Colombia, 19, 84 ;
Ecuador, 19 ; Israel, 19 ; Peru, 19, 91 ; Philippines, 19 ;
Venezuela, 19 ; Yugoslavia, 19
Viet Nam, 147
See also Environmental sanitation

Virus diseases, 16-19
Virus hepatitis, see Hepatitis
Visiting teams of medical scientists (medical teaching missions), 1, 39, 101, 102, 104, 132
Vital and health statistics : Finland, 117 ; South-East Asia, 98
seminar, Tokyo, 2, 47-8, 141
Vital and Health statistics, National Committees on, 48

Water control and utilization, 151
Water supplies : Bolivia, 82 ; El Salvador, 86 ; Palestine
refugees, 162 ; South-East Asia, 95 ; Yugoslavia, 124
Weekly Epidemiological Record, 16, 46
Western Pacific Region, 137-47
WHO Newsletter, 61, 80
WHO Regulations No. 2, see International Sanitary Regulations
WHO seals, 66
Whooping-cough, see Pertussis
Windward Islands, 91
WINSLOW, C.-E. A., 6
Working Capital Fund, 66
advances to (list), 192-3
Workshops, nursing, Region of the Americas, 80-1
World Conference on Medical Education, 36
World Federation for Mental Health, 31, 123, 155
World Federation of United Nations Associations, 154
World health, trends, 1
World Health Assemblies —
frequency of sessions, 68
place and duration, 67
See also Fifth World Health Assembly

World Health Organization : Technical Monograph Series, 58
World Influenza Centre, 16
World Medical Association, 51, 155
World Medical Periodicals, 59

Yaws : Dominican Republic, 85 ; Haiti, 87 ; India, 103 ;
Indonesia, 104 ; Liberia, 77 ; Nigeria, 76 ; Papua and New
Guinea, 145 ; Philippines, 145 ; South-East Asia, 97
symposium, Bangkok, 2, 15, 98
See also Treponematoses

Yellow fever, 3, 18-19 ; Americas, 80, 82 ; Ecuador, 85 ;
Guatemala, 87 ; Honduras, 87 ; Nicaragua, 89 ; Panama,
89 ; Paraguay, 89
vaccination, 4
Yellow Fever, Expert Committee on, 74
Yellow-fever endemic zones, 18, 74
Yellow Fever Research Institute, Entebbe, 76
Yellow Fever Research Institute, Johannesburg, 77
Yemen, 136
Yugoslavia, 123-4
See also : Antibiotics ; Brucellosis ; Occupational health ;
Rabies ; Treponematoses ; Veterinary public health

Zanzibar, 76
Zoo health, Region of the Americas, 78
Zooneoses, 19-21 ; Israel, 133 ; Spain, 121
seminar, Vienna, 19, 113, 116