THE WORK OF WHO
1955

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

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WORLD HEALTH ORGANIZATION
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ABBREVIATIONS

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

- **ACC** — Administrative Committee on Co-ordination
- **CIOMS** — Council for International Organizations of Medical Sciences
- **ECAFE** — Economic Commission for Asia and the Far East
- **ECE** — Economic Commission for Europe
- **ECLA** — Economic Commission for Latin America
- **FAO** — Food and Agriculture Organization
- **ICAO** — International Civil Aviation Organization
- **ICITO** — Interim Commission of the International Trade Organization
- **ILO** — International Labour Organisation (Office)
- **ITU** — International Telecommunication Union
- **OIHP** — Office International d’Hygiène Publique
- **PASB** — Pan American Sanitary Bureau
- **PASO** — Pan American Sanitary Organization
- **TAB** — Technical Assistance Board
- **TAC** — Technical Assistance Committee
- **UNESCO** — United Nations Educational, Scientific and Cultural Organization
- **UNICEF** — United Nations Children’s Fund
- **UNKRA** — United Nations Korean Reconstruction Agency
- **UNRWA** — United Nations Relief and Works Agency for Palestine Refugees in the Near East
- **UNTA** — United Nations Technical Assistance Administration
- **WFUNA** — World Federation of United Nations Associations
- **WMO** — World Meteorological Organization
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-- IV --
DURING 1955, the World Health Organization has achieved substantial results in three categories of programmes of fundamental importance for the improvement of health conditions throughout the world: the fight against communicable diseases, the strengthening of national health services, and the raising of standards of education and training for all types of health personnel.

In the field of communicable diseases, the main development in 1955 undoubtedly was the new approach to the malaria programme adopted by the Eighth World Health Assembly. After the recommendations made earlier by the XIV Pan American Sanitary Conference and the Second Asian Malaria Conference, the Assembly decided that, as the capacity of anopheline vectors to acquire resistance to insecticides can now be considered as an established fact, the only rational plan was to aim at the eradication of the disease in the shortest possible time, wherever this was technically feasible. During the second part of the year, the first steps were taken by WHO to play its part in making the new plan operative by rendering technical assistance to individual countries as well as by providing the opportunity for co-ordination both in the mobilization of available resources and the planning of national programmes. It is clear from the discussions held at several of the regional committee meetings which took place in 1955 that, while the feasibility of eradication is generally accepted, the time-tables and the details of operations would have to vary from region to region and from country to country.

Under the most favourable conditions, such as are found in a number of countries in Europe, the Americas and Asia, spraying of houses with residual insecticides during a period of four to five years would interrupt transmission, thus creating a situation in which there would practically no longer be a source of infection in the population. Spraying operations could then be stopped provided that a thorough system of surveillance is established. Should new cases of malaria be introduced from outside, or remaining pockets of transmission be discovered, these could then be dealt with until complete eradication of malaria is achieved. Thereafter, the regular health services could take care of all imported cases.

In other countries where less favourable conditions prevail, antimalaria programmes may have to be carried out in phases and different areas may have to be dealt with successively. In yet other countries, including those of tropical Africa, pilot projects are still required before any full-scale eradication plan can be worked out.

Eradication of malaria requires strengthening of the malaria services and long-term planning: two important points which were emphasized by some regional committees were the commitment of adequate funds in advance for the long-term programmes and the advisability of inter-country co-ordination.

In another field, development in the chemotherapy of tuberculosis was reflected in a change of emphasis in WHO's approach to this disease in 1955. While the Organization continued to assist BCG mass vaccination campaigns as well as teaching and training centres in a number of countries, it was confronted with new tasks as a result of recent trends in dealing with tuberculosis. More and more countries are turning to WHO for information and advice on the use of ambulatory treatment as a control measure. In addition, the need for more accurate information on the prevalence of tuberculosis is being more generally recognized. The Organization is thus concentrating much of its effort on developing satisfactory techniques for surveys of tuberculosis, on helping governments to carry out such investigations and on studying how simple, economical control measures can be fitted into the existing framework of public-health programmes.

During 1955, assessment and survey teams were working in the Eastern Mediterranean, South-East Asia, Western Pacific and African Regions, and, at the same time, preparations were made for joint studies of the effects of domiciliary treatment with antituberculosis drugs, to be undertaken in 1956 in conjunction
with the Indian Council of Medical Research and with the assistance of the British Medical Research Council.

In the field of virus diseases, WHO's main interest in 1955 was concentrated on the problems of production and application of a safe and effective vaccine against poliomyelitis. The experiences during the year in several different countries were reviewed at a meeting called by WHO in November, in Stockholm, attended by leading medical scientists from nine countries: Canada, Denmark, Federal Republic of Germany, France, Norway, Sweden, Union of South Africa, the United Kingdom of Great Britain and Northern Ireland and the United States of America. The group devoted special attention to the problems confronting public-health services in the large-scale application of poliomyelitis vaccine and the measures necessary to ensure the safety and efficacy of the vaccine under conditions of mass production. In giving guidance as to the criteria which should determine any decision on the use of the vaccine, it was stressed that the total and the age incidence of paralytic poliomyelitis were the most important factors, both in coming to a decision and in planning a programme, and that in many countries there was insufficient information on these points. Methods of obtaining this information were outlined. Only when this is available can the cost of a large-scale vaccination programme be considered in relation both to the results which can be anticipated and to other demands on the funds available to public-health services.

Progress during the year in developing this programme includes the design of methods for serological surveys to determine the state of immunity of the population, the establishment of standard sera, and the provision of strains of virus and scarce materials used in tissue-culture work. Serological surveys conducted by WHO Regional Poliomyelitis Laboratories and by national laboratories, in some cases with WHO's assistance, have been completed or were in progress at the end of the year in several countries in Europe, the Americas, and in Africa. Further information was gained on the prevalence of the different types of poliovirus in various parts of the world.

Important advances were made during the year in the understanding of the epidemiology of trachoma and the importance of insects in the transmission of trachoma and concomitant infections. This varies considerably from one area to another. In Morocco and Tunisia, control operations were primarily directed against the seasonal conjunctivitis which often accompanies trachoma infection: These resulted in a definite improvement in both the course and the severity of the underlying trachoma. The recommendations formulated by the Expert Committee on Trachoma in September 1955 will enable the Organization to give more effective guidance to an increasing number of countries determined to bring under control a disease which continues to claim millions of victims in practically all regions.

In the course of anti-treponematoses mass campaigns assisted by WHO, by the end of 1955 more than fifty million people had been examined and fifteen million treated at a significantly lower cost than hitherto to national and international organizations involved. In the light of the experience gained by the Organization in the last few years, it is now clear that active participation by the community, at all stages of the campaign, is an essential condition to achieve success in all operations aiming at the control and, even more so, at the eventual eradication of the treponematoses and of venereal diseases. The future of anti-yaws work in Africa will be guided by the conclusions reached by the second international yaws conference, held in November at Enugu, Nigeria.

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However, today, it has become an established fact that the beneficial effects of the campaigns mentioned will constitute concrete gains for public health only if we can succeed in effectively strengthening national health services. During 1955, a very important part of the work of the Organization continued to be devoted to this paramount aim. In all regions, but particularly in the Americas, South-East Asia and the Eastern Mediterranean, governments were helped in establishing national health legislation, in setting up national health programmes, and in the planning and administration of local health services, particularly in the rural areas. A good example of this type of service is the health centre established by the Guatemalan Government in Amatitlán, which is to include all the essential features of health work, such as maternal
and child health, medical care, environmental sanitation, control of communicable diseases, health education, notification of disease and simple health statistics.

Public-health administrators, who attended a seminar convened in November in the Eastern Mediterranean, studied the "combined unit" system at Caiyoub, Egypt, which in 1955 established a pattern of rural community services, integrating health, education, agriculture, and other socio-economic factors in its organization. The same group also examined the network of health services in the Sudan, which is largely decentralized into rural and village units and in which much responsibility of health work devolves on auxiliary personnel and on the villagers themselves. Demonstration work on the establishment of a decentralized system of integrated health services in districts has also started in Mexico, and plans were worked out during the year for initiation of similar work by the Governments of Afghanistan and Burma.

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The principle of integration is also increasingly applied in the sustained efforts made by WHO to promote health by all practical means at the disposal of modern medicine. For instance, in most of the Latin American countries, programmes for mothers and children are conceived as part of a comprehensive health service, which may also include such activities as environmental sanitation and communicable-disease control. Another feature of WHO's work during the year in the field of maternal and child health was the attention given to children with special needs. Assistance was given to several countries in Europe and the Eastern Mediterranean in the setting-up of services for premature infants and for handicapped children. The rehabilitation of the deaf and partially deaf child was the subject taken up by a study group convened by WHO in October in Geneva and attended by representatives from the United Nations, UNESCO and ILO.

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The inter-regional seminar on nutrition education and health education, jointly sponsored by FAO and WHO, and held in October at Baguio in the Philippines, was an interesting experiment. Among the seventy participants, coming from twenty-two countries or territories in South-East Asia and the Western Pacific, were public-health officers, nutritionists, educators, agriculturists, anthropologists, home economists, social welfare workers. The main purpose of the seminar was to define the role health education can play in remedying one of the important causes of malnutrition, i.e., unfortunate patterns of diet due to social and cultural factors. The general trend of health education during the year was to promote the aims of programmes undertaken by WHO in the various fields of public health. This is reflected in the importance attached to health education at the technical conferences convened in Africa on yaws, malaria and environmental sanitation.

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The fact that the theme "Changes in health services necessitated by the ageing of populations", was chosen as the subject of technical discussion for the 1955 session of the Regional Committee for Europe, indicates the kind of problem with which WHO is increasingly concerned in highly industrialized countries. The discussions on this subject covered the need for skilful and special measures of rehabilitation of the aged, the therapeutic value of selected paid employment for old people, and the role that central administrations can play in promoting research into, and studies of, various features of the ageing process. The fact that in the Federal Republic of Germany, for example, the number of people over sixty-five years has now reached ten per cent of the population shows that these problems affect an important proportion of the population.

Among the diseases which have assumed prominence as a cause of morbidity and mortality in the most developed countries are cancer, cardiovascular diseases, diabetes and rheumatism. The study group convened in 1955 to examine atherosclerosis is a manifestation of the Organization's concern with this
kind of problem. As to cancer, WHO's work will be guided by the advice it received from a consultant group convened specially to consider the ways in which the Organization could effectively assist and complement the vast national programmes already being undertaken in this field.

However, some of the most serious health problems still to be faced in economically well-developed countries are in the field of mental health. WHO programmes in mental health continue to give greater emphasis to the problems of childhood. The third meeting of the Study Group on the Psychobiological Development of the Child, held in Geneva in February, was devoted to the consideration of socio-cultural influences affecting psychological development. Another study group, which met in London in October, discussed the various aspects of juvenile epilepsy and considered the establishment of community programmes for epileptic children. Finally, as a follow-up to the seminar which met in Amsterdam in 1953, a study group was convened in 1955 to examine mental health problems in different countries, and the practical difficulties of applying principles of mental hygiene to public-health programmes. One of the conclusions reached by the study group was that mental hygiene work in public health should not be considered as an isolated activity and that, therefore, the key to the problem lies in the training of the future physician and of all members of the public-health team in mental health.

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For the economically under-developed countries, the improvement of environmental sanitation continued to be one of the most pressing problems: in many parts of the world such basic needs as the provision of safe drinking-water and of latrines are still unmet. However, a number of important pilot projects in sanitation are at present being carried out by several governments, with assistance from WHO. Furthermore, a seminar on sewage disposal was held in Ceylon during the year at which more than thirty participants from South-East Asia and the Western Pacific discussed possible solutions to the various problems of sewage disposal in both urban and rural areas of their regions. In Africa, a seminar on environmental sanitation was held in Nigeria, and attended by medical officers, sanitary engineers and public works engineers. It clarified a number of points for the future planning of sanitation on this continent. Sanitary engineers and sanitary inspectors are being trained for the Americas at courses organized in Brazil, Chile and Mexico, and similar courses are being started in the Eastern Mediterranean and Western Pacific Regions.

Other significant developments in the field of environmental sanitation should be mentioned briefly. A world-wide survey of standards for drinking-water was completed and is now being examined by regional groups. In view of the growing concern over the problem of resistance of insects to insecticides, and the toxicity of certain pesticides to man, research activities in these fields have been intensified. In particular, investigations were undertaken to ascertain whether the routine use of insecticides in louse control may not lead to an increasing degree of resistance in this insect. Future control operations carried out against yellow fever will depend on the results of the study also being undertaken now on the possible development of resistance in Aëdes aegypti to DDT. The Expert Committee on Insecticides which met in October recommended specifications for improved types of spraying and dusting equipment. It has also given special attention to measures which might be adopted for the protection of workers applying pesticides.

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As in previous years, an essential part of WHO's work during 1955 was devoted to education and training since it has become an axiom by now that the shortage of all types of health personnel in virtually all countries constitutes a serious handicap to developing adequate and efficient public-health services. An effort was made in the regions to increase the use of all methods which have proved their value in the past, including direct training of health personnel at all levels, provision of fellowships for study abroad, assistance to institutions and the sponsoring of international conferences, training courses and seminars.
In WHO-assisted programmes emphasis was still placed on the need for adapting training techniques to the specific conditions prevailing in different countries, on the importance of including the preventive and social aspects of medicine in the curricula, and, for the majority of areas, on the improvement of the qualifications of auxiliary personnel. While the last problem was the subject of discussion of the Expert Committee on Professional and Technical Education held in October, the two other questions were studied by several conferences and seminars organized during the year, thus following the recommendations of the Regional Committee for South-East Asia in 1954. One hundred and thirty-two experts in medical education met in New Delhi during November to examine the type of training best suited to alleviate India's problem of shortage of medical manpower. A conference held in October in Chile, and attended by deans and professors from forty schools in South America, dealt with the teaching of preventive and social medicine. The same subjects were investigated by a group of medical educators from six countries which visited Egypt at the end of the year.

The international character of WHO's fellowship programme, and its importance in all fields of public health, can be measured by the following facts. The 939 fellowships awarded during the twelve-month period ending 30 November 1955 were for study in 74 countries or territories; the subjects chosen by the 939 fellows included the control of communicable diseases, sanitation, public-health administration, nursing, maternal and child health. Furthermore, it is interesting to note that, of the 939 fellowships awarded, 71 per cent. were for studies in the region of origin. About 33 per cent. of these fellowships were provided in connexion with group training programmes organized by WHO, or with its assistance. The European Region is clearly the major area of study; indeed, in the WHO fellowship programme as a whole, 62 per cent. of the countries selected for study were in that region.

The importance of education and training for the improvement of sanitary conditions throughout the world has already been mentioned. Education has also been the principal aim of WHO's nursing programmes, since their main objectives have been to improve the quality of nursing, to provide more nurses for health services and to enable qualified local nurses to continue the educational programmes after the withdrawal of international aid. During the year nearly 190 WHO nurses were assisting in country programmes.

Nursing education was one of the main features of the seminar in Fiji, in the Western Pacific Region, attended by forty-two participants from twenty countries or territories, and also of a study group in Europe at which were representatives from ten countries. The conclusions of the Expert Committee on Psychiatric Nursing, which met during the year to examine the problems of nursing care for mental patients, will ultimately determine the nature of the assistance WHO will give in this field.

The year 1955 witnessed the opening of an entirely new field of activity for WHO, as a result of the decision taken in 1954 by the General Assembly of the United Nations on the subject of the peaceful uses of atomic energy. The Eighth World Health Assembly recognized that this activity which the Organization has to undertake forms part of one of the basic functions assigned to WHO, i.e., to collate and extend knowledge on the theory and practice of health with a view to its international application. Consideration of the practical means by which WHO could contribute to the study of the public-health aspects of nuclear energy, showed that they would generally constitute an extension of work already carried out by the Organization. In the light of the results of the International Conference on the Peaceful Uses of Atomic Energy held in Geneva, and of the discussions with other United Nations agencies and non-governmental organizations, it appears that the projects to be undertaken by WHO could be related to the following fields of activity for which WHO has been assigned international responsibility: environmental sanitation, establishment of international standards, training of professional personnel, stimulation and co-ordination of research and, in general, promotion of exchange of scientific information.
Thus, the problems of pollution of air or water by radioactive material are obviously of direct concern to all those who have been trying to raise health levels by improving general sanitary conditions throughout the world.

WHO's experience in establishing standards for biologicals and drugs will be useful in encouraging and assisting international action for standardization of both units of radioactivity and of methods of describing radiation doses. There will also be a need for "pharmaceutical" standards for radio-isotopes for medical use.

Provision of fellowships, organization of courses, seminars and conferences, visits of experts, all these devices which have proved their value in the educational and training programmes of WHO could advantageously be used in this specific field. There seems to be an urgent need for the training of various categories of personnel. Specialized training should be given to physicians and "health physicists" to work in atomic energy laboratories or plants, and to medical users of radio-isotopes, particularly in the less-developed countries. More general training in the broad aspects of radiation protection is needed for public-health administrators, who will have to deal with problems of radioactive waste disposal and protection of communities against radiations which will undoubtedly result from the increasing use of atomic power in industry.

A first practical contribution was the training course for health physicists organized in November by the Swedish Government, in co-operation with the Atomic Energy Commission of the United States of America and sponsored by WHO. The main aim of this course was to provide training in the health aspects of the various applications of nuclear science, particularly for physicists in European countries where atomic energy is now in a rapid but comparatively early stage of development. But the course also served to further the exchange of experience and information on the various aspects of radiation protection and on appropriate methods for training.

While the general task of collating and disseminating information should obviously extend to all health aspects of nuclear energy, the stimulation and co-ordination of research by WHO should certainly concentrate on the effects of radiation on human genetics. It was repeatedly pointed out during the Geneva Conference that, since the ambient radiation level is bound to be considerably raised by artificial means, there was need for a study of the somatic and genetic effects this intensification of background radiation will have on mankind as soon as a large proportion of the world's population is exposed to it.

The great value of the permanent world-wide services rendered by WHO was highlighted by the Eighth World Health Assembly when it discussed the second general programme of the Organization's work for the period 1957-1960. In this introduction I shall limit myself to the most important new developments which occurred during 1955.

While certain difficulties of application have continued to exist, particularly concerning the clauses referring to yellow fever, it can be said that the International Sanitary Regulations have now become a health charter for international travel for the greater part of the world.

Definite improvements were made during the year in the speed and the regularity with which information concerning quarantinable diseases is being transmitted to health administrations, but further progress can only be made if notifications of the occurrence or absence of such diseases do, in fact, reach the Organization according to the precise time limits prescribed by the Regulations.

In the field of vital statistics the outstanding event of the year was the conference convened in February, in Paris, during which delegates from twenty-four countries formulated recommendations for the seventh decennial revision of the International Lists of Diseases and Causes of Death. It is expected that the Manual, as revised on the basis of the decisions of the Conference, will, as of 1 January 1958, be used by large numbers of statistical officers throughout the world. This is a gratifying continuation of one of the
earliest forms of international co-operation in the field of public health, since its beginnings date back to the latter part of the nineteenth century.

Thanks to the contributions of national committees on vital and health statistics, the statistics of many countries are constantly being improved. It is pleasing to note that, with the creation of committees in El Salvador and in the Federal Republic of Germany, the number of these organizations has now been brought up to thirty-two.

Good progress was made in the selection of non-proprietary names for pharmaceutical preparations which are at present being marketed under various appellations. By the end of 1955, of the 303 proposed names submitted to Member States, 219 could be considered as definitely “recommended”.

In view of the increasingly important role laboratories are playing in public health, brief mention should be made here of the work started by the Organization in 1955, on methods used in these laboratories. While the new section responsible for this work has concentrated mostly on diagnostic methods in bacteriology and virology, and on problems connected with food additives, it has also been gathering information on questions relating to laboratory design and equipment, preparation of culture media and protection against laboratory infections.

As a result of recommendations made by the Expert Committee on Biological Standardization, WHO will promote international reference preparations for sera corresponding to each of the several types of poliomyelitis virus. During a meeting of a consultant group which included the directors of the WHO International Shigella Centres, and of the WHO International Salmonella and Escherichia Centre, valuable arrangements were made for more effective co-ordination between those Centres and for the provision of more assistance to national centres.

The specifications recommended by the Pharmacopoea Internationalis are being adopted by an ever-growing number of countries. The English and French editions of Volume II were published simultaneously during the year.

The problems of recruitment and training involved in the extended use of Spanish as a working language of the Organization have, on the whole, been solved satisfactorily. It was thus possible, in 1955, to publish in that language all the Official Records, the minutes of the Executive Board, as well as the Technical Report Series.

Since the language barrier is one of the main handicaps in making the work of the Organization more widely known in the medical and scientific world, the growing number of publications in Spanish should substantially enlarge WHO’s sphere of influence.

* * *

There was a definite improvement in the financial conditions under which WHO has been carrying out its part in the United Nations Expanded Programme of Technical Assistance during 1955. By the end of April, the Technical Assistance Board was able to put at the disposal of WHO nearly 92 per cent. of the funds budgeted for the programme of the year. As a result of this increased financial security, the Organization was in a position to assist governments in a more orderly and in a more effective way than had hitherto been the case.

With the coming-into-force of the new programming procedure, 1955 was the first year during which governments themselves assumed full responsibility in planning for the projects they wished to be included in the Expanded Programme of Technical Assistance for 1956.

* * *

The basic policy of granting priority to all projects which can be integrated in the long-term health programmes of the countries assisted continued to apply in 1955 to the Organization’s relationships with
UNICEF. The help extended by the Children’s Fund has been of great value in many of the mass campaigns conducted against communicable diseases. Of special importance to the new approach to malaria was a decision taken by the Executive Board of UNICEF to provide greatly increased support for projects the ultimate aim of which is the eradication of the disease.

Two decisions taken during the year by UNICEF and WHO respectively have established an adequate financial basis for their future co-operation. On the one hand, the Eighth World Health Assembly granted additional funds to provide for half the costs of the international health personnel in jointly assisted UNICEF/WHO projects in 1956. On the other hand, the Executive Board of UNICEF, considering the different budgetary processes of the two organizations, recognized that, should UNICEF wish a project to be initiated before provision could be made for the WHO part in its budget, UNICEF would have to meet the costs for personnel until such time as they could be included in WHO’s financial estimates. The arrangements agreed to between WHO and UNICEF have reached a stage where, if conditions including the relative level of UNICEF’s health activity remain the same, it can be assumed that WHO has attained a reasonable solution to its previous financial problems.

It is pleasing to report that with the admission of the Sudan as an Associate Member, the total membership of WHO was increased to eighty-five.

As the result of a statement made by the delegate of the Union of Soviet Socialist Republics to the twentieth session of the Economic and Social Council in the summer, communications were sent to the authorities in the Soviet Union concerning its intention to resume participation in the work of WHO. The resulting developments were favourable enough to make it seem by the end of the year that the universality which has always been considered as essential to the ultimate achievement of the objective laid down in the Constitution was nearer to attainment than it had ever been before.

In closing this introduction, I should like to pay tribute to the Government and people of Mexico for the generous and hospitable reception they extended to the Eighth World Health Assembly in Mexico City. It was a general feeling that the successful outcome of the Assembly’s deliberations was to a very large extent due to the spirit of co-operation of the Mexican authorities, and to the excellent facilities they put at the disposal of both the delegations and the secretariat attending the Assembly. This meeting of the World Health Assembly in the Americas has more closely brought home to the populations of that continent the aims and the aspirations of WHO, and has thus increased the number of those throughout the world to whom the Organization can look for the understanding and active support which are indispensable to its success in the great task to which it is dedicated.

[Signature]

Director-General
PART I

GENERAL REVIEW
CHAPTER 1

COMMUNICABLE DISEASES

The value of communicable disease control as a means for introducing wider public-health activities and socio-economic improvements is illustrated by the fact that in the last five years perhaps 400 million people in many countries have already benefited from modern methods of controlling malaria, tuberculosis and treponematoses in programmes assisted by WHO.

Many of these programmes are now multilateral: in addition to those carried out jointly with UNICEF and the government concerned, there are many programmes in which bilateral agencies and sometimes non-governmental organizations collaborate.

Mass campaigns like those against malaria, treponematoses or trachoma will eventually make available a larger and healthier labour force in agriculture and industry, and so increase productivity and contribute to higher living standards and community development. This presupposes long-term planning by governments, and in particular adequate post-campaign measures to consolidate the immediate benefits of the campaign, including the strengthening of the necessary health services. Experience has shown that more attention must be paid to these aspects of the public-health programme.

In 1955 the Eighth World Health Assembly adopted a new strategy in WHO’s malaria policy by recommending the promotion of malaria eradication on a world-wide scale. This change in approach from simple control to eradication of the disease was prompted by the development of insecticide-resistance in certain malaria vectors. Malaria eradication strategy aims at complete coverage within a restricted time limit so that spraying can be discontinued before resistance has a chance to develop. As a result of the Assembly resolution many countries have already adopted the new policy and as a consequence increased assistance has been furnished by the Organization.

Also in 1955 a turning point was reached in the world outlook concerning tuberculosis control. The Organization is facing a challenge: the management of pulmonary tuberculosis by drug treatment is widely accepted and is often successful, but little is yet known of the applicability and effects of chemotherapy in public-health programmes. While several field projects, planned in earlier years, are still proceeding on more or less traditional lines, the greatest emphasis is therefore being placed on pilot studies. These are designed to give information, first on the epidemiology of the disease in a number of countries and, later, on the feasibility and effectiveness of simple, inexpensive methods of control which might be applied extensively and in which domiciliary treatment given by auxiliary staff would play an important part.

Important developments occurred in other communicable diseases. The demonstration of the effectiveness of poliomyelitis vaccine was a major step towards the control of the disease although it is recognized that many problems still remain to be solved. The WHO Expert Committee on Trachoma has reviewed the results of the mass application of antibiotic therapy, and concluded that this method was both practicable and effective in the control of seasonal conjunctivitis and probably also of trachoma. The International Conference on the Peaceful Uses of Atomic Energy emphasized the importance of many applications of radioactivity to the investigation of problems related to communicable diseases, such as the use of radio-isotopes to tag infectious agents and parasites and their arthropod vectors.

Much remains to be learned about the survival of infectious agents in the immune populations, especially during the inter-epidemic periods. Such investigations may explain the tendency of the influenza virus to change its antigenic structure between epidemics in humans. Other epidemiological studies have shown that new species of animals may act as hosts in bilharziasis and plague, and bat rabies has proved to be more widespread than was expected. The stimulation and co-ordination of research and the increasing efforts towards international co-operation in the control of communicable diseases are exemplified in the following pages, which summarize the work accomplished in 1955 in malaria, treponematoses and venereal infections, tuberculosis, veterinary public health and zoonoses, virus and rickettsial diseases, and other communicable diseases.
Malaria

Mass campaigns against malaria will not only be of permanent benefit to the health of the communities concerned, but will also do much to raise their standard of living. Such campaigns have especial importance for areas where malaria at present causes a scarcity of agricultural labour, particularly as this effect of the disease is often greatest at the seasons when such labour is most necessary. A study of the general social and economic benefits of malaria eradication forms part of several WHO-assisted projects.

These campaigns will play a valuable part in community development. During the period of eradication, and the subsequent stage of consolidation, the community cannot do much beyond facilitating the work of the malaria teams; it should, however, when the stage of maintenance is reached, be encouraged to co-operate actively in tracing any new cases of malaria and so help to prevent the re-establishment of transmission.

In 1954 Member States were advised that it had been proved that in some localities anopheline vector species had developed resistance to certain insecticides. The choice is whether to disregard this warning and to continue spraying year after year, or to revise the programmes to aim not at mere control of malaria but at its eradication, so that insecticide spraying can be discontinued before resistance has a chance to develop. The second alternative was chosen by two conferences in 1954 (XIV Pan American Sanitary Conference and Second Asian Malaria Conference), and in 1955 the Executive Board decided to bring the problem before the Eighth World Health Assembly. The Health Assembly adopted the view of these conferences and decided (resolution WHA8.30) "that the World Health Organization should take the initiative, provide technical advice, and encourage research and co-ordination of resources in the implementation of a programme having as its ultimate objective the world-wide eradication of malaria."

Steps were taken to implement the Health Assembly's resolution and a five-year plan was drafted; consultants were sent to assess the degree of insecticide resistance in anopheles in countries from which it had been reported; a research programme was suggested to several institutes, of inducing insecticide resistance in laboratory populations of anopheles so that the factors that produce resistance might eventually be determined and information acquired as to the possibility of restoring the mosquito population to its former susceptible state. Some of these institutes have already started investigations. There has also been "operational" research, and the results of one of the WHO-assisted pilot projects have recently shown that, contrary to previous beliefs, malaria transmitted by Anopheles leucosphyrus in Sarawak can be controlled by residual insecticides. This satisfactory result is offset by the somewhat disturbing result of a co-ordinated programme of research to study the sorption of insecticides sprayed on mud walls. Several of the collaborating laboratories have confirmed that on certain types of mud bricks DDT loses residual activity very rapidly. It will be important to find out whether all residual insecticides are sorbed in this way and whether some way can be found to prevent rapid sorption of insecticides by such walls. This sorption would, of course, explain why, in some tropical areas where houses are built of sorptive types of mud, residual insecticides do not give the expected results.

Throughout the year, WHO personnel were engaged in malaria projects continuing from 1954 in twenty-one areas in all WHO regions except Europe. Two new projects were started: one in Indonesia (the second in that country); the second in North Borneo. Details of all these projects will be found in Part IV of this volume. The Second African Malaria Conference, in Lagos, Nigeria, which was attended by experts from all parts of the world, is described in Chapter 11.

A special consultant visited several countries of the Eastern Mediterranean and European Regions to obtain their co-operation in an inter-regional programme of malaria eradication, the technical details of which will be discussed at a conference in 1956.

The WHO monograph Chemotherapy of Malaria was published in the second quarter. A special number of the Chronicle, entitled "Malaria: A World Problem", appeared in March 1955; it summarizes the present status of malaria in the world and the antimalaria work done by WHO and with its help.

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Treponematoses and Venereal Infections

The Organization has remained vigilant, through contact with institutions engaged on research on antibiotics, for signs that the treponemes may be developing resistance to penicillin; there is still no evidence of any such development. But another menace to the success of campaigns for the treatment of treponemal diseases may become important—the occurrence of sensitization reactions after intramuscular injection of penicillin. Fatal cases and side reactions, though very infrequent in proportion to the cases and contacts treated, may cause some reluctance to use penicillin in populations where such reactions occur. So far, reactions have been reported only from closely populated and well-developed areas, and not from any WHO-assisted yaws or endemic-syphilis campaigns. WHO therefore maintains a close interest in all new types of penicillin preparations, and has organized studies both of their increased effectiveness and of the relative frequency of reactions following their use.

Co-ordination was continued of the studies on the reactivity of freeze-dried sera from syphilis and non-syphilis by WHO reference laboratories (the WHO International Serological Reference Laboratory at the Statens Seruminstitut, Copenhagen, and the Venereal-Disease Research Laboratory at the Communicable Disease Center of the United States Public Health Service, Chamblee, Georgia). The purpose of the studies is to enable the Expert Committee on Biological Standardization to establish in 1956 international reference preparations for sero-reactivity. These preparations, with those already established for cardiolipin and lecithin antigens, will enable national health laboratories in the future to adjust their test methods to international norms.

The International List of Venereal-disease Treatment Centres in Ports, prepared in implementation of the Brussels Agreement of 1924, was revised towards the end of the year for publication in 1956. During the year the Governments of India and Turkey notified WHO of their adherence to the Brussels Agreement of 1924. An inquiry into the importance of the public-health aspects of maritime venereal-disease control in major ports was started during the year. Studies on various features of the "minor" venereal infections (lymphogranuloma venereum, donovoniosis, chancroid and non-gonococcal urethritis) were continued. Non-gonococcal urethritis is now considered in some countries to be a public-health problem of some importance.

In 1955 WHO assisted health administrations with campaigns against yaws and syphilis, by providing advice in planning, starting and following up projects, or providing consultants. The immediate purpose of such campaigns is the rapid and effective reduction of the treponematoses. At the same time the defects of environment that make possible the transmission of the disease should be corrected so that improved rural standards of living may ultimately complete the eradication. Now that the techniques of mass treatment campaigns are being more widely understood and practised with good results, adequate post-campaign work of this kind is more important. The Government of Nigeria has illustrated this point in one large district in the Eastern Region by setting up in the wake of the yaws campaign several local rural health centres financed by the people themselves through their elected representatives. This community participation has been achieved by well-informed co-ordination between the Medical Department and the administrative officers and because the people themselves have been adequately informed about the campaign. The impressive results of thorough mass treatment encouraged the people to further improvements in their standards of living. At all stages of the campaign, much voluntary help was given by the communities concerned. The eradication of yaws cannot result from mass treatment campaigns alone but it can be achieved by the continued co-operation, after such a campaign, of the people themselves.

New campaigns against yaws and other non-venereal treponematoses were started during the year in the Caribbean area of the Americas and in the Western Pacific, and the planning continued for control measures for three areas of Africa and two islands in the Western Pacific. Projects continued for the control of yaws in Haiti and in several countries and territories in Africa, South-East Asia and the Western Pacific; for the control of non-venereal treponematoses in Bechuanaland and of endemic syphilis in Yugoslavia. Details of these and the continuing projects for venereal-disease control in the Americas, Eastern Mediterranean and the Western Pacific and of that planned for Spain will be found in the project list in Part IV of this volume. From the beginning of 1955, the project for the control
of venereal diseases in Burma has been continued by the Government without international assistance.

The manifestations of yaws in the productive age-groups cause serious invalidism and its control therefore contributes to the return of agricultural workers to the labour force, and is of economic importance.

By the end of the year more than 50 million people had been examined and 15 million treated in the antitreponematoses mass campaigns assisted by WHO. The average cost of treatment and examination in these campaigns was less than that given in the Annual Report of the Director-General for 1954 and fell in some areas to about $0.75 per patient or contact treated with penicillin, and about $0.10 per patient examined, including all national and international expenditures.

The essentials for prompt success in mass treatment campaigns—full coverage, treatment of active cases and of latent cases and contacts, and adequate resurveys—are becoming more generally known and practised.

Preparation for the Second International Conference on Yaws Control, at Enugu in Eastern Nigeria, called for much attention during the year. The Conference was organized in co-operation with the Government of Nigeria and was attended by forty-four participants from all WHO regions where the prevalence of the endemic treponematoses is of public-health importance. All points of practical importance for the success of the immediate and long-term purposes of yaws campaigns were discussed, and recommendations were made by the Conference on the technical principles to be applied in future campaigns. A long-term Pan African plan for the elimination of endemic treponematoses from the continent was proposed.

Several publications on venereal disease and treponematoses control were published by WHO during 1955, including a monograph on cardiolipin antigens.¹

The advent of effective antimicrobial therapy has caused a revolution in the management of tuberculosis. During 1955, it became evident that radical changes in methods of treatment are already affecting the organization of tuberculosis control programmes, whether they are fully developed or only in an early stage.

Many of the traditional methods of treatment of pulmonary tuberculosis are being discarded: medical and surgical collapse therapy is being replaced by partial or total resection of the lung; even the value of bed rest is debated, particularly for patients with no clinical symptoms.

In countries where enough beds are available for tuberculous patients, many cases—even those newly diagnosed—are being treated outside institutions. On the one hand, patients who have learned something of the effects of drug treatment are reluctant to enter hospital and, on the other hand, increasing numbers of physicians are convinced that hospitalization is no longer essential for successful treatment. In some countries this has led to a transfer of responsibility: the management of the tuberculous patient has devolved more and more on general practitioners, and they have not always been well prepared to undertake it. The systematic education of medical students and practitioners in tuberculosis has thus become very important.

So long as tuberculosis control required the building and maintenance of expensive institutions and the training of large numbers of highly specialized personnel, many countries could not afford to contemplate the organization and possible expansion of an antituberculosis programme. Now, for the first time, effective domiciliary drug treatment of infectious cases, mass immunization and possibly chemoprophylaxis with an inexpensive drug such as isoniazid, may bring a systematic programme of control within the reach of almost any health administration.

As a result, health authorities in many countries are concerned to ascertain the extent of their tuberculosis problem and recognize the need for reliable epidemiological information, not only for the intelligent planning of control measures but also to establish a baseline from which the effect of future programmes may be measured.

There is an almost universal desire to know how effective a control programme will be if it is based on chemotherapy without institutional care and on chemoprophylaxis, how such a programme can be organized and carried out and whether it is in fact a practicable programme for the area concerned.

There are unfortunately no ready answers to these questions and the experience acquired in countries with fully developed control programmes is of little use in territories where nothing, or very little, has yet been done.

These developments have naturally influenced the tuberculosis programme of the Organization. In past years an important part of the assistance given to governments has gone to provide teaching and training centres, where traditional methods of control have been demonstrated. It is now clear that the pattern of WHO's activities in tuberculosis must be considerably modified. Concepts and circumstances are changing rapidly and WHO is not today able to respond immediately to specific requests from governments for assistance by offering detailed advice for the establishment of a service programme. Its work has, instead, been directed to developing satisfactory techniques for surveys of tuberculosis; to assisting governments to carry out such surveys; and to finding the solutions for problems bearing on the applicability of simple, practical and inexpensive measures for organizing the control of tuberculosis as a public-health programme and for evaluating the effect of such measures.

The extensive studies carried out by the Tuberculosis Research Office, over several years and in practically every part of the world, have shown that the Mantoux 5 TU tuberculin test is a reliable and useful tool for investigating the prevalence of tuberculous infection. During 1955, with generous support from UNICEF, two regional BCG assessment teams completed their assignments in the South-East Asia and Western Pacific Regions. A third team continued its work throughout the year in the Eastern Mediterranean Region, and a similar team completed a pilot study in the Sudan, as a prelude to a BCG campaign. The data obtained from the work of these teams are extremely valuable, not only for the better planning of immunization campaigns, but for the tuberculosis programme in general. For example, it is now known that, in a number of territories, tuberculosis in the rural areas presents much less of a problem than was formerly believed, but that in most large towns the prevalence of tuberculous infection is high.

With the help of UNICEF in providing supplies and equipment, two WHO tuberculosis survey teams were established in Africa, one in the west and the other in the east. The first started its work in Nigeria and the second in Somalia. Using the tuberculin test and bacteriological examination of sputum in representative groups of population selected at random, these teams are gathering data on the prevalence of infection and of infectious pulmonary tuberculosis in many parts of Africa, as a first step towards helping the governments concerned to plan feasible programmes of control. In particular, in the first phases of the work of these teams, the opportunity is being taken to study in detail a number of techniques and the practicability of various methods under widely differing conditions. It is hoped thus to develop practical methods of survey which can be used in areas where chest x-ray examinations cannot easily be undertaken.

Plans were also made in 1955 to use existing personnel and equipment, in a number of centres established with WHO's assistance, to carry out surveys of tuberculosis, in which will be used the tuberculin test, miniature chest x-ray examination and the demonstration of tubercle bacilli in sputum or the product of laryngeal swab: three standard techniques that have been recommended by WHO since 1953 and that permit the collection of uniform and comparable data. In the all-India survey of tuberculosis which was started in 1955 by the Indian Council of Medical Research, the experience gained by the WHO field research unit in Madanapalle is being utilized for rural survey work and Indian personnel is being trained by this unit.

Plans were also completed during the year to inaugurate with the assistance of WHO two research projects designed to provide data as to the practicability and the effects of domiciliary chemotherapy of tuberculous patients in South-East Asia. A research project, planned to last for five years, in which the Medical Research Council of Great Britain will assist the Organization, is being set up in India as a joint study by the Indian Council of Medical Research and WHO. The effects of domiciliary treatment with antituberculosis drugs will be investigated, and this method will be compared with the same treatment given under hospital care; different drug regimens will also be used in an attempt to determine the most effective and practical regimen for the treatment of patients under the conditions prevailing in India. In Indonesia, a pilot project, financed partly by UNICEF, has been planned, which will use as a base the tuberculosis centre established in Bandung with the assistance of WHO. The problems involved in the large-scale domiciliary treatment of tuberculous patients will be studied and some aspects of chemoprophylaxis with isoniazid will be investigated.

There is increasing evidence that mycobacteria isolated from patients in tropical areas may differ, in type and in other particulars, from those which are defined at present as tubercle bacilli. This is
an important phenomenon which affects the bacteriological diagnosis of tuberculosis in tropical countries and which suggests that there may be hitherto unknown extra-human sources of infection. A very careful study of this problem is required and arrangements have been made with three European laboratories to investigate the mycobacteria in specimens collected by WHO from representative groups of population in several tropical territories.

During 1955 the Organization continued to assist teaching and training centres in thirteen countries, and four of these projects were taken over completely by the governments concerned.

BCG vaccination campaigns continued in several countries, and WHO personnel participated in fourteen projects. Some 26 million persons were tested and 10 million vaccinated. In countries where mass campaigns have been completed, plans were made to consolidate the work. In three countries, the entire responsibility for the campaign was assumed by the government as part of their public-health programme. In all countries, BCG vaccination campaigns have helped to develop a mass approach in public health and in the education of the public.

A number of special studies in connexion with tuberculin testing and BCG vaccination have continued. The regional assessment teams have been used to make a study in Thailand of the simultaneous injection of penicillin and BCG vaccine. The results of this study indicate that the injection of penicillin in doses which are currently used in treponematoses control programmes does not impair the allergy induced by BCG vaccination. In Iran, another study was made to determine the compatibility of simultaneous BCG vaccination and smallpox revaccination. In Copenhagen, an investigation was completed on the incidence in newborn children of suppurative lymphadenitis after BCG vaccination. The frequency of this complication has been shown to be very closely related to the dose of vaccine. This study also provided detailed quantitative information on the development of tuberculin sensitivity after BCG vaccination in this age-group.

Intensive studies were continued to determine the cause of a hitherto unrecognized instability of dilutions of purified tuberculin, and other investigations were planned to elucidate the part which repeated intradermal tuberculin testing may play in increasing tuberculin sensitivity.

The initial organization and analysis of the Finnish Vaccination Index has been completed. There remains for the future the task of matching with the Index, every year, all deaths in Finland due to tuberculosis. For the years 1948-54, the matching shows that the age-specific death-rates were much higher among persons who were tuberculin reactors at the time of the Finnish mass campaign in 1948-49 than among those who were non-reactors (and were subsequently vaccinated) at that time.

Zoonoses and Veterinary Public Health

Attention was directed during the year principally to the development of veterinary public-health services in governmental organizations, to zoonoses control, and to food hygiene (particularly meat and milk)—all relevant to the prevention of waste and disease, and therefore of considerable economic importance.

Close collaboration with FAO was continued, particularly on brucellosis, standardization of biological products and veterinary education, and liaison was maintained with the Office International des Epizooties. The organization between laboratories in various parts of the world of collaborative research programmes on rabies, brucellosis, Q fever and leptospirosis has been continued.

Brucellosis

The study of *Brucella melitensis* infection in sheep and goats and experiments to develop a vaccine for it have continued at the FAO/WHO Brucellosis Centre at the Institut Pasteur, Tunis. These studies were organized in 1953 by FAO, with the technical collaboration of WHO, and considerable financial and material support from the Tunisian governmental authorities. Preliminary results show considerable promise for a killed vaccine with adjuvant, and a large-scale experiment with this and other vaccines was begun in the autumn. Another series of experiments with a living attenuated vaccine for goats is under way at the University of California, Berkeley, and a small grant was made by WHO to assist this work.

The FAO/WHO Brucellosis Centres have continued their work in research, diagnosis and control in their countries. Work to establish standard strains of *Brucella* and monospecific sera is progressing in certain centres. A bibliography on brucellosis has been prepared and the first half has been distributed to all Brucellosis Centres. Labora-
tory reagents were supplied on request to brucellosis laboratories in Argentina, Brazil, Egypt, France, Italy, Lebanon, Portugal, Tunisia, Turkey and the United Kingdom of Great Britain and Northern Ireland. Grants were made to centres in Mexico City and Buenos Aires.

During the year melitensis infection in man, mainly derived from sheep, continued to be a serious problem in Germany. Technical information on brucellosis control was supplied to the German authorities.

Rabies

An important WHO contribution to antirabies work during the year was the organization, with the Commission for Technical Co-operation in Africa South of the Sahara (CCTA), of a rabies course for countries in Africa at the laboratories of the East African Veterinary Research Organization at Muguga, Kenya, from 11 to 26 July. The course was attended by forty medical officers and veterinarians sent by CCTA from most of the countries in Africa south of the Sahara, and WHO fellows were sent from Egypt, Ethiopia, French Equatorial Africa, Lebanon and the Sudan. WHO consultants served as instructors and discussion leaders; the participants themselves performed all laboratory manipulations for diagnosis, vaccine and serum potency testing, etc. Arrangements were started to hold a similar meeting for Latin American countries in 1956.

A clinical field trial on the efficacy of hyperimmune antirabies serum was concluded in Iran and the results were published. This field trial was recommended by the Expert Committee on Rabies and approved by the Executive Board at its fifth session. The results clearly show that the addition of hyperimmune serum to a course of vaccine prophylaxis is more effective than a course of vaccine alone in preventing death from rabies where severe exposure is involved.

WHO has co-ordinated research concerning neutralizing antibodies produced in normal human subjects as a result of different schedules of serum and vaccine inoculations. The results of this research have been prepared for publication early in 1956. These investigations will be continued, to determine whether shorter courses of vaccine inoculations can be used and to assess the effectiveness of new vaccines, with and without the addition of serum inoculations.

Investigation, co-ordinated by WHO, of the suitability of a dried reference vaccine for international purposes was started at three laboratories in France, India and the United States of America.

The testing of a provisional international standard hyperimmune serum against rabies was completed, and the standard was established during the year.

Bat rabies was reported from Germany and India and further species of bats were found to be infected in the United States of America. Plans were made for surveys of bat rabies in different parts of the world.

Technical information, strains of rabies virus for vaccine production and potency testing, and standard sera for diagnosis and comparative tests were sent on request to laboratories in Argentina, Belgian Congo, Belgium, Brazil, Ceylon, Egypt, Finland, France, French Equatorial Africa, Germany, India, Indonesia, Israel, Nigeria, Nyasaland, Spain, Sweden, Switzerland, United Kingdom of Great Britain and Northern Ireland and Yugoslavia.

Q Fever

During the past three years WHO has sponsored a survey on the geographical distribution of Q fever and a report was completed and published in 1955. The survey showed that Q fever was present on all continents and in most of the thirty-one participating countries except the Scandinavian countries, the Netherlands, Ireland and New Zealand. In these last countries there is relatively little importation of cattle, which may account for their being free from the infection. A small grant has been made to Cambridge University to assist in the production of rickettsial antigens. Q-fever and other rickettsial antigens were supplied for experimental purposes to laboratories in France, Kenya, Lebanon, Netherlands, Switzerland, Turkey and the United Kingdom of Great Britain and Northern Ireland.

Leptospirosis

As part of research in leptospirosis, co-ordinated by WHO, a number of specific antisera and strains were prepared and distributed to laboratories in different parts of the world in order to assist with the identification of Leptospira.

This was among the subjects discussed at a meeting of a Study Group on Leptospirosis held in Amsterdam from 2 to 4 November, at which arrangements were made to designate reference leptospirosis laboratories which would, in collaboration with WHO and FAO, supply countries on request with internationally accepted type strains of Leptospira. Whenever possible the reference laboratories will also type strains submitted by other laboratories. They will be encouraged to carry out epidemiological studies and to undertake collaborative research with
a view to simplifying diagnostic methods and achieving more uniformity so that the results would be referable throughout the world. It is planned to designate reference laboratories in the first place in Italy, Japan, Netherlands, the United Kingdom of Great Britain and Northern Ireland, and the United States of America, and later in other areas as regional needs require.

**Hydatidosis**

The International Hydatidological Association was admitted into official relationship with WHO, and arrangements were made to collaborate with the Association, through the Regional Office in Washington, in research and control programmes in several Latin American countries. Research was continued on anthelmintics and ovicides for the mass treatment of dogs in hydatidosis control campaigns.

**Bovine Tuberculosis**

Encouraging progress was recorded during 1955 in several European countries in official campaigns for the control and eradication of bovine tuberculosis. The disease has been virtually eradicated in the Scandinavian countries, and marked advances have been made in other countries. Control and eradication campaigns were stepped up vigorously in Switzerland, Germany and France. WHO was in active consultation with Germany, France and Israel in connexion with control campaigns in these countries.

**Psittacosis**

Co-ordinated research was undertaken to test the stability and specificity of different psittacosis antigens for use in the diagnostic complement fixation test.

**Other Zoonoses**

Work has continued on various aspects of trichinosis, toxoplasmosis, anthrax, clostridial diseases and arthropod-borne viral encephalitides. A special attention has been given to the development and adoption of diagnostic procedures for viral and rickettsial zoonoses in public-health laboratories. This matter will be taken up in a seminar to be held for European countries in Madrid in 1956, and in subsequent seminars for other regions.

**Food Hygiene**

The report of the Joint FAO/WHO Expert Committee on Meat Hygiene was published. A monograph on meat hygiene was prepared for publication early in 1956.

A training course on laboratory aspects of meat hygiene was given in July by the Eastern Mediterranean Regional Office for countries in that region. The training course continued the work started by a WHO meat hygiene consultant who worked in several countries of the region in 1954.

A consultant was sent to Iran towards the end of the year to advise on food hygiene procedures and on the use, for laboratory control for meat products, of the public health laboratory that is being set up in Teheran with the assistance of WHO. The WHO consultant worked with a milk hygiene specialist from FAO.

The secretariat FAO/WHO/UNICEF inter-agency working group on milk and milk products continued its work, which is described in Chapter 3, Environmental Sanitation, page 29.

**Veterinary Public Health**

A meeting of an Advisory Group on Veterinary Public Health was organized by the Regional Office for Europe with headquarters collaboration, and was held in Geneva from 6 to 10 June. Recommendations were made with respect to zoonoses control in Europe and the improvement of undergraduate and post-graduate education in veterinary public health. Further information on this course will be found in Part IV under project number EURO.85. One of the direct results of the recommendations of the Advisory Group has been the incorporation of veterinary public health in the regular undergraduate veterinary curriculum of the three national French veterinary schools. Plans were announced in Frankfurt for the establishment of the first teaching department in Germany exclusively devoted to the zoonoses.

**Virus and Rickettsial Diseases**

The work of WHO on these diseases has continued on the lines of the policy described in the Annual Reports for 1953 and 1954, and progress has been made in stimulating interest in the application of virological techniques to public-health practice. As well as providing a diagnostic service to hospitals and practitioners and assisting the investigation of epidemic outbreaks, those techniques can be of

2 The work done on Q fever and rabies is described in the preceding section, on zoonoses.
particular value to the public-health service in epidemiological surveys. Properly designed serological surveys can relatively easily and rapidly provide valuable information about the viruses prevalent in a region and their importance to public health and to social and economic development. Standard methods of making these surveys are being worked out in consultation with members of the Expert Advisory Panel on Virus Diseases and with interested organizations and, as an experimental measure, some of the WHO pilot teams that are making surveys of other communicable diseases are co-operating by collecting sera.

Influenza

The laboratories co-operating in the WHO influenza programme have continued their studies on the prevalent influenza viruses, with the aim of reducing by vaccination the serious loss of production that is caused by epidemic influenza.

Until April 1955 influenza B predominated in the northern hemisphere during the winter of 1954-55. The disease was unusually widespread for influenza B in northern and central Europe and north America; it was generally mild clinically and particularly affected children of school age. In March and April 1955, however, a number of local outbreaks due to influenza A were detected in widely separated parts of the world. Study of these viruses showed that several of them were closely related, quite widely distributed and readily distinguishable from previous influenza A viruses. A representative strain was made available by the World Influenza Centre to all co-operating laboratories.

A warning was issued to all Influenza Centres that the similarity of these events to those of the winter 1950-51 suggested that widespread outbreaks, some at least due to the new strain, might occur in the late autumn and winter of 1955-56.

The Institut Pasteur, Brazzaville, was designated a WHO Influenza Centre.

Standard diagnostic reagents were again supplied to WHO Influenza Centres; reports received indicated that they were much more satisfactory than those supplied experimentally during the previous winter and that this service was widely appreciated. A further supply has been provided for the winter of 1955-56.

Poliomyelitis

The demonstration that it was possible to produce in the laboratory a safe and reasonably effective vaccine against poliomyelitis was received with enthusiasm throughout the world; but unfortunate accidents during the large-scale use of certain lots of commercially prepared vaccine temporarily postponed the wide use of the vaccine.

The experience in different countries of the use of poliomyelitis vaccines, both on a large scale and in experimental studies, and the laboratory research designed to ensure the safety of the vaccine and to improve testing procedures, were carefully observed. In November, a meeting of leading experts from nine countries was held to summarize the present stage of knowledge and to put before the Director-General the essential facts on which policy regarding the future public-health application of poliomyelitis vaccination, under different epidemiological conditions, might be based. The proceedings of the meeting, which contained some important recommendations, were distributed in mimeographed form and will be published in the World Health Organization: Technical Report Series early in 1956. The meeting provided a useful opportunity for exchange of views and experience, outstanding problems were defined and co-ordination of further research was promoted.

WHO’s programme for the study of poliomyelitis has been further developed along the lines recommended by the Expert Committee, as described in the Annual Report for 1954. WHO Regional Poliomyelitis Laboratories have now been designated in all regions. National laboratories are being encouraged to co-operate in a co-ordinated programme of investigations designed to give the epidemiological information that is needed for the proper application of vaccination. The problems that are being studied include the provision of standard sera and strains of virus, the design of standard methods for surveys to determine the state of immunity of populations, the supply of scarce materials needed for tissue-culture work, such as monkey-kidney tissue. Surveys had already been completed or were in progress at the end of the year in several countries in Europe, the Americas and Africa.

In continuation of the series of studies initiated in 1954-55, the results of these surveys and of studies of the prevalent types of poliovirus are being collected and will be published in the spring of 1956, with epidemiological information as to the incidence of clinical poliomyelitis.
The monograph on poliomyelitis referred to in the Annual Report for 1954 was published in the spring of 1955.

A training course in English on the management of respiratory and bulbar paralysis in poliomyelitis was organized by the Regional Office for Europe and was held in Copenhagen in April and May. A similar course in French was organized in Paris by the International Children's Centre with assistance from WHO.

The importance of adequate training in the new virus laboratory techniques has been emphasized and several fellowships in virology have been granted.

Smallpox

The first part of the controlled field trials of dried smallpox vaccine, referred to in the Annual Report for 1954, has been completed and will be published early in 1956. These trials have shown that it is possible to prepare a dried smallpox vaccine which will maintain its potency after exposure for at least eight months at 45°C. Such a vaccine would greatly facilitate the control of smallpox in hot countries, especially in inaccessible regions. Details of the method of preparing this vaccine have been published and copies have been distributed by regional offices. The second part of the controlled field trials is in progress and is designed to show whether successful vaccination with a vaccine partially deteriorated by exposure to heat gives adequate immunity, as judged by resistance to revaccination.

The Eighth World Health Assembly considered the subject of campaigns against smallpox and again urged that health administrations should, wherever necessary, conduct campaigns against smallpox as an integral part of their public-health programmes.

Other Virus and Rickettsial Diseases

As was reported in the Annual Report for 1954, plans for co-ordinated research on other virus and rickettsial diseases have had to be held in abeyance, because of pressure of work.

Other Communicable Diseases

Pertussis

A grant was made to the Central Institute of Hygiene, Ljubljana, for the purchase of pertussis vaccine already tested in field trials in the United Kingdom, to be used as the control vaccine in the controlled field trials which will start in Yugoslavia early in 1956. The results of these trials will therefore be comparable with the United Kingdom trials. These trials are expected to yield valuable information on the correlation between the results of the intracerebral mouse protection test and the actual protection afforded to man by vaccination.

Typhoid Fever

The controlled field trials of typhoid vaccines in Yugoslavia were continued. In November WHO experts visited Zagreb to consult with the Typhoid Commission that is conducting the trials, and advise on the significance of the results obtained to date and on the need to continue the period of observation. It was decided that the period of observation should be continued for a full two years, that is, until May 1956. The results to date suggest that the final result will be significant.

Bilharziasis

The work on bilharziasis has been developed along the lines recommended by the Expert Committee on Bilharziasis. The work of snail vector identification centres and the ecological studies of the vectors have been continued. The use of new molluscocides in the field has also been encouraged.

New irrigation schemes in the regions where bilharziasis is endemic are considerably increasing the danger of its extension; the Organization is consulting with experts and hopes in the future to be able to advise on methods of preventing extension of the disease.

In 1955 consultants have undertaken studies of the socio-economic importance of bilharziasis and on control methods that could be applied in Africa, in preparation for a conference to be held in 1956 at which all aspects of these questions will be examined.


The campaigns in Egypt and Syria are continuing and a new control project has started in Iraq. In Liberia a survey has been made to appraise the extent to which bilharziasis is a public-health problem.

In the Philippines, the demonstration project has progressed very favourably, and ecological and epidemiological studies have given important preliminary information. Nutrition surveys and socio-economic surveys are being combined with the project, which is being carried out in close cooperation with agricultural and irrigation authorities.

Cholera

Further instalments of a monograph on cholera have been published in the *Bulletin*.1 No field projects or study projects were undertaken on this disease.

Trachoma

Requests from Member States for consultants on various aspects of trachoma control have so increased that it has become difficult to meet the demand. The need for ophthalmologists to be trained in the public-health aspects of trachoma control is becoming imperative.

Much research work remains to be done, for important differences of opinion still exist on the etiology, epidemiology and therapy of trachoma. A second meeting of the Expert Committee on Trachoma was held in Geneva from 7 to 14 September. The members reviewed the results of WHO co-ordinated research, of epidemiological surveys and pilot projects and of the current mass campaigns against trachoma, and made recommendations for future work.

In Morocco and Tunisia large-scale campaigns continued throughout the year, of which one of the principal aims was the prevention of seasonal conjunctivitis. Results indicate that the epidemiological picture of conjunctivitis can be radically changed, and that it has been successfully controlled. The methods recommended in the first report of the Expert Committee on Trachoma for mass treatment of trachoma, adapted to the local needs, proved their efficacy in these field trials. In the Eastern Mediterranean Region several countries have asked for advice on surveys and the planning of trachoma campaigns, and a pilot project is in progress in Egypt. In the South-East Asia Region requests for assistance were received from India and Indonesia. In the Western Pacific Region the work, started in 1953 in Taiwan, continued throughout 1955; special attention is given to the mass treatment of school-children, and here also good results are recorded.

Progress was made during the year with co-ordinated research on the virology of trachoma. Close collaboration was maintained with workers on trachoma in all parts of the world, and with national and international bodies interested in the disease. WHO was officially represented at the Assembly of the International Organization against Trachoma.

Onchocerciasis and other Filariases

A Study Group on Filariasis was held in Kuala Lumpur from 6 to 15 December 1955. It reviewed the epidemiological problems of this disease in various parts of the world, exchanged information on the most recent control work, and made recommendations for national and international programmes. Particular attention was given to filariasis produced by parasites belonging to the genus *Wuchereria*. A chemotherapeutic attack on the microfilariae was recognized as having promising possibilities for the control of the disease, but the complexity of the problem of vector control was held to necessitate careful epidemiological and biological studies as an essential preliminary to any vector control programme. After this meeting, and that on onchocerciasis held in 1954, WHO is in a better position to advise countries that are interested in the control of these diseases.

Plague

The inter-regional project of research, co-ordinated by WHO, on the epidemiology of wild rodent plague, has continued to develop satisfactorily on the lines agreed at the meeting of delegates from the Governments of Iran, Iraq, Syria and Turkey, which was held in Iran at the end of 1954. Personnel from these four countries were given specialized training. An international team of specialists from the Institut Pasteur, Iran, visited Syria and Iraq to assist national health services in conducting epidemiological surveys.

The WHO-assisted plague research project in India has continued, and has reported some interesting findings, which will be published in 1956.

Leprosy

Requests have been received from several countries for assistance and consultant advice on leprosy. The main difficulty experienced during the year has been the dearth of consultants and several requests for

1 *Bull. World Hlth Org.* 1955, 12, 311-358; 777-875; 945-1107; 13, 1-25
assistance could not be met. The question of providing in future programmes for training in the public-health control of leprosy is being considered. The present trend is to discourage permanent and indiscriminate isolation in leprosaria, and to treat leprosy like any other communicable disease, by temporary isolation of infectious cases, early diagnosis and ambulatory or domiciliary treatment.

In the South-East Asia Region WHO assistance to the leprosy project in Burma ceased in 1953, and the work has been successfully continued by the national health authorities. The leprosy project in Ceylon was continued throughout the year with WHO assistance. Advice was given to the Governments of Indonesia and India on the establishment of leprosy control work; a new project was started in Thailand assisted by UNICEF and WHO. In the Philippines, advice was given for a new UNICEF-assisted project. In the Eastern Mediterranean Region, projects were planned for Iran, Iraq and Ethiopia. Consultants were provided in the Americas (in the Caribbean area and in Paraguay) and in the African Region.

Relapsing Fever

The inter-regional programme of research on relapsing fever carried out in Ethiopia with the assistance of WHO has been completed. The preliminary report indicates that strains have been successfully isolated and these are now being studied at the Institut Pasteur in Tunis.
CHAPTER 2

PUBLIC-HEALTH SERVICES

Through various projects to assist governments in strengthening their national health administrations the Organization has, in the last few years, worked very closely with national health administrators, and has been able to examine some of the fundamental difficulties that have been encountered by many countries. The most important of these are: that in many countries it has not yet been recognized that the health administration must play an important part in the country's social and economic development; that full-time service in public health is not attractive to young medical graduates; and that the health services in many countries have not yet reached the masses of the population in local areas, particularly in the villages.

These problems were discussed in detail in the first and second reports of the Expert Committee on Public-Health Administration, dealing respectively with the general principles of public-health administration and the planning and organization of integrated health services in rural areas. Both reports have been found useful by public-health workers.

Through its area representatives, or through public-health advisers, consultants and field teams provided at the request of governments, the Organization has given assistance to a number of countries in the Americas, South-East Asia and the Eastern Mediterranean, particularly in surveys of health conditions, the formulation of national health legislation, the planning of short- and long-term national health programmes, the training of health workers and the planning and demonstration of local health services.

For example, the Indian and Egyptian Governments have made definite five-year plans for health work as a part of the social and economic development of the country. In Egypt, the Government plans to establish in the next five years 860 rural "combined units" throughout the country. The Calioub demonstration area in Egypt has initiated a new pattern of rural community service which integrates health, education, agriculture and other socio-economic services in one organization known as the "combined unit". One such unit has already been established in Tanaan for a group of villages with a total population of 40,000. In such a unit doctors, social workers, teachers, veterinary surgeons, agriculture extension workers, hakimahs (nurse-midwives), sanitary assistants and assistant midwives work as one team to help and teach the villagers to improve their living conditions.

The public-health administration seminar in the Eastern Mediterranean Region in November 1955 gave an opportunity for public-health administrators from fifteen countries and territories in that region to visit Egypt and the Sudan and share the experience of these two countries in the organization and administration of health services. The group was much impressed with the "combined unit" in Egypt and the system of health service in the Sudan, which is largely decentralized to the rural and village councils, so that the auxiliary health workers and the villagers themselves share some of the responsibilities in the health work which is essential to the social and economic development of the country.

The Organization's participation in the Andean Indian development project, in collaboration with the United Nations, ILO, FAO and UNESCO, has been continued and the essential role played by health workers in such a project has been successfully demonstrated.

The problem of making full-time service in public health more attractive to the medical profession is complicated and difficult. Efforts have been made to improve the working conditions and remuneration of public-health workers and to emphasize the teaching of public health in medical schools, but the progress is too slow to solve the immediate problem. In many countries local health officers have still to rely, for their livelihood, on their spare-time private practice. In some countries, the integration of curative and preventive services and the use of auxiliary health workers have helped to solve this problem. In Ethiopia, Burma, Cambodia and Malaya the Governments have been assisted in the training of such workers. Plans

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to demonstrate a decentralized system of integrated health services for a district or a province have been completed for Afghanistan, Burma and Mexico. The plans for Afghanistan and Burma will be implemented early in 1956.

Assistance has been given in rural health work in response to requests from thirteen governments. In three more countries (Lebanon, Iraq and Syria) plans for rural health demonstration and training centres have been completed, and will be implemented early in 1956. Preparatory work for a rural health conference in 1956 in South-East Asia has also been successfully carried out in collaboration with government representatives.

In addition to direct advisory services to governments, the Organization initiated in 1954 studies on local health administration, which in 1955 were extended to India and Puerto Rico. Preliminary studies in three local areas in Sweden, England and the Netherlands are being completed, the aim being to examine how far local health services have been effectively utilized by the people in these areas, and to study other factors of individual and community life affecting the health of the people.

The Study Group on the Measurement of Levels of Health met in October 1955, considered present knowledge on the subject, and suggested a list of possible health indicators based on the available statistical information, including a comprehensive indicator constructed from statistics of proportional mortality by ages, as presented by the Secretariat. In view of the inadequacy of present knowledge the Group recommended that a series of possible new health indicators should be developed through further studies. Health indicators which can give a reliable measure of the level of health in a country are very important in guiding the development of national health services.

Nutrition

The programme of work of WHO on malnutrition and under-nutrition in infants and young children was described in some detail in the Annual Report for 1954. Satisfactory means of preventing malnutrition in children have not yet been found and this condition, responsible for so much mortality, morbidity and poor development in later life, is likely to remain one of the Organization’s chief concerns for some time.

Disease may result from a total lack of suitable protein-rich foods and the solution of the problem then lies in the production of a suitable food, cheap and readily available. This entails a careful and prolonged investigation of such cheap and plentiful sources of protein as are available, to find those that are suitable either singly or in combination with other foodstuffs and to determine the exact nature of any processing that they may require before use. Grants have been made to the Nutrition Research Laboratories of the Indian Council of Medical Research, Coonoor, South India, to the British Medical Research Council’s Group for Research in Infantile Malnutrition, Kampala, Uganda, and to the Institute of Nutrition of Central America and Panama, Guatemala City, to enable them to make such investigations. During the year there has been a further exchange of workers between these laboratories.

Protein malnutrition and means of remedying it was the subject of a conference of experts in nutrition from many parts of the world held in Princeton, New Jersey, in June under the joint sponsorship of FAO, WHO and the Josiah Macy Jr Foundation, and financed largely by the latter. The meeting provided an opportunity for research workers in animal and human nutrition and for nutritionists and paediatricians working in the field to discuss protein requirements and the most effective method of using available resources to correct protein deficiency in the diet of young children. The second subject, with which this report is more directly concerned, included discussion on foodstuffs which, though not in their natural state suitable food for a young child, might perhaps be made suitable by processing or by combining them with other foods. The discussion resulted in an agreement as to the facts that must be known about any foodstuff before it can be used for large programmes of child feeding, and on the investigations that would be necessary to ascertain those facts. In such investigations WHO will be responsible for the final human testing and clearance of the product for wide-scale use, but there will be the usual collaboration with FAO on the nature and source of the product and the details of the processing required. UNICEF, interested in the development of these measures because of its plans for the prevention of malnutrition through supplementary feeding schemes, was also represented.
at the meeting. WHO by the end of the year had taken steps to set up a small group of advisers to assist it in this work.

A possible solution of the problem of protein malnutrition is thus being approached from two directions. The local laboratory approach was discussed in the Annual Report for 1954 and is referred to above. The other is a wide review of the foodstuffs available in different parts of the world and a careful investigation of their possible suitability. Arrangements are being made for a continual exchange of information between workers on local problems and those employed on the wider review.

Protein malnutrition occurs when suitable protein-rich foods are not available, but it can occur also when such foods are available but for one reason or another are not used. In those cases education is needed, based on an understanding of the social and cultural influences which decide the pattern of the diet. Towards the end of 1954 a medical nutritionist was sent to Indonesia to study the social circumstances which seem to precipitate protein malnutrition. His report revealed the great differences in the social condition and attitudes that exist even in adjacent villages, and will be of considerable value in furthering more effective nutrition education.

Another consultant was sent to Central America during 1955 to make similar investigations in communities where the clinical manifestations and incidence of the disease are being studied by the Institute of Nutrition of Central America and Panama. As has been mentioned previously, this institute is working on the development of protein-rich foods—in this case from vegetable sources—and it is likely that a suitable foodstuff for infants and young children may be developed fairly soon. The introduction into a community of a new foodstuff of this kind is likely to be difficult, and must be based on an understanding of social values and attitudes to food.

A seminar on nutrition education and health education was held in Baguio in the Philippines in October. What is called the “content” of the education, i.e., the dietetic principles involved, was already well understood by the participants and the purpose of the seminar was to consider how best to help people to understand and accept these principles and so improve their health. (This seminar is described in greater detail under Health Education of the Public, page 23, and in Part IV under project Inter-regional 20.)

In 1955 a study of anaemia was begun. In many countries anaemia is an important cause of mortality, and particularly of maternal mortality and morbidity. It also incapacitates the sufferer for the hard physical labour which is still necessary in primitive agriculture. The study includes a compilation and critical analysis of the existing information on anaemias, particularly in relation to the importance, in their causation, of parasitism and dietary insufficiency. It is therefore rather similar to the original survey of kwashiorkor done in Africa and may prove equally useful. The inquiries this year are being carried out in India and Mauritius, both countries in which anaemia is an important cause of morbidity and mortality.

In previous Annual Reports, accounts have been given of the work done by WHO in the prevention of endemic goitre. The Fourth Report of the Joint FAO/WHO Expert Committee on Nutrition, which met in October 1954, contains the following statement: “The efforts of WHO have contributed greatly to new knowledge of the world-wide prevalence of goitre and new developments whereby crude salt can be iodized.” 1 On the recommendation of the Expert Committee, WHO prepared a monograph, for publication in 1956, on the public-health importance and socio-economic aspects of endemic goitre, which will include practical information on control measures.

Although the work of FAO and WHO in the field of nutrition has hitherto been concentrated on problems of under-nutrition and dietary deficiency disease, the Joint FAO/WHO Expert Committee at its fourth session stated: “It is now appropriate to consider other relationships between diet and health, especially in the more highly developed countries and in certain segments of the population in many other countries.” 2 The Expert Committee suggested for study the particular problem of degenerative heart diseases, including coronary heart disease, angina pectoris and myocardial degeneration, since there is increasingly convincing evidence that habitual diet plays an important role in the development of these conditions. The Regional Committee for Europe, at its third session in 1953, also recommended that WHO should consider this problem. Throughout the world the incidence of these diseases differs widely and this may provide an opportunity for an epidemiological study of the causative factors. A Study Group on Atherosclerosis was convened at Geneva in November, which considered the information available in different countries and advised what further material was required and how it should be obtained. It also advised how the factors might be investigated.

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that could influence the occurrence of the disease in particular countries.

The Joint FAO/WHO Expert Committee on Nutrition, in its fourth report, recommended the convening of a conference on food additives. This was held during the year and is described in Chapter 7, page 47.

The Expert Committee also recommended that the anthropometrical assessment of nutritional status should be considered by a group of experts but it has not yet been possible to organize a meeting for this purpose. A meeting on this question, sponsored by the National Research Council of the United States of America, was held at Harvard just before the Princeton conference on protein requirements, and WHO arranged that delegates to the conference who were specially interested and experienced in anthropometry should attend the Harvard meeting.

The nutritional status of the Arab Refugees was inspected, as in former years.

Representatives of WHO were invited to attend the summer meeting of the Nutrition Society of Great Britain, and gave talks on international nutrition work.

**Mental Health**

Two of the principal obstacles to the development of mental health work are the world shortage of adequately trained personnel and the lack of understanding of the basic causes of mental ill health. The importance, for a better understanding, of treating mental health work as a part of the public-health services has again been emphasized. In the European Region, a special study group met at Monaco in April to consider in more detail the practical application of the principles which were discussed at the Seminar on the Mental Health Aspects of Public-Health Practice held in the Netherlands in 1953.

The Eastern Mediterranean Seminar on Mental Health in 1953 considered the difficulties of recruiting and training psychiatric nurses, which no country has solved, and which are particularly acute in countries that are beginning to develop their mental health services. The same problems were discussed at the meeting of the Expert Committee on Psychiatric Nursing, held at Geneva in August and attended by members drawn from the Expert Advisory Panels on Mental Health and on Nursing. The Expert Committee recommended that national plans for nursing services and education should include provision for nursing of mental patients, that training for psychiatric nursing should be expanded as rapidly as possible to a fully professional standard, and that nurses should take part in research relevant to psychiatric nursing. Other recommendations were designed to raise the standards and prestige of this branch of the nursing profession.

As in previous years, a principal part of WHO's mental health programme has been devoted to the preventive and therapeutic psychiatry of childhood. A third meeting of the Study Group on the Psychobiological Development of the Child was held at Geneva in February. Preparations were made for the fourth meeting, to be held late in 1956, which will summarize and evaluate the discussions of the previous meetings. Arrangements were made with a commercial publisher for publishing the proceedings of the first two meetings of the Study Group. A Study Group on Juvenile Epilepsy was convened in London in October to discuss the physiological, paediatric, genetic and public-health aspects of juvenile epilepsy and to consider the establishment of community programmes for epileptic children. The study on electrophysiological aspects of child development, which was begun in 1954, was continued in 1955. The grant made in 1954 to the British Medical Research Council's Group for Research in Infantile Malnutrition, for the study of electrophysiological and psychological changes in children suffering from kwashiorkor, was continued in 1955. This made it possible to repeat in the Belgian Congo studies made earlier in Uganda by the same visiting research workers, and so to obtain comparative data. A follow-up study is also being made of the children who were examined in Uganda in 1954. A seminar for child psychiatrists was held in Uruguay during the year and was attended by South American specialists, including about thirty participants from outside the host country.

Countries of the Western Pacific Region were visited, to follow up the WHO Seminar on Mental Health in Childhood held in Australia for the Western Pacific Region in 1953, and to assist in the planning of future mental health programmes.

Collaboration was maintained with other international bodies and with certain non-governmental organizations. Two psychiatrists were provided by WHO, one to participate in the United Nations Seminar on Children in Incomplete Families, which was held in Germany, and the other to participate in the first United Nations Congress on the Preven-
Lion of Crime and the Treatment of Offenders, particularly for the discussions on juvenile delinquency, and WHO was similarly represented at the Third International Congress on Criminology.

The comparative survey of national legislation on the hospitalization of mental patients, prepared in 1954, was published in the *International Digest of Health Legislation.*

The mass of information on alcohol problems in different countries collected by the WHO consultant on alcoholism is being used as the basis for a series of national studies on alcohol. The first of them will deal with the wine-drinking countries. The Canadian Government asked WHO for assistance to the Royal Commission which was investigating alcohol legislation in Manitoba. A WHO consultant attended the Commission and gave detailed information on the nature of alcohol problems in different countries, the way those problems were dealt with and the advantages and disadvantages of the several systems.

As in previous years, short-term consultants were provided to assist individual countries. One of these, who has been released by his government for two months in several successive years for work in the Eastern Mediterranean Region, made follow-up visits to Egypt, the Hashemite Kingdom of Jordan, and the Sudan, and made a first visit to Cyprus. A short-term consultant on the psychiatric and educational problems of mental deficiency was sent to survey conditions and to give advice on measures to be taken in Ceylon. A short-term consultant on child guidance was provided in response to a request from Hong Kong. Short-term consultants were sent to Burma and to Taiwan to advise the Governments on the development of mental hospital services.

Three long-term appointments have been made in 1955: a child psychologist was appointed for two years to assist Thailand in the development of a child-guidance clinic and of general psychiatric services; and an electrophysiologist and a psychiatric nursing tutor were provided by WHO to act as visiting teachers in the All-India Institute of Mental Health for one and two years respectively. The psychiatric adviser to the Government of Jordan, during his second year in that country, has continued to assist in the development of a psychiatric service.

**Maternal and Child Health**

Health services for mothers and children have a high priority in most national health programmes. There have been many requests to WHO for advice and assistance and the year has shown that many governments are willing and prepared to give increased support to this work.

One result of the rapid expansion of health services for mothers and children in many areas has been to draw attention to some fundamental problems, common to the administration of all maternal and child health programmes, which must be solved if further development is to be sound. Late in 1955 WHO convened an Expert Committee on Maternal and Child Health, which discussed the administration of maternal and child health programmes: the general nature and objectives of health services for mothers and children, the organization of such programmes as part of the general public-health structure and the need for continued evaluation and research. Advice on the general administration of maternal and child health programmes has also been requested by governments: WHO consultants spent three months in India, Indonesia and Nigeria to study the general programme and make recommendations on its future development.

In the various field programmes receiving assistance from WHO, it is interesting to note the different approaches to some of the most urgent maternal and child health problems. Maternity care has often been selected as the starting-point, and priority given to training of midwives and of traditional birth attendants. Other countries have considered that auxiliary health visitors, whose main work is the education of the mother, provide the most practical and effective means of raising the standard of child care. More recently there has been a trend towards developing health programmes for mothers and children as part of a comprehensive public-health service—often for a rural area—which may include such activities as environmental sanitation and communicable-disease control. In this type of programme, of which the number has increased during the year, particularly in Latin America, the training and use of staff for maternal and child

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1 *Int. Dig. Hlth Leg.*, 1955, 6, 1-100
health work is designed to fit in closely with the general health programme of the community.

Whatever the type of programme, the main handicap to real progress lies in the shortage of trained personnel, particularly for teaching, supervisory and administrative posts, and a large part of WHO’s work has therefore consisted in helping governments to establish or expand programmes for training professional and auxiliary workers.

WHO assistance with demonstration and training programmes in maternal and child health has continued in all regions except Africa. In projects for co-ordinating and extending existing services and facilities for training in maternal and child health—such as those in several Indian states and in Taiwan—WHO teams, with their national counterparts, are reorganizing the services to make them more effective, establishing closer relations with various professional groups concerned with maternal and child health and developing training programmes and staff refresher courses. Many of these programmes have been greatly assisted by UNICEF. The programmes for mothers and children continue in the WHO-assisted health demonstration areas in El Salvador and Egypt. Descriptions of all these projects will be found in the project list in Part IV.

Health supervision of school-age children is included in some of the national programmes already mentioned: in Hong Kong, the Government, with advice from a WHO consultant, is planning to set up a child guidance service; in Thailand, a pilot project (assisted by WHO and UNESCO) which combines teacher-training and a school health programme has made considerable progress during the year, and the interest and active co-operation of the teachers in health work has been very encouraging; in Iraq, a WHO consultant has helped in planning a national school health programme which will be associated with the existing UNICEF-assisted school feeding programme.

Advice and assistance have been given in planning and establishing services for children with special needs: for premature infants in Chile, Egypt and Italy; for handicapped children in Lebanon and Austria, Greece, Italy and Yugoslavia. For three of these UNICEF provided equipment. In October the Organization convened in Geneva a Study Group on the Rehabilitation of the Deaf and Partially Deaf Child, to which the United Nations, UNESCO and ILO sent representatives. The subjects discussed were the prevention of handicaps due to deafness, methods of case-finding and rehabilitation and the organization of training and education services. The Group stressed the importance of early diagnosis and treatment of impaired hearing, particularly in the pre-school child.

Improving the standard of paediatric training and providing facilities for post-graduate training are still major problems in many countries. In India, for example, the All-India Institute of Hygiene and Public Health provides post-graduate training in maternal and child health, with some paediatrics, and suggestions have been made to the Government for a course leading to a diploma in child health. This is more fully described on page 78. The study of paediatric education in Europe, sponsored jointly by WHO and the International Paediatric Association, was continued and a consultant visited a large number of teaching centres in Europe which provided information.

There have been close working relations with the United Nations, UNICEF and specialized agencies represented on the Technical Working Group on Long-Range Activities for Children.

The Director-General was represented at meetings of the Technical Advisory Committee of the International Children’s Centre, and WHO has continued to co-operate in many of the programmes organized by the Centre.

Nursing

WHO’s programme in nursing is designed to help governments to establish or improve training for nurses and midwives and to improve nursing services generally. To this end, help is given with the organization and running of training courses of different kinds and with supervising and teaching nurses at work in wards, staff education, refresher courses in various specialties and more advanced courses in ward teaching, supervision and administration.
In basic nursing education the main objectives have been to improve the quality of the nursing instruction, to provide more nurses for the health services, and to train nurses of the country to continue the educational programmes after international aid is withdrawn. In 1955 such assistance was continued in sixteen countries and was started in six others. Fifty-six nurses provided by WHO worked on these projects with national nurses.

More attention is being given to the training of midwives. The Expert Committee on Midwifery Training recommended that the training should include instruction in public health, basic nursing training and practice in domiciliary midwifery. These principles have been followed in the assistance given, which in 1955 was continued in six countries and was started in one country. Twenty-nine nurse midwives worked with national colleagues in these projects. As professional midwives become available, some countries can provide facilities for preparing nurse educators for teaching midwifery and in two countries WHO is helping to arrange programmes of this kind. But such developments are not at present necessary or practical in all countries.

Countries in which there is a serious shortage of professionally qualified nurses and midwives often direct their training to the provision of "comprehensive nurses"—nurses qualified for work in the hospital, in public health and in midwifery. The training of such nurses must include the theory and practice of teaching, supervision and administration, for they will almost inevitably have to take responsibility for teaching and supervising groups of auxiliary workers. But it is still necessary to enable nurses who have graduated without this type of basic training to study public-health nursing. WHO's assistance with such post-basic programmes was continued in three countries and was started in a fourth.

Training for all types of nursing rests on the same educational principles. Countries that have built up programmes for training teachers in general nursing, in midwifery and in public-health nursing have too often provided for these three groups separately. One country, with help from WHO, is developing a programme which will have a common basic curriculum for the three groups. It is believed that this method will ensure a better understanding of each type of work and better teamwork in the nursing service, and the progress made will be watched with interest. This method should also be more economical of teaching resources, usually very limited. In two countries one basic curriculum is being used in the training of nursing instructors and of public-health nurses. On completion of their training, the public-health nurses will become supervisors of auxiliary workers in rural areas.

Seminars, conferences and study groups have again been held in many parts of the world. A seminar in Fiji, attended by forty-two participants from twenty countries, stimulated discussion on many features of nursing education and nursing services. Its conclusions will be communicated to national groups and applied to the conditions in their countries. In Europe, a study group on basic nursing curricula, attended by thirteen members from ten countries, focused attention on important new developments in nursing education and the points which must be considered before wider effect can be given to them. A seminar and study group of this kind has an influence that extends beyond the region in which it is held since the method of conducting the discussions has general application and the problems discussed are similar to many of those found elsewhere.

An expert committee composed of psychiatrists and psychiatric nurses (further described on page 18) has discussed the urgent problem of nursing care for mental patients. The Expert Committee considered that psychiatric nurses must give more than custodial care; indeed, that one reason why it is difficult to recruit nurses for mental hospitals is that too often their duties are merely custodial. The Committee, which was assisted by three consultants, outlined the principles that should underlie the training of the psychiatric nurse for such work, the methods of teaching which would be most effective (methods which apply to all nursing education) and the subjects which should be included in training for psychiatric nursing.

In one country WHO is contributing directly to the development of nursing for mental patients by appointing a nurse to a psychiatric hospital to help improve the nursing service and to establish training of psychiatric nurses. Three other countries have asked for similar assistance.

An important part of the assistance given to some countries has been short courses in paediatric nursing, in teaching of auxiliaries, in ward administration and supervision and in public-health nursing. These courses have been given by international and national
staff working in the country on projects assisted by WHO. In one country, help is being given with the training of a group of male "nurse-sanitarians".

Legislation governing the practice of nursing should be developed before a scheme of training is put into operation so that the distinction between the work and responsibilities of the professional nurse and of auxiliaries may be defined and the training appropriate to each laid down. Such a distinction—clearly recognized and understood by all concerned—is necessary for the protection of the patient. In several countries WHO nursing staff have advised on the preparation of such legislation. In other countries they are helping to revise existing legislation and thus assisting in raising the standards of the nursing service.

If planning for nursing services is to be adequate a responsible nurse must be included among the planners. In five countries WHO in 1955 assisted the national health administration to provide such posts. National and international nurses are participating as members of planning committees for co-ordinating national programmes and some planning groups have subcommittees on nursing.

An active professional association which is concerned with the responsibility of its members for providing the service best suited to the health needs of the country is recognized as very desirable. WHO nurses are helping to strengthen national nursing associations in several countries.

Good administrative practices are necessary to ensure the optimum nursing care of patients. Such practices are too often lacking, not only from shortage of staff, but because training in administration has been inadequate. The Expert Committee on Nursing recognized this need and recommended in its third report that WHO should prepare a manual on hospital service administration which should include methods of training for the leadership which is essential for good administration. This manual is being prepared by a person experienced in hospital administration, with the guidance of an advisory committee.

During 1955, thirty-eight nurses and midwives have been added to the WHO staff: at the end of September, 185 were assisting in country programmes.

The Seventh World Health Assembly decided that the subject for the technical discussions at the Ninth World Health Assembly should be "Nurses: Their Education and their Role in Health Programmes". During 1955 a discussion guide was prepared for study by local groups of nurses and other interested professions. The International Council of Nurses and the International Committee of Catholic Nurses—two non-governmental organizations in official relations with WHO—gave valuable assistance in distributing this guide to national nursing associations and representatives.

### Health Education of the Public

In 1955, as in previous years, the principal objective of the Organization's programme of work on health education of the public was to help those responsible for national health programmes to organize health education for the public on sound lines, and to extend the practical use of educational methods in their public-health services. This work has included assistance in the organization and conduct of seminars and conferences and of training courses in health education, the granting of fellowships, the provision of international health educators to work with national health departments, and of short-term consultants to meet special requests.

WHO co-operated with seventeen governments in planning and developing local and national health education work as part of public-health programmes.

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and with twenty-one governments in preparing for national or inter-regional seminars on health education of the public.

In 1955, many programmes were consolidated and the results of previous work became more apparent. The health departments of some countries now employ, in the technical planning and development of health education services, national staff who have received training in public health and health education, either through WHO fellowships or with the help of bilateral agencies. In other countries, national staff so trained have been appointed by the national authorities to public-health institutes to assist in developing training courses in health education for medical and public-health workers, and to provincial or state health services.

In Ceylon both the national health education services and those of a local public-health department serving a large urban area were reorganized on lines recommended by a WHO consultant.

The Organization has continued to help provide training in health education both for professional and for auxiliary health workers. Post-graduate courses were organized in institutes and schools of public health: for example, in India, a specialist provided by WHO has helped to teach health education to students taking diploma courses in maternal and child health, nursing and other branches of public health, and in Mexico and Turkey assistance was given with short intensive training courses in health education for medical officers. The courses included the theory and practice of health education for schools and communities, and the sociological and psychological aspects of health education were emphasized. Co-operation with the United Nations Relief and Works Agency for Palestine Refugees continued. In 1955 twenty health educators completed their theoretical and practical training organized with the help of the WHO consultant (see page 26), whose appointment has been extended for a third year to help establish a health education unit in the Agency's Health Division and to work with the health educator appointed to take charge of the Unit when the WHO consultant leaves. In Libya the WHO health educator has been working principally in schools and among women, six of whom completed a special training course and entered the government health service to help with health education work among women.

One of the main undertakings in health education in 1955 was the inter-regional FAO/WHO Seminar on Nutrition Education and Health Education held in October at Baguio in the Philippines. There were over seventy participants: public-health medical officers, agriculturists, nutritionists, educationists, nurses, health educationists, cultural anthropologists, home economists, social welfare workers and publicists attended from twenty-two Member States in the South-East Asia and Western Pacific Regions. The United Nations, UNESCO, UNICEF and the United States International Co-operation Administration were represented.

Before the seminar, the governmental authorities concerned convened preparatory meetings in most of the participating countries and territories, in collaboration with the WHO Regional Offices for the Western Pacific and South-East Asia, and with FAO. In almost every country representatives from the departments of education, health and agriculture and, in some, representatives from ministries of planning or social affairs, took part in these meetings to help in organizing the seminar programme and deciding the subjects for discussion.

The main subject of the seminar was nutrition education, but many other related subjects were discussed including: investigation of the sociological factors; the most suitable educational methods; training in health education; health education in schools; the organizing and co-ordinating of education in health nutrition, home economics, agriculture and other relevant subjects and various methods for assessing the effectiveness of educational programmes.

The Organization took part in several local and national conferences and training seminars on health education of the public, and questions of health education were considered at three important technical conferences convened by the Organization, on yaws, malaria and environmental sanitation. Assistance was given in one country with a three-week working conference on school health for teaching personnel, jointly sponsored by the departments of health and education. A draft syllabus for health education in schools was prepared at this conference for experimental test, and consideration was given to the practical ways in which education could contribute to the improvement of nutrition, environmental sanitation and the prevention of communicable diseases.
During the year the Organization employed three short-term consultants in health education; one helped to prepare a comprehensive study of a country’s health education work, needs and resources; another prepared abstracts of leading publications on health education for the revised edition of the health education bibliography which is to be published in 1956 in collaboration with UNESCO; the third participated as a staff member in a WHO-sponsored short course on malariology which was mainly concerned with methods of health education and their practical application to field work on malaria.

Collaboration was maintained with the United Nations and specialized agencies in community development and fundamental education and the Organization took part in the ACC Working Group on Community Development, in June. It also took part in the appraisal and review, which started in 1955 and is to be completed in 1956, of the objectives and programmes of the regional fundamental education centres in Egypt and Mexico. This appraisal is made jointly by the United Nations, UNESCO, FAO, ILO and WHO, in collaboration with the governmental authorities concerned. Its purpose is to assess the practical effect of the centre’s training programme on the development programmes of the participating governments, what success it has had in providing professional staff to train workers for rural community development services, and in training specialists of different disciplines in the social and educational approach to their jobs; and the part that ministries or government departments take in selecting students and in placing graduates of the fundamental education centres.

WHO continued to explore with UNESCO the development of simple teaching aids for health education of a kind which would encourage the local production of visual materials for education, suited to local requirements and resources.

WHO has maintained co-operation with the International Union for Health Education of the Public and, in January, the Union was admitted into official relations with the Organization. The Union did preparatory work for the Third International Conference on Health Education of the Public which is to be held in 1956 and WHO was invited to assist in drawing up the conference programme.

Social and Occupational Health

Organization of Medical Care

In its medical care programme the Organization has advised governments on hospital administration and management, on modern hospital construction and design, and on the improvement of specific services in a hospital. During 1955, assistance has been given: to Burma in comprehensive hospital administration; and to various countries in strengthening special departments of hospitals, for example, an x-ray department in Iran, anaesthesiology departments in Ceylon, Jordan and Saudi Arabia, and a blood bank in Saudi Arabia. Advice in hospital construction and administration was given to Turkey. Planning in Israel of medical care services for chronic diseases is being assisted by a WHO short-term consultant.

The emphasis on the incorporation of medical care services in a comprehensive programme for the community has been greatly strengthened by the discussions in the Eighth World Health Assembly and the fifteenth session of the Executive Board on the role of hospitals in public-health programmes. The organizational study to be undertaken by the Executive Board at its seventeenth session will be devoted to programme planning with particular reference to the integration of preventive and curative medicine in the public health programme. A preliminary paper was drafted and circulated to members of the Board for their study and comments.

The English edition of “The Rural Hospital” was published during the year in the Monograph Series.

A short-term consultant was appointed to investigate the costs and financing of medical care services.

Occupational Health

In occupational health, the work of WHO has two objectives: to encourage the interest of national administrations and of the medical profession in

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1 Off. Rec. Wld Hlth Org. 60, 26; 63, 40
HEALTH EDUCATION IN CEYLON

Since 1954, WHO has been assisting the Government of Ceylon with its programme of health education, some features of which are illustrated below.

(1) Bright, painted panels used in a primary school in a small town, to illustrate environmental sanitation.
(2) A team of health educators from Colombo visits a village to inspect farm sanitation and disposal of waste.
(3) A health inspector explains how to store boiled water, to keep it safe.
(4) Health educators check the cleanliness of pupils in a rural school.
(5) At the village well, a health inspector discusses the advantages of drawing the water in a common bucket and keeping it clean, rather than using individual family buckets of doubtful cleanliness.
Since March 1953, WHO and UNICEF have assisted the Institute in Dacca and in developing a tuberculosis control and prevention program. The Institute, located in Dhaka, Bangladesh, is a leading institution for the treatment and control of tuberculosis.

The records and statistical room of the Institute. Staff of the Institute's public-health section distribute milk, vitamin tablets, and soap. A father brings his small son for a tuberculin test. A young patient is prepared for a chest x-ray. Technicians are trained in the Institute's x-ray room. A doctor treats a patient whose lung has been collapsed.
TRAINING INSTITUTE, DACCA, PAKISTAN

Government in setting up the Tuberculosis Control and Training tuberculosis service for East Pakistan.

A clinical case is discussed during a training class for doctors at the Institute.

Preparations for a laryngeal swab and sputum test.

A blood examination in the laboratory of the Institute.

A training class for laboratory technicians.

A lecture during the training course for home visitors.

One of the Institute's home visitors calls on a patient.
This small boy was born in December 1951 and contracted poliomyelitis in December 1952, two years before these photographs were taken. His body and all four limbs were paralysed. A year later there was little improvement and after his prolonged stay in bed he could not sit up or keep his head steady. His mental development was retarded; he could not speak and showed little interest in anything. Modern treatment began in February 1954 under the Government's rehabilitation demonstration and training scheme, started with help from WHO and UNICEF, at Sarafand, near Tel-Aviv where these photographs were taken.

1) When he is bandaged and dressed, doctors and nurses discuss his progress,

2) He is carried to the physiotherapy hall...

3) ...where he does his regular morning exercises to strengthen his weak muscles.

4) The fork must still be put into his hand, but he can now use it on his own.
problems of occupational health; and to assist in training personnel for industrial health services. The report on the development of occupational health services mentioned in the Annual Report for 1954 has been submitted to the members of the Expert Advisory Panel on Occupational Health for comment.

A short-term consultant was sent to the South-East Asia Region to discuss with the Regional Office staff and national health authorities the prospects of an occupational health programme for India and, later, for the Region as a whole.

Collaboration with the ILO on occupational health has continued as before and a training course on this subject, in which ILO participated, was held in Paris.

**Medical Rehabilitation of the Physically Handicapped**

WHO continued to collaborate on rehabilitation with the United Nations, especially with UNICEF, and with non-governmental organizations, such as the International Society for the Welfare of Cripples and the World Veterans Federation. For a project in Indonesia, for example, the World Veterans Federation met the cost of the staff and WHO gave technical advice. Field rehabilitation projects which combine demonstration of methods and training of local personnel continued in India and Israel. The report of a conference on prosthetics held in 1954 has been published in the Technical Report Series. Rehabilitation centres for handicapped children are referred to under maternal and child health.

**Rheumatic Diseases**

In countries where the more acute infectious diseases have largely been brought under control, rheumatic fever and its serious cardiovascular implications become relatively more important as causes of mortality and disability. The increasing use of antibiotics against streptococcal infections gives greater hope for the prevention and control of rheumatic fever and rheumatic heart disease. Arrangements have been made for a meeting on this subject of an expert Committee and there has been close collaboration with the International Children’s Centre.

**Prevention of Traffic Accidents**

Traffic accidents have become in many countries an increasingly important cause of mortality and disability. At the request of the United Nations, WHO convened in 1955 a meeting at Geneva of a consultant group on medical requirements for the licensing of motor vehicle drivers in which the United Nations, ILO and the International Council of Ophthalmology also participated. This group prepared a document for the guidance of medical practitioners in examining applicants for motor-vehicle driving permits. It also discussed and made recommendations, for the guidance of licensing authorities, on methods of determining the mental and physical fitness of applicants for motor-vehicle driving permits.

**Dental Health**

A dental health officer of the US Public Health Service was lent to WHO for six months to assist in planning the Organization’s dental programme.

During this period he visited the regional offices and several countries of which the governments were interested in a dental health programme, to study dental problems and the resources available for organizing dental health services. A dental health consultant was provided by WHO for three governments, at their request.

WHO has continued to work with the Fédération dentaire internationale and was represented by an observer at its 43rd annual meeting.

**Health Work among Palestine Refugees**

The Eighth World Health Assembly, in resolution WHA8.46, extended to 30 June 1960 the 1950 agreement with the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). This resolution followed the decision of the United Nations General Assembly at its ninth session (resolution 818(IX)) to extend the mandate of UNRWA for five years. The Organization has

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3. Full accounts of the health work of UNRWA are given in the annual report of its Health Division, obtainable from its office in Beirut.
accordingly continued to plan and direct UNRWA’s health programme, as described in the Annual Report for 1954,¹ and has provided a full-time medical officer, a malarialogist, a public-health engineer, a health educator and several part-time consultants. The grant of $42 857, which WHO had previously made annually, because of the emergency nature of the early programme, was discontinued.

From 1 July 1954 to 30 June 1955 the total cost to UNRWA of the health care, supplementary feeding, sanitation and camp maintenance programme for refugees was $5 436 392. This covered (1) general health services, personnel, supplies, clinics, institutions ($2 191 557); (2) supplementary feeding and milk ($1 090 800) and (3) environmental sanitation, camp maintenance and new housing ($2 154 035). These figures are about $372 000 over the previous year’s expenditure, owing mainly to expansion of the hospital services—particularly for the treatment of tuberculosis—an improvement in diets provided for in-patients, and the provision of double rations for domiciliary tuberculosis patients. The construction of new huts, and the replacement of pit latrines by septic tank latrines, have added to the costs.

Host governments have again provided hospital, out-patient and laboratory facilities, and have assisted in vaccination and immunization campaigns and in malaria control; voluntary societies have helped in running hospitals, clinics, maternal and child health services, and in organizing various training programmes.

The general health of the refugees remained good throughout the year. None of the quarantinable diseases was reported. The main diseases were again gastro-enteritis, dysentery, trachoma, and conjunctivitis during the hot months, and upper respiratory infections in the rest of the year. The incidence of diphtheria (sixty-seven cases) and of enteric group fevers (909 cases) was less than in the previous year, and there were only minor outbreaks of the infectious diseases of childhood (measles, pertussis, mumps, varicella). Seventy-nine of the eighty-eight cases of tick-borne relapsing fever, and twenty-seven out of the total of thirty-nine cases of poliomyelitis were reported from Jordan.

A high level of immunity has been maintained by prophylactic immunization and has done much to keep down the incidence of disease. During the twelve months covered by this report 257 200 TAB inoculations, 58 000 diphtheria inoculations and 952 000 smallpox vaccinations were performed. The provision of drinking-water supplies has also materially contributed to the prevention of water-borne diseases.

There has also been a marked decline in the reported cases of clinical malaria. In the previous year there were some 29 000 cases; in the year under review 18 000 were reported. In the Gaza district, which has been free from anophelines since their eradication in 1949,² antilarval work has been done to control nuisance mosquitoes. In Lebanon and Syria residual spraying of refugee camps and neighbouring villages has been the usual method adopted. In Jordan the Yarmuk-Jordan antimalaria project, based mainly on a larvicidal campaign and carried out jointly with the Jordan Government under the technical direction of the UNRWA/WHO malarialogist, operates along the whole length of the two river valleys and protects the neighbouring towns and villages.

There has been no change in the calorie value of the basic rations issued to refugees and in order to protect certain vulnerable groups, every effort has been made to ensure that the supplementary feeding and milk distribution programme, designed to protect these groups, covers as many of them as possible. More feeding centres have been opened, more funds been made available to provide more fresh foods for the supplementary diets, double rations have been provided for non-hospitalized tuberculosis patients, and the pregnant and nursing women will in the coming year receive special dry rations. During the year, WHO and FAO nutrition consultants again visited the refugee camps.

The school health service has been in operation for almost one year and now takes an essential part in the control of disease among the school population.

Nine students, who completed a full course of twelve months under the joint UNRWA/WHO health education training project were employed by the Agency as health education workers in the Agency refugee camps. The other eleven students completed their training in November 1955.

The Agency has continued to assist with the training of nurses, by subsidizing nursing training schools and by providing the cost of training nurses in nursing schools attached to universities or private institutions. Students have been sent abroad for basic nursing training and courses of training were given for mental health and tuberculosis nurses, medical orderlies and midwives.

¹ Off. Rec. Wld Hlth Org. 59, 28

² In the Annual Report for 1954 (Off. Rec. Wld Hlth Org. 59, 29) this date was in error given as 1947.
Sixty-one fellowships in medicine, seven in pharmacy, four in veterinary medicine and one each in dentistry, sanitation, public health education and hospital administration are at present held by refugees at universities in Egypt, Lebanon and Syria.

Ninety UNRWA clinics continue to serve the refugees and a special dental centre has been opened in Gaza. The number of hospital beds has been increased and 2300 are now available. This increase has been due to the opening in Jordan of a 100-bed tuberculosis hospital, and an increased number of tuberculosis beds in other areas. The numbers of refugees per available hospital bed in Lebanon, Gaza, Jordan and Syria are now 295, 302, 424 and 436 respectively.

In the sanitation and camp maintenance programme the replacement of pit and borehole latrines by septic latrine units has continued and more shelters have been constructed, especially in Gaza. Attention has been given to the provision of adequate sanitation facilities in the many Agency schools outside the camps.

Of the total registered refugee population of 902,000, 40 per cent. now live in Agency camps, an increase of 3 per cent. The others are accommodated in villages and towns.

The personnel of the Health Division at the end of June 1955 numbered 3050. Of these, nineteen were international employees, and the others local employees, mainly Palestine refugees.
CHAPTER 3

ENVIRONMENTAL SANITATION

The Seventh World Health Assembly in resolution WHA7.53 and the Executive Board at its fourteenth session called for a stimulation of work on environmental sanitation. Acting on these resolutions, the Director-General submitted to the fifteenth session of the Board a report in which he analysed the reasons why few requests for assistance in environmental sanitation had been received from Member States, suggested some remedies and outlined the types of assistance that the Organization could give. The Executive Board, in resolution EB15.R19, recommended that due attention should be given to the principles and recommendations contained in that report and requested the Director-General to draw the attention of Member States to the necessity, particularly in developing countries, of giving priority to both short- and long-term planning in environmental sanitation in their annual programmes and budgets in public health.

One of the recommendations made in the Director-General's report to the Board was that seminars and symposia on sanitation should be held in order to stimulate governments to undertake programmes of sanitation. During 1955 WHO, in cooperation with the Governments of Ceylon and Nigeria, organized two such seminars, which were attended by key officials and representatives of most Member States in the South-East Asia and African Regions, and a similar seminar was held in Puerto Rico.

The Organization's training programme for sanitation personnel and other auxiliaries, mentioned in the Annual Reports for 1953 and 1954, has further expanded since the Executive Board's resolution; the number of training projects in operation at the end of 1955 had substantially increased—an indication of the importance now given to this work. Training courses for sanitary engineers and sanitary inspectors in Brazil, Chile, Ethiopia and Mexico were continued and new projects were started in Afghanistan, Egypt, India and Libya. Training in sanitation has also formed an important part of several other public-health projects, such as those on public-health administration in operation in Ethiopia and the Seychelles, and certain projects in maternal and child health, bilharziasis, insect control and general training projects for health staff generally. Instructors were recruited to train sanitary engineers in Israel and sanitarians in Nepal. Fellowships have been granted for advanced study in sanitation.

Following the recommendations contained in the Third Report of the Expert Committee on Environmental Sanitation and the technical discussions on public-health problems in rural areas at the Seventh and Eighth World Health Assemblies, the Organization has devoted special attention to the improvement of rural sanitation—again in co-operation with UNICEF. The two organizations have collaborated during the year in initiating new rural sanitation projects in Burma and Ceylon and several rural health, maternal and child health and school health projects in which rural sanitation is important, such as those in Afghanistan, Greece, Honduras and Paraguay. An important and extensive rural sanitation scheme is being undertaken by the Government of India with the assistance of the United States International Co-operation Administration and technical advice and participation from WHO.

Work on the preparation and publication of manuals of rural sanitation has been further advanced: a manual for the Monograph Series, on the composting of organic wastes for sanitary disposal and reclamation, was in an advanced stage of preparation at the end of the year, and two other drafts, on water supply for rural communities, and on excreta disposal for rural areas and small communities, were sent to experts from several countries for their comments. These publications are to help governments to solve their rural sanitation problems and to benefit those, the majority of the world's population, who live in small towns and villages, or in isolated homes, often without adequate and safe water supply and facilities for disposing of waste.

Much ill-health and suffering is attributable to the

\[1\text{ Wild Hlth Org. techn. Rep. Ser. 1954, 77} \]
consumption of infected or contaminated food. The fourth session of the Expert Committee on Environmental Sanitation met at Geneva in July to consider the importance of food hygiene in the protection of health, and technical and administrative measures for improving food sanitation and sanitary food handling, and to advise the Organization on the best methods of helping governments to initiate and develop sound food hygiene programmes as part of their public-health services. Much assistance was given by members of the Expert Advisory Panel on Environmental Sanitation and other food control specialists, who presented papers or gave information by correspondence on various points.

WHO continued to work in collaboration with FAO and UNICEF on milk sanitation. The secretariat FAO/WHO/UNICEF inter-agency working group on milk and milk products met three times during the year to discuss problems related to milk hygiene and the relevant legislation, the stimulation of milk consumption, nutrition research on milk and joint country milk surveys. The use of milk and milk products requires special consideration in programmes of maternal and child health and those for the protection of other vulnerable groups. Perhaps the most significant development with regard to milk quality control and its relationship to public health was the request made by nine countries in the regions for the Americas, Europe, the Eastern Mediterranean and South-East Asia for inter-agency surveys on the production, processing and distribution of milk.

During the year, WHO completed the world-wide survey started in 1953 in preparation for the establishment of international standards of water quality and standard methods of water examination. The data collected were sent to regional groups of experts for discussion. European experts held their second meeting in July and the Eastern Mediterranean regional group met in November. An international study group is scheduled to meet at Headquarters early in 1956 to consider the recommendations of the regional experts and to advise the Organization on the drafting and publication of such standards.

In response to many requests, WHO has undertaken to collect similar information on the fluoridation of water in Member countries.

WHO’s work on vector control has been intensified during the year because of the expansion of programmes for the control of vector-borne diseases, the increasing significance of the resistance of insects to pesticides and the greater use of toxic substances in health programmes. Special attention has been given to the development of improved types of spraying and dusting equipment and to measures which might be adopted for the protection of workers applying pesticides. In particular, the Expert Committee on Insecticides, at its sixth session in October, recommended specifications for equipment and procedures for its use. Work has also been done to discover more effective methods of disinsecting aircraft and to design special equipment for applying substances used in the control of the vectors of onchocerciasis, bilharziasis and filariasis. The survey on the susceptibility of lice to insecticides was extended during the year and covered over seventy countries. The results so far received are very encouraging and suggest that epidemic typhus fever can in all instances be successfully controlled by insecticides; but investigations are being made to ascertain whether the continued routine use of insecticides for louse control may lead to an increasing degree of resistance. If this proves to be the case, it will probably call for urgent action, as with malaria, to achieve control of typhus fever before resistance impairs the efficacy of insecticides.

Studies were undertaken to find simple test methods for determining in the field the susceptibility of fleas, flies and other insects to pesticides. During the year, a start was made to collect information on the work on insect resistance that is being done in major laboratories, with a view to planning a world-wide co-ordinated programme of research and surveillance. In collaboration with ILO and FAO, the Organization continued a study on the dangers to human health that arise from the widespread use of toxic pesticides. The information gathered will be considered in 1956 by a study group in which the three organizations will co-operate. WHO took an active part in a meeting called in May by FAO in Athens to discuss the toxicological problems involved in the control by parathion of the olive-fly pest in the Mediterranean area. Assistance in tse-tse fly control was given to Bechuanaland. In collaboration with the Istituto Superiore di Sanità in Rome, training courses on the control of insect vectors of disease were organized in May and June for countries in Europe, North Africa and the Eastern Mediterranean.

A guide on the Hygiene and Sanitation of Airports prepared in collaboration with the International Civil Aviation Organization (ICAO) was nearly completed. With the assistance of a short-term
consultant and of members of the WHO Expert Advisory Panel on Environmental Sanitation and of the Committee on International Quarantine, a draft has been prepared and submitted to the ICAO secretariat, WHO regional offices and experts in different countries, for review and comment.

WHO has also worked closely with the United Nations and took part in meetings organized by the Administrative Committee on Co-ordination and the Economic and Social Council on community development and utilization of water resources; for the second of these meetings WHO submitted a working paper.

Another problem of environmental control which is of growing significance to public health is the disposal of wastes containing radioactive elements. The need for action is urgent because of the rapid development in many countries of industrial operations for the peaceful use of nuclear energy.

A training course for health physicists on the health aspects of the various applications of nuclear science, sponsored by WHO in collaboration with the Government of Sweden is described in Chapter 5.
CHAPTER 4

EDUCATION AND TRAINING

The Organization's programme in education and training in 1955 followed the general outline recommended by the Executive Board and Health Assembly in the special study made by them in 1953.1 Training activities in 1955 developed further at various levels, ranging from sub-professional to post-graduate, and have comprised assistance to training and educational institutions, fellowships for study abroad, and sponsoring or participating in international courses and seminars. More detailed information on these activities is given later in this chapter, in Part II, and in the project list in Part IV.

Efforts were made to increase the effectiveness of the assistance given in education and training and to direct it more precisely to the particular purpose in view. Detailed studies, for example, of teaching institutions (such as the medical schools in Afghanistan and in the Philippines) have led to recommendations for their development; fellowship evaluation has indicated how the selection and planning of fellowships could be further improved and could better assist national health programmes.

The WHO training programme since its inception has emphasized the social and preventive aspects of medicine in the same way as the policy of the Economic and Social Council has been to direct various types of activity toward social progress and community development. This emphasis was continued in 1955; in October, for example, the South American seminar on the teaching of preventive medicine was held in Chile and was attended by deans and professors from thirty-five schools in southern America. A study on the same subject, as taught in European schools, was prepared from the discussions at a similar meeting that was held in Nancy in 1952. WHO also, to assist in strengthening the teaching of preventive and social medicine, participated in a number of countries in planning, in appointing teachers, or in establishing teaching departments.

Means of raising the standard of general medical education again received much attention. For example, in South-East Asia, the studies of medical education were continued; and in Egypt the visit of a team of medical scientists provided the opportunity for a three-day session on medical education. In India, a national conference on medical education was convened by the Government, the first of a series of meetings to be held following a recommendation of the WHO Regional Committee in 1954.

Assistance in post-graduate training was given to schools of public health, or to particular courses, in a number of countries. Co-operation between the Latin-American schools of public health was encouraged by a long-term programme of exchange visits of teachers and students.

During 1955, sixty-nine WHO teachers and advisers were appointed to twenty-five schools of nursing to help with training of various kinds. This work, and the help given with the training of health educators, are described in detail in Chapter 2 under Nursing and Health Education of the Public respectively. Courses for sanitary engineers and the training of auxiliary sanitary personnel are described in Chapter 3.

The Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel devoted its third meeting held in October 1955 exclusively to a review of the Organization's experience in the training of auxiliary health personnel, and worked out a set of basic recommendations as to programmes, conditions and methods for such training.

1 Off. Rec. Wld Hith Org. 46, 131
Several schemes for training different types of auxiliary worker were assisted by WHO in 1955, such as those in South-East Asia and Africa for training health assistants, and schemes for training auxiliary nurses in many countries in other regions. There was also close co-operation in this work with the Social Commission of the Economic and Social Council. Health training for community workers, including multi-purpose workers, was studied jointly with the United Nations and other agencies concerned.

The educational programme of the Organization depends on, and has received, the co-operation of teachers, scientists and institutions throughout the world. For example, the training given to 1100 WHO fellows required the co-operation of 577 institutions in 42 countries; and over 400 medical teachers have supplied data on medical education.

WHO maintained its collaboration with the United Nations Social Affairs services, UNESCO, the Council for International Organizations of Medical Sciences, the Fédération dentaire internationale, the International Association of Universities, the World Medical Association, international groups in individual medical specialties and other bodies. Consultations were continued with the Rockefeller Foundation on programmes of joint interest, such as the working conference in India on the teaching of preventive medicine, and with the United States International Co-operation Administration on methods of assisting governments with training programmes; at the meeting of chiefs of health missions, convened by the International Co-operation Administration at New Delhi in February, a WHO staff member was chairman of the panel on education.

The Fellowships Programme

The Organization's policies and procedures for fellowships have been steadily developed since 1947. In the year under review particular attention was given to removing some of the difficulties encountered in the fellowships programme and eliminating the weaknesses observed.

One of the aims is to improve the planning of fellowships as an essential part of a programme of assistance for a specific purpose. This helps greatly to ensure that proper use is made of the fellow on his return. Another important point is the good selection of candidates; technical qualifications for advanced studies abroad, personality and knowledge of the language in which teaching is given are all very important for a successful fellowship. A third point—simpler than the others but important to the smooth running of the fellowships programme—is to secure the early transmittal of properly completed application forms, with the necessary supporting documents.

Close co-operation has been maintained between all the United Nations agencies dealing with fellowships. A fifth meeting of the Technical Working Group on Fellowships, which is a subsidiary of the Administrative Committee on Co-ordination and of the Technical Assistance Board, was held early in 1955. There was further discussion of experience, a review and appraisal of fellowships, and further agreement on common policies and procedures, so that they are now basically the same for all the agencies. Agreement was also reached on certain general principles and procedures for drawing up a common scale of stipends.

The review and appraisal of their fellowships programme prepared by the specialized agencies for the report required by the Technical Assistance Committee was of a general and preliminary character. WHO has contributed from its experience since 1953, when an attempt at evaluation was first made. Since then the technique has been improved but, until the practice of evaluation is fully effective, it is considered advisable to supplement the individual follow-up and utilization reports on fellowships by interviews with former fellows in the countries where they are now at work. This method offers the further advantage of providing an opportunity to discuss the work and utilization of former fellows with the national health administrations concerned, and so clarify some of the problems that have been encountered. During 1955 three at least of the six regional offices have made smaller evaluation studies of their own (the study made in the European Region is described in greater detail on page 85). Such studies are particularly valuable in that they call attention to aspects in the implementation of the fellowships programme that could be improved.

The following figures give a summary of fellowships awarded in 1955 (to 30 November). They do not include "participants" who attended educa-
tional meetings at which there was no formal differentiation between teachers and students, or those who received help with maintenance and travel costs to attend courses organized in their own country with the help of WHO.

To 30 November 1955, 939 fellowships were awarded (including 103 fellowships awarded in December 1954 and not included in the Annual Report for that year) to nationals of 108 countries and territories. Of these 667 (or 71 per cent.) were for studies in the region of origin. Three hundred and eleven fellowships (about 33 per cent.) were in connexion with group training programmes organized by WHO or with its assistance.

The chief subjects of study were control of communicable diseases (28 per cent.); sanitation (13 per cent.); public-health administration (12 per cent.); nursing (8 per cent.); maternal and child health (8 per cent.); other specialized health services (20 per cent.). The remaining 11 per cent. were for studies in basic medical sciences, medical education and various aspects of clinical medicine.

Exchange of Scientific Information

The exchange of scientific information continued in 1955 along the same lines as in former years. There are a number of specific projects whose main purpose is to increase the available body of knowledge, but these account for only a fraction of the scientific information regularly collected and exchanged in other programme activities of the Organization. A material part of the work of exchanging scientific information aims at improving the standards of academic teaching staffs in order to raise the level of medical education and it is primarily from this point of view that the exchange of scientific information as a function is dealt with here.

The study, mentioned in the Annual Report for 1954, on medical education in South-East Asia continued. The first part of the study—general considerations—was discussed at the seventh session of the Regional Committee, which requested the Regional Director to encourage national study groups and conferences to consider the recommendations in the study at an early date. The second and third parts deal respectively with Burma and Indonesia and study groups met in those countries in 1955 to review those parts and to consider future action. The first national conference on medical education in the Region was held in November at New Delhi and an analysis of the training that would be required to meet India's problems of medical manpower was presented to the meeting. The Organization took part in this conference and in some of the preparatory discussions. The fourth part of the study, dealing with India, was in preparation at the end of 1955. Many copies of all parts of the study were sent in response to requests from medical educators, interested medical educational institutions and foundations, and to government agencies in several countries. The first part, for instance, was used as a main working paper on training and education at the meeting of chiefs of health missions convened by the United States International Co-operation Administration at New Delhi in February 1955.

The work of the various visiting teams of medical scientists and the subsequent study on medical education in South-East Asia, focused attention on the problem of how the preventive aspect of medicine could be emphasized in preclinical undergraduate teaching. An exchange of ideas among medical educators and scientists from sixteen countries led to a closer exploration of what was generally recognized to be a very difficult problem.

Preparations are also being made to assemble the material necessary for a study group to investigate the question of public-health training of practising physicians and to make specific recommendations. This matter is considered to be specially important in countries where many of the medical officers have not had any formal training in public health.

A visiting team of medical scientists, comprising medical educators of six countries, spent four weeks at the three medical schools of Egypt in December. The team was specially organized to assist the Government in adjusting medical education in Egypt so as to take more account of the preventive and social features of medical practice. It demonstrated how these features could be given more emphasis in undergraduate teaching and, at the end of its teaching work, took part in a three-day conference on medical education with all the national authorities concerned. It is expected that this and future similar visits will lead to the preparation of an analytical study on medical education in the Eastern Mediterranean Region, similar to that for the South-East Asia Region mentioned above.
Two projects initiated in 1954 under the scheme for exchanging research workers have been completed. The investigation by the Institut Pasteur in Tunis of the reservoir of relapsing-fever spirochetes in Ethiopia yielded positive results (see Chapter 1, page 14), and a report has been submitted on the exchange of information about African primary cancer of the liver between research workers of the Institut des Hautes Études de Dakar and of the Witwatersrand University of Johannesburg. Action to follow up this work is being considered.

**Assistance to Educational Institutions**

The programme of assistance to educational institutions has been concentrated on the provision of teaching personnel for medical colleges, schools of public health and institutes for the training of auxiliary personnel. An idea of the expansion of this programme is given by the number of months in successive years for which teaching staff have been provided for such schools and institutes: 1952—54; 1953—175; 1954—277; 1955—285.

In each such assignment the objectives (in addition to direct teaching of students) were: (1) to establish a curriculum; (2) to acquire and organize teaching material (laboratory, clinical, etc.); (3) to ensure collaboration with other teaching departments; and (4) to train an understudy. The importance of the last point is to ensure a permanent result from assistance given, and on that rests the true value of the project. Two years has arbitrarily been taken as the normal time required for this task, but the period naturally varies considerably from place to place.

It is important that an institute receiving assistance should be helped to develop in the way best suited to its own social environment and culture and should not be closely modelled on the structure and functions of institutes catering for different conditions in other parts of the world. The Organization is therefore encouraging the use of preliminary surveys and long-term planning so that each institution may develop in its own context and each country determine its own needs in relation to its own resources. Two such surveys were made in 1955 in Afghanistan and the Philippines and several others are expected in the near future.

In the same way, medical education suitable for one country may be completely inapplicable in others. A different kind of health worker may be needed in economically under-developed countries, and the Third Report of the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel—which deals with the training of auxiliaries—has emphasized that the manner of rendering health service varies according to the particular phase of social and economic development, and that consequently the duties—and training—of health workers must be related to the needs of the communities they are to serve.

The Organization has undertaken to compile descriptions of medical education in eighty-three countries, i.e. all those in which there is at least one medical school. These descriptions have been commented on and criticized by leading medical educators and are now being prepared for publication in the second edition of the *World Directory of Medical Schools*. For each country the narrative statement is followed by a list of the institutions, with date of foundation, the total number of students at the date of the return, the yearly number of admissions and of graduates, and the number of teachers. The International Association of Universities has co-operated in the collection of these data. In addition to its value as a reference work, this volume will help to spread a general understanding of the differences between systems of medical education in different countries. A similar publication with respect to dental schools is being prepared, with the collaboration of the Fédération dentaire internationale.

Mention was made in the Annual Report for 1954 of WHO's collaboration with UNESCO in the publication of inventories of apparatus and materials to assist the teaching in medical schools of anatomy, bacteriology, biochemistry, histology, hygiene (preventive medicine), pathology, pharmacology and physiology. The English edition was delayed and was published early in 1955. The French edition appeared later in the year. This publication also contains observations on trends in the teaching of these subjects.
CHAPTER 5

PEACEFUL USES OF ATOMIC ENERGY

In the introduction to the Annual Report for 1954, reference was made to the decision of the United Nations General Assembly to invite WHO to participate in an international conference on the peaceful uses of atomic energy.

With the help of a group of consultants who met late in 1954, the Director-General prepared plans for consideration by the Executive Board at its fifteenth session and by the Eighth World Health Assembly. He also submitted to the Secretary-General of the United Nations a preliminary note on the general problem of atomic energy in relation to medicine and public health and the part that WHO was prepared to take in international action to develop and expand "the peaceful uses of atomic energy to assist in lifting the burdens of poverty, hunger and disease." This preliminary note was appended to the report by the Director-General to the Executive Board. The Board (in resolution EB15.R21) welcomed the invitation issued by the General Assembly, endorsed the preliminary action taken by the Director-General and authorized him to proceed further and to report to the Eighth World Health Assembly. The Executive Board also approved, for submission to the Eighth World Health Assembly, a second general programme of work—for the period 1957-60—which, under the heading, "Possibilities of new knowledge and its application to health," contains the following reference to the peaceful uses of atomic energy:

"It is the responsibility of WHO, as one of its fundamental functions, "to collate and extend knowledge on the theory and practice of health work with a view to its international application."

In the second specific period, the Organization will in the same way keep pace with the current scientific developments which no doubt will profoundly affect its programme. The outstanding example is nuclear fission, and WHO must explore its potentialities in health work. Radioactive isotopes are coming into use in many countries and a wide new field seems to be opening. New discoveries that have been reported affect laboratory procedures, diagnosis and treatment, and many of the older methods of research are being revised and refined. The total effect on the methods and possibilities of health work cannot be predicted, but enough is already known to justify WHO in including among its objectives a careful and eager exploration of the possibilities of these new developments, and the adaptation of its programme to take advantage of them.

Such activities will be undertaken in collaboration with the United Nations and the agencies interested.

As the Organization's activities in the field of atomic energy require highly specialized knowledge and experience, the Director-General, under the authorization given by the Executive Board (in resolution EB15.R21), appointed a specialist to advise him and to assist in drawing up a programme of future work. He also made provision to recruit short-term consultants for the study of specialized subjects.

In the meantime, the General Assembly of the United Nations had organized a small committee of representatives of seven countries to advise the Secretary-General and be responsible for the preparations for the international conference. This advisory committee met for the first time in January 1955 and to that meeting the Secretary-General referred the Director-General's preliminary note, which was presented to the committee in an oral statement by a representative of WHO. The Advisory Committee included practically all WHO's suggestions in that part of the agenda for the Conference which dealt with biological and medical problems.

In order to determine more exactly the nature and extent of WHO's part in the Conference, discussions were held with the Secretary-General of the Conference and among the specialized agencies concerned.

The Director-General's report to the Eighth World Health Assembly dealt principally with

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1 Off. Rec. Wld Hlth Org. 50, 61
2 Off. Rec. Wld Hlth Org. 60, 73
3 Off. Rec. Wld Hlth Org. 63, 449
preparatory measures for the Conference and the steps taken with regard to WHO's future programme in the field of atomic energy. Under the first heading, it referred to the conclusion, reached in discussions with the United Nations and specialized agencies, that WHO's contribution to the Conference should be limited to points of international interest which could not be dealt with by individual governments. The Health Assembly, in resolution WHA8.34, approved the action taken by the Director-General and the proposals in his report and requested him to report on further developments to the Executive Board and to the Ninth World Health Assembly.

The International Conference on the Peaceful Uses of Atomic Energy—an intergovernmental conference to which all the Member States of the United Nations and of the specialized agencies, and also the specialized agencies themselves, were invited—was held in Geneva, from 8 to 20 August 1955. Member States had been invited to send as their representatives specialists in the peaceful uses of atomic energy, so that the Conference should be both intergovernmental and scientific. Papers were submitted by participating governments and by specialized agencies. WHO presented two papers, one on the general problems of protection against radiations from the public-health point of view and the other on education and training in health and medical uses of atomic energy. The first of the papers was presented to the Conference in general session. WHO also prepared a compendium of national legislative texts and regulations on protection against radiations. This work had already been put in hand in response to resolution EB13.R54 of the thirteenth session of the Board, following a suggestion from the Government of Austria that a study should be made of regulations for the protection of workers and the public against roentgen and isotopic radiations. The compendium was not submitted as a formal paper, but was placed at the disposal of those attending the conference. It is hoped to bring it up to date and make it comprehensive.

By the close of the Conference it had been made clear that there were two broad fields in which WHO was primarily and immediately interested and that their study, although the subject was new, could, in its initial stages at least, be made by methods in which WHO was experienced: firstly, to establish by research the nature and incidence of a hazard to health and, secondly, to train suitable personnel both in the uses of radio-isotopes for diagnosis and treatment and in the methods of protecting the public health from these dangers.

It would, for example, be necessary to analyse and condense scientific material presented by experts in various countries on problems of protection and on the use of radio-isotopes. This falls naturally and completely within the constitutional functions of WHO in connexion with the collection and diffusion of scientific and technical information. More thorough study by groups of experts would be required of subjects within the broad categories covered by the papers presented to the Conference. Again, there is a considerable need for more standardization in the health aspects of atomic energy—work which is comparable with other work done by WHO in achieving agreement on international standards.

The Secretary-General of the United Nations reported to the General Assembly the results of the Conference and the First Committee of the Assembly adopted draft resolutions for the General Assembly which, inter alia, (1) recommended that another similar international conference should be held in two or three years' time, (2) decided to continue the Advisory Committee that was set up to make arrangements for the first Conference, (3) noted with satisfaction the progress made towards establishing an international atomic energy agency and (4) established a scientific committee, of representatives of fifteen governments, to co-ordinate and distribute information about the effects of ionizing radiation upon man and his environment. These resolutions have since been unanimously adopted by the General Assembly.

The Administrative Committee on Co-ordination set up a sub-committee to deal with questions arising for the specialized agencies and the United Nations in the field of atomic energy and it is proposed that the Secretary-General, as Chairman of this ACC Atomic Sub-Committee, should serve as intermediary between the proposed scientific committee and the United Nations system of organizations. Papers or other communications from the specialized agencies may be presented to the scientific committee either through the ACC Atomic Sub-Committee, or, if it appears desirable, direct to the scientific committee.

Towards the end of 1955, WHO prepared a working paper for the ACC Atomic Sub-Committee in which were set out the experience of WHO in methods of work similar to those which would be required on questions within the scope of the Sub-Committee and a suggested programme of work which WHO would propose to undertake. The main heads of this programme are:

1. Training for three distinct categories of workers: (a) specialists for protection work in atomic energy laboratories or plants (normally
either physicians or "health physicists");
(b) public-health administrators, who would parti-
cularly be interested in such questions as the
disposal of radioactive waste and the siting of
reactors and (c) medical users of radio-isotopes.

2. The collection and distribution of information
on the medical problems of atomic energy and on
the medical uses of radio-isotopes.

3. The health problems involved in the control
of the location of reactors and in the disposal of
radioactive waste from factories, laboratories and
hospitals.

4. Standardization of radiation units and of
methods of describing radiation doses; the
adoption of codes of practice such as the recom-
mendations of the International Commission on
Radiological Protection; pharmaceutical standards
of methods of preparation of radio-isotopes for
medical use and of their specific activities.

5. Stimulation and co-ordination of research
work on the health aspects of radiation, including
the study of the effects of radiation on human
heredity. There would also be problems connected
with research into disease induced by radiation
or the excessive absorption of radio-isotopes into
the human body.

The working paper suggested also that WHO would
collaborate with other specialized agencies; with
ILO, for example, on protection against radiation
inside factories, with FAO on the sterilization of
food by radiation and the effect of radioactive
effluents on food crops, and with UNESCO on
animal radiation genetics and regulations for the
transport of isotopes.

In November, WHO, in collaboration with the
Government of Sweden and the Atomic Energy
Commission of the United States of America,
sponsored the first international training course for
health physicists. It was attended by physicists and
physicians specializing in radiation work who came
from ten countries of Europe; it covered such
questions as the general principles of health physics,
 supervision at reactors and radio-chemical labora-
tories, measuring and monitoring radiations, pre-
cautions in factories and laboratory design and
methods of waste disposal.

During the year WHO has collaborated with the
International Commission on Radiological Units
and the International Commission on Radiological
Protection, and both these organizations have
applied for admission to official relationship with
WHO.
CHAPTER 6

SERVICES IN EPIDEMIOLOGY AND HEALTH STATISTICS

International Quarantine

The Third Year of the International Sanitary Regulations

The third year of operation of the International Sanitary Regulations ended on 1 October 1955. During that year several States accepted, on behalf of their overseas territories, the Regulations, which have now become the health charter of international travel throughout the greater part of the world. (The map on page 40 and its accompanying table show the States and territories which had accepted the Regulations by 31 December 1955.)

Difficulties in applying the Regulations and in their interpretation have frequently arisen and have necessitated considerable correspondence between the interested health administrations and the Organization. Some countries still continue to collect unauthorized sanitary dues; others still request documents—such as bills of health—which, under the Regulations, are no longer required. Delay in notifying quarantinable diseases is still common—in many cases owing to lack of adequate statistical reporting in some countries. The fact remains that most countries do apply the International Sanitary Regulations. Each time that an infringement of the International Sanitary Regulations is brought to the notice of the Organization, steps are taken to indicate to the States concerned the need to bring their requirements and measures into line with the Regulations.

The WHO Secretariat’s interpretations of the International Sanitary Regulations are readily accepted. Only one dispute was not settled and will have to be referred to the Committee on International Quarantine.

Revision of the Yellow-Fever Clauses of the International Sanitary Regulations

One of the most difficult tasks carried out by the Organization in the course of the year was the amendment of the provisions of the Regulations relating to yellow fever. After examining the proposals of the Committee on International Quarantine on the subject, and others presented by the delegations of several Member States, the Eighth World Health Assembly adopted, on 26 May 1955, Additional Regulations amending some of the yellow-fever clauses of the International Sanitary Regulations. The amendments will enter into force on 1 October 1956.

The discussions at the Eighth World Health Assembly again showed differences of view between countries where yellow fever exists and others free from the disease but highly receptive to it. Several of the latter group gave notice of their intention to make reservations to the Additional Regulations. These will be considered by the Committee on International Quarantine at its third session, which has been postponed until March 1956 in order to allow for the constitutional period of nine months for rejections of the Additional Regulations or reservations to them. The Ninth World Health Assembly, when making its pronouncements on the reservations, will thus have before it the recommendations of the Committee on International Quarantine.

Other Quarantine Studies

Several inquiries and studies on quarantine matters have been undertaken. They include: vaccination against yellow fever and cholera of infants less than one year old; sanitary protection of international mass pilgrim movements; responsibility for accidents occurring during deratting operations; rodent infestation of ships; preparation of a manual on hygiene and sanitation of airports; responsibilities involved in the international control of yellow-fever vaccines.
Epidemiological Intelligence

The collection and analysis of epidemiological information and its distribution to health administrations remain one of the major tasks of the Organization. Efforts have been made to issue more quickly and with greater regularity notifications of cases of quarantinable diseases and the various routine epidemiological reports required under the Regulations; but the situation will not be satisfactory until notifications of the occurrence or absence of quarantinable disease reach the Organization within the time-limits prescribed in the Regulations. Only then can quarantine measures be imposed and withdrawn in full conformity with the Regulations, since this cannot be done unless all health administrations have complete confidence in the notifications of quarantinable diseases made to the Organization.

The information received by the Organization is transmitted without delay to health administrations by radio bulletins and printed weekly reports. Efforts to improve the service have continued. Tariffs of sanitary charges were, for the first time, the subject of a supplement to the Weekly Epidemiological Record.

The Weekly Fasciculus published by the Epidemiological Intelligence Station in Singapore since 1925, when the station was established, was replaced in 1955 by the Weekly Epidemiological Report—an improved and simplified production. Use of CODEPID increased during 1955, a number of administrations adopting it for internal as well as international communications. The map supplement to CODEPID was printed and distributed to health administrations which already have the code.

Health Statistics

Epidemiological and Statistical Publications

Current vital statistics and the recent data on the main communicable diseases have again been published in the monthly Epidemiological and Vital Statistics Report. Retrospective data, going back in some cases to the beginning of the century, were issued on plague, smallpox, tetanus, dysentery, and enteric fevers. In addition, specially collected data were issued on certain causes of death, including tuberculosis of the respiratory system, multiple myeloma, Hodgkin's disease, leukaemia, epilepsy, Parkinson's disease, malignant neoplasms of the respiratory system, and diabetes.

To provide background information for the Study Group on Atherosclerosis which met early in November, one complete issue of the Epidemiological and Vital Statistics Report was devoted exclusively to deaths from vascular lesions affecting the central nervous system, and from diseases of the circulatory system.

The 1952 volume of Annual Epidemiological and Vital Statistics was published early in May—earlier than in previous years. It contains tables on population by age and sex for countries where such information is available, on vital statistics, and deaths by age, sex, and by cause according to the International Abbreviated List, for thirty-three countries. Mortality by cause is also given for children under five, for tuberculosis, and for cancer according to site.

A section on communicable diseases gives the seasonal distribution of reported cases and deaths, together with a list of diseases notifiable in the various countries.

As in previous years, a special stencilled document containing the latest available statistics on medical personnel, hospital facilities, and immunizations against certain communicable diseases was distributed to interested agencies.

Epidemiological and Statistical Studies

In addition to the statistical material collected by the Organization and published, without text, for use and interpretation by outside epidemiologists and statisticians, a number of epidemiological studies have been published on poliomyelitis, trachoma, cholera, population developments in connexion with public health in the Far East, infant mortality and health indices. In connexion with health indices, WHO participated in studies initiated by the United Nations on the international definition and measurement of standards and levels of living, and by the International Labour Organisation on family living studies. An objective assessment was made of existing indicators, and the proportional mortality above the age of fifty added to them for international comparisons.

The United Nations Population Commission at its eighth session in March 1955 noted with satisfaction
The map gives a general picture of the position of States and territories with regard to the International Sanitary Regulations as at 31 December 1955. 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.
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1 A decision is awaited pending the completion of constitutional procedures.
the completion of the studies on foetal and infant mortality which had just been published and expressed its appreciation of WHO's co-operation in this work.

Representatives of WHO took part in the work of three conferences in Brazil at which international aspects of vital and health statistics were discussed: the first session of the Committee on Statistical Education; the Third Inter-American Statistical Conference and the XXIX session of the International Statistical Institute.

WHO also collaborated with the United Nations by contributing some studies on vital and health statistics to two regional seminars on population problems—one for Asia and the Far East, the other for Latin America.

Mortality and Morbidity Statistics

A Latin Index of the Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death was issued for the benefit of those countries in Central and Northern Europe which commonly use Latin terminology in the description of disease. It is hoped that such a document will help to develop uniformity in the different Latin terminologies which have gradually developed in some countries.

The International Conference for the Seventh Decennial Revision of the International Lists of Diseases and Causes of Death was convened in Paris in February 1955 and was attended by delegations from twenty-three Member States and one Associate Member. It discussed proposals for revising the existing International Statistical Classification of Diseases on the basis of suggestions from governments and studies by the WHO Expert Committee on Health Statistics. The Conference felt that the Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death was generally satisfactory but could be perfected in detail and that attention should be concentrated on methods for obtaining information on causes of death and illness in areas with limited medical and health facilities. The Conference's report, containing recommendations on ways of obtaining such information and minor changes in the Classification for which a fresh edition of the Manual is being prepared, will be submitted to the Ninth World Health Assembly. Draft Additional Regulations amending WHO Regulations No. 1 (1948) regarding Nomenclature with respect to Diseases and Causes of Death have been submitted for the consideration of national administrations; these additional Regulations are intended to facilitate the publication of health statistics in countries where medical and statistical development is not everywhere complete.

The Latin-American Centre for the Classification of Disease was established in Caracas in June 1955 by the Venezuelan Government with the same objective. In countries with highly developed statistical services, the WHO Centre for the Classification of Disease, established in conjunction with the General Register Office of England and Wales, has continued to deal with difficulties arising in the application of the Manual.

National Committees on Vital and Health Statistics

Progress in the quality of health statistics has continued through collaboration with national committees on vital and health statistics. The national committees set up in accordance with the recommendations of the International Conference for the Sixth Decennial Revision of the International Lists of Diseases and Causes of Death, 1948, and of the First World Health Assembly, have continued to co-ordinate the work of the various national agencies concerned with health statistics in some thirty countries. Liaison among these National Committees, and between them and the WHO Expert Committee on Statistics Health, was again effected through the “focal unit” at Headquarters set up on the recommendation of the Health Assembly. A national committee on vital and health statistics was established in El Salvador at the end of 1954, and in the Federal Republic of Germany in 1955, bringing the total number of such committees to thirty-two. The conference of representatives of the national committees which met in London in 1953 recommended a series of statistical problems for study by the committees. The investigations undertaken in 1953 have resulted, inter alia, in a proposal of definitions for the “measurement of morbidity” and a statistical “code of surgical operations”—both prepared in England and Wales; national committees in England and Wales, Israel, Netherlands and the United States of America have studied the use of the International Classification for the purpose of indexing medical records by diagnosis; those in England and Wales, Federal Republic of Germany, Ireland and the United States of America have studied the problems connected with tabulating the information (underlying causes of death and associated conditions) shown on certificates of death from multiple causes. Information on these studies and on various others undertaken by these national committees and the French national committee and selections from the proceedings of
the committees have again been circulated among them by the focal unit at Headquarters.

Application of Statistical Methods to WHO Programmes

There is a growing appreciation among the technical staff of the value of modern statistical methods in planning WHO field work and analysing and evaluating its results and this has led to an increased number of problems being referred to the statistical services within the Organization. During the year, advice has been given on the most suitable statistical methods for use in connexion with work on different forms of treatment of trachoma and seasonal conjunctivitis; family health surveys; yaws; non-venereal endemic syphilis; sanitation; malaria; international comparability of bacterial density in water samples; and the frequency of accidents and injuries.
CHAPTER 7

DRUGS AND OTHER THERAPEUTIC SUBSTANCES

Biological Standardization

Among the responsibilities of WHO described under the heading of biological standardization are arrangements for: (a) the establishment, maintenance, distribution and replacement of International Biological Standards; (b) the preparation and distribution of standard materials for the identification of Salmonella and Shigella micro-organisms—important causative agents of food poisoning and dysentery; (c) the preparation and distribution of standard materials for the typing of blood groups; and (d) development of a programme on cancer.

International Biological Standards

Most of the technical work in connexion with these materials is carried out, in co-operation with other laboratories throughout the world, by the two International Centres for Biological Standards, in Copenhagen and in London respectively. The Expert Committee on Biological Standardization met again in 1955 and discussed many important aspects of the work. Two of these are worthy of special mention: the standardization of poliomyelitis vaccines and diagnostic sera, and the standardization of anti-snake-venom sera.

Poliomyelitis Vaccines and Sera

WHO has, for some years past, carefully watched technical developments in the field of poliomyelitis vaccine production. The present situation was reviewed at the ninth session of the Expert Committee on Biological Standardization and it was again decided that technical developments had not yet advanced to the point where the establishment of an international standard was practicable. But the Committee considered that in the present state of knowledge it should be possible—and it would certainly be desirable—to establish International Reference Preparations of sera corresponding to each of the three known types of poliomyelitis virus. Those International Reference Preparations would promote uniformity and precision throughout the world in further investigations of poliomyelitis sera, and of poliomyelitis vaccines. Arrangements are therefore being made to study suitable materials in the immediate future, with a view to establishing them as International Reference Preparations.

Antivenins

The question of the standardization of anti-snake-venom sera occupied the attention of the Health Organisation of the League of Nations before the Second World War although little progress was then made. After the survey of snake-bite mortality throughout the world, of which an account was published in the Bulletin in 1954, the subject has now been taken up again. With the assistance of a member of the Expert Advisory Panel on Biological Standardization, WHO has now obtained information on the production and assay procedures of practically all the manufacturers of anti-snake-venom sera throughout the world. This important information, on which consultant opinion and the advice of the Expert Committee on Biological Standardization was obtained in the course of the year, makes it possible for WHO to plan a co-ordinated study, in co-operation with leading centres of antivenin production, of the possibility of establishing international standards for these materials.

Other Therapeutic and Prophylactic Substances

Good progress has been made in the establishment of further International Standards for therapeutic and prophylactic substances; seven have been established during the year. One of them, the second International Standard for Corticotrophin, is the replacement of an existing Standard which is nearing depletion, hitherto known as the International Standard for Adrenocorticotrophin. Of the other six new International Standards, one is likewise for an anterior pituitary hormone, namely, for Growth Hormone; two are for antibiotics, namely, Oxytetracycline and Polymyxin B; one is for an enzyme, Hyaluronidase; and two are for immunological materials, namely for Antirabies Serum and for aluminium hydroxide adsorbed diphtheria toxoid. This last, which will be known as the International
Standard for Diphtheria Toxoid, Adsorbed, was discussed at some length in the Annual Report for 1953.\(^1\)

International Unitages were assigned to all the newly established International Standards, and to (a) the International Standard for Thyrotrophin, (b) the International Standard for Diphtheria Toxoid, Plain, and (c) the Author's Preparation of Dextran Sulphate. ("Author's Preparations" are defined and described in the Fifth, Sixth and Eighth Reports of the Expert Committee on Biological Standardization.\(^2\))

**Salmonella and Shigella Reference Materials**

In order that uniformity in identifying and classifying *Salmonella* and *Shigella* organisms throughout the world should be achieved, the three international centres supported by WHO for work on the enteric bacteria distributed standard materials (sera and bacterial cultures) to national salmonella centres and national shigella centres. During the year the directors of the three international centres met with the Chairman of the Enterobacteriaceae Subcommittee of the International Committee on Bacteriological Nomenclature, International Association of Microbiological Societies, which is intimately interested in this work. The aims and activities of the three international centres were discussed at the meeting and a programme for the future co-ordination of their work was prepared. The division of functions as between the International Centres on the one hand and national salmonella and national shigella centres on the other, was also considered. This should be of assistance to national health administrations in selecting and appointing the laboratories which are to serve as their national salmonella centres and national shigella centres.

**Cancer**

The need for WHO to do more work in this field was considered by a small consultant group. This group made several recommendations concerning such matters as definitions, nomenclature, criteria of diagnosis, collection of statistics, training of workers and the distribution of information. A particularly interesting proposal was that to extend the WHO method of international reference laboratories to collections of materials and histological sections from cancers.

**Blood Typing Sera**

The International Blood Group Reference Laboratory, London, distributes to National Blood Grouping Laboratories, designated for the purpose by national health administrations, sera of known specificity and purity for identifying the less common blood types. (Standard sera for identifying the more common types are distributed by the International Laboratory for Biological Standards, Copenhagen.) Some 200 millilitres of such material have been distributed to all parts of the world during the year.

Among its other functions, the International Blood Group Reference Laboratory also checks red cell specimens and sera submitted by the designated National Blood Grouping Laboratories, and determines the purity of reagents issued by them, excluding those for which International Standards (distributed from Copenhagen) exist or are in preparation. About 400 red cell specimens and about 250 serum specimens were checked during the year for laboratories in various parts of the world.

**Pharmaceutical Specifications and Nomenclature**

The English and French editions of Volume II of the *Pharmacopoeia Internationalis* were published simultaneously in October 1955. An advance copy of the English edition was presented at the 16th General Assembly of the International Pharmaceutical Federation held in London in September; the Spanish edition of Volume II was prepared during the year for publication in 1956.

The work of preparation was carried out in cooperation with members of the Expert Advisory Panel on the International Pharmacopoeia and Pharmaceutical Preparations; international organizations such as the World Medical Association and the International Pharmaceutical Federation, and many specialists throughout the world, were consulted on special aspects of the work. The specifications agreed upon by the members of the Expert Advisory Panel were referred to all Member States and the comments received were examined with a view to their incorporation in the text.

The *Pharmacopoeia Internationalis* constitutes only a recommendation and its specifications have legal status in a country only when adopted by the national

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\(^1\) *Off. Rec. Wld Hlth Org.* 51, 49

pharmacopoeial authority. It is gratifying that the recommended specifications are being used increasingly.

A German translation of Volume I was published during the year, under the supervision of a member of the Expert Advisory Panel, by a private firm, and a translation into Japanese is being prepared in the same way.

Work continued on the revision of laboratory tests and assays included in Volumes I and II, and on the preparation of the second edition of the *Pharmacopoea Internationalis*.

Non-proprietary names are constantly needed for new drugs which are being marketed as therapeutic agents under a great variety of proprietary names. While it is important to obtain agreement on non-proprietary names as early as possible after the introduction of such drugs it is no less so to take proper precautions for protecting all interests and preventing infringement of registered trademarks. There is therefore wide consultation. A revised set of general principles for guidance in devising international non-proprietary names and a revised “Procedure for the selection of recommended international names for pharmaceutical preparations” were adopted by the Executive Board at its fifteenth session in January 1955 and noted by the Eighth World Health Assembly. Under the new procedure, selected names are submitted to Member States and published in the *Chronicle* as “proposed international non-proprietary names”, those to which no formal objections are made being again published in the *Chronicle* as “recommended international non-proprietary names”. Of the first 303 proposed names published for comment, 219 were published as recommended non-proprietary names during 1955. A fourth list of 153 proposed international non-proprietary names was sent to Member States with a circular letter in December.

Whenever a name is not acceptable in one country, the naming authorities of the country are naturally free to use another name. A large number of these international non-proprietary names are already in use in many countries, thus preventing confusion which is detrimental to public health and interferes with international commerce.

**Drugs Liable to Produce Addiction**

The Organization advises governments and the international organs of narcotic control (Division of Narcotic Drugs, Permanent Central Opium Board and Drug Supervisory Body) on technical problems of drug addiction, with special reference to drugs which are or may be liable to produce such addiction.

The following studies were completed during the year: the therapeutic value and the addiction-producing properties of Dihydrodesoxymorphine-D; some considerations regarding special official forms for the prescription of narcotic drugs; the physical and mental effects of cannabis; synthetic substances with morphine-like effect: relationship between chemical structure and analgesic action.

The last study was made in compliance with ECOSOC resolution 505 C (XVI), which also requests information from WHO on the “relationship between the strongly analgesic qualities of a drug and its addiction-producing properties” and on the “status of scientific knowledge on the relationship between the chemical structure of a drug and its addictive properties”. A study on this subject was in preparation during the year.

1 *Bull. Wld Hth Org.* 1955, 13, 937-998

The decisions of the Organization—based on the fifth report of the Expert Committee on Drugs Liable to Produce Addiction—concerning the status of seven drugs in the international system of narcotic control, were notified to the Secretary-General of the United Nations, who accordingly sent the relevant notifications to the parties to the 1931 Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs, and the 1948 Protocol.

In accordance with the recommendations of the Expert Committee in its fifth report, Governments were informed of: (1) the situation regarding the abuse of pethidine, and (2) the procedure for the speedier selection of proposed international non-proprietary names for addiction-producing drugs coming under international control.

The Expert Committee on Drugs Liable to Produce Addiction in its sixth report made a number of recommendations, and the Director-General has notified to the Secretary-General of the United Nations the decisions of WHO—based on those recommendations—as to the status under the international agreements for the control of addiction-producing drugs of the following substances:
Myristyl ester of benzylmorphine
(—)-3-Hydroxy-N-allylmorphinan
(—)-3-Methoxy-N-allylmorphinan
(—)-3-Acetoxy-N-allylmorphinan
3-Hydroxy-N-phenethylmorphinan
4-Morpholino-2,2-diphenyl ethyl butyrate
4-Dimethylamino-l,2-diphenyl-3-methyl-2-propionoxybutane
3-Diethylamino-1,1-di-(2'-thienyl)-1-butene
1,3-Dimethyl-4-phenyl-4-propionoxyhexamethyleneimine
A preparation containing dihydrocodeinone.

Other work of the Committee included an appraisal, prepared for a further discussion in the United Nations Commission on Narcotic Drugs and subsequently in the Economic and Social Council, of the group of synthetic substances with morphine-like effect in comparison with the group of morphine-related opium alkaloids and substances derived therefrom. The Committee also studied the “List of Narcotic Drugs under International Control”, prepared by the United Nations Division of Narcotic Drugs; the abuse of amphetamines; and the desirability of using international non-proprietary names on labels and all descriptive matter, in connexion with addiction-producing drugs.

Health Laboratory Methods

Developments in recent years have led to a considerable expansion in the scope of health laboratory work. Not only are public-health officers and clinicians relying increasingly on laboratory assistance in their work, but new techniques have been developed—particularly in the field of virology—which have not yet come into general use. In the development of public-health laboratory services in less well-developed areas it has been found that techniques, both new and established, often require simplification and standardization for effective and economic application. The production of sera and vaccines, and more recently the widespread use of insecticides and food additives, and the control of air pollution, all present problems to be dealt with by the public-health laboratory.

In view of these developments, the Organization set up a new section on health laboratory methods. The work—begun in February 1955—has been concentrated mainly on the basic problems of laboratory work, on problems connected with food additives, and on standards for production of yellow-fever vaccine.

Requests from governments for assistance in developing public-health laboratory services have served to emphasize the need for further information on a number of fundamental problems such as the best design and equipment for a laboratory to meet specific needs, protection against laboratory infections, preparation of culture media, etc. These problems have therefore been studied in preparation for an expert committee which is to meet in 1956. Studies have also been started on the simplification and standardization of diagnostic methods in bacteriology and virology.

The potential dangers to health resulting from the great increase in the last two decades in the use of chemical additives to food have caused concern in many countries and the Sixth World Health Assembly recommended an investigation into these problems. FAO and WHO therefore convened a joint technical conference to explore possible lines for international action. The conference, which met in September, recommended that the first step should be to develop uniform methods for evaluating the safety of food additives and to formulate general principles for their use. It was recommended that the two organizations should collect and disseminate information on the pertinent legislation and on the various properties and effects of individual food additives, and assist in co-ordinating investigations to avoid duplication of research.

Under the International Sanitary Regulations, an International Certificate of Vaccination against Yellow Fever is valid only if the vaccine used has been approved by the Organization. A study has been made of the existing standards for the production of yellow-fever vaccine, and the opinions of the members of the Expert Advisory Panel on Yellow Fever have been collected. A tentative revision of the Standards is being prepared and will be referred to a future expert committee.
CHAPTER 8

PUBLICATIONS AND REFERENCE SERVICES

The main directions in which there has been progress during the year are in regard to: systematic attempts to secure more effective distribution of publications, whenever possible by sale; fuller language-coverage by WHO publications as a result of the decision of the Seventh World Health Assembly that certain publications should be issued in Spanish; continuing critical scrutiny of the Organization's editorial policy; increased emphasis on the development of the WHO library and reference services in such a way as to encourage maximal utilization of the Organization's growing fund of technical documentation.

Hitherto only the Chronicle and a few special publications such as the Pharmacopoea Internationalis and the Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death were published in Spanish, but from the beginning of 1955 all the Official Records and the Technical Report Series were issued in English, French, and Spanish editions, as also were the final minutes of the Executive Board. The use of Spanish on such a greatly increased scale involved difficult problems of recruitment and training, but although there have been some delays the results of the first full year of the extended use of Spanish have been reasonably satisfactory.

Production of Publications

Reference is made in the Annual Report for 1954 to the "growing awareness of the importance of adhering to a well-defined publishing policy", and it is pointed out that one of the main questions to be asked in the consideration of any manuscript is: "What objective is served by issuing this document under the imprint of an intergovernmental health organization?" It is therefore of interest that at the twentieth session of the Economic and Social Council there was a discussion of the purpose served by, and the justification for, the many publications issued by the United Nations and its specialized agencies. This question was placed on the agenda of the twenty-first session of the Administrative Committee on Co-ordination, which decided that, apart from regular exchanges of information between the United Nations and the specialized agencies on publishing programmes, no special co-ordinating machinery was necessary.

The pattern of WHO publications is that, with only very rare exceptions, they are organized into periodicals and series, each periodical or series being planned to meet a specific publishing objective. The systematization of WHO publications in this way makes it much easier for libraries and other interested institutions and persons to know what has been published, and helps to avoid the pitfall of publishing a miscellaneous assortment of isolated publications of varying relationship to the Organization's programme and constitutional functions.

Moreover, the Organization's publishing programme has been exposed to critical examination by the Health Assembly and the Executive Board at the Third, Fourth, Fifth and Sixth Health Assemblies and the seventh, eighth, ninth, eleventh and fifteenth sessions of the Board; at the ninth session of the Board, in January 1952, the publishing programme was also one of the major subjects of study by its Standing Committee on Administration and Finance. As a result of these repeated reviews, the Director-General has had from the Organization's governing bodies firm directives on both the development of the publishing programme as a whole and detailed specifications of individual publications.

The Organization's main scientific periodical—the Bulletin—has become one of the world's important journals in the field of public-health sciences, as is demonstrated by the frequency of citations from it in the world's medical press. The Bulletin is now in its eighth year of publication, the first number having appeared at the beginning of 1948. It has completed its thirteenth volume, and 60 numbers have been published. The total number of pages issued is over 10,000, of which over 6000 were published in the three-year period 1953-55.

As is the case with all scientific periodicals, the function of the Bulletin is twofold. In the first place, it serves as a vehicle for bringing to the notice of health workers recent technical information of immediate significance and applicability. In the

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second place, its previously published volumes constitute a permanent archive for consultation and for retrospective studies of the literature in special fields.

During 1955, seven titles were published in the Monograph Series in English and three in French. The subjects treated during the year were as follows:

*English editions*: cardiolipin antigens (2nd edition); chemotherapy of malaria; dried BCG vaccine; infant nutrition in the sub-tropics and tropics; poliomyelitis; the rural hospital.

*French editions*: donovanosis; poliomyelitis; rabies.

Two new comparative surveys were published in the *International Digest of Health Legislation*—on the hospitalization of mental patients and on the control of insect vectors in international air traffic. In all, eight surveys have now been published, and reviews in medical, public-health and sometimes sociological journals have indicated a growing interest in them.

In addition to the material published in the Digest, a compilation of national laws and regulations relating to radiation protection was produced in stencilled form in both the working languages in connexion with the International Conference on the Peaceful Uses of Atomic Energy, and a study on the transport of perishable biological materials by post was prepared for the Universal Postal Union.

As a result of the development of the work in health legislation an increasing number of requests is being received from within and outside the Secretariat for information on existing national legislation in various health fields.

A major undertaking was the production of a greatly enlarged third edition of the *Handbook of Resolutions and Decisions* in English, French, and Spanish. Production of the Spanish edition involved a considerable amount of translation, as only a few of the resolutions already existed in Spanish.

**Reception of WHO Publications**

Reception of WHO publications in the world's technical press continues to be excellent, and favourable comment not only on the content but also on the printing, paper and binding is common. A good reception of a scientific work is, of course, not synonymous with large sales, and it must be recognized that the scientific merit of a work and the volume of sales that it achieves may sometimes be in inverse proportion. While some such publications may have substantial sales, others—of which the monograph on plague is a good example—may have relatively limited commercial possibilities although being widely acclaimed as standard reference works on their subjects.

**Distribution and Sales**

The improvement in the development of sales channels reported for the year 1954 continued. New or additional agents were appointed in Ceylon, Ecuador, New Zealand, Pakistan, Paraguay, and Venezuela. By the end of the year, WHO publications were available against payment in local currency in forty-seven countries.

Since the beginning of 1955 English editions of WHO monographs have been placed on sale only in standard cloth bindings, a special paper-covered edition being reserved for free distribution and for review copies. The new presentation, which is more in keeping with the status of the monographs, will increase their utility as works of reference. Preliminary indications are that it will also increase their attractiveness from the sales point of view in countries where such publications are traditionally cloth-bound.

In the second year following their introduction, the number of global, block, and other special subscriptions showed a substantial increase. Sales revenue received in 1955 was in respect of publications sold during the preceding year, and therefore corresponded to the first full year of the filling of the post of distribution and sales officer which was authorized by the Sixth World Health Assembly (resolution WHA6.33). This amounted to $39,504, an increase of 25 per cent. over the previous year.

Systematic attempts were made to rationalize free distribution. Reply postcards were sent to certain categories of recipients of free copies of WHO publications, who were asked to confirm their desire to continue to receive the publications concerned and to indicate any changes of address. Those who did not return the postcards were then sent a circular letter informing them that their names would be removed from the mailing list unless evidence was forthcoming of their interest in continuing to receive the publications.

Of the 1846 cards sent out, 823 were returned immediately, and 343 were returned after receipt of the circular letter. In the end 680 addresses were removed from the mailing lists; about 800 changes in address were received.

It is proposed that such checks of free mailing lists should be carried out periodically—probably
once every three years. The object of these checks is not so much to reduce free distribution as an end in itself, as to ensure that copies of WHO publications distributed free of charge are being usefully distributed. While, as the result of the application of this scheme, it has been possible to eliminate many of the addresses from the free mailing lists, there are still large areas in which distribution, whether free or against payment, is minimal and in which an increase in free distribution will be needed. Preliminary discussions of this problem have been undertaken with some of the regional offices. However, the question of languages of publication is a fundamental one in relation both to paid and free distribution. It is hardly to be expected that, in countries where health workers have an adequate and comprehensive body of medical and public-health literature in their own language, there will be more than a marginal demand for technical publications in other languages. In such countries, the number of practising public-health officers accustomed to reading technical publications in languages other than their own is probably small.

It is therefore only realistic to recognize that, while WHO publications are international in sponsorship and in subject matter, the extent to which their appeal is international is strictly limited by the fact that most of them have been published only in the Organization’s two working languages. The obstacle to the greater diffusion of WHO publications in some countries is therefore cultural rather than financial, and in such conditions poor sales cannot be offset by increasing free distribution. In some other countries in which language offers no barrier to the diffusion of WHO publications, there may be a very restricted ability to purchase them. It is however precisely in such countries where the need for the wide diffusion of WHO publications is greatest that the effect of free distribution is most limited because each copy reaches a smaller public, perhaps only one person, and is less accessible than in countries with highly organized library and abstracting services and well-developed communications generally.

Although there is doubtless still room for further natural growth, there is no reason to suppose that distribution of WHO publications, by sale or otherwise, is inadequate in the developed countries in which English or French is widely used by professional health workers. In many other countries, however, there are serious cultural, technical and economic obstacles to effective distribution which can be surmounted only by continuous and painstaking studies of the problems in collaboration with the regional offices.

Library and Reference Services

Early in the year the Organization was officially requested by UNESCO to take over from UNESCO’s Clearing-house responsibilities relating to the exchange of medical literature. After discussions between the organizations, it was agreed that WHO should accede to this request, which implies the operation by WHO of a system of notifications to a network of participating medical libraries of duplicate material which is available at no cost except that of transport.

During the year, the first step was taken towards compiling an inventory of annual public-health reports. This is one of the most difficult fields in medical bibliography, for such reports are rarely listed in published indexes. Moreover, they are often published under different names in different years and publication may be intermittently ceased and resumed. A new administrative subdivision or amalgamation may result in the replacement of two earlier annual reports by a new one under a different name, or of a previous report by two new ones. In some cases the annual health report forms part of the report of a superior body, and in other cases no annual health report is published. In States with a federal structure, official reporting on health matters may be multiple in source and heterogeneous in form.

In spite of the complete lack of consistency in the world pattern of official health reporting, published annual public-health reports necessarily constitute the basic material for some of the studies carried out at the Organization’s Headquarters. Moreover WHO is looked upon as a natural source of information about such reports, as is shown by the inquiries often received about them from outside the Organization. It was therefore considered desirable that, in spite of the inherent difficulties of the task, a comprehensive collection of such material should be undertaken.

Work on this problem has been initiated by a survey of the public-health reports formerly received by the Office International d’Hygiène Publique and of those since received by WHO. By extending the survey to cover the holdings of the United Nations Library, Geneva, and the Library of the International Labour Office, the reports formerly received by the Health Organisation of the League of Nations have also been included.

This survey has provided the basis for a preliminary, tentative list of annual governmental reports on public health which was issued in duplicated form as Supplement No. 2 to Library News, 1955. The list has been distributed to public-health libraries
in Member countries, which have been asked to assist in filling its many gaps.

A scheme was introduced for providing regional offices with duplicates of the slips prepared for the index to the current literature on major fields of WHO activity which is maintained by the headquarters Library. These slips, together with the monthly Library News, keep the regional offices concerned fully informed of the new material received in the headquarters Library both in the form of periodical articles and of new books and reports.

As the result of a proposal by the Council of Europe for the foundation of a European medical documentation centre, a statement on the WHO headquarters Library and the services that it was rendering to other European medical libraries and institutions was presented through the Regional Director for Europe at a meeting of the Committee of Experts on Public Health of the Council of Europe.

During the year consultations were held between the WHO Library and the libraries of the Centre européen pour la Recherche nucléaire, the International Labour Office and the United Nations Library, Geneva, with a view to avoiding duplication of holdings and activities, especially in the field of nuclear energy. The WHO Library's holdings of material dealing with health aspects of nuclear energy have been strengthened, as also have those relating to dental health, food additives, and some other subjects which have recently acquired a more prominent position in the Organization's programme. During the International Conference on the Peaceful Uses of Atomic Energy, informal discussions were held with a number of delegates on the problem of the bibliographical control of literature on nuclear energy, much of which is in a form which makes it not readily available.

The Organization was represented at five international meetings—the International Advisory Committee on Bibliography (UNESCO), the International Advisory Committee on Documentation and Terminology in Pure and Applied Science (UNESCO), the International Meeting on Medical Librarianship, the International Congress of Libraries and Documentation Centres, and the Technical Committee for Terminology of the International Organization for Standardization. The last three meetings were held in Brussels in September.
CHAPTER 9

PUBLIC INFORMATION

The Organization's responsibility for making itself better known in all countries, as a means for obtaining the public support on which much of the success of its work depends, was recognized by the Executive Board, which recommended to the Eighth World Health Assembly that WHO's public information work should be intensified.\(^1\) The Health Assembly, which had before it also a study prepared by the Director-General at the request of the Board on the present work in public information and possible ways of extending it, recommended that advantage should be taken of the information facilities available to national WHO committees and invited governments to arrange for their information units to co-operate fully with WHO in this matter. Regional committees were asked to consider improvements in public information in their regions.

Other channels than those recommended by the Health Assembly have also been explored. Action was again taken to interest producers of information material, particularly publishers and television and film producers, in the subjects offered by WHO's work. An illustration of the type of undertaking that resulted is the book for young people, entitled *Mankind against the Killers*, dealing principally with international health work. It is due to be published shortly by a commercial firm and is the outcome of discussions held in 1953.

On the occasion of the Geneva Conference on the Peaceful Uses of Atomic Energy, the United Nations asked WHO to provide the services of an information officer to assist in press coverage of the medical and public-health aspects of the discussions. The Organization engaged as a short-term consultant a well-known science writer with special knowledge of these subjects—an arrangement which proved satisfactory to both the United Nations and WHO.

The fact that the Eighth World Health Assembly met in Mexico City, and not at Headquarters in Geneva, aroused great public interest in the Organization, both in the host country, Mexico, and in other parts of Latin America.

In general the resources available for public information work in 1955 have been fully employed in meeting the normal expansion in the demand for information material in all media, and have not permitted any more ambitious plans.

Press and Publications

In addition to the press releases issued from Headquarters during the year on publications, meetings and other events of general interest, special articles were prepared at the request of various publishers, and help was again given to journalists wishing to write articles on health subjects.

From March 1955, the normal series of press releases was supplemented by the monthly issue, under the title "Health Front", of short news items on the work of field teams and on health developments throughout the world, and a short feature article. "Health Front" appears in English and French.

Information officers have again been sent into the field to collect material at first hand. In one case material so produced was instrumental in stimulating an important French periodical to send its own photographer to cover antimalaria projects in the Eastern Mediterranean Region.

The basic information folder *WHO, What It Does* and the pamphlet *Facts and Figures* have both been reissued during the year—the former in English, Italian, Portuguese, Spanish and Swedish, and the latter in English, French, Portuguese and Spanish.

The new illustrated booklet *Strategy for World Health* has been widely distributed in separate English, French and Spanish editions and its reception has been uniformly favourable.

The Newsletter

The circulation of the *Newsletter* increased during the year from 43 000 to 51 000, for the December issue. The increase was entirely due to new requests received from individuals and organizations. The English and French editions of the *Newsletter* are produced and printed in Geneva. Spanish and Portuguese editions are translated from these and published by the public information office of the Pan American Sanitary Bureau (WHO Regional Office for the Americas) in Washington.

\(^1\) *Off. Rec. Wld Hith Org.* 61, 66
Four of the year’s issues met with particular success: the World Health Day number on the theme “Clean Water means Better Health”; those dealing with antitrachoma campaigns in the south of Morocco (French Zone), yaws and certain of the zoonoses. The last two were prepared with co-operation from UNICEF and FAO respectively.

Material published in the Newsletter often reaches a wider public than its circulation figures would suggest, through reprints in magazines and periodicals: a popular health magazine with a circulation of 300,000 reprinted in one of its 1955 issues the whole contents of the July-August 1954 number of the Newsletter.

Radio

The new unit for the production of radio feature programmes, set up in Paris by the United Nations, has enabled WHO to expand this branch of its public information. In co-operation with the new Paris unit, ten major feature programmes were produced in 1955, dealing with various health subjects such as malaria, tuberculosis, and environmental sanitation (on the theme “Clean Water means Better Health”), bilharziasis and mental health.

The programmes are broadcast weekly in Canada, the United States of America, and other English-speaking parts of the world, and reach audiences estimated at several millions.

Broadcasting stations have shown a greater interest in WHO in 1955, and have included more material on its work in their radio programmes: this is true particularly of the British Broadcasting Corporation, Radio-diffusion-Télévision française and several Swiss stations and United States radio networks.

Visual Material

Additions to the Organization’s library of photographs include several hundred negatives taken by WHO doctors and other field staff of work in nutrition, environmental sanitation and the control of malaria, yaws and venereal infections, eye-diseases and insect-borne diseases. Further valuable material has been received from professional photographers sent to cover nursing, maternal and child health, antituberculosis and health education work in various regions. A total of 15,250 photographic prints was distributed in 1955 in response to requests from many different sources.

Five thousand copies of the first WHO picture-set, produced in Arabic, English, French, German and Spanish, in 1954 under the title “Health is a Fundamental Human Right”, have been distributed to regional offices and United Nations information centres. Editions in Danish, Norwegian and Urdu are now available also, and a second printing of the English edition has been made to meet the growing demand.

The production of a ten-minute animated cartoon film dealing with alcoholism was undertaken.

A professional film cameraman was commissioned to cover the WHO-assisted antimalaria campaign in Iraq. The material he collected has enabled the Organization to prepare a ten- to fifteen-minute film intended for release in connexion with the campaign for malaria eradication. It is planned to distribute the film in 1956 in time for World Health Day.

Encouraged by the success of a similar project in 1954, the British Broadcasting Corporation produced a feature television programme for WHO in the series entitled “The World is Ours”. Under the title “The Invisible Enemy”, this programme deals with some virus diseases—yellow fever, poliomyelitis and influenza—and WHO’s contribution to their control. Information from the BBC indicates that this television programme has been the most popular to date in the whole series.

World Health Day

Over fifty reports were received of national and local celebrations of World Health Day. The reports show that the theme “Clean Water means Better Health” is one to which health authorities everywhere attach particular importance, and confirm that each year more countries are finding in World Health Day a valuable opportunity for stimulating public interest in national and international efforts for higher levels of health. Information received from twenty-seven different radio stations and networks showed that World Health Day broadcasts were more numerous than in previous years.

The theme selected for World Health Day 1956 is the role of insects in carrying disease.
CHAPTER 10

CONSTITUTIONAL, FINANCIAL AND ADMINISTRATIVE DEVELOPMENTS

Constitutional

Membership of the Organization

At the Eighth World Health Assembly, the Sudan was admitted as an Associate Member of the Organization. Notice of acceptance of associate membership on behalf of the Sudan, required under Rules 111 and 112 of the Rules of Procedure of the World Health Assembly, was given by the Chief Delegates of Egypt and of the United Kingdom of Great Britain and Northern Ireland at the seventh plenary meeting on 20 May 1955. A list of the 85 Members and Associate Members of the Organization appears in Annex 1.

Agreements with Governments

During the year the following agreements were concluded:

(1) Agreement with the Government of Mexico concerning (a) the legal status of the Organization and of persons participating in the Eighth World Health Assembly and the sixteenth session of the Executive Board, and (b) the financial contributions and facilities afforded to the Organization for the holding of these two meetings in Mexico City;

(2) Host agreement with the Government of Denmark for the purpose of determining the privileges, immunities and facilities to be granted by that Government to the World Health Organization in connexion with the establishment of the Regional Office for Europe in Copenhagen.

The negotiations with a view to the conclusion of an agreement on further arrangements for the Regional Office for Africa in Brazzaville were continued.

Accessions to the Convention on Privileges and Immunities

There were two accessions to the Convention on the Privileges and Immunities of the Specialized Agencies: the Federal Republic of Germany, with reservations, on 17 November 1954, and Cambodia on 26 September 1955. The United Kingdom of Great Britain and Northern Ireland, which had acceded to the convention with reservations on 16 August 1949, accepted the revised text of Annex VII to the convention (relating to WHO) with effect from 22 September 1955. Twenty-two Member States have acceded so far to this convention (some with reservations) with respect to the World Health Organization: they are, Austria, Belgium, Cambodia, Chile, Denmark, Ecuador, Egypt, Federal Republic of Germany, Guatemala, Haiti, Hashemite Kingdom of Jordan, India, Iraq, Italy, Luxembourg, Nepal, Netherlands, Norway, Philippines, Sweden, United Kingdom of Great Britain and Northern Ireland, and Yugoslavia.

The Financial Position

This section deals mainly with the financial position relating to the regular budget of the Organization, although allocations made by UNICEF for reimbursing WHO for certain expenses connected with jointly assisted projects, and financial developments under the Expanded Programme of Technical Assistance, are also mentioned as they affect regular funds. The detailed financial developments regarding the Expanded Programme of Technical Assistance are given in Chapter 18.

The general financial position showed considerable improvement during 1955 and was the best since the inception of the Organization. This was mainly the result of greater stability in the financing of the Expanded Programme of Technical Assistance and the collection during the year of substantial arrears.
of contributions; the outstanding arrears were reduced to the lowest point reached at any time during the existence of the Organization.

The Seventh World Health Assembly approved an effective working budget for 1955 of $811,100 less than the sum proposed by the Director-General, who was requested to modify the programme and to report his adjustments to the Executive Board at its fifteenth session. The Health Assembly (resolution WHA7.35) also requested the Director-General, when adjusting the 1955 programme, to retransfer to the Expanded Programme of Technical Assistance the projects originally planned under that programme, which, because of financial stringency, had in fact been financed from regular funds in 1954, and in addition to provide for half the cost of the international personnel in projects for which UNICEF had reimbursed these costs in 1954. Accordingly the Director-General presented to the Executive Board at its fifteenth session an adjusted 1955 programme which the Board (resolution EB15.R38) approved.

The implementation of the regular programme as modified was effected in an orderly manner, without financial difficulties of the kind which faced the Organization in 1953 and 1954 as a result of shortage of funds under the Expanded Programme of Technical Assistance.

Following the Director-General’s requests to UNICEF to continue in 1955 reimbursing international personnel costs in certain continuing as well as in new jointly assisted projects, the UNICEF Executive Board approved for the purpose allocations amounting to approximately $688,000. However, in the latter half of the year it was found possible to finance certain of these costs from Technical Assistance and regular funds, and amounts totalling $164,920 were returned to UNICEF.

The Budget for 1955

The budget approved by the Seventh World Health Assembly for 1955 was $10,999,360, providing an Effective Working Budget of $9,500,000; the difference—$1,499,360—was the Undistributed Reserve, a sum equal to the assessments of inactive Members.

Annex 7 shows the apportionment of the total budgetary provision for 1955 among the various activities of the Organization and gives details of the transfers between sections of the Appropriation Resolution made by the Director-General with the concurrence of the Executive Board.

The actual obligations for the year as shown in the accounts will be published in the Financial Report (a supplement to this volume) which will be submitted, with the Report of the External Auditor, to the Ninth World Health Assembly.

Contributions and the Working Capital Fund

The payment of contributions in respect of 1955 can be considered satisfactory. The percentage of payments not received during the year from active Members is somewhat higher than the comparable figure at the end of 1954. This is due primarily to the fact that for legislative reasons the highest contributor was unable to pay in 1955 the full amount for which it is assessed. However, the payment is expected early in 1956.

The collection of arrears of contributions was greater than in any one year since the inception of the Organization. As a result, the cash deficit in respect of the 1954 budget, amounting to $56,355, was returned to the Working Capital Fund early in 1955 and a considerable sum accrued to the Assembly Suspense Account out of which the Eighth World Health Assembly decided to appropriate no less than $960,822 as income towards the 1956 budget. All advances due to the Working Capital Fund from active Members have been paid, except for that from the Sudan, admitted as an Associate Member by the Eighth World Health Assembly.

Tables showing the status of collections of annual contributions and of advances to the Working Capital Fund as at 31 December 1955 will be published in the Financial Report for the year.

Scale of Assessment

The revision of the scale of assessment used in calculating the contributions of Members to the annual budget had been discussed in detail at several Health Assemblies. The Eighth World Health Assembly decided (resolution WHA8.5) that WHO should progress, in four annual stages commencing in 1956, towards the full application of the principles “that the United Nations scale should be used as a basis of determining the scale of assessment to be used by WHO, taking account of (a) the difference in membership; and (b) the establishment of minima and maxima, including the provision that no country shall be required to pay more per capita than the per capita contribution of the highest contributor”. The decisions taken on the detailed application of these principles provided, inter alia, “that, in the application of the principle that the maximum assessment of any one Member shall not exceed 33 1/3 per cent., such maximum assessment shall be calculated as a percentage of the total assessments of the Members.

CONSTITUTIONAL, FINANCIAL AND ADMINISTRATIVE DEVELOPMENTS

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actively participating in the work of the Organization, and that this principle shall be progressively implemented in relation to the WHO 1955 scale in four annual stages". This decision should prove valuable in assisting all Members to make adequate arrangements, consistent with their normal legislative practices, to meet in due time their financial obligations to the Organization.

WHO Seals
The Eighth World Health Assembly (resolution WHA8.14) decided to discontinue supplying seals for sale by Member States after 1955 and once the final returns are received from participating Member States to liquidate the special fund for WHO seals by transferring any sums remaining in the fund to the Assembly Suspense Account.

Administration

Structure and Staff
Some changes have been made in the structure of the Secretariat at Headquarters during the past year, either as a result of changed circumstances or in order to improve operating efficiency. The organization of the Secretariat is shown in Annex 8.

In assuming its new responsibilities with regard to atomic energy in relation to medicine and public health, the Organization engaged a full-time specialist to advise the Director-General and to assist in establishing a programme of work for the future. This function is attached to the Director-General's office.

As a result of a review of the work of the Offices of the Director-General, it was decided to amalgamate the Office of External Relations and the Office of Technical Assistance into a Division of External Relations and Technical Assistance. Although the functions of the Office of Reports and Analysis are still under review, the following changes have been made: responsibility for the preparation of the Annual Report of the Director-General was transferred to the Division of Editorial and Reference Services; the work on reports and records was assigned temporarily to the Administrative Management Section to enable it to make a more detailed study of those functions; responsibilities relating to programme evaluation were assigned to the Department of Advisory Services.

In the Division of Communicable-Disease Services, the work on veterinary public health and zoonoses was separated from that of the Endemo-epidemic Diseases Section, and entrusted to a new Veterinary Public Health Section.

The staff of the Organization increased from approximately 1300 to 1400 during the year. Details of the composition of the Secretariat as at 30 November 1955 are given in Annexes 9 and 10.

Eighth World Health Assembly and Sixteenth Session of the Executive Board
At the invitation of the Government of Mexico, the Eighth World Health Assembly was held in the University City of Mexico, from 10 to 27 May. It was followed, on 30 May, by the sixteenth session of the Executive Board. Participants in the technical discussions, held during the Assembly on "Public-Health Problems in Rural Areas", visited rural social welfare centres and health centres in five districts of Mexico.

There can be no doubt of the value, both to the Organization and to members of delegations, of an Assembly held away from Headquarters in a different geographical area. The Health Assembly has established the policy that Assemblies can be held away from Headquarters only when the host country defrays all the additional costs. The Government of Mexico not only did this, but through its hospitality and the excellent arrangements made contributed immeasurably to the success of the Eighth World Health Assembly.

Common Services with the United Nations and other Specialized Agencies
Negotiations were started during the year for a revision of the basis for calculating the reimbursement rates for services provided to Headquarters by the European Office of the United Nations. A joint study is in progress with a view to improving the services, lowering costs and ensuring equitable sharing of expenses.

Procurement of Supplies
Purchases of medical and other supplies and equipment for projects under the regular and Technical Assistance programmes, from 1 October 1954 to 30 September 1955, totalled $450 000, as compared with $420 000 for the corresponding period in 1953 and 1954—the number of purchases being greater than in previous years. There were again difficulties in planning procurement, owing mainly to currency restrictions.

Purchases of insecticides and sprayers and of a complete nutrition laboratory have been made on
EIGHTH WORLD HEALTH ASSEMBLY

Above. The Library Building in the University City, Mexico, D.F., where the Eighth World Health Assembly was held in May 1955.

Left. The entrance to the Library Building.
CONTROL OF NIGERIA

In Nsukka, Eastern Nigeria, a large-scale campaign against yaws is being carried out with help from WHO and UNICEF.

(1) The population of a village passes before an examiner who prescribes the dose of PAM (penicillin with aluminium monostearate) for each person.

(2) An assistant chalks the prescribed dose on a child's back while the examiner attends to the next small patient.

(3) Two assistants remove the caps from vials of PAM and pour the dose into the syringe barrels, while a third cleans and sterilizes each needle after use.

(4) The doctor in charge of the Nsukka project discusses the day's work and tomorrow's plans with the chief and elected councillors. No mass campaign can succeed without the intelligent co-operation of the people.
Treponematoses-control project in Fiji, assisted by WHO and UNICEF.

(1) In a village of the Fiji Islands, a WHO doctor examines a baby for yaws lesions.

(2) Members of the Fiji yaws team taking a blood sample.

Venereal-disease control project in Taiwan, assisted by WHO and UNICEF.

(3) A nurse at the reference laboratory tests blood samples collected in mass surveys.

(4) A class in serology at the Taiwan serum and vaccine laboratory.
RABIES CONTROL: MEXICO AND THE CARIBBEAN

Mexico and islands of the Caribbean are among the areas covered by the rabies-control project of the Region of the Americas. The pictures illustrate two methods of control: reduction of wild-animal reservoirs of infection and the vaccination of domestic dogs.

Poison is injected into a donkey’s carcase, for use as bait to kill wolves and coyotes, which are in some areas an important reservoir of rabies virus.

A typical marker, to show that there is poisoned bait on the range.

Making simple traps for mongooses on a Caribbean island where they form a reservoir of infection.

Schoolchildren bring their dogs to be vaccinated against rabies, at a clinic in Saltillo, Coahuila, Mexico.
behalf of governments, and further purchases of hospital equipment and supplies have been made on behalf of the United Nations Korean Reconstruction Agency (UNKRA). A number of inquiries have been handled on behalf of the governments for advice concerning types of x-ray units, antimalaria and antileprosy drugs, iron-lungs, etc.

Certain contributions to the Technical Assistance Fund have been made available by the Technical Assistance Board, as bonus allocations, to specialized agencies that can make use of them. Among them are contributions made to the Fund by the Union of Soviet Socialist Republics and by Czechoslovakia. WHO has made inquiries into the possibility of using part of such contributions for the purchase of supplies. A representative of the Organization visited Prague for this purpose; certain laboratory equipment and supplies have since been bought from Czechoslovakia and negotiations are in progress for the supply of other types of equipment.

Detailed lists of supplies and equipment, for additions to hospitals, for tuberculosis and maternal and child health centres and for assistance to educational institutions, have been submitted to the Union of Soviet Socialist Republics and a representative of the Organization visited Moscow to discuss with officials there whether those supplies, or some of them, could be bought from the Soviet Union. Offers to supply some equipment have been received and other offers are awaited.

**Accommodation for Regional Offices**

WHO was asked in 1955 by the Administrative Committee on Co-ordination to assume, on behalf of the United Nations and interested specialized agencies, responsibility for negotiations with host governments, in countries where there are WHO regional offices, for the acquisition of land and the construction of new buildings required for the international organizations with offices in those countries.

While arrangements have been satisfactorily concluded at Copenhagen, the negotiations are still continuing in Egypt, India and the Philippines. Negotiations for the Regional Office at Brazzaville are far advanced, and the arrangements already made include provision for UNICEF, the only other international organization represented there. The Pan American Sanitary Bureau (serving as the Regional Office for the Americas), accommodated in Washington, is studying the possibility of obtaining more adequate permanent accommodation.
PART II

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

During the year the trend of WHO's programmes in Africa has been towards rural health work. The populations of the territories in the Region are predominantly rural and it is in the rural areas that the greatest problems arise. As medical services are far from adequate it is natural that popular demand is more often for curative than for preventive services. The most satisfactory way of introducing public-health measures will be in conjunction with curative services.

Particular attention has been given to basic health problems, such as environmental sanitation and the improvement of nutrition. A considerable increase in the number of fellowships has enabled professional and auxiliary workers from Africa to attend courses organized in the Region and elsewhere.

The Regional Committee

The Regional Committee for Africa held its fifth session at Tananarive, Madagascar, from 19 to 24 September 1955. The following Member States and Associate Member of the Region were represented: Belgium, France, Liberia, Portugal, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, and the Federation of Rhodesia and Nyasaland. A representative of UNICEF and representatives and observers from seven intergovernmental and non-governmental organizations also attended.

The Director-General was present from 22 September to the end of the session.

The annual report of the Regional Director was discussed.

The draft programme and budget estimates for 1957 presented by the Regional Director were approved with minor adjustments and amendments, and the supplementary list of projects for 1957 was noted. The Regional Committee also approved a revised programme for 1956.

Technical discussions were held on "The health problems of the pre-school child in Africa and the role of the public-health nurse in solving them". The Committee decided that the subject for technical discussion at the next session should be "Practical public-health means of tuberculosis control in the African Region".

The Rules of Procedure of the Regional Committee were revised.

The Regional Committee unanimously decided to accept the invitation of the Government of Portugal to hold its 1956 session in Luanda, Angola, from 24 to 29 September 1956. It decided that the 1957 session should be held at the regional headquarters in Brazzaville.

The Regional Office

A Deputy Regional Director was appointed in April 1955. The regional office staff was further augmented by the appointment of a personnel officer, a translator and an accountant.

The Western Area Public Health Officer continued to work at the Regional Office until May 1955 when he took up his duties at the area headquarters in Lagos.

After attending the Regional Committee in Madagascar, the Director-General made an extensive tour in southern Africa with the Regional Director and spent a few days in Brazzaville at the end of October on his way back to Geneva.

Co-operation with other Organizations

Close collaboration has continued with UNICEF on various projects, and with FAO in connexion with the FAO/WHO Nutrition Course held in Marseilles from October to December 1955 and on the planning of similar training courses to be held in the future.

The regional office continued to work with the Commission for Technical Co-operation in Africa South of the Sahara (CCTA): the rabies course in Muguga, Kenya (described in the following section) was sponsored jointly by the two organizations. Contact was maintained with the staff of the United States International Co-operation Administration (ICA) working in Liberia.

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1 This region comprises the parts of Africa not included in the Eastern Mediterranean Region or among the French Territories of North Africa. It was delineated by the First World Health Assembly (see Off. Rec. Wld Hlth Org. 13, 80, 330). In accordance with resolution WHA5.46, Ascension, Somaliland Protectorate, Mauritius, St Helena, Seychelles, Spanish Sahara (and its island dependencies), Spanish Protectorate Zone in Morocco, Tristan da Cunha and Zanzibar were provisionally assigned to this region.
Conferences, Seminars and Training Courses

Several regional conferences, seminars and training courses were organized during the year on subjects of particular interest in the Region.

During the year two of these—a post-graduate training course and the Second African Malaria Conference—were concerned with the control of malaria—an extremely important problem that is far from being solved in many areas south of the Sahara.

The training course was held in Yaoundé, in the French Cameroons, from February to April 1955, with the co-operation of the French Government and the medical services of the Cameroons.

The purpose of the course was to make clear to persons engaged in work against malaria in Africa the general principles that had been followed with some success in other regions and the importance of adapting those principles to local conditions. It would be necessary, in the first place, to determine accurately the climatic, epidemiological and entomological facts for each area and secondly to take proper account of the social and economic conditions of the people in the area and to secure their effective co-operation. The course gave both theoretical and practical instruction and was illustrated by field visits to the work against malaria in and round Yaoundé and in the northern part of the Cameroons, which has been assisted by WHO and UNICEF since 1952. It is hoped to hold similar courses in French and English in 1957.

The Second African Malaria Conference was held in Lagos, Nigeria, in November and December. Like the first conference held in 1950, it was especially concerned with technical measures. A WHO consultant visited many of the countries to collect information for discussion at the conference. The various methods of malaria control tried over the last five years were examined with a view to selecting those most effective in the conditions obtaining in the Region. The conference was attended by malariologists from most countries and territories in the Region, and from Malaya, Somalia and the Sudan. There were in all over forty participants. The expenses of nineteen participants were paid by WHO. Representatives of UNICEF, the ICA and CCTA also attended.

The Second International Yaws Conference was organized in November at Enugu by WHO in co-operation with the Government of Nigeria. A member of the headquarters staff visited most of the countries in Africa in 1954 and 1955 to collect technical information and assisted in the preparation of the conference, which was attended by fifty-three participants from all regions. Discussions centred on the principles that should be applied in the control of endemic treponematoses and the integration of yaws campaigns into rural health services. A co-ordinated yaws campaign assisted by WHO and UNICEF and covering the whole continent was proposed. Participants visited the yaws campaign in Nigeria, described later in this chapter.

There was a rabies course from 11 to 26 July at the laboratories of the East African Research Organization at Muguga, Kenya. It was attended by forty medical officers and veterinarians from Belgian Congo, Egypt, Ethiopia, Federation of Rhodesia and Nyasaland, French territories, Lebanon, Portuguese territories, Spanish Protectorate Zone in Morocco, Sudan, Union of South Africa and United Kingdom territories. All the arrangements at the laboratories were made by CCTA; WHO provided discussion leaders from France, Israel, Spain, the United States of America and WHO Headquarters. The participants themselves did all laboratory procedures for diagnosis, for testing potency of sera and vaccines, and so on, under careful supervision by the discussion leaders. Discussions were held throughout the course to ensure that the subjects were thoroughly understood. The control of rabies is of great importance in Africa, particularly because of the danger that rabies infection might spread to wild animals of the continent.

A second FAO/WHO nutrition course for medical officers, pharmacists, chemists and veterinarians who are to work in Africa was organized in Marseilles, with the co-operation of the French Government, from October to December 1955. WHO provided fellowships for participants from Angola, the Belgian Congo, French West Africa, Madagascar, Morocco (French Zone), Mozambique and Somalia. The course, which was held in French, focused attention on the nutritional problems particular to Africa—the social factors connected with nutrition, the food resources of the continent, deficiency diseases and other similar questions. The course included practical laboratory work and visits to factory and school canteens. It was followed by a period of practical work in Africa.

A seminar on environmental sanitation was held in Ibadan in Nigeria in December. The general purpose was to bring together medical officers and sanitary engineers responsible for directing various types of sanitation work in Africa in order to encourage a combined approach in the administration and execution of sanitation programmes. Early in the year members of the headquarters staff visited
most of the countries in the Region to assess the situation and collect suggestions for the seminar. These, with papers submitted by governments, contributed to the success of the seminar, which helped to clarify a number of points for the future planning of rural health services.

Very briefly, the conclusions of the seminar were that environmental sanitation was specially required in Africa; that it must be closely related to the general health services of the country, adapted to the country's needs and resources and planned well ahead; that some improvement was always possible in any conditions even with limited resources and that often the simplest things were the most important; and that the essential thing was to make a start, from which successful work would develop.

The Fellowships Programme

There has been a striking increase in the number of fellowships granted: 133 in 1955 as against eighty-one in 1954 and twenty-seven in 1953. The increase was possible chiefly because in April the Technical Assistance Board approved a supplementary programme for 1955 and an additional allocation of funds to WHO; eighty-five awards made were from Technical Assistance funds.

Twenty-six of the forty-three countries and territories of the Region were thus able to take part in the fellowships programme.

Seventy-eight per cent. of the fellowships were awarded for studies in other WHO regions: it is hoped to increase the number of fellows who undertake part at least of their study in the African Region. In 1955 nine WHO fellows came to Africa from other Regions.

Most of the fellowships awarded in 1955 were given to assist either the organization of public-health services (53 per cent.) or the control of communicable diseases (42 per cent.).

Of the 133 fellowships awarded, forty-seven were to attend training courses organized by WHO or with its help. WHO fellows from Africa attended the various courses organized in the Region (described in the preceding section) and also the courses on anaesthesiology in Copenhagen, insect control in Rome, social paediatrics in Paris and dermatology and venereology in Madrid. Arrangements have been made for fellows from the Region to attend a seminar on virus and rickettsial diseases in the European Region in 1956.

Forty-seven fellowships were awarded for individual studies, many of them for sanitation and health education, both subjects of special interest for this Region. Nineteen WHO fellows from Africa attended a course on environmental control organized by the London School of Hygiene and Tropical Medicine and six attended a diploma course on the contents and methods of health education, organized by the Institute of Education of London University.

Work in Communicable Diseases and Environmental Sanitation

A complete list of the projects current in the Region appears in Part IV. Some work in the important subjects of communicable diseases and environmental sanitation is described below.

Yaws Control in Nigeria

Yaws is a public-health problem in all three regions of Nigeria, and in some areas the prevalence of clinical yaws approaches 20 per cent. A mass campaign (Nigeria 1) against yaws, with assistance from WHO and UNICEF, began in 1954, and by the middle of 1955 1,107,000 people had been examined and 237,000 active cases, and many contacts and latent cases, had been treated. WHO provided one medical officer. Mobile field units trained and staffed by the Government are conducting the mass treatment campaign. The units are largely composed of auxiliaries, and more than 300 auxiliaries and supervisory personnel are employed.

In the initial treatment survey, 385,646 persons were examined in the Nsukka Division of Eastern Nigeria and the prevalence of active yaws was found to be 14.3 per cent., of which 3.2 per cent. were infectious cases. This work was done by two field teams, each of 10 to 14 auxiliaries, and one smaller team. The two larger teams covered up to 1500 or 2000 persons daily in the initial survey. Two re-surveys were made, after six months and after twelve months. The first showed an incidence of from 0 to 0.6 per cent. of infectious cases and the second, 0 to 0.3.

A secondary objective in the mass yaws campaign is leprosy case-finding, for which leprosy specialists are attached to the field units. In the Nsukka Division more than 1700 new cases of leprosy have been discovered in this way.

Because the results of the campaign are apparent in the rapid disappearance of lesions and alleviation of suffering, it has been an effective method of
obtaining community co-operation; and its effects on health education stimulated active local co-operation in strengthening rural health services. A number of rural health centres are thus being established in the wake of the yaws campaign. These centres had been planned in advance and their construction was hastened as a result of the yaws campaign.

Tuberculosis Survey Teams in Africa

A number of requests for advice and international assistance on tuberculosis control has been received from countries on the African continent. Little information is available on the extent and behaviour of tuberculosis in Africa and the data from different areas are not at present comparable. As a first step, therefore, the World Health Organization with the assistance of UNICEF has established two tuberculosis survey teams for Africa. These teams are to obtain information on the prevalence of tuberculosis in various areas and thus should permit better advice to be given to those governments which are envisaging control schemes.

UNICEF is providing equipment and supplies for both projects. The various countries will also assist, within the limits of their resources, by providing premises and facilities for cold storage of tuberculin and vaccine and will also provide certain personnel such as clerks, drivers, etc. Following visits by tuberculosis medical officers to governments, the response to an offer of a visit by a survey team has been quick and reflects a great interest on the part of governments. The team in West Africa has already started work in Nigeria and the other, in East Africa, which has been working in Somalia (in the Eastern Mediterranean Region) in 1955, is to move to the Somaliland Protectorate in January 1956.

Each team consists of four experts: a medical adviser, two nurses and a laboratory technician. In each case, the medical officer is responsible for the organization of the project and contacts with governmental authorities. The nurses are engaged in carrying out tuberculin tests of carefully chosen samples of urban and rural populations, using standard products and methods which will give data comparable with those obtained in other parts of the world. As laboratory facilities are not available in all the areas to be visited, microscopic examinations will be carried out by the technician in the field laboratory.

Experience is limited of such large-scale assessment work under varying, and usually difficult, local conditions, and it is probable that for some time efforts will have to be concentrated on developing reliable and useful methods of survey. In the first stages special attention will be given to investigating the efficiency of bacteriological examinations. Several methods of obtaining sputum specimens will be tried and the consistency of the results will be studied. The investigations will be carried out in a series of studies for which detailed plans are prepared by the WHO Tuberculosis Research Office, which guides the team in all technical matters, advises on the planning and execution of the programme and on the compilation of field data. The Tuberculosis Research Office also analyses the results and prepares the technical reports on the work.

Environmental Sanitation in the Seychelles

In the Seychelles, a group of ninety-two small islands just south of the Equator in the Indian Ocean, malaria and some of the other tropical diseases are unknown. Intestinal infections are the chief problem, and are responsible for 60 per cent. of the serious illnesses.

A WHO sanitary arrived in the Seychelles in August 1953 and spent most of his first eighteen months in training sanitarians. A WHO public-health nurse came early in 1955 and a senior medical officer in July of that year. The sanitary could then undertake more general work on environmental sanitation and the project (Seychelles I) has developed as satisfactorily as the restricted resources of the territory permit. Two of the sanitarians so trained and two laboratory technicians have been awarded WHO fellowships.

The WHO public-health nurse started in February a course for public-health nurses; antenatal classes were begun and a small welfare clinic for children has been organized. The public-health nurse has assisted the Government Medical Officer to launch a pilot scheme for a school health service, which is at present limited to two schools because of the shortage of public-health nurses; but it is proposed to extend it gradually to all schools as more public-health nurses are trained. Health visiting, and arrangements to follow up cases of amoebiasis and tuberculosis, have been started.

The WHO medical officer is assisting the Attorney General to plan new public-health legislation and has obtained the co-operation of the leaders of social and religious bodies in promoting health education. An "intestinal clinic" has been set up to obtain a clearer picture of the chief intestinal diseases and the efficacy of different methods of treatment and,
when the laboratory technician arrived in early November, plans were being made to carry out a sampling survey of morbidity. A survey was made of excreta-disposal in the town of Victoria (Mahé) and recommendations were submitted. A composting experiment has been started.

Present Trends and Future Developments

In Africa, probably more than in other regions, the immediate problem is to collect the information that is essential before an effective programme of health work can be confidently undertaken. Not enough is known about the chief diseases in the Region, their distribution and epidemiology. Methods that in other regions have been found efficacious in dealing with those diseases must be adapted for use in the physical conditions of Africa and the economic and social circumstances of its people. The WHO programme in Africa will therefore probably for some time contain a relatively high proportion of surveys and pilot projects. It is already clear that environmental sanitation for rural areas, health education of the public and the control of tuberculosis and other communicable diseases will rank high among the problems to be dealt with. Requests for assistance with programmes of tuberculosis control are likely to increase; onchocerciasis and bilharziasis are important problems in some areas and methods of interrupting the transmission of malaria will have to be carefully studied.

For these tasks, the number of health workers will have to be much increased and it is likely that the countries of the Region will submit considerably more requests for fellowships and for assistance to training institutions, to build up the trained manpower by which health work in Africa must be advanced.
CHAPTER 12
REGION OF THE AMERICAS

The three principal aims of the regional programme laid down in 1953 by the Directing Council of the Pan American Sanitary Organization (PASO), serving as the WHO Regional Committee for the Americas, were: (a) to strengthen the fundamental services for the promotion and preservation of the health of the people in each country; (b) to provide means for the training of professional and subprofessional personnel and to develop local and regional resources to this end; and (c) to co-ordinate and assist in the planning and operation of country or regional programmes for the eradication of communicable diseases which constitute a threat to the Western Hemisphere and for which means of eradication exist.

In 1955 the Regional Committee, taking into account the general programme of work approved by the Eighth World Health Assembly and the long-range programme already adopted for the Region, approved a general programme of work in the Region of the Americas for the period 1957-60 which reaffirms the above basic aims and provides a guide for national authorities and for the Organization in planning their programmes in the Region.

The Committee recognized that national planning is the foundation of health programmes, national or international, and that collaboration with national health services, in the fundamental task of national planning, should be a prime function of the Organization.

It is now widely accepted that most health needs can be met only by building up strong and adequate health services. The main contribution of the Organization to this purpose is co-operation with Member governments in long-range planning for the reorganization and expansion of health services at all levels.

The provision of enough well-trained technical personnel is still a problem for national health services. An important part of the international programme therefore lies in the support and expansion of national facilities for education, instruction and training by seminars and short courses and fellowships for study abroad. One of the aims of governments of the Region is to establish a professional health career service with full-time employment and adequate salary, and to train professional and subprofessional staff for their health services.

In 1955 substantial progress was made with a field programme for malaria eradication, following the decision of the Committee in 1954. The addition of malaria to the list of diseases whose eradication is feasible reflects one of the most important advances so far made in health programmes.

The Regional Committee

The VIII Meeting of the Directing Council of the Pan American Sanitary Organization (PASO), which was also the seventh session of the Regional Committee of WHO, was held in Washington from 9 to 21 September. The session was attended by representatives of all American States in the Region except Costa Rica and Uruguay (Canada was represented by an official observer) and by representatives of France, the Netherlands and the United Kingdom of Great Britain and Northern Ireland, on behalf of certain territories in the Region. Colombia, a Member of PASO, was also represented. Observers were sent by the United Nations (and the Technical Assistance Board and UNICEF), ILO, the Organization of American States, and a number of non-governmental organizations concerned with public health.

Two working parties were appointed: to draft a proposed new resolution on fellowship stipends; and to study the rules for technical discussions at meetings of the Directing Council.

The annual report of the Regional Director for 1954 was discussed under three main heads: communicable diseases with emphasis on eradication; strengthening of national public-health administrations and co-ordination of health services; and training of personnel.

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Most of the representatives gave reports on malaria eradication programmes in their countries or territories. The discussion on malaria eradication closed with two statements, one by the Chief of the Co-ordination Office of the Malaria Eradication Programme (COMEPI) on the principles and technical features of malaria eradication, and the other by the Regional Director of UNICEF, on the help UNICEF is prepared to give for the eradication of malaria.

The Council adopted for the Pan American Sanitary Bureau (PASB), a programme for 1956 and a budget of $2 200,000 for that year. This budget is $100,000 more than that for 1955, because of the additional amount for malaria eradication, authorized by the XIV Pan American Sanitary Conference (resolution XLIII). Of that amount, $210,000 represents contributions from Members of PASO, and $100,000 is made up of contributions on behalf of the non-self-governing territories for which France, the Netherlands and the United Kingdom are responsible, and miscellaneous income.

The Council recommended that the Director and Executive Committee, in preparing the proposed programmes and budgets for the Americas, should keep in mind the advisability of carrying out local programmes in the countries that need and desire them, since many countries still need direct international aid to organize and strengthen their health administrations so that they may take their full part in continental programmes.

It was agreed to establish a Building Reserve Fund, of an initial amount of $100,000.

In pursuance of the decision taken in 1954 to intensify and co-ordinate work for the eradication of malaria,¹ the Council, bearing in mind that the solution of the malaria problem demands concerted action by all agencies and organizations interested in the welfare of the Western Hemisphere, and merits priority over other public-health problems, approved an increase of $54,594 in the proposed allocation of $100,000. This addition may be supplemented from savings.

As the WHO Regional Committee, the Council approved a proposed programme and a budget of $1,304,411 for the Region of the Americas for 1957, to be transmitted to the Director-General for his consideration.

It was recommended that Member States which had not yet done so should prepare, during 1956 if possible, national plans for public-health work for the period 1957-60, and should inform the Director of those plans so that he might take them into account in annual programmes and budgets for that period. The general programme of work adopted for 1957-60 provides for the following lines of action: (a) completion of the inventory of national health conditions and resources; (b) preparation of national health plans; (c) establishment of a professional career service with full-time employment and adequate salary; (d) intensification of continental, regional and national programmes for eradicating communicable diseases; (e) wider application of the principle of border and area health agreements to meet common problems of neighbouring countries; and (f) concentration of national and international work to eliminate major health hazards, of which those due to environmental conditions are outstanding examples.

There were technical discussions on improving the education of public-health personnel and on medical care in rural areas.

Bolivia, Cuba and Nicaragua were elected for a period of three years to the Executive Committee of PASO in place of Brazil, Haiti and Panama, whose terms of office had expired.

The 25th, 26th and 27th Meetings of the Executive Committee of PASO (acting also as a working party of the WHO Regional Committee) were held in Washington, from 25 April to 2 May, and in September immediately before and after the meeting of the Directing Council.

In 1956 the IX Meeting of the Directing Council, which will be the eighth session of the Regional Committee, is to be held in Guatemala. The subject for the technical discussions at that meeting is "Methods for the preparation of national public-health plans".

Administrative and Organizational Developments in the Regional Office

The principal factor affecting the organization and administration in the Region of the Americas in the years 1951-54 was the programme of economy and decentralization. The decentralization has been substantially completed and the main objective is now economical operation. This is of particular importance in the Americas, since the location of the Regional Office at Washington, an area of high cost of living, inflates the cost of personal and contractual services.

In 1955, the several problems which influence the administration of programmes were analysed to determine the merits and faults of the current system, its adaptability to future programmes, and the improvements on which attention should be concentrated.

The review of the administrative implications of multiple financing was continued, and further

progress was made toward the most effective method of controlling the different funds expended by PASB/WHO on international public-health work. It was recognized that multiple financing had certain consequences which could be corrected by joint action. During 1955 special consideration was given to the diverse conditions of employment under the several funds, and their effect on administrative operations. An internal review of the various allowances and entitlements of personnel under the several sources of funds, which was nearly completed, led to the tentative conclusion that as far as possible all staff should have similar conditions of employment. How this should be done was still being studied, but it was clear that some changes in staff rules and regulations would be necessary.

An analysis was also made of the system of zone offices. These offices, which have been fully operational since 1952, were an essential feature of the decentralization programme and from the point of view of administration the system has worked well. The zone offices can provide administrative services more cheaply than the Washington Office, and have made advice and assistance more accessible to the field staff, a point of great importance in the Americas where the area of operations has political subdivisions under the sovereignty of twenty-four nations, and the distances range up to 5000 miles. The system of zone offices is efficient, and is the only practical alternative to a system of individual establishments in each country, serviced from a distant central office.

The review of the implications of multiple financing and the analysis of the system of zone offices are only two items in an analysis of the administrative system; other questions also are being examined with good results. Progress has been made, for example, towards a single budget review and approval and, in the control of allotments, the identification and utilization of funds has been further improved. A new study has been made of the several functions and responsibilities of the staff, and post descriptions have been analysed and will be reviewed annually and revised as necessary. A critical and continuing analysis was made of the amount and kind of expenditures on all functions, and guidance was given on plans for future spending. Plans were being made for a future building to accommodate the PASB/WHO staff in Washington.

By the end of 1955, therefore, good progress had been made and the future administrative pattern was well outlined. It will be made as simple and efficient as possible.

Reports on Typical Projects in the Region

A complete list of projects current during the year will be found in Part IV. The following have been selected for fuller description.

Tuberculosis Control (BCG)

In 1953 the Government of Colombia requested the assistance of the Organization and UNICEF in a nation-wide campaign of BCG mass vaccination, as a complement to their existing measures for the control of tuberculosis.

In February 1954 a tripartite plan of operations was signed, under which the mass vaccination campaign (Colombia 15) would begin in July 1954. The Government would take the necessary steps to set up a permanent organization that would continue routine vaccination after the mass vaccination campaign was finished. Persons under thirty years old would be tuberculin-tested and negative reactors vaccinated. The total number to be tested was estimated at 2 200 000.

The Organization appointed a consultant, UNICEF allocated funds to reimburse the salary of the consultant and to provide equipment and PPD and BCG and other supplies to the amount of about $80 000. The Government provided the personnel and other supplies not provided by UNICEF, to a total cost of about 700 000 Colombian pesos.

The consultant arrived in April 1954 and began, in collaboration with the national counterpart, the recruitment and training of personnel, the preparation of the standard statistical records, and the selection and preparation of materials for a vigorous campaign of health education. Late delivery of equipment delayed the start of the campaign until 17 September 1954. The work began in the city of
Bogotá and will be gradually extended to the rest of the country: it is being carried out by ten specially trained field teams who are preceded by the health education campaign. The BCG vaccine used throughout the campaign is produced by the BCG Laboratory of Mexico City.

The original objective was to test 2 000 000 persons before the end of the year—and in fact by the end of September 1955 nearly 2 350 000 persons had been tuberculin-tested, of whom nearly 1 400 000 negative reactors had been vaccinated. But the population to be covered has been increased to 3 000 000 because some persons over 30 years of age have been tested. It is therefore necessary to extend the campaign to April 1956, in order to cover the whole country. UNICEF has approved more supplies and the consultant will remain for the extra period.

Rural Public-Health Services

In 1953, the Government of Guatemala requested the collaboration of the Organization in a programme (Guatemala 8) to reorganize and strengthen health services in rural areas, and to train medical, nursing, sanitation and auxiliary personnel. It is expected to last for five years and, when the Organization's assistance is withdrawn, the Government will assume responsibility for continuing the services established.

The project is assisted also by UNICEF, which provides equipment and supplies for health centres. WHO has assigned a team of four advisers—a public-health administrator (from August 1954) to serve as team leader, two public-health nurses and a public-health engineer, who joined the project in 1955. In that year, national and WHO personnel completed a preliminary survey which led to the selection of the Amatitlán area for the project, and a plan of operations was prepared. The construction and equipping of the training centre in Amatitlán was completed by the end of 1955. While the health centre was being constructed, work was undertaken to improve the sanitation of water supplies, with the co-operation of the local communities. National personnel assigned to the project is employed full time at augmented salaries. The health centre in Amatitlán will demonstrate and build up the essentials of a public-health service: maternal health, child health and school health services; medical care; environmental sanitation; control of communicable diseases; health education; simple health statistics and notification of disease.

In May 1955 training courses in public health were started for seven doctors, eight graduate nurses and twenty sanitary inspectors. By the end of 1955 a course for auxiliary nurses was in progress, with twenty students. Fellowships for training abroad were awarded to a doctor, three nurses and a sanitary engineer, who will all be employed in the project on their return. The professionals trained in the 1955 courses will be assigned either to the Amatitlán training centre or to other health units in the project. In later courses, training will be given to professional and auxiliary personnel who will work in other rural areas of the country.

Training in Environmental Sanitation (Brazil, Chile and Mexico)

This—AMRO 1—is the most important regional project in environmental sanitation. It makes a substantial contribution to the training of professional and auxiliary personnel in most countries of the Region. It began at the end of 1952 and is to be expanded and continued in future years.

During 1955, four fellowships were awarded for the public-health engineers' course, eleven for the sanitary inspectors' course in the School of Public Health in São Paulo, Brazil, and one for the sanitary inspectors' course in the School of Public Health, Santiago, Chile. The students came from Argentina, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Nicaragua, Panama, Paraguay, Peru, Uruguay and Venezuela.

During 1955 some teaching equipment was provided for the Chile School of Public Health, and in June a sanitary engineer started work as long-term consultant. He is assisting the school in the preparation of the first post-graduate course in sanitary engineering, which is due to begin in 1956.

Steps are being taken for the Organization to assist the School of Engineering in Mexico University in establishing courses for foreign fellows.

Several engineers and inspectors have already completed courses. All of them are working in their national health services and many are taking principal parts in organizing national courses for inspectors, usually in connexion with country programmes in their countries that are assisted by the Organization.

Seminar on Mental Health

The second regional seminar on mental health (AMRO 9.2) was held in Montevideo, Uruguay, in July 1955, under the joint auspices of the Uruguayan Government and the Organization. Its purpose was to give child psychiatrists and paediatricians doing mental health work in South America a better
knowledge of recent developments in child psychiatry. The seminar was attended by participants from Argentina, Brazil, Chile, Ecuador, Peru, Uruguay and Venezuela.

A short-term consultant visited the countries to assist in selecting the participants and in preparing the seminar. Two other experts, one from Argentina and one from Canada, introduced the principal topics and gave instruction and advice to the discussion groups. Staff members of the Organization also assisted in the seminar.

The seminar dealt with mental health as part of the general public-health programme, in particular with the mental health problems of childhood and their prevention, with training in mental health practice and with the development of national programmes in mental health.

The conclusions of the seminar emphasized the importance of a preventive programme as a practical solution to some of the chief mental disorders of childhood, the need for education of the family and of the general public, and the need for technical training of professional workers.

Waterworks Training Course (Central America)

Governments have recognized the need for these courses, to facilitate the efficient operation of the water supply systems of large and medium-sized towns in most countries of the Region. The success of the first course, held in Tegucigalpa (Honduras) in June 1953, was shown by the improved techniques that were observed when the course was followed up by visits to all the countries represented.

The second course (AMRO 17.2) was held from 31 May to 29 June 1955, in Guatemala, for Mexico and the countries of Central America and Panama. Twenty-nine fellows attended (including eight from Guatemala). The Organization provided two consultants for three months. Their functions included assistance in planning and developing the course, and subsequent visits to the waterworks to which the students returned after the course.

The experience of these two courses provides a very satisfactory basis for planning the third course, to be held in Mexico in 1956 for countries of Zone II.

Rabies Control

In November 1949, in response to requests from the Governments of Mexico and the United States of America, the Organization assigned a rabies consultant to the border area of the United States and Mexico to co-ordinate work for the control of rabies and to assist in the training of personnel. Some eight-five people of various technical grades were trained, campaigns against canine rabies were started, measures for the control of predatory animals were demonstrated, and study was begun on the complicated problem of rabies in bats.

In June 1952 under an agreement with the Government of Mexico, the antirabies work was extended to the whole country (Mexico 4). An important feature of this project was the provision of technical assistance for the large-scale production of avianized antirabies vaccine, as a result of which the Instituto de Investigaciones Pecuarias, Palo Alto, Mexico, supplied at a low cost the vaccines needed by the campaigns for vaccinating dogs and cattle. This supply was later extended to other countries.

By January 1954 requests for assistance with rabies problems were so varied that an inter-country project (AMRO 61) was started to cover all aspects of rabies control, including the work in the Mexico-United States area. The public-health veterinarian for Zone II and a mammalogist were appointed to this work and short-term personnel were assigned from time to time. By the end of 1955 requests for advice had been met from thirteen countries and territories—Brazil, Cuba, Dominican Republic, Ecuador, Grenada, Haiti, Mexico, Panama, Peru, Surinam, Trinidad, United States of America, and Venezuela.

The work done by the end of 1955, and that planned for the immediate future, are described below.

The technical assistance provided for campaigns against canine rabies has ranged from simple personal consultation to assistance in preparing the complete plan of operations for a national campaign. The main subjects of inquiries have been effective control of stray dogs, legislation and procedures for the licensing and vaccination of dogs, and education of the public.

In addition to the work on bats, there were demonstrations of the best measures for the elimination of predatory and other wild animals, to check the spread of sylvatic rabies. In co-operation with the Chief of the Predatory and Rodent Branch of the United States Fish and Wildlife Service, forty-one poison stations were chosen in four states of northern Mexico and about 700 kilograms of poisoned donkey meat were set out. These demonstrations cover an area of approximately 1 000 000 hectares and it is estimated that some 17 000 wolves and coyotes have been killed, and the reservoir of rabies virus to that extent reduced. In Grenada (Wind-
ward Islands) the consultant assisted in a survey of sylvatic rabies and advised on control of the mongoose, the probable local reservoir of the virus.

More information on rabies in vampire bats and the recent discovery in various parts of the United States of America and Mexico of evidence of rabies infection in insectivorous and frugivorous bats have led to increased study of vampire and other bats and their part in the rabies problem. Since its initial work on rabies in 1949, the Organization has continued its study of the distribution and migration of bats. The information gathered has been reported from time to time in technical journals and is being collated for issue in a "bat atlas".

To assist this work, the Smithsonian Institute, during November and part of December, lent a specialist from the National Zoological Park to photograph bats.

There has been technical co-operation with the US Public Health Service, Texas State Department of Health, Oklahoma A. and M. College, Johns Hopkins School of Hygiene and Public Health, University of California, and the 4th Army Medical Laboratory at Fort Sam Houston, Texas. Smaller studies of bats have been made in Trinidad, Venezuela, Colombia and Peru.

Advice and assistance have been given on the determination of the need for prophylactic treatment in man, and on treatment regimes. Short courses, with emphasis on laboratory techniques, have been given by project staff for laboratory workers, epizootiologists, epidemiologists, physicians and veterinarians, and preliminary arrangements were made for a regional rabies training course to be held in 1956.

Assistance has also been given to start, improve and test the production of phenolized vaccine for dogs, avianized vaccine for dogs and for cattle, human vaccine, and hyperimmune serum.

Education in Veterinary Medicine

Increasing interest in questions of the zoonoses in public health has led to an extension of the veterinary public-health work of the Organization, and at international veterinary meetings there is more discussion on improving veterinary medical education. In most schools of veterinary medicine, too little attention is given to prevention. The Organization therefore maintains a project (AMRO 67) for assistance to schools of veterinary medicine.

The preliminary consultations were with directors or deans of these schools, and the schools have been surveyed by the WHO consultant. Requests for assistance have been received from nearly every country in Central and South America in which there is a school of veterinary medicine. It is hoped to recruit deans of veterinary schools to make surveys of the facilities and teaching methods and, with the senior staff of a school, to prepare a plan for modifying the curriculum to give more attention to preventive medicine and to include more laboratory and clinical classes in the teaching.

One fellowship was awarded to the Professor of Preventive Medicine and Hygiene of the School of Veterinary Medicine, University of Uruguay, to study veterinary public health for a full academic year.

Latin American Centre for Classification of Diseases

In January 1951 a WHO Centre for problems relating to the classification of disease was attached to the General Register Office of England and Wales. This centre has been very useful in solving problems of general interest in this field, and in 1955 a Latin American Centre for Classification of Diseases (AMRO 85) was established in the Ministry of Health of Venezuela, to consider the particular problems of Spanish-speaking countries and the use of the Spanish version of the Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death. This new centre is run by the Government of Venezuela, with the co-operation of the Pan American Sanitary Bureau (Regional Office of the World Health Organization) and the WHO Centre in London.

The Latin American Centre works in close co-operation with Headquarters. It provides assistance and advice on the use of the Classification and collaborates with national offices of statistics on training courses and in the collection of questions of interest that have arisen in the use of the Classification.

The first training course, for coders, was given from 12 to 23 September 1955 and was attended by twelve students from nine countries, the professor and head of the Department of Statistics of the School of Public Health of the University of Chile and the statistical consultant for Zones II and III of PASB. The course provided detailed instruction for those responsible, in vital and health statistics offices, for coding causes of death, and promoted closer working relations between national offices and the Latin American Centre. A second training course is provisionally scheduled for August 1956.

The publication of the Seventh Revision of the Manual of the International Statistical Classification and the Revised Rules, which come into effect on
1 January 1958, will affect the planning of subsequent courses and a course should be arranged for the latter part of 1957 to discuss the changes. To obtain uniformity in the assignment of causes of death, arrangements will be made for national offices to send to the Centre samples of certificates selected at random and certificates with difficult coding problems. The Director of the Centre has prepared the Spanish translation of the Sixth Decennial Revision of the Classification, has reviewed the tabular list in Spanish and has made corrections for the Seventh Revision.

Besides the application of the Classification it will be a function of the Centre to improve medical certification by education and training. It is recommended that a seminar or small working group should be held to consider methods of education and training in medical certification, for medical students in Latin America. The group should make a complete review of the subject, exchange views on educational techniques, and prepare material for use in medical schools. The Latin American Centre has adapted for Spanish-speaking countries the film strip on medical certification prepared by the United States National Office of Vital Statistics—a series of 58 slides with an oral commentary. These charts will be reproduced in a small booklet with the commentary on the opposite page. Slides will be prepared and made available for national use.

Future work will include the use of the Classification in hospital statistics and the improvement of certification of causes of death in areas where the health facilities are limited. The Centre will arrange for teaching the use of the Classification in hospitals and in studies of morbidity. In Venezuela, plans are being prepared to improve medical certification in areas with limited facilities. It is proposed to study, in experimental areas, the recording by rural doctors (health officers) and civil authorities of causes of death and symptoms, the methods by which rural doctors may obtain information from relatives of the deceased and the transmission of certificates by civil authorities to rural doctors for investigation and signature. Courses of instruction for rural doctors, education of the population as to reporting, and training in medical certification, for medical doctors, should be held to consider methods of education and training in medical certification by education and training.

Seminar on the Application of the International Sanitary Regulations

This five-day Seminar on the International Sanitary Regulations (AMRO 91) was sponsored by the Government of Costa Rica and the World Health Organization and held in San José, from 22 to 27 August 1955. Eight countries of Zones II and III were represented by eighteen officials, including directors of health, epidemiologists and statisticians of the national health services. The US Public Health Service sent a representative and the Organization provided a consultant. The Regional Director and six members of the PASB staff took part in the seminar.

The purpose of the seminar was to discuss the application of the International Sanitary Regulations, to study the amendments approved by the Eighth World Health Assembly, and to formulate procedures of reporting which would ensure the satisfactory application of the Regulations and could be used in planning local, national, and international health programmes.

The first meetings of the seminar were devoted to general discussion of the Regulations, and the functioning of the Regulations in different countries. The seminar discussed also the amendments to the Regulations, which relate principally to yellow fever, the epidemiology of the disease, case reporting, and the Aedes aegypti eradication programme. The systems of reporting quarantinable and other notifiable diseases in Mexico, Cuba and Costa Rica were explained, and there was general discussion of the different problems in various countries. A draft of the revised Guide for the Reporting of Communicable Diseases in the Americas, providing forms and procedures for new weekly and annual reports, was described. It recommends that weekly reporting of notifiable diseases should as soon as possible replace monthly reporting, to provide more up-to-date information. The value of reporting in providing basic data for local and national health programmes, and the methods of improving reporting, were discussed. One day was devoted to problems connected with port regulations and the procedures of port health authorities, the reporting

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1 Zone II comprises Cuba, Dominican Republic, Haiti, Mexico; Zone III British Honduras, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama.
Different species of forest mosquito live at different heights. Tree ladders and platforms are necessary to capture some species for study.

Collecting mosquitos at ground level, by tube and jar.

CONTROL OF GUINEA WORM IN IRAN

Part of the Government project for the control arthropod-borne diseases.

The guinea worm passes its larval stage in small crustaceans (cyclops) which breed in the birkês, large covered water reservoirs liable to pollution. Villagers drinking the water swallow the cyclops infested with guinea worm larvae. The guinea worm will breed, to break through the skin about a year later, and may be washed off when the sick person fetches water from the birke, to start the cycle again in the cyclops. This photograph shows two birkês in the Lars area of Iran.

Members of a WHO team filter water from a birke to collect the cyclops and examine their density in the water, their species and the extent of their infestation with guinea worm larvae. Simple filtering through a handkerchief will catch the cyclops and break the cycle.
The leader of a DDT crew in Lan-Yu (Orchid Island), Taiwan, repairs a “lift-pressure” sprayer.
In Taiwan and Syria, residual insecticides, and the collection of mosquitos in projects assisted by WHO.

A DDT sprayer at work in a village of the Homs province of Syria.

Local assistants of the UNICEF/WHO malaria team collect mosquitos from a pigeon-house in a village of Homs.

A Syrian malaria team in Homs mix their insecticide suspension at a village well.

Unloading supplies of DDT on the beach at Lan-Yu.
PLAGUE ACTIVITIES IN INDIA

In areas of endemicity of plague in Uttar Pradesh, the Government, with help from WHO and the Institut Pasteur at Teheran, is carrying out an epidemiological survey and is training personnel in plague control work. Rodents and rodent fleas are important links in the chain of transmission, and the photographs on this page show investigations to find out how far they are infected with plague.

Digging for field rodents. The central nest is often two or three feet below the surface.

Unloading traps for rodent-catching in the village of Khuslipurwa, Barabanki.

Setting a baited trap in a hut, near where the corn is stored.

The WHO consultant demonstrates to village elders the methods and purpose of the work in order to enlist their help.

Autopsies on rodents of various species, to ascertain whether they are infected.

Collecting fleas from captured rodents, in order to examine them for plague germs: the fleas are blown into a bowl of water.
of plague, typhus fever, and smallpox, and other sanitary measures and procedures covered by the Regulations. The value and use of malaria reporting in the eradication programme was considered. The final session received and approved several comments and recommendations by participants on specific aspects of the Regulations, approved the Guide, and made recommendations to improve the reporting of quarantinable and other notifiable diseases in the Americas.

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Present Trends and Future Developments

Governments in the Region of the Americas now recognize that the eagerness with which they are ready to apply new technical knowledge and methods of organization is a measure of their progress, and they welcome international co-operation for such purposes. Mention is made above of the discussion in the Regional Committee as to the relative merits of inter-country and national projects, and of the recommendation that in the formulation of the annual programmes, the Organization should not neglect local programmes in the countries that need and desire them. There is no problem of the acceptance of international co-operation; the real problem of the Organization is to provide co-operation of a quality to merit the confidence placed in it by Member countries.

The future development of the regional programme is well laid down in the general programme of work adopted by the Regional Committee, and its three principal long-term objectives—strengthening fundamental health services, education and training, and the eradication of communicable diseases—are now fairly well balanced. Within the general programme there is flexibility in the annual planning, so that from year to year the kind and the extent of international co-operation can be adjusted to meet changing situations and the practical needs in each country.

The very keen interest of governments in improving their national health planning was apparent in the discussion of the general programme of work at the last meeting of the Directing Council (Regional Committee). There is no doubt about the continuing desire for international co-operation, whether in specific projects or by direct consultation with the regular staff of the Organization on national planning.

The continued emphasis on country projects, to meet the requests for long-term international co-operation, does not mean any neglect of inter-country activities. Much thought is being given to ways of meeting border problems, and problems of groups of countries, by co-operative programmes. A successful result of such joint action is the Institute of Nutrition of Central America and Panama (INCAP), in which the co-operating governments contribute directly to the maintenance of the Institute. Each problem and each group of countries has individual characteristics which must be catered for; but the search will be continued for new ways of establishing and improving international co-operation.
CHAPTER 13

SOUTH-EAST ASIA REGION

The principal aim of the regional programme in South-East Asia remains unchanged—to help governments to provide at least a minimum of public-health service to the rural population. Nearly 400 million out of the 500 million people in the Region live in rural areas, in varying degrees of poverty, ignorance and disease. Modern public-health principles are not yet fully appreciated even in urban areas; the villages remain almost untouched, and elementary public-health facilities, such as safe drinking-water, disposal of excreta and minimal medical care, are still very rare. Every effort is therefore being made to assist governments with national plans to improve environmental sanitation, to provide networks of health centres and to encourage health education in rural areas.

But at the same time, help must be continued for the control of communicable diseases so that the enormous burden of sickness may be reduced to manageable size: this is done by assisting with mass BCG campaigns or mass campaigns against malaria and yaws and with other methods on a smaller scale.

Special attention has also been devoted to the vast child population of the Region, by promoting maternal and child health services.

All these health plans would come to nothing without health staff of all categories, particularly auxiliary staff, and schemes of training are therefore most important. Medical assistants must still be trained, though there are objections to using semi-trained practitioners instead of qualified medical aid. There will not for generations be an adequate number of doctors in this region. The medical assistant, under supervision, can and does give most useful service in simple medical care, the integration and continuation of mass attacks against disease—once they have been set going and consolidated—and in technical help with elementary practices of environmental hygiene.

The number of personnel required runs into hundreds of thousands, but there is an acute shortage of trainers. WHO is attempting to help meet this need by providing teachers, fellowships and refresher courses for all grades of health staff. The limited value, except for senior health officials, of training abroad is gradually being realized, and assistance is being concentrated on promoting and expanding training facilities within the countries themselves. For certain selected subjects regional training centres are being developed, and they should become a prominent feature of WHO's assistance in the near future.

Such is the general situation in most of the Region, but there are some countries where health services are fairly extensive but their quality needs to be improved; there are others where modern public-health work is still struggling to get started. The WHO programme has to be flexible enough to fit these varying conditions.

Much of the present attitude to undergraduate medical education appears unrealistic; a critical study is being made to determine what is needed in the Region, and it is hoped that in the next few years there will be a drastic revision of medical curricula and teaching methods.

Experience confirms the view that health work cannot give optimum results except in collaboration with work for social welfare, education and economic development. Health work of different kinds must also be co-ordinated and planning is now being directed toward integrated public-health projects, as part of national programmes for community development. For similar reasons, more projects are being planned to cover more than one country, and regional conferences and seminars are held on important subjects of common concern to promote

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1 The South-East Asia Region comprises Afghanistan, Burma, Ceylon, India, Indonesia, Nepal and Thailand (see Off. Rec. Wld Hlth Org. 13, 80, 330; resolution WHA3.118 and resolution WHA6.48). In accordance with resolution WHA6.46, the Maldive Islands were assigned to the Region provisionally.
interest in the participating countries and spread information by discussion. But individual country programmes will none the less be needed in this region for many years.

The Regional Committee

The Regional Committee for South-East Asia held its eighth session in Bandung, Indonesia, from 5 to 10 September. Representatives of eight of the ten Member countries were present (France and the United Kingdom of Great Britain and Northern Ireland were not represented). There were also representatives of the United Nations (and of the United Nations Technical Assistance Board and UNICEF), FAO, UNESCO and of five intergovernmental and non-governmental organizations, and observers from other agencies.

New Rules of Procedure for the Regional Committee were adopted.

The seventh annual report of the Regional Director was discussed, and the more important points that emerged were:

Public-health services still need strengthening, centrally and in the provinces; newly developed services are unlikely to become permanently established unless they are staffed by a strong cadre of well-trained personnel; in many national programmes there is still too much discrepancy between the provisions for preventive and for curative services; adequate resources should be provided for permanent preventive services; mass campaigns, although useful, do not help to build up a permanent health organization—they should be so planned and conducted that their staff may be absorbed in the permanent health services; health administrators should be given more part in planning medical education, as it is in their services that the final product of the education will be used; the increase of activities in nutrition, mental health, occupational health, dental health, health education and physiotherapy is a welcome development and shows that progress is being made on a wide range of problems without prejudice to the general policy of concentration of resources; the Regional Office's assistance to governments in recruiting personnel in the Region is valuable; efforts should be made to overcome the difficulties of recruiting suitable international personnel; the shortage of specialists in environmental sanitation, health education, and maternal and child health still hampers the full development of projects.

Finally, the Committee suggested that in future reports of the Regional Director an attempt should be made to present as groups all the various curative projects and all projects with a direct bearing on social and economic conditions.

The proposed programme and budget for 1957 were thoroughly examined. The Regional Committee endorsed the importance attached in these proposals to improving environmental sanitation, health education and the education of medical and paramedical personnel. With some amendments, the proposed programme for 1957 was approved, and a list of supplementary projects was examined.

During the discussion of the regional programme for a specific period, the Regional Committee emphasized that in the planning of health work there should be liaison between the Departments of Health and other government departments, such as those of Social Welfare and Education, so as to co-ordinate the health programmes with programmes of social and economic development. As the public-health services in the countries of the Region are at different stages of development, the type of assistance to be provided by WHO should be kept flexible. The emphasis on preventive public-health work should be continued, but WHO, if requested, should also include in its programme some assistance in carefully selected curative work. The development of research should, as far as possible, be related to investigations which are of direct interest to the national public-health programmes. Finally, the current satisfactory degree of co-ordination with the work of other interested agencies should be continued and expanded.

A number of useful recommendations arose from the technical discussions on antituberculosis measures in the South-East Asia Region. The most important of these advocated early surveys, planned with expert statistical advice on a national scale, to ascertain the prevalence of tuberculosis, because it was felt that only on such surveys could a tuberculosis service be soundly planned. Other recommendations were that the tuberculosis service should in each country be organized, nationally, in the provinces, and in outlying districts, as part of the developing public-health services. Attention was drawn to the possibility of setting up effective tuberculosis programmes based on domiciliary care, and making the maximum use of paramedical personnel. It was further recommended that investigations should be undertaken at once to decide whether such
drugs as isoniazid can be used on a mass scale for tuberculosis control in the home.

The question of malaria eradication in South-East Asia was studied, and the progress and present status of national malaria-control programmes were reviewed.

The Regional Committee also discussed the intensification of public information activities in the Region, and requested the preparation, for consideration at its ninth session, of a detailed plan for their gradual expansion.

Finally, the permanent accommodation of the Regional Office (see also below) was considered, and the Regional Director was requested to enter into immediate negotiations with the Government of India with a view to finding a solution adequate to the needs of WHO and in line with the policy of the Organization.

It was confirmed that the ninth session of the Regional Committee (in 1956) should be held at New Delhi and the tenth session (in 1957) in Burma.

Regional Office

At the end of 1954 several changes were made in the organization of the Regional Office: the combined post of Deputy Director and Director of the Office of Health Services was temporarily converted to that of Director, Office of Health Services; the post of regional adviser in education and training was suspended in October 1954 and replaced by one of regional adviser in public health; the Fellowships Unit was incorporated in the Office of Director of Health Services; a post of regional adviser in health education was established from January 1955 and was filled during the year; a Reports and Documents Unit, headed by a reports officer, was created and the post of reports officer was filled; the posts of medical statistician, head of the Epidemiology and Health Statistics Unit and area representative for Thailand were filled. In spite of continued effort for two years to obtain a suitable candidate, the very important post of regional adviser in environmental sanitation has remained vacant.

The Regional Office has been acting as the “designated agency” to deal with certain administrative and other questions of common interest to the United Nations and specialized agencies located in India.

The question of the permanent accommodation of the Regional Office in New Delhi came to a head when the owner of Patiala House, the present premises, notified his intention to sell or make a long-term lease. Consultations were held with the Government of India on this question, and on the interpretation of some points of the host agreement between the Government and the World Health Organization.

Co-operation with other Organizations

The range of cordial and effective co-operation with other international (governmental and non-governmental) organizations working in the Region continues to increase. In particular, in health projects, as will be apparent from the project list in Part IV, or in the health features of more general projects—such as those for rural development, fundamental education, nutrition—the Regional Office has worked with the United Nations (including UNICEF and the Technical Assistance Administration) and with specialized agencies; with the United States International Co-operation Administration; with countries of the Colombo Plan; with the Rockefeller Foundation on medical education (reference is made in Chapter 4 to the First National Conference on Medical Education organized by the Government of India in co-operation with that Foundation) and with the Ford Foundation on nutrition.

The appointment of WHO area representatives to various countries in the Region has greatly facilitated this co-operation with other organizations, both in particular projects and in general national health planning, and has helped to secure that in such work there is practical collaboration without overlapping. Close contact has been maintained with the resident Technical Assistance representatives.

The Regional Office has taken part in conferences and other meetings sponsored by other international organizations, in which advice on relevant points of health might be called for or implications for public health pointed out. The Regional Office was, for example, represented at two inter-secretariat working parties sponsored by the Economic Commission for Asia and the Far East (on housing and building materials and on economic development and planning), at the United Nations Seminar on Population Problems in Asia and the Far East, at the Asian Regional Association of the World Meteorological Organization and at a UNESCO meeting in New Delhi to consider the setting-up of institutes for research on the social implications of industrialization. There were several consultations with officials of the United Nations Bureau of Social Affairs on community-development work, with representatives of ILO in India on industrial health, and regular contacts with the UNESCO Office, in New Delhi, for Scientific Co-operation in South Asia.

The Regional Office was represented at the tenth plenary assembly of the World Federation of United
Nations Associations, in Bangkok. The League of Red Cross Societies, the International Council of Nurses, the Fédération dentaire internationale, the World Medical Association, and the International Committee on Military Medicine and Pharmacy (an intergovernmental organization) were represented at the eighth session of the Regional Committee.

Contact has continued with the Norwegian-aided fisheries in South India, and with the national Red Cross societies, tuberculosis associations, medical associations, and social welfare organizations in the countries of the Region.

The number of national meetings on subjects related to health in which the Regional Office has taken part or which it has helped to organize continues to increase.

Reports on Typical Projects in the Region

A complete list of projects current during the year will be found in Part IV. The following have been selected for fuller description.

**Environmental Sanitation Seminar (on Sewage Disposal), Ceylon**

The Regional Office has given high priority to programmes of environmental sanitation and has encouraged national governments to expand their work in this field.

In December 1953, WHO organized a seminar for waterworks operators, the proceedings of which have been widely distributed throughout the Region as working manuals for waterworks operation. Later, a group of public-health engineers who had served as the faculty for this course met informally and, *inter alia*, strongly recommended urgent action to train personnel in environmental sanitation practice, and that WHO should conduct seminars in special subjects, to disseminate information and permit the exchange of experience.

It was therefore agreed to hold a seminar on rural and urban sewage disposal. To prepare for it a short-term consultant in public-health engineering visited all the countries of the Region, to investigate the problems that had been encountered in sanitation programmes.

Ceylon acted as the host country and the Regional Office organized the seminar, which was held in Kandy from 15 to 28 August 1955 (Inter-regional 25); it brought together thirty-four participants, with some observers, from six countries in South-East Asia and from five countries in the Western Pacific. Most of the participants were public-health engineers, but some were public-health officers, and it was therefore possible to consider the problem broadly.

The seminar consisted of discussions and field trips. For the discussions, five working groups were formed, to each of which was assigned one of the following questions:

1. For Asian conditions, what methods of excreta disposal for rural areas satisfy the following criteria: public health, simplicity, economy, acceptability?
2. How can recommended methods for the disposal of excreta in rural areas of Asia be implemented to ensure their widespread and continued usage, with the consequent improvement of the general standard of sanitation?
3. What can be done in unsewered urban areas to minimize the hazards of environmental diseases?
4. What climatological, cultural or other factors must be taken into consideration when designing water-borne sewerage systems based on the experience of non-Asian countries in research and design? How do they effect the operation and maintenance of these systems?
5. What criteria should be used to justify treatment or non-treatment of water-borne sewage in urban communities of Asia?

The conclusions drawn from the group discussions were embodied in a special report, which will be distributed to national health authorities and public-health personnel.

From the discussions it was clear that rural sanitation in Asia is still an enormous problem which requires for its solution the energy of all public-health workers, and that the promotion of health in this part of the world requires immediate and radical changes in rural sanitation practice. The importance of co-ordination in rural health practice and the urgent need for training all categories of personnel were emphasized.

The seminar discussed in detail the technical problems of excreta disposal in rural areas, and came
to the conclusion that the success of sanitation work in Asia depended on comprehensive planning and particularly on good health education of the public. Technical design for rural sanitation practice was studied and it was recognized that it was essential to find an economical and safe latrine; certain types of latrines were recommended, and attention was called to their merits and disadvantages. Conservancy systems and practices for urban sewerage were also discussed. It was agreed that more complete data on the quality and quantity of sewage in these countries were required before satisfactory designs for schemes of water-borne sewerage could be made. This seminar increased mutual understanding in the area and produced recommendations, which should be useful to health administrations, on sanitary practices and data for the design, construction and operation of facilities for the sanitary disposal of sewage and human waste. The report of the seminar should encourage national health authorities to hold similar seminars and teaching conferences. Immediately after the seminar, the Government of India held its First Conference of State Public Health Engineers, to determine its future national sanitation programme.

**All-India Institute of Hygiene and Public Health**

The All-India Institute of Hygiene and Public Health was founded in 1933 by the Government of India, the Government of Bengal and the Rockefeller Foundation, to provide a centre of instruction in modern public-health practices.

The Institute has eight sections, public-health administration; epidemiology; microbiology; biochemistry; sanitary engineering; maternal and child health welfare; statistics; and physiological and industrial hygiene.

Negotiations between the Government of India, WHO and UNICEF with a view to improving the instruction in maternal and child health began in 1950 and, in July 1952, a plan of operations was signed for a project to develop the maternal and child welfare section into a modern, well-equipped department of maternal and child health, which would provide training for students from India and the neighbouring countries (India 2). It was found that, to achieve the improvement desired, it would be necessary to upgrade most of the other sections of the Institute as well.

The Organization undertook to assist in the development of other departments required by an up-to-date post-graduate Institute—departments of social medicine, clinical paediatrics, health education, medical-social work, and public-health nursing. For this purpose WHO supplied a visiting professor of social medicine for six months (to be followed at a later date by another such professor), a visiting professor of paediatrics, a visiting professor of health education, three nursing instructors, and an administrator. The cost of the staff so supplied was reimbursed by UNICEF.

All appointments, except the first, were made provisionally for two years, to be continued for a further period if necessary.

The Organization also provided a twelve-month fellowship to the assistant professor of medical-social work.

With assistance from the internationally recruited personnel, courses for a diploma in maternal and child welfare and for a certificate in public-health nursing were started in June 1953. For the diploma in maternal and child welfare there were three students in 1953, six in 1954 and twenty-four in 1955. The public-health nursing course started with eleven students in 1953 (two from Thailand and the rest from India); this number dropped to three in 1954 and rose to twenty-seven in 1955 (two students from Indonesia, the rest from India).

Since the project began, the Institute has enlarged its hostel for students in Calcutta and it will accommodate 100 by the end of 1955.

The principal activities have been in the development of rural and urban training fields, and the revaluation and improvement of teaching techniques. Practically all the buildings in the Singur rural training area, in West Bengal, and in the large urban training centre in the Chetlah area of Calcutta have been completed. By agreement with the Municipal Corporation of Calcutta, the Chetlah centre will be under a full-time director provided by the Institute, who will work under a joint advisory board of the Institute and the Corporation. The allocation of space and the staffing are at present being considered by the national and international staff.

Health education is an important part of the project. The consultant appointed in 1954, to help in strengthening the programme of health education, was replaced in June 1955 by a visiting professor who, with a well-qualified national counterpart, is assisting in the development of this programme. Sound practices and procedures in health education are being introduced into all departments of the Institute and into the training of all categories of post-graduate students. The students include those enrolled in courses for the diploma of public health, for licenciates of public health, for the diploma of
maternal and child welfare and for the certificate of public-health nursing, and in other courses of one year or less given at the Institute. Practical research studies were planned, particularly studies to assist current health education programmes in India, to be started during the 1955-56 academic year. Attention is now to be given to the development of field training in rural and urban health education.

Maternal and Child Health, Afghanistan

To follow up the joint maternal and child health venereal-disease control project (Afghanistan 2 and 10), which was completed at the end of 1954, a new maternal and child health project (Afghanistan 10) was started at the beginning of 1955.

The earlier project had provided a basis for the expansion of child health services in Kabul and in the country as a whole. It was started in December 1950 to help the Government to provide basic maternal and child health services throughout the country. The international staff was seven: a paediatrician, an obstetrician, nurse educators in general midwifery and in domiciliary midwifery, a public-health nurse, a paediatric nurse and a nurse educator.

The project was originally financed from UNICEF funds, and was continued under Technical Assistance funds from January 1952 until the end of 1954.

With this assistance an excellent maternity and gynaecology hospital was built up in Kabul at the Shararah hospital, starting with a modest five beds in May 1952 and increasing to forty beds by August 1953. It provided the public with services which until then had been unknown, the students at the new midwifery school with valuable practical experience, and offered post-graduate training in obstetrics for doctors.

Twenty-nine midwifery students passed the final examination; most of them are now employed in Kabul, but a few are working in provincial towns. As a result, trained midwives are, for the first time, recognized and accepted in Afghanistan.

The hospital and its training school, prenatal services, and domiciliary midwifery services are now well established and are being increasingly used, so that about 50 per cent. of the delivery cases in Kabul have received prenatal care, which formerly was virtually unknown.

The child-health features of the project have made less progress, although at the Mastoorat Hospital paediatric nursing was improved, and at the central polyclinic the children's department offered services to a large part of the town. Three well-baby clinics were slowly developed. Several paediatricians were given training in the preventive aspects of their speciality. Home-visiting, on the other hand, did not noticeably increase.

Some of the doctors and midwives trained under this project were posted to provincial hospitals, where they contributed to the expansion of the maternal and child health services, beginning with Kandahar, the second largest town of Afghanistan.

The purpose of the new project in Kabul, which started at the beginning of 1955, was to consolidate and expand the work of the earlier one. The Shararah Hospital was enlarged to make seventy beds available; the training of midwives was continued, and the prenatal and well-baby clinics and the domiciliary midwifery services are being co-ordinated and made part of a well-integrated maternal and child health service. Two subsidiary centres have been started in the adjacent rural area of Shewaki, under the Rural Welfare Development Project, which serves as a demonstration and training centre for rural health workers.

The present WHO staff in Kabul is a maternal and child health officer and a public-health nurse, who take also an active part in planning and developing the expansion of the services to provincial towns, beginning with Kandahar and Jalalabad.

In Kandahar a prenatal clinic has been started in connexion with a different project (Afghanistan 21), and a domiciliary service is in operation. At the Kandahar Female Hospital, which has been upgraded with the assistance of WHO, a public-health nurse and a nurse educator in midwifery have started to train nursing and midwifery auxiliaries. The Female Hospital at Jalalabad is being reconditioned.

Post-Graduate School of Nursing, Indonesia

The Post-Graduate School of Nursing in Bandung, established by the Government in 1953, is the first of its kind in Indonesia. It provides advanced education and training courses for nurses and is designed to meet the particular nursing needs of the country. Before this project was started there were no teachers for schools of nursing and midwifery, and only a few nurses had had training in public-health nursing.

In order to train nurse-teachers, midwife-teachers and public-health nurses as rapidly as possible, the Government asked for assistance from WHO in the early stages of this programme (Indonesia 15). A
residential school was built, and its affiliation with government hospitals and health services has provided the students with the facilities for practical training.

WHO's assistance has been mainly directed to establishing courses for educators in midwifery and public-health nursing. Three nurse educators (one in midwifery and two in public health) were assigned to this project in 1954. Some teaching equipment was supplied.

The United States International Co-operation Administration provided one nurse educator for the nurse-teachers' course, to complete the international staff for the project, and contributed some teaching equipment for the hospital. Transport provided by the Government and by UNICEF made it possible for the students to reach areas where they could obtain valuable experience of field work.

Before the public-health nursing course began, a suitable area for field training was provided and this training has been given along with the theoretical programme. A new area, with a population of 40,000, has now been taken over for this purpose.

National counterparts to the WHO staff were appointed, and in September 1954 the first group of students (twelve midwife teachers and ten public-health nurses) were admitted to the school. This group graduated in 1955, and all have since been given suitable posts. Two of the newly-graduated public-health nurses are now on the staff of the school as field supervisors, to strengthen the practical features of the programme.

Every effort has been made to maintain a high standard: the calibre of the students has been good and the results are very satisfactory.

It is proposed to continue assistance from WHO until 1957, and by then, it is thought, national counterparts will have assumed complete responsibility for the administration and conduct of the courses.

Indonesia will then no longer be dependent on overseas training for its senior nursing personnel, and will have a programme of advanced nursing education suited to the health and nursing needs of the country.

BCG Vaccination, India

The WHO/UNICEF-assisted BCG mass campaign in India (India 28) was started on 1 July 1951 in continuation of the mass programme sponsored by the International Tuberculosis Campaign (ITC), with which WHO collaborated from the latter part of 1949. During the ITC phase of development, the one-dose tuberculin test was adopted and the mass-campaign technique of BCG vaccination employed for the first time by teams of technicians under medical supervision.

In India's First Five-Year Plan, BCG vaccination was given top priority in the list of antituberculosis measures.

The methods prescribed were: Testing the maximum number of persons in the young age-groups with 5 TU of PPD tuberculin, and vaccinating the negative reactors; training local doctors and technicians in the states where mass campaigns had been started or planned; and integrating the BCG services with the general preventive and control programmes of the national tuberculosis services.

The technical function of the international staff was to train personnel for (a) the central BCG organization, which consisted of a supervising medical officer, a health publicity officer, a supply assistant, and a statistical assistant, and (b) for the field organization of several mass campaign units, each of one doctor and six technicians with sufficient ancillary personnel to test and vaccinate the young population of each state within a period of five to seven years.

The original aim was to have at least 100 teams in operation by the end of 1953; by the end of 1954, 110 had been provided.

The Five-Year Plan included also the further consolidation of the central BCG office of the Government of India, in which WHO and UNICEF assisted by providing personnel, supplies and equipment. The Government of India met the running costs of the BCG Laboratory at Guindy and the central BCG offices. National personnel and all expendable supplies available locally were provided by the state governments. The Government of India agreed to organize the campaign in conformity with WHO policy, to continue the work of the BCG campaign when the international staff was withdrawn and to make it an integral part of the health services.

The original WHO team, in July 1951, consisted of four nurses, three medical officers, a statistical officer, an administrative officer and a senior medical officer; the national personnel at that date was three supervising officers, fifteen team leaders and ninety technicians in fifteen mass campaign units. On 30 June 1955 the WHO team consisted of a senior medical officer, an administrative officer and two nurses; the national personnel, of 26 supervising officers, 121 team leaders and 778 technicians, in
Each team of six technicians was to test 120,000 persons annually during the operation of the project, but this figure was steadily increased and during 1954 the average was 205,000 persons tested per team per year, 70 per cent. more than the original estimate. The monthly output per team has varied from programme to programme, from 5000 up to 30,000 tests; the number depended on many factors, such as the efficiency of the teams, and the density of population and the accessibility of the different areas. In special short intensive campaigns in Delhi and Coimbatore, where the units from a number of neighbouring states were concentrated for short periods, each unit did 60 to 90 thousand tests per month.

Samples selected at random from various state programmes show the following percentages tested in the different age-groups:

<table>
<thead>
<tr>
<th>Age-group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-6</td>
<td>75</td>
</tr>
<tr>
<td>7-14</td>
<td>80</td>
</tr>
<tr>
<td>15-24</td>
<td>65</td>
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</tbody>
</table>

This campaign has achieved higher coverage-rates than any previous public-health campaign in India aiming to cover specific age-groups completely. Both in rural and urban areas the percentage covered has been from 85 per cent. to 95 per cent.

Present Trends and Future Developments

The present trend of WHO's work in South-East Asia is one of gradual but steady expansion. There were ninety-nine WHO-assisted projects in operation in the Region in 1955, as compared to sixty-seven in 1954. The number of fellowships awarded increased from twenty-four to about fifty.

However, in some countries of the Region, the financial position has worsened during the year and has affected the extent to which governments can commit themselves to their share of costly joint projects. The funds allocated to health range between 3 per cent. and 10 per cent. of the national budget; in at least three out of the seven countries of the Region financial stringency has led to a reduction of the health budgets; in others these budgets have remained static; in India there has been a progressive increase, under the national five-year plans. It is true that some funds for health work may be provided in the budgets of other ministries, but in any event, the percentages mentioned do not allow the expansion of services called for by even the immediate health needs.

During the year there has been no important change with regard to the acceptance of WHO assistance by countries in the Region, except in one country where the financial situation became acute enough to delay new projects. On the whole, the demand for such assistance continues to grow because the very fact that assistance is available...
promotes an expansion of public-health programmes, and creates a need for further help. But in several countries, there are still serious gaps between the need and the ability to establish further public-health services. Governments are still increasingly anxious to seek assistance from WHO, and from other sources such as bilateral agencies, but the shortages of money and trained personnel often prevent the countries from making the best use of the assistance available.

Governments are gradually moving from specialized programmes towards integrated national health programmes, and some are combining public-health programmes with general programmes of community development. The need for such general programmes is now well understood in the Region, but strong and widespread health services must be provided in the first place. The programmes for the control of communicable diseases are reaching the stage at which they will either gradually be absorbed by the general public-health services or be retained at a maintenance level until the general services have expanded sufficiently to incorporate them. In one country, there is a project whose specific aim is to test various methods of integrating a mass yaws campaign with the existing services.

As to future developments, it is expected that the present emphasis on environmental sanitation and on health education will increase until they become principal public-health features in the Region. The temptation will need to be resisted to stress urban rather than rural sanitation, or to treat the very popular audio-visual aids as the sum and substance of health education. Gradual progress will be made with undergraduate medical education, and in time medical curricula and teaching methods will be more directly related to the public-health needs of the countries concerned. Progress with nutrition programmes is likely to be slow for some time.

To meet the overriding need for training, the number of fellowships awarded for study in foreign countries is likely to remain steady (although good candidates are becoming more difficult to find) but on the other hand training within the countries will probably increase. The establishment of regional training centres is also expected to make steady progress. It is in helping to train the very large numbers of personnel needed for the expansion of the programmes mentioned above that WHO should play its most important part.
CHAPTER 14

EUROPEAN REGION

The year 1955 marks the end of the first specific period of four years for which the Regional Committee laid down the guiding principles for WHO's work in Europe. This report will review briefly some of the principal developments during that period and indicate possible future trends.

During this period 1952-55, the participation and co-operation of twenty-three Member States and Associate Members have been of the highest order. Each of them has participated in the inter-country programmes and the great majority have acted as hosts for technical meetings and group training courses or have offered facilities for the study of health services and problems. A situation of this kind holds great opportunities for the future and it is hoped that European co-operation in public health will be further strengthened by the early return of the countries of Eastern Europe to active participation in the work of WHO.

The Regional Committee

The fifth session of the Regional Committee, held in Vienna from 5 to 8 September, was attended by representatives of twenty-one active Members and Associate Members; the representatives of Ireland and Monaco were absent. There were also present representatives of the Council of Europe, the Rockefeller Foundation and UNICEF, and representatives of twelve non-governmental organizations in official relations with WHO. The Director-General also attended.

The Regional Committee noted with satisfaction that a training course for health physicists in radiation protection had been added to the inter-country programmes for 1955, approved certain modifications in the programme for 1956 and endorsed the proposals for 1957, with some changes, among them the introduction of a conference on air pollution—a problem of some current importance in Europe. A list of supplementary projects was also reviewed. Among other technical matters considered was the need for preventive action against smallpox even in the absence of apparent risk and the need for co-operation between countries in antimalaria campaigns.

The Regional Committee reviewed, amended and approved a programme of work in Europe for the specific period 1957-60.

About one working day in all was devoted to technical discussions on "Changes in health services necessitated by the ageing of populations". Features specially considered were the need for skilled services and special measures of rehabilitation, the therapeutic value of selected paid employment for old people and the part that could best be taken by central administrations in promoting demographic research and studies of various features of the ageing process. After considering several topics, the Committee selected as the subject for technical discussions at its sixth session: "The prevention of accidents in the home".

The Regional Committee confirmed its decision to hold the sixth regular session in Rabat, Morocco (French Zone) and the seventh session at the seat of the Regional Office, in Copenhagen.

The Regional Office

Now that a host agreement has been concluded with the Government of Denmark, it is expected that the Regional Office can be transferred to its new premises in Copenhagen during the first half of 1957.

During 1956 and the early part of 1957, the Regional Office staff will gradually assume several administrative functions for which headquarters staff are now responsible, but which will be decentralized after the move to Copenhagen. Two full-time translators were appointed in 1955 as the nucleus of a small unit to deal with the translation, revision and editing of documents, in anticipation of the move.

1 This region, in accordance with the decision of the First World Health Assembly (Off. Rec. Wld Hlth Org. 13, 80, 330) comprises all Europe. Turkey, by resolution WHA5.46, was admitted to the Region while provisionally suspending its activities in the Eastern Mediterranean Region. By resolutions WHA5.43 and WHA6.46, Algeria, Morocco (French Zone), Tunisia, Greenland, Gibraltar and Malta were also provisionally assigned to the European Region. In 1955 the following Members or Associate Members participated in the work of the Region: Austria, Belgium, Denmark, Finland, France, Germany (Federal Republic), Greece, Iceland, Ireland, Italy, Luxembourg, Monaco, Morocco (French Zone), Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, Tunisia, Turkey, the United Kingdom of Great Britain and Northern Ireland, and Yugoslavia.
Studies were undertaken to determine to what extent suitably qualified local secretarial and clerical personnel would be available in Copenhagen and on the future conditions of employment and local salary scales; these studies will be continued through 1956.

The transfer of the Office will mark an important stage in the life of the Regional Organization for Europe. There is no comparable WHO precedent for the transfer of a regional office to its permanent site after several years in a temporary location, and there will be problems of adjustment which will call for careful attention to avoid disrupting the continuity of work.

Co-operation with other Organizations

The country and inter-country projects carried out in co-operation with the United Nations and the specialized agencies are listed in Part IV. This type of co-operation, which in Europe began very early with UNICEF and the Economic Commission for Europe, has steadily expanded to include the United Nations, ILO, UNESCO, FAO and the High Commissioner for Refugees. The most important feature in such joint arrangements is the necessity for contact very early in planning and there has been a steady improvement in this respect during the last four years. Some difficulties remain, which can be overcome by clearer understanding of the contribution that each agency can make, and the prospects for future co-operation appear good.

The arrangements with the International Children’s Centre in Paris have worked smoothly and provide valuable facilities for training in Europe.

During the year contacts were maintained with the Rockefeller Foundation on its training programmes in Europe and on specific projects such as the family health worker study and the rural health demonstration area in Soissons, and efforts are being made to bring non-governmental organizations into closer relation with WHO’s work in Europe.

There has been a further exchange of views with the Council of Europe on health activities suggested by some of its Member governments, and representatives of the Regional Office have attended meetings of a committee of public-health experts which has been considering these proposals. The Council is considering a fellowship programme in health and the Regional Office has offered to administer the programme, if the Council decides on it.

General Programme Trends

Before the Regional Organization was formally set up, the work of WHO in Europe was concentrated mainly on country programmes. But, as early as 1950, some inter-country group training courses had been organized and the first of the technical meetings had been held (conferences, seminars, etc.) on special topics such as environmental sanitation, public-health nursing and syphilis control. Since then, the inter-country work in Europe has progressively expanded to cover a wide range of subjects considered to be important in Europe. This method of international health work was favoured by the Regional Committee at its first session and among the Member States in the Region there is growing interest in inter-country programmes.

With a few exceptions, inter-country programmes are financed from the regular budget.

There is still much to be done in clarifying the aims of inter-country programmes and improving the techniques of preparation, conduct and follow-up. But a method of working has been evolved, well adapted to the needs of Europe, suitable for encouraging co-operation between countries and agencies, and flexible enough to permit a rapid adjustment of the programme when new health problems are recognized. The experience gained in inter-country programmes has also influenced the country programmes and provided guiding principles for the WHO programme in Europe as a whole.

Country Programmes

WHO’s work with individual countries is financed partly from the regular budget and partly from Technical Assistance funds. The regular programme consists principally of the fellowship programme (described later in this chapter) and assistance to national institutions which provide various kinds of training in health. Many of these country activities result from or are closely related to inter-country programmes.

The revised method of planning Technical Assistance programmes, under which governments submitted direct to the Technical Assistance Board comprehensive programme requests for 1956, entailed close liaison with health administrations to ensure that health programmes had their proper place in the country programmes as a whole.

During 1955, France (in respect of Algeria), Greece, Morocco (French Zone), Spain, Tunisia, Turkey and Yugoslavia included health work in their
Technical Assistance programmes, principally for the control of the communicable diseases prevalent in these countries (including trachoma and other communicable eye diseases), then for maternal and child health work and to a lesser extent for industrial health and nursing.

**Assistance to Training Institutions**

Co-operation with national training institutions has been steadily built up. In some cases relations with WHO are based primarily on arrangements for placing WHO fellows. In others, WHO has been invited to co-operate in setting up a new training centre or in re-directing the training at an existing centre. There is a network of relationships of this kind with public-health training centres in some ten countries in Europe.

**Fellowship Programme**

The eight years, 1947-54, since the inception of the WHO fellowship programmes, are reviewed below.

In 1947, in the time of the Interim Commission, and in 1948, fellowships were awarded mainly to war-damaged countries which had previously received assistance from UNRRA. The basis was later widened and now includes the great majority of Member countries and territories in the Region. In all, 1957 fellowships were awarded up to the end of 1954, and a further 291 in 1955, up to the end of November. In the eight years to the end of 1954, 80 per cent. of the fellows from European countries studied in Europe, and this tendency to study inside Europe has been specially marked in recent years. Currency problems have made it difficult to award Technical Assistance fellowships for study in the United States of America, but the desire of Member governments and of WHO to make the best possible use of training facilities in Europe is probably the chief cause of the relative reduction in fellowships for study outside Europe.

Since 1950, WHO has sponsored group training courses, and they have become a regular feature of the fellowship programme. They do not obviate the need for individual fellowships but they have certain advantages, such as bringing together different disciplines in the same course. It should perhaps be made clear that the term “group training” applies in WHO usage solely to courses sponsored, organized or assisted by WHO, whether the courses are short or long. It does not apply to the regular courses of teaching institutions even if a group of WHO fellows should attend such a course.

Europe is also widely used for the placement of fellows coming from other WHO regions. In the eight years of the review, about 62 per cent. of all countries visited by WHO fellows were in Europe.

In the period to the end of September 1955, 81.5 per cent. of all fellowships in the Region were financed from the WHO regular budget, 16 per cent. under the Expanded Programme for Technical Assistance and 2.5 per cent. by UNICEF, in connexion with projects assisted jointly by WHO and UNICEF.

The average duration of fellowships was six months in 1947; it was just under four months in 1953 and 4.6 months in 1954. This is due to an increase in short travelling fellowships for senior and more experienced fellows, which are probably the normal requirement for Europe. It is perhaps a little disturbing that in recent years there have been relatively fewer applications for longer periods of post-graduate study.

In 1947, about half of all fellowships were in clinical medicine, the medical sciences and education, probably to meet the needs of war-damaged countries. As these needs were met, the proportion of fellowships in those subjects fell steadily, to about 12 per cent. in 1954. On the other hand, fellowships in health organization and health services rose, in satisfactory accordance with the changing policy of the Organization, from 35 per cent. in 1947 to 55 per cent. in 1954. The proportion of fellowships for study of communicable diseases has been high and in 1954 was 33 per cent., possibly to keep abreast of the more elaborate techniques used in Europe in the control of communicable disease. Fellowships in maternal and child health remained fairly constant throughout the period, ranging from 8 to 12 per cent. of the total; but fellowships in environmental sanitation (which includes food control) and nursing have been proportionately much lower than in other regions, averaging 5.6 per cent. and 3.4 per cent. respectively over the eight years.

Country planning of the fellowship programme steadily improves. Applications were received much earlier and it was possible to award 127 fellowships in the first six months of 1955, compared with 57 in the first half of 1954. Further improvement is expected in 1956 since Member countries have already submitted their full plans and a substantial
part of the detailed fellowship applications have been received.

After nearly nine years of the fellowship programme (up to the end of November, 1955), 2284 WHO fellows were, or were about to be, working in countries of the Region. This number of trained persons may reasonably be considered an important asset to the health administrations concerned and to Europe as a whole.

Arrangements for a systematic evaluation of the fellowship programme are not complete but a test analysis has been made of seventy fellowships awarded in 1950 or earlier. The principal sources of information have been the reports of the fellows themselves, the "utilization statements" made by governments two years after the fellows' return and interviews with former fellows and with national health administrations. Correspondence, other reports, books or papers published by the fellows were also taken into account in the assessment.

For four of the seventy, the information available was insufficient for any conclusions. Of the sixty-six fellowships that could be assessed, fifty-six are considered to have contributed to the local, regional or national health services; ten, because of faulty selection or from failure to adjust after returning home, seemed to have produced no measurable result. Fifty-two of the fellows now hold leading positions, forty-one of them as teachers in various branches of public health, in nursing, or in clinical medicine. The kinds of contribution made by the fifty-six successful fellows were improvements in techniques or practices, the introduction of new methods or the reorganization of services. Ten of them led to the creation of new services or the undertaking of new work for which there had not previously been the necessary specialized staff.

The size and importance of the fellowship programme in Europe justifies a diligent search for improvement and the Regional Office intends to expand and continue this study, to compare the results with fellowships awarded in later years and to seek out the causes of failures.

**Inter-country Programmes**

Each inter-country project summarized in Part IV indicates a particular phase, during the single year 1955, of an inter-country activity. Among them is a first attempt by WHO to focus international co-operation on one important cause of mortality and morbidity in Europe, the chronic degenerative diseases of the cardiovascular system. Experience in this inquiry will make easier the international approach to other chronic diseases that are important in Europe.

Other programmes represent new elements in old problems, for example the study of modern trends in tuberculosis control or the training course designed to disseminate new techniques for dealing with forms of poliomyelitis dangerous to life.

Work was continued in 1955 on a range of subjects which have appeared in the programme for several years, such as alcoholism, veterinary public health, the family health and welfare worker, and the training problems of particular types of staff such as public-health officers (including rural public-health officers), maternal and child health officers, industrial medical officers, nurses and sanitary engineers.

The possibility of bringing representatives of different disciplines together as a team, which is a feature of group training courses, can be noted also in inter-country meetings. Projects of this kind in 1955 included the study group on mental health through public-health practice and the advisory group on veterinary public health.

Amongst the projects listed are some which in 1955 reached the end of a particular phase. The experience of the Rotterdam centre in recent years will be summarized in a report which should interest all maritime nations that have problems of venereal disease control in their ports. The survey of morbidity in Denmark is now completed and the results will be made available to other countries.

Finally, arising out of the Geneva Conference on the Peaceful Uses of Atomic Energy, there was the training course for health physicists organized in Stockholm towards the end of the year. This was the first international training course of this kind to be arranged in Europe and it owed much to the cooperation of the Atomic Energy Commission of the United States of America.

**Publications arising from Inter-country Activities**

The steady growth of inter-country programmes has made it necessary to consider how the best use can be made of the material that comes out of regional seminars or other technical meetings and from some of the group training courses. A report of the papers read and of the discussion is usually prepared for distribution to the participants and to
governments represented. Quite often the discussion produces results that merit issue in a scientific publication.

An inter-country conference or seminar produces a considerable volume of papers: those prepared in advance for the meeting, those presented at the meeting and those—generally lengthy—recording the discussions. For publication, this mass of material may have to be reduced to a tenth or less of its original size and arranged to meet the particular purpose of publication. This laborious and important work is the responsibility of the regional health officer or consultant concerned, but involves also the editorial unit and other parts of the Regional Office.

Except for the reports prepared for participants, material that arises from inter-country programmes in Europe is sent to Headquarters to be considered for inclusion in WHO publications. Consultation with Headquarters at a very early stage is important, to avoid duplication of work. Such work may appear as an official publication by WHO, may be reproduced as a regional report or, in selected cases, may be published in professional journals or commercially.

Reports on Typical Projects in the Region

A complete list of projects current during the year will be found in Part IV. The following have been selected for fuller description.

Trachoma

Eight million is probably a low estimate of the total number of cases of trachoma in countries of the European Region. The greatest density of infection in the Region is in North Africa, but there are trachoma endemic areas in nearly all countries bordering on the Mediterranean. Some 15 to 20 per cent. of untreated or inadequately treated trachomatous infections end with loss or serious impairment of sight.

Since 1950 several European governments have sought the assistance of WHO and UNICEF in their national antitrachoma campaigns. The principal method employed has been the use of antibiotics in mass treatment projects, and school treatment programmes, which already cover more than 100,000 trachomatous children, have given satisfactory results.

Important advances have been made in the epidemiology of trachoma and in the control of factors that favour transmission of infection, which vary considerably from one area to another.

In Morocco (French Zone) and Tunisia, where trachoma is associated with seasonal epidemic conjunctivitis, control has been primarily directed against conjunctivitis, and has led to a very marked amelioration in the course and severity of the underlying trachoma. During the summer epidemic season of 1955, about 500,000 persons in Morocco and 250,000 in Tunisia received prophylactic treatment against seasonal conjunctivitis. Carefully controlled field trials recently completed in Morocco have greatly increased the knowledge of the epidemiology of these associated infections and have suggested some changes of method which are now being studied in a new experimental sector. The trials have also shown the great difficulty of maintaining permanent control without improvements in environmental sanitation. A full report is being prepared in collaboration with the Government.

By comparison, in parts of Yugoslavia, where trachoma occurs in a relatively pure form, a programme of wide case-finding surveys, treatment, supervision of contacts and health education has led to a steady yearly decline in the number of new infections. Active cases of trachoma are no longer seen in some districts which used to be heavily infected. In other districts not yet touched by the campaign trachoma still presents a serious problem.

In the south-eastern provinces of Spain, where a project assisted by WHO and UNICEF is now beginning, the climate and the prevalence of secondary infections appear to be intermediate between those of Yugoslavia and of North Africa. There are grounds for believing that trachoma can be eradicated from many of the endemic districts of Spain.

During 1955 the Regional Office expert in communicable eye diseases visited Algeria and Turkey, where it is expected that trachoma control projects assisted by WHO and UNICEF will be started in 1956.

The Regional Office has helped in planning and co-ordinating these various country projects and in facilitating, by consultant visits and fellowships, the interchange of information and practical experience. It has provided an ophthalmologist, a sanitary
engineer and a statistician for the project in Morocco (French Zone), and an ophthalmologist team leader and a bacteriologist for that in Tunisia.

The experience derived from these projects is available to other countries which may seek the assistance of WHO.

Public-Health Teaching

There is much interest in Europe in sound training programmes for public-health officers. In some countries new forms of training have been started in long-established centres; in others entirely new public-health training centres have been set up for the purpose. For a number of years the Regional Office has been co-operating in this development by providing, for individual training centres, visiting lecturers or fellowships to enable the teaching staff to follow developments in other countries of Europe or in the Americas. In some cases also WHO has provided the initial teaching supplies, including books and medical periodicals.

The conferences at Nancy in 1952, on undergraduate teaching, and that at Göteborg in 1953, on post-graduate training of health officers, have been mentioned in earlier Annual Reports. The material from these two conferences and from other sources has now been combined in a review of trends in undergraduate and post-graduate teaching in Europe, which will be published by WHO, probably early in 1956.

During 1955, co-operation has been maintained with schools of public health and public-health training centres. Visiting lecturers took part in the teaching courses in Ankara, Göteborg, Leyden and Rome and fellowships were awarded to members of the teaching staff at Athens, Leyden, Paris and Rome.

The time now appears ripe gradually to combine these separate schemes in a single regional (inter-country) project—"European Schools and Training Centres in Public Health". A definite programme of exchange of teaching personnel and study visits will have several advantages, not least in making clear the primary objective—to facilitate co-operation between the centres in higher standards of training.

Arrangements have been made to hold another conference on post-graduate training in 1956. The discussions will include practical methods of co-operation and particular problems of organizing schools of public-health and public-health training centres.

Training of Personnel in Occupational Health

Occupational health has become more important in Europe during the last twenty years because of increasing industrialization in many countries. The conception of occupational health services is no longer limited to specialized services for accidents and occupational diseases but includes preventive medicine in factories and other places of employment. The need for close collaboration between public-health departments and all others concerned with the health of the worker was pointed out at two European seminars on occupational health held in Leyden and Milan. A paper derived from these meetings has been published in the *Bulletin*; it emphasizes also the need for an adequate number of well qualified personnel.

Before 1951 few individual fellowships for study of occupational health were requested. Because of the obvious relationship to economic development, requests began to appear under the Technical Assistance programme and from 1951 to the end of 1954 some ninety individual fellowships in occupational health were awarded. Group training courses were also organized in the inter-country programmes, beginning in 1951 with a short orientation course on human relations in industry. In 1952 and 1953 group training courses in industrial medicine were arranged in England. In May 1955 a refresher course on similar lines was held at the National School of Public Health in Paris, sponsored jointly by the Ministries of Health and Labour and with the participation of ILO. These four courses have provided training for about fifty students, in addition to the individual fellowships mentioned above.

The group training courses normally provide for the joint participation of the public-health and occupational health services, and in this way they foster a better understanding of the respective responsibilities of health and labour agencies. This general principle is important for any strengthening of national services for occupational health. The other parts of the curriculum vary from course to course. The course held in Paris in 1955, for example, included theoretical and practical instruction in physiology and work organization, mental health, medical supervision of workers, occupational diseases and legislation on occupational health.

Mental Health through Public-Health Practice

There is growing evidence, especially perhaps in economically well-developed countries, of the influence of psychological factors in public health.
Maternal and child health workers are being trained in the demonstration and training centre at Ankara, set up by the Government with help from WHO and UNICEF.

A WHO nurse lectures to pupil-midwives at the Ankara maternity centre, with the help of an interpreter (on her right).

Students visit a maternity ward with the WHO nurse.

A village school provides a consulting room for the team from the rural health centre for the district.

The WHO nurse visits an expectant mother at her home.

The WHO nurse explains the technique of home-visiting to a Turkish midwife.
CONTROL OF TRACHOMA

The photographs on this page show a WHO bacteriologist and a Government laboratory assistant, with a van provided by UNICEF, taking eye smears, to determine the incidence of trachoma, in a village of cave dwellers in Tunisia.

1. The team arrives and is received by the headman of the village (in dark cap).
2. Entering a cave-dwelling.
3. The headman (who has himself given the example and had an eye-smear taken) supervises the examination of a child.
4-5. Children are examined in the central room (open to the sky) of a cave-dwelling.
WHO and UNICEF are giving assistance with projects for the control of trachoma and other communicable eye diseases in the European, Eastern Mediterranean and Western Pacific Regions.

6.-8. At schools in Taiwan (left) and Egypt (above and below) the pupils are made responsible for their own treatment by antibiotic ointment. The ointment must be applied regularly and it is an important point in these projects to secure that this is efficiently done in the schools.
PAEDIATRIC WORK IN INDONESIA

WHO has supplied a consultant in paediatrics to help the Government in its maternal and child health project in Jogjakarta, which UNICEF also has assisted.

A clinical lecture in the children's hospital of Gadjah Mada University. The paediatrician examines a newly admitted case and discusses it with students.

The paediatrician visits, with the doctor in charge, the children's ward of a mission hospital. The nurse is feeding a malnourished child.

ENVIRONMENTAL SANITATION
NORTH BORNEO

To assist the Government in studying questions of environmental sanitation WHO has provided two public-health engineers. These pictures were taken during a survey to find a site for a pumping station. One shows a mangrove swamp in the area surveyed, the other a bore being put down to check the subsoil on the proposed site.
Many breakdowns are caused by stresses which would in healthy people provoke no more than a temporary disturbance. It therefore seems possible that much mental illness could be prevented, through the existing medical services, by methods of mental hygiene.

In 1950, for example, the WHO Expert Committee on Mental Health discussed how concepts and hypotheses derived from clinical experience in psychiatry could be applied in public-health practice. In 1953, the Regional Office sponsored a seminar at Amsterdam, attended by representatives from fifteen European countries, to examine the problems in different countries and the practical difficulties of applying mental hygiene principles in the public-health services.

Although the Expert Committee and the Amsterdam seminar described the more important common stresses and requirements for mental health, and indicated the provinces of psychiatric theory and practice on which public-health services might draw, they made no detailed recommendations. Indeed, no clear statement had emerged of the kinds of mental health work in which public-health staff could be effective or of the kind and amount of training that they would require.

The Regional Office therefore convened a special study group to examine these problems. The group met at Monaco in April 1955 for eleven days; the number of participants was limited to twenty, of whom fourteen were practising public-health officers, four were nurses or social workers and two were psychiatrists already engaged in teaching mental hygiene principles to public-health staff. An expert in social medicine and another in preventive psychiatry introduced the problems discussed and acted as consultants to the group. Two working parties were set up, in each of which the different disciplines were represented, and each was provided with a discussion leader. The working parties reported back to the plenary meeting.

Members of the study group felt that, though in their several countries there were diverse forms of public-health organization, few gave due weight to psychological and social work, either in prevention or treatment. This limited approach has serious consequences, not only because it leads to a lack of co-ordination between the different medical and social services, but because action in the medical field may be one-sided and taken under unsuitable conditions.

Special groups of persons, among them the aged and the sick, have their own mental health needs. A number of biological occurrences and periods of life require special medical attention. It is logical that mental health principles should be incorporated into all provisions for their care or control. This implies that public mental health work is not the specialist’s job. The key to the situation lies in the training of the future physician, all members of the public-health services, nurses, midwives, social workers and administrative workers.

Several fellowships have been awarded for study in this field.

Training of Personnel in Environmental Sanitation

A symposium on the training of sanitary engineers was held at Oxford in April 1955. The discussions were directed mainly to determining the patterns of training which would provide the type of engineer most suitable for work in the Region. The long experience of North American institutions in training sanitary engineers was duly taken into account, but the discussion was made realistic by close attention to the needs of countries in Europe and the functions for which sanitary engineers should be trained. Two examples of special needs were considered—the starting of large regional programmes for the development of economically depressed areas, and the promulgation of a law for the abatement or prevention of water pollution. In both cases, the personnel for the study, design, construction and operation of the sanitary installations to be provided might be lacking in the countries concerned, and there would be a need to employ suitably qualified personnel and to undertake the proper training for others.

Academic training in Europe at present does not permit a high degree of specialization in branches of sanitary engineering, but specialized training could be secured by the individual efforts of persons who have received sound all-round training, both administrative and technical. Participants in the symposium considered that team work by sanitary engineers and public-health officers was essential, and that it was therefore important that sanitary engineers should have a status which would ensure better co-operation with public-health workers. For this feature of the work their training should bring them into contact with other public-health workers in suitable institutions. There is no real substitute for the full year of academic training in sanitary engineering, but part-time training may be acceptable.
as a compromise under special conditions, so long as a high standard of training in the recognized range of subjects is maintained. Short courses for bringing up to date the knowledge of sanitary engineers in private practice are undoubtedly useful.

As sanitary engineering training programmes in the Region, both international and national, are increasing in number and importance, the Oxford symposium, on which a comprehensive report has been prepared, should be very helpful as a guide for future developments.

**Anaesthesiology**

As was indicated in the Annual Report for 1954, the Regional Office has undertaken an assessment of the anaesthesiology training centres sponsored by WHO in Prague (1949), Copenhagen (1950) and Paris (1953). Since the centre at Copenhagen now has five years' experience, the study has begun with that centre. The following is a preliminary report.

The Government of Denmark and the University of Copenhagen took the initiative in establishing this centre; the part of WHO was secondary. The responsibility for teaching has progressively been taken over by Danish instructors and lecturers.

There have been five separate basic training courses for anaesthetists since the work started in May 1950, each of one year.

In Denmark, as in other countries, anaesthesiology as a separate discipline is a fairly recent development; formerly anaesthetics were usually administered by trained nurses, hospital medical officers and medical students. The development began about 1940 and has been rapid since 1951 when anaesthesiology was recognized as a specialty by the National Health Service. There are now five anaesthesia departments in Copenhagen hospitals and about twenty chief anaesthetists in the country as a whole. It is believed that this development has been appreciably accelerated by the work of the centre.

In the five years, the Copenhagen centre has trained 127 anaesthetists from twenty-four countries, sixteen in Europe and most of the other eight from the Eastern Mediterranean Region. Fifty-nine of the total trained are Danish.

A few of the most promising of those trainees have been given follow-up fellowships for specialized training in other countries, and some WHO fellowships have been given to selected Danish candidates to study teaching abroad. Otherwise the whole of the training of Danish anaesthetists has been financed from Denmark. On the other hand, with very few exceptions, trainees from other countries who have attended the courses at Copenhagen have been assisted by WHO fellowships.

In the same period 1950-55, eleven Danish instructors have taken part in the teaching and have been assisted by thirty-one visiting instructors, who came to Copenhagen for varying periods from Canada, Norway, Sweden, the United Kingdom and the United States of America. Teachers from the medical faculty of the University of Copenhagen lectured during each of the training courses.

Preliminary investigations have shown that twenty-nine of the trainees are now heads of anaesthesia departments in their own countries, nineteen others are whole-time anaesthetists and four more part-time anaesthetists, and twenty-one are taking advanced training or doing research abroad in anaesthesiology. On the other hand, nine fellows trained at Copenhagen are no longer working as anaesthetists. This study is being followed up in more detail.

**Present Trends and Future Developments**

During the years 1952-55 the work of WHO in Europe was guided by principles adopted by the Regional Committee at its second session in 1952. At its fifth session, in 1955, the Committee endorsed a general programme of work covering the specific period 1957-60. It considered that experience had confirmed the view that the best ways in which the Regional Office could assist governments to strengthen their health services were (a) to stimulate the co-ordination of health policies and the exchange of experience and (b) to promote education and training programmes for medical and health personnel. Methods found appropriate in Europe during the first period will be followed in the second period with special attention to inter-country studies, technical meetings and training courses. The individual fellowship programme will as before be used to promote international collaboration in health, and closer working relations between important public-health training centres in different countries will be
encouraged. As there has been good practice in the conduct of programmes on those lines, it is expected that the Regional Office will have time for the dissemination of technical information in Europe about special developments in health and about educational methods and facilities.

It may also be desirable during the second specific period to assume in the Regional Office some functions in regard to health statistics, medical research and work on international standards, such as those for food and water. This will depend on the extent to which such functions are decentralized from Headquarters.

Without prejudice to the continuity of other programmes, it will be necessary to include some subjects that have received too little attention in the past and which have since assumed a new or greater importance in Europe. For example, the work begun on the cardiovascular diseases as a public-health problem should be continued and extended to include other chronic diseases such as cancer and rheumatism.

The increasing use of atomic energy in industry will certainly influence future programmes, which must include training programmes for personnel with responsibilities for protection against radiation.

Work on the communicable diseases will be mainly on the virus and rickettsial diseases and the zoonoses and on defining how the best use can be made of public-health laboratory services.

New developments in the health services will undoubtedly influence the training of public-health officers. Specific programmes will be designed to illustrate the advantages and the problems of closer working relations between public-health officers on the one hand and industrial medical officers, psychiatrists, sanitary engineers and veterinarians on the other. Programmes in nursing will concentrate on new needs of basic and advanced nursing education and will be related more closely to work in child health, mental health and occupational health. Inter-country programmes are in fact already planned to study the nurse in the psychiatric team and the nurse in industry.

Occupational health programmes will emphasize the relations with public-health services, which will more frequently be illustrated by planned training courses. Work in connexion with the physically handicapped will continue. In the organization of medical care, work will be done on the integration of preventive and curative services: a suitable starting point would be the place of the hospital in the public-health services.

The steep fall in infant mortality in Europe has brought forward problems that were formerly of less relative importance, such as prematurity and other health hazards of the perinatal period. A specific activity is planned for 1956 on the prevention of accidents in childhood. Dental health in childhood has so far been considered only in relation to school health services, but it merits a wider treatment.

Many continuing programmes on protecting the mental health of children show that there is great need in most countries for more trained personnel, in child psychiatry for example. Other problems for future mental health programmes are those of the subnormal child and the medical aspects of delinquency. An attempt will also be made to introduce mental health principles into other health programmes carried out by the Regional Office.

Programmes of environmental sanitation in Europe already cover the control of insect vectors of disease, food sanitation, water supply, water pollution and waste disposal. The symposium on the training of sanitary engineers held in 1955 should encourage the establishment of regular training facilities for sanitary engineers in Europe, both academic training courses and short courses for orientation. Work will be necessary to define the place of sanitary engineers in industrial hygiene and other health work and to study the increasing health risk from atmospheric pollution.

The above trends in future development, which summarize the general programme of work for the second specific period, assume a continued high level of co-operation in public health among Member States in the Region, and between Member countries and WHO. This remains the basis of WHO programmes in Europe, but it may also be assumed that the Regional Office will continue its working arrangements with the United Nations, the other specialized agencies and non-governmental organizations that have interests in common with WHO and look for effective co-operation based on consultation at an early stage of planning.
CHAPTER 15
EASTERN MEDITERRANEAN REGION

The main aims of the regional programme have again been to strengthen national health administrations, expand and improve the education of health personnel, and develop methods of control for the major communicable diseases in the Region. Countries in the Region may be divided into three groups, those in which the development of health services and a health administration are at a very early stage; those in which there is a reasonably well developed central health administration with health services confined mainly to the larger cities; and a third group with relatively highly developed central health administrations and health services already spreading out into the provinces.

Although the three main aims apply to all groups of countries, emphasis and method of implementing the programme vary according to the different stages of development, as is shown below.

Strengthening of National Health Administrations

A sound public-health administrative system is an essential basis for any national health service. In the countries of the Eastern Mediterranean Region, the health administrations are still evolving and countries are increasingly looking to the Organization for help in their further development. In the more highly developed countries the assistance requested is mainly to fill gaps in the administrative system—principally in nursing and environmental sanitation services—although some countries are planning radical changes in the system as a whole. Many of the countries in this group are also planning to extend their rural health services and consequently requesting aid in organizing provincial and even local systems of health administration. One of the main tasks of the Calioub demonstration area, and of similar projects in the planning stage, is to aid governments in this task by providing an experimental field where different systems of health service and administration can be tried.

The less developed countries need assistance in developing a simple form of central public-health administration, and this is given through resident public-health advisers or representatives or by short-term consultants.

Additional assistance is given, especially to the more advanced countries, by fellowships in various fields of public-health administration.

Throughout the Region simple systems for the collection and registration of vital and health statistics need to be established or the existing systems need to be improved. A full census has been made in only eight countries or territories of the Region. Even in the most developed, registration is far from perfect and nearly everywhere there is a dearth of trained personnel. The International Statistical Education Centre at Beirut, which was established by the International Statistical Institute and whose head is the former regional adviser in statistics, will go a long way to provide training for statistical clerks, without whom even the simplest of services cannot be established. With the help of fellowships for study in countries outside the Region it should be possible to build up gradually a cadre of well-trained staff.

In maternal and child health the first need in the Region is to gain acceptance of the public-health approach to the problem, by instituting services to advise and assist the family in its own home. Advice that is available only at an institution is never sufficient, unless followed by a visit from a trained worker. This then is the central objective of the centres is to train an auxiliary worker competent to advise the mother—and expectant mother—on the main problems she encounters in rearing healthy children. Experiments

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1 This region, according to the decisions of the First, Second and Fifth World Health Assemblies (Off. Rec. Wld Hlth Org. 13, 80, 330; 21, 17, 53; 42, 31), comprises Aden, Somaliland Protectorate, Cyprus, Egypt, Ethiopia, French Somaliland, the Hashemite Kingdom of Jordan, Iran, Iraq, Israel, Lebanon, Libya, Pakistan, Saudi Arabia, Syria, Turkey and Yemen. In accordance with resolution WHA5.46, Turkey was admitted to the European Region, provisionally suspending its activities in the Eastern Mediterranean Region. Resolution WHA5.46 provisionally assigned Somaliland Protectorate to the African Region, and Somalia (Trusteeship), Bahrain, Kuwait, Qatar, and the Trucial States to the Eastern Mediterranean. Sudan was affiliated to the Region (Off Rec. Wld Hlth Org. 48, 302).
are being made, especially at Calioub, of providing simple additional training in allied subjects such as nutrition and simple dietetics and in matters of social welfare. Following this training, given by the specialist workers in these subjects, the auxiliary is supervised by the professional public-health nurse.

The other great need of children in the Region—better nutrition—is receiving increasing attention in collaboration with UNICEF and FAO. It is hoped gradually to develop in key countries central institutes of nutrition in which the many nutritional problems of the Region—including the nutrition of children—can be studied. As an interim measure, UNICEF is supplying skim and whole milk powder, but longer-term programmes are being planned for permanent milk supplies, for processing surplus milk for use in the lean periods, or for the wholesale supply of safe pasteurized or sterilized milk, and careful preliminary studies of the whole problem of the economic production and distribution of safe milk are being made by representatives of all the interested parties.

A preliminary meeting was held during the year to plan a seminar on maternal and child health in 1956; it selected for discussion subjects relevant to the priority needs of the Region and decided on the methods to be followed in the conduct of the seminar.

More countries are asking WHO and UNICEF for assistance in developing school health services, and a short-term consultant was appointed. UNICEF has been asked for equipment for environmental sanitation and other purposes and for assistance in providing more meals in schools.

The importance of environmental sanitation in all health projects is becoming more generally recognized. The subject was again discussed at some length in the Sub-Committee A of the fifth session of the Regional Committee. Several speakers called attention to the need for strengthening central administrative systems, and to methods that could and ought to be used for developing sanitation services in rural areas. They emphasized that, once the interest of the people was awakened by health education, the community was often ready to assist, both in cash and in kind, and that the problem of permanent maintenance could be largely solved by arousing and maintaining community interest. But at present many of the larger towns in the Region are still without adequate water supplies and sewerage systems. The need for this type of development is therefore great but the initial capital cost is also considerable and, in many cases, suitable methods of financing have yet to be worked out.

Here again, the shortage of trained staff of all grades is acute in most countries of the Region and much is being done under the educational programme to overcome it. In the less developed countries, the first and urgent need is to train auxiliary sanitarians. Simple training will suffice at this stage, provided that it is strictly practical. From among the trained auxiliaries can be chosen the necessary staff for general duties in towns and rural health centres and for specialized duties, for example in malaria and bilharziasis control. Such specialized work is often seasonal, so that the auxiliaries can carry out general duties during part of the year and be used for specialized duties as required.

As countries develop, their need for well-trained professional staff becomes greater and in due time undergraduate fellowships in sanitary engineering, on the same lines as those provided for undergraduate medical studies, might be awarded in a number of countries. When the public-health administration is fully developed, professional sanitary engineers are required for the staff of the central administration; a carefully planned educational programme will ensure that trained staff will be ready when the time comes.

Improved sanitation is essential for the control of some of the more important communicable diseases in the Region, particularly bilharziasis and the various fly-borne diseases—including probably trachoma. The problems are vast and their solution is difficult; some field studies have already been carried out in the Region and it is hoped to extend them later. During the year a special meeting was held to draw up plans for a seminar in environmental sanitation which will be held in 1956, to enable par-
participants to make a general survey of the needs of the Region and exchange information on common problems and plans for dealing with them.

For a variety of reasons nursing is a neglected branch of health service in the Eastern Mediterranean Region, and all countries need assistance to develop their systems of nursing administration and to establish modern training schools. Both fully trained professional nurses and large numbers of auxiliary nursing workers of various kinds are needed.

In many countries it is not yet fully realized that the nurse is something more than an assistant to the doctor or health administrator.

The Organization, therefore, besides assisting with the education of nurses, is helping governments in such things as drafting modern nursing laws, establishing a nursing council or other body to supervise the profession and setting up a suitable professional association affiliated to international nursing bodies. Interest in nursing services is growing throughout the Region and their development is being assisted or planned for practically every country. Additional evidence of this interest was the technical discussions on nursing at the recent meeting of Sub-Committee A. Four countries included a nurse as an adviser to their chief representative.

There is a growing interest in building closer relations between health services and other services for the community such as education, social welfare or agriculture. The leading experiments of this kind are in Egypt, where a large number of community centres are being established to provide rural populations with closely co-ordinated services. In the Calioub demonstration area, the Organization is sharing in these experiments. An indication of the interest of States Members of the Region in such problems of health administration is that no fewer than fifteen senior public-health administrators attended the travelling seminar in public health which in 1955, its first year, visited Egypt and the Sudan. In Egypt the seminar was able to study a country with a relatively complex system of public-health administration, making bold experiments in the development of rural services: Sudan showed a somewhat simpler but well decentralized system, making wide use of auxiliary health workers to provide an expanding health service in spite of a relative scarcity of professional workers.

**Education and Training of Health Personnel**

Helping governments to expand and improve the training of health personnel can be regarded as serving the two other main aspects of the regional programme—strengthening public-health administrations and assisting in the control of communicable disease. As has already been seen, the training of health personnel is the leading object of most maternal and child health, and nursing, projects.

The number of direct educational projects has also tended to increase and the assistance to governments has covered a wide range: from the provision of a professor of physiology and the establishment of a regional college of nursing of university standard to the organization, with the assistance of the Government of Egypt, of an elementary course in Arabic for sanitarians from the less developed countries.

Again, the assistance varies with the stage of development of the countries. In the countries where development is in its earliest stage, not only are there no institutions for educating professional workers; in some there are not even schools for auxiliary workers. Their main needs can therefore be summarized as follows: long-term professional fellowships for medical and nursing students; fellowships for training auxiliary workers in nearby countries, as a temporary measure, pending the establishment of centres for training appropriate types of auxiliary health workers; in certain instances, advice and assistance in the preliminary planning for schools for professional workers.

In the more developed group of countries, where there are already some schools for professional training, the needs are: fellowships for post-graduate study for administrators, instructors and specialists; assistance to professional schools, such as advice on developing the curricula; advice and assistance in establishing additional schools; advice and assistance to enable auxiliary schools to give more advanced training or to be converted into professional schools; assistance in establishing new centres for training auxiliary workers, especially for
types of auxiliary not so far trained; short-term consultants in various educational subjects; organization of seminars, study groups, etc., on special or general educational topics.

In the most highly developed countries where there are old-established schools for professional workers there is still a need for some categories of auxiliary worker and possibly for some assistance with their training. But their main needs are to improve and expand the education of professional workers and for post-graduate instruction. These can best be met by: fellowships for senior instructors in schools for professional health workers, and for specialists; advice and assistance in improving the professional education of health personnel, and in modernizing curricula; advice and assistance in organizing post-graduate education of all kinds; fellowships for administrators, instructors and specialists to study abroad, as a temporary measure until the facilities for post-graduate education mentioned above are available; visits by groups of medical scientists, for exchange of scientific information; organization of seminars, study groups etc., on special or general educational topics.

Inter-country or regional programmes are of special value in education. Two main types are required. Firstly, long-term programmes are needed to establish courses of training or ad hoc institutions (such as the regional nursing college) which will provide, for the whole Region or for selected groups of countries, basic or post-graduate education of a type or standard not likely to be provided by individual countries in the near future. Some of the smaller countries may in fact rely indefinitely on their larger neighbours for more advanced training. At present the main needs are for post-graduate training in public health, advanced training in nursing and training for sanitary engineers.

The second requirement is for special regional seminars, training courses, study groups, etc., on general or special public-health topics such as nursing, maternal and child health or the control of specific communicable diseases.

In general, it is the aim of the Regional Office to stimulate the development of adequate training facilities of all kinds within the Region. Health workers can then be educated in an environment reasonably familiar to them, language difficulties can be reduced to a minimum and the problems, resources and economic standards will be similar to those they will face in their future careers.

Control of Communicable Disease

The Region is so widespread that its needs in communicable disease control are many and various. The countries of north-east Africa extend deep into the tropics and have, in their southern areas, the flora, fauna and disease patterns of Central Africa. The countries of the west Asian mainland and Mediterranean littoral form a second group with their own problems. West Pakistan belongs in effect to the second group but East Pakistan again is separate from the rest of the Region and shares the flora, fauna and the disease-patterns of eastern Asia. Nevertheless, certain diseases are a problem, of greater or less severity, throughout the Region; of these the most important are malaria, trachoma, tuberculosis, smallpox, leprosy and many of the communicable diseases of childhood, especially the gastro-intestinal group.

Other important diseases, such as bilharziasis, wild rodent plague, and various types of non-venerereal treponematoses, are widespread in most but not all parts of the Region. Finally, certain important diseases, such as yellow fever, filariases including onchocerciasis, and trypanosomiasis are found only in two or three of the outlying countries. Some other countries are yellow-fever receptive areas, and their protection is best secured by inter-regional action.

From the above list, it will be clear that the control of communicable disease is a serious task. And in fact, if fellowships are excluded, no less than 43 per cent. of the field budget of the Region was spent in 1955 on communicable disease control, and it was also the subject in which most fellowships were awarded.

Control of communicable disease has an added importance in this region in that pilgrims from many countries visit it annually, often traversing two or more countries in their journeys to and from the Holy Shrines.

In many countries, especially the less developed, there is little accurate information about the extent and epidemiology of the general disease pattern. Careful preliminary surveys are necessary to give a basis for national measures of control. This type of project is being fostered by the Organization, notably in the arthropod-borne disease project in Iran.
Malaria is of great importance and therefore requires special consideration. It is present throughout the Region, though one island territory (Cyprus) appears to have successfully eradicated the disease, though not the vector. The geographical diversity of the Region separates its countries into two main groups; firstly, the countries of the west Asian mainland excluding Saudi Arabia and secondly, the countries of north-east Africa, with the Arabian peninsula. Pakistan, both East and West, can probably be included in the first group. This division is of great importance because it is believed that a policy of complete eradication of malaria is technically possible in the first group of countries, but that much further survey followed by pilot operations is still necessary in the second group.

It is considered that the principal difficulties in the first group will be administrative and organizational but that they can be overcome with international assistance, provided that the governments concerned accept the policy of malaria eradication and make the necessary financial and administrative arrangements. In the meantime, the Organization is calling a series of technical meetings of representatives of contiguous countries in the European and Eastern Mediterranean Regions to assist the necessary coordination between countries. A special training course is to be organized for 1957 and more sanitary staff will be made available to give practical assistance in programmes of malaria eradication.

In the other group of countries, where the main vector is Anopheles gambiae, limited pilot projects will be undertaken, which may later be expanded into wider measures of control.

The Regional Committee

The Eighth World Health Assembly requested the Member States of the Eastern Mediterranean Region, as well as the Director-General and the Regional Director, to continue their efforts to implement fully resolution WHA7.33 of the Seventh Health Assembly concerning the Regional Committee. The Director-General asked all governments of the Region to consider again the possibility of holding the sessions of the two sub-committees at the same time and place; but the response to this request showed that the situation had not changed since 1954. The three Member States which had agreed in 1954 to participate in both sub-committees were willing to do so in 1955 and also agreed that the meetings of the sub-committees should coincide. Most Members, however, said definitely that they wished the meeting of Sub-Committee A to be held at Beirut, as had been agreed by that sub-committee at its last session.

Sub-Committee A, therefore, was convened at Beirut, from 27 to 30 September 1955. The Government of Italy again invited Sub-Committee B to meet at Mogadiscio, Somalia, and invitations to a meeting there were accordingly sent out for a date unspecified.

The Government of Israel, when informed of the situation by the Regional Director, replied that it was unable to accept in 1955 a proposal which it had already considered unacceptable in 1954. Before the opening of the session of Sub-Committee A, the representatives of the three Governments that had agreed to attend both sub-committees were notified of Israel's decision; two immediately stated they would exercise their right of vote in Sub-Committee A and at a later meeting the third said he would do the same. The three governments concerned finally informed the Director-General that they would not participate in Sub-Committee B because Israel would not be attending, and the meeting of that sub-committee was therefore cancelled.

Sub-Committee A was attended by representatives of fourteen countries, including the newly-elected Associate Member—Sudan. Representatives were present from the United Nations (including the Technical Assistance Board, UNICEF, and the United Nations Relief and Works Agency for Palestine Refugees), from FAO, and from two inter-governmental organizations and several non-governmental organizations. The Director-General was represented by his Deputy.

The Sub-Committee approved the report submitted by the Regional Director and noted with satisfaction the steady planned expansion of work in the Region. It considered that more weight still needed to be given to broad programmes of environmental sanitation and to the health education of the public.

The proposed programme and budget for 1957 was first carefully considered by a subdivision on programme, which endorsed the inter-country programme and the importance of projects for assisting governments in the control of communicable diseases. The Sub-Committee approved the subdivision's report and examined a list of supplementary projects. The new method of planning Technical Assistance programmes for countries was discussed and it was hoped that in future its difficulties would be avoided. The general programme of work for a specific period, as outlined by the Regional Director, was considered satisfactory for the period 1957-60, and governments were invited to draw up similar programmes of work for their individual countries, in co-operation with the Regional Director.
The Sub-Committee thought it premature to propose any alteration in the rights and obligations of Associate Members in regional committees. After lengthy discussions, the use of Arabic as a third official and working language was recommended for meetings of Sub-Committee A, starting not later than 1957.

Malaria eradication was discussed at length, and it was agreed that the problem must be dealt with inter-regionally. The WHO special consultant gave his opinion that eradication was technically feasible in the Asian countries he had visited (Jordan, Lebanon, Iran, Iraq and Syria), and the Regional Adviser stressed the great importance of careful organization and administration. The representative for UNICEF confirmed that the Fund was interested in soundly planned malaria eradication programmes, and the representatives of a number of countries supported proposals to set up the services necessary to achieve eradication, with international aid, within five years.

The Regional Director was requested to study further the questions of nomenclature of health personnel, and of the time taken for immunity to develop after vaccination and revaccination against smallpox, and report further to the Regional Committee. There was much interest in the subject of peaceful uses of atomic energy.

The technical discussion on nursing was well attended by many nurses from Lebanon, Jordan and Syria, WHO nurses working in those countries, and the nursing advisers sent officially by the Governments of Iran, Jordan, Lebanon and the Sudan. In these discussions, the importance of nursing education was emphasized and governments were recommended to draw up suitable nursing legislation and to establish a nursing section in their Ministries of Health.

The Sub-Committee heard statements from representatives of other organizations and noted with approval the continued close co-operation between the Regional Office and those organizations.

The Sub-Committee noted the resolution passed by the Eighth World Health Assembly on the expansion of public information and promised full support to the Regional Office in this work but did not consider that the appointment of special liaison officers in national health administrations was necessary in this region.

Having heard the action taken in the Region on drug addiction, the Sub-Committee asked the Regional Director to include this matter in the work of the Regional Office.

Finally the Sub-Committee appointed its representative (and an alternate) under the terms of resolution WHA7.33; decided on the places of meeting for its next two sessions—Teheran in 1956 and Alexandria in 1957; and chose as the topic for technical discussions at its next session “Health education of the public”.

The Regional Office

The organizational pattern of the Regional Office has remained unchanged, but the staff has been strengthened by the filling of the vacant posts of malaria adviser and statistician, and a public-health administrator has accepted appointment.

During the year one public-health adviser returned from study leave and another has left for one year of post-graduate study in public-health administration.

When the public-health administrator mentioned above takes up his post, the office will have five specialist advisers, in environmental sanitation, nursing, maternal and child health, malaria and statistics, and the other members of the advisory staff will be general advisers in public health; this has been the aim of the Regional Office for some years.

One other technical adviser, in education and training, will be needed to complete the staffing of advisory services for the Regional Office.

Reports on Typical Projects in the Region

A complete list of projects current during the year will be found in Part IV. The following have been selected for fuller description.

Meat Hygiene Course

That meat hygiene is of interest to many countries of the Region was demonstrated by the large attendance (thirty-nine representatives from nine countries) at the Meat Hygiene Course which was held at Alexandria from 4 to 21 July, under the direction of two WHO consultants (EMRO 12).

Lectures were given by the two consultants and by participants, on practical subjects of common interest ranging from the rules for and the general
principles of meat inspection, to slaughterhouse construction and the flaying and grading of hides; slides were shown and a film on the operation of a destruction plant; practical work, by arrangement with the Alexandria Municipal Authorities, was carried out in the slaughterhouse and in the municipal bacteriological laboratory; and there were discussions on tuberculosis, tuberculin tests, methods of slaughter, cysticercosis and allied subjects of general interest.

The view that such a course should be held in a place provided with the very latest equipment was not accepted, and it was generally agreed that there was more practical value in a course under conditions approximating to those to which the participants were accustomed.

The recommendations arising out of the discussions included the appointment of a regional veterinary adviser (a post which has already been considered); more study fellowships for veterinarians; and a seminar on food hygiene with special reference to milk, fish and meat products.

**Demonstration and Training Area, Calioub**

The need for this important project (Egypt 5) arose rather from a multiplicity of health services than from any lack of them. In Egypt five ministries in all are, directly or indirectly, concerned with the health and welfare of the people. It was clear that some co-ordination of these services was required to make their full value available to the people.

The Government therefore by special decree delegated the functions of the Ministries of Health, Social Welfare, Education, Agriculture, and Municipal and Rural Affairs to a Joint Board of Ministers, represented in the field by the Director of the project. The Calioub demonstration area thus enjoys a privileged autonomy which permits its Director, advised by a local committee, to make without further sanction any change in the organization of the public services which appears advisable in the interests of efficiency and economy.

Besides developing a system of provincial health administration that integrates the health functions of the ministries mentioned above, a main objective of the project is to establish a "pilot" preventive and curative provincial health service that will include hospital and laboratory services, local health units, environmental sanitation services and so on.

A third main objective of the project is to provide a training centre for all types of rural health workers, from Egypt and from other countries of the Region.

The project began in 1953 and the first stage was largely exploratory. A census of the 250,000 inhabitants of the area was started under the guidance of the WHO statistician appointed to the project, and several important health surveys were made to provide a baseline for future development. They included surveys of births, deaths and infant mortality and the extent and method of their notification and registration; a tuberculosis survey in three villages with varying social groups; a parasitic and salmonella-carrier survey in which the United States Naval Medical Research Unit No. 3 participated; a serological survey for brucellosis, leptospirosis, syphilis, Q fever, typhus and sandfly fever; and clinical surveys of nutritional deficiencies, of oral pathology, of fungoid skin infections and of vesicular cancer due to bilharziasis, in collaboration with the Naval Medical Research Unit and the Ein Shams University.

Similarly, in environmental sanitation it was necessary to find by study and experiment the type of equipment most suitable for the area, taking into account efficiency, economy and established customs. It was also necessary to devise the best form of organization for developing the sanitation programme and to select and train staff. In step with the environmental sanitation programme it has been necessary to develop and improve the programme of health education.

A public-health laboratory has been set up at Calioub to demonstrate methods of laboratory diagnosis suitable to such a centre, to co-ordinate the work of the health centre laboratories with that of the central laboratories in Cairo and to train laboratory technicians.

During 1955 it has been possible to start a number of experiments in organizing combined community centres designed to deal with the health and social problems of the people, such as agriculture, education, health and social welfare. The guiding principles are that the services should be comprehensive and within the economic capacity of the people, and that the people should play an active part in their development and maintenance as part of their communal life. By these experiments, and the facilities for field training, it is hoped that a pattern will be found on which the organization of health and welfare services throughout the country may be built up. One major community centre has been estab-
lished at Tanaan, with a number of village health sub-centres.

Professional and auxiliary staff for the new pilot centre have been given a comprehensive practical and theoretical training. The auxiliary health workers in the villages have been given training in public health and in elementary home economics and social welfare, and are in effect "multi-purpose" workers. They are supervised by professional nurses acting on the technical advice of other professional workers.

There has been close relation with the trachoma control project in the area, which is assisted by WHO and UNICEF and with a programme of the United States International Co-operation Administration for providing a pure water supply for villages.

It is too soon to evaluate results or to draw any conclusions, but a stage of development has been reached which is thought to be worth recording. The present WHO advisory staff comprises a senior adviser, a public-health engineer, an epidemiologist, a bacteriologist, a maternal and child health officer, two nurses and a statistician.

Training of Nurses, Dacca

After a survey of nursing in Pakistan in 1951, the nurse training project (Pakistan 19) was started at the Medical College Hospital in Dacca in the following year. UNICEF supplied the equipment required for teaching and for the maternity and paediatric departments of the hospital. WHO provided three nurse educators and five fellowships for advanced study for Pakistani nurses.

The aim of the project is to strengthen nursing in East Pakistan by providing more nurses; by training nurses as instructors and administrators; by revising the curriculum to meet the health needs of the people, and by advising the Government on all matters pertaining to nursing.

The Medical College Hospital, the largest and the best teaching centre in East Pakistan, had very limited facilities for teaching and for nursing. Six hundred patients were crowded into space intended for 500, and 400 medical students were receiving instruction in the wards. Fifteen trained nurses were attempting to cope with the administrative demands of twenty-three wards and departments and the educational needs of the student nurses. Only two of the trained nurses had had more than two years’ experience, and none had had any type of post-basic education.

There were sixty-four student nurses. The minimum educational requirement for entrance to the school was a sixth-standard pass. Most of them had had less than eight years of general education. The annual losses of students, from voluntary withdrawals, ranged from 60 to 65 per cent.; the average annual output of trained nurses was less than ten.

The immediate needs seemed to be: to improve the facilities for training; to keep student nurses in training; and to develop a public relations programme to encourage women to enter for training. These were necessary steps before there was any hope of revising curricula or raising standards of education.

Many changes have taken place since the project was started. The hospital has been completely remodelled, and the facilities for nursing greatly improved. The assistance of the public has been solicited, with the result that amenities have been provided for the nurses and that they have better living quarters.

Public interest in nursing is gradually growing. There are only ten more students so far, but the minimum educational requirement for entrance has been raised to a ninth-standard pass, and most students are at least of university matriculation standard; there are practically no voluntary withdrawals.

The Government has increased the number of posts for trained nurses from twenty-six to fifty-six. Most of the trained nurses have had an "in-service" course in ward management and supervision. Five have been trained as nurse educators and of these two have been abroad on study fellowships. Two Pakistani nurse educators capably manage the school and are carrying on a recruitment programme.

The curriculum has as far as possible been revised to correlate theory and practice. Public-health instruction has been included and plans made for practical work in public health. One international nursing arts instructor has been replaced by a nurse educator in midwifery. With her assistance and the co-operation of the maternal and child health and tuberculosis teams it is hoped that the public-health work can be further extended.

The authorities have not as yet approved a plan for the training of auxiliaries.

The project has made progress, but not at the rate needed to produce the numbers and types of nursing personnel essential for the development of the national health programme.
Present Trends and Future Developments

During the year the number of requests received from countries has remained high, and their nature and scope have widened. Without doubt, most countries have an increasing understanding of the value of the aid which can be given by the Organization in the fundamental development of their health services, especially in the many and varied aspects of public-health administration and of education. This is clearly shown by the increasing number of requests from all parts of the Region for more assistance with education, and by such requests as the following: for assistance to evaluate progress in a ten-year health plan and advice on its development; for the retention of a resident public-health adviser; for advice on reorganizing the administrative pattern of a health ministry; the suggestion that a team should be appointed to visit countries, survey their sanitation needs, and advise on the development of a national sanitation plan.

But some of the less developed countries, faced with urgent demands for health services, are apt to ask the Organization to establish and operate services on their behalf. If the need is urgent, and provided that provision is made to train at least auxiliary staff to assist in the future operation of these services, some projects of this type are necessary to start work in countries not previously assisted by the Organization. Such projects not only gain understanding and good will for the Organization, but stimulate the governments to employ additional foreign staff to continue and expand the services so established.

The demand for fellowships continues to increase, but improvements in the selection and utilization of fellows come more slowly and more attention must be concentrated on these features of the fellowship programme.

Some countries genuinely desiring assistance from the Organization, are meeting many difficulties in finding suitable national counterparts for the staff provided, and in obtaining the necessary funds.

The trend, noted in the Annual Report for 1954, towards the development of education and training for professional and auxiliary workers is likely to continue, especially for training auxiliary workers. In 1954 there were eighteen projects in which professional or auxiliary training was a principal objective. It is expected that in 1956 there will be twenty-seven and that there will be a further slight increase in 1957. There will probably also be further requests from more highly developed countries for aid in providing facilities for post-graduate training.

Control of communicable disease is likely to remain a high priority, and demonstration and field projects for this purpose will certainly be required for some time to come. In fact, as more trained staff become available, able to benefit from the demonstration provided, the demand for this type of project may well increase.

As less-developed countries expand their health services and organize provincial and local health administrations, the Organization will be asked to provide advice and assistance and to set up demonstration units. Three demonstration rural health units are expected to be established in 1956 and one of the objectives will be to work out suitable supporting administrative systems.

As the development proceeds in the Region, requests keep on increasing for aid with important health services whose establishment or expansion has been lagging. Such services may be in school health, nutrition (possibly a regional nutritional institute), social and occupational health, dental health, geriatrics, and health education of the public. This last has been chosen as the topic for technical discussion at the sixth session of the Regional Committee (Sub-Committee A).

Especially in the more highly developed countries, it is to be expected that the expanding services for medical care will give rise to requests that the Organization should assist in the advanced training of specialists and in setting up special units. Requests have been received for advanced training in thoracic surgery, cardiology, care of premature infants, collection of cancer statistics and survey and treatment of cancer, use of radio-isotopes, etc. These will remain minor items in the regional programme but they cannot be ignored in the higher stages of developing medical care services.

Finally it can be predicted that the trend towards more inter-country projects will continue, including seminars, study groups, and ad hoc inter-country training courses.
CHAPTER 16
WESTERN PACIFIC REGION

The principal aims of the regional programme and the specific health problems of the Region have not materially altered: the need to strengthen national health services is still of paramount importance and the shortage of trained personnel remains a serious problem. In assisting governments to strengthen their national health administrations, the gradual integration of specialized activities into one comprehensive public-health system receives special attention. But, before this can be done, a certain standard must be attained by the individual services and planning is therefore essential in formulating an integrated programme.

The health administrations of Member States in the Region are in several different stages of development and their needs vary accordingly. The Organization has assisted certain countries, in which there is a shortage of medical and auxiliary personnel of all grades, in training subprofessional personnel for duties in rural areas. As the number of workers in such special grades increases, the level of training can be gradually raised.

The Regional Committee reaffirmed that, owing to the similarity of many health problems in the countries of the Region, training courses should, as far as practicable, be regional. The Organization has therefore continued to assist in strengthening teaching institutions by exchange programmes, visiting lecturers and the provision of medical literature and teaching equipment. The fellowship programme of the Organization is also important in regional training activities.

The present needs of countries must be clearly assessed and fellowships should be given to meet the most acute shortages of personnel or to enable senior public-health officials to gain wider experience in modern public-health practice. It is apparent also that it would often be advantageous for fellows to spend longer periods in one institution and that travel grants should be awarded only to senior public-health officials.

So that governments may be advised on future planning, it is proposed to organize study groups on special problems whose importance to public health is not yet fully understood or for which satisfactory methods of control have not yet been evolved, such as arthropod-borne virus diseases and filariasis.

The Regional Committee

The sixth session of the Regional Committee was held at the University of Malaya, Singapore, from 13 to 19 September 1955. The meeting was attended by representatives of all Member States in the Region, including the Governments of France, the Netherlands, Portugal, the United Kingdom of Great Britain and Northern Ireland, and the United States of America, who are responsible for territories in the Region. Representatives of the United Nations (including UNICEF and the Technical Assistance Board) and FAO, and of eight non-governmental organizations in official relations with WHO, were also present. The Director-General attended.

The Committee nominated Dr I. C. Fang for reappointment as Regional Director for the period 1 July 1956 to 30 June 1961.

The question of more permanent accommodation for the Regional Office was discussed and the Regional Director was requested to continue negotiations with the host Government and to keep the Regional Committee informed.

A sub-committee was set up to make a detailed study of the proposed programme and budget for 1957 and to advise whether the different kinds of assistance proposed were suitably balanced. The advantages to be derived from the appointment of area representatives were again endorsed. The relation between the regular and Technical Assistance programmes was discussed in some detail and the effect that the new procedure for financing projects from Technical Assistance funds would have on programme construction was explained. The report
of the sub-committee was considered by the Regional Committee in plenary session. The Regional Committee approved criteria to be followed in selecting the projects which should be financed from regular funds and asked the Regional Director to keep this question under review. A supplementary list of projects was reviewed and endorsed.

The Regional Committee adopted a resolution requesting Member States to speed up their plans for malaria control so that malaria might be eradicated and the regular insecticide-spraying campaigns safely terminated before the vector anophelines developed an effective resistance to insecticides. The importance of intra- and inter-regional co-ordination of malaria campaigns was stressed. The Regional Committee noted that a Malaria Eradication Special Account had been set up and the representatives of China and Japan stated that their Governments would donate to the Account supplies and equipment for malaria control.

The Regional Committee approved a general programme of work for the years 1957-60. It also approved the Annual Report of the Regional Director and commended the increased attention given to projects operating in two or more countries. It emphasized the importance of exchanging information between countries, and of circulating among Members the reports of Member States on specific projects and, subject to the agreement of the country visited, the reports of experts who visited countries in the Region.

It was recognized that WHO-assisted field projects could make a full and lasting contribution to the strengthening of national health services only if the method of integrating them into the permanent health services was properly planned. The Committee urged Member States to make adequate plans for integration and requested the Regional Director to provide any necessary assistance.

The subject of the technical discussion was “Domiciliary midwifery as an approach to the people in the development of rural health services”. The Committee divided into three small groups for this discussion, in which the most prominent topics were: (a) the place of domiciliary midwifery in the development of rural health services; (b) the difficulties arising from lack of trained personnel to provide rural midwifery services; (c) the scope and limitations of the midwife’s functions and the kind of training needed; (d) the conflict between traditional customs and modern obstetric practice, and (e) the relative merits of domiciliary midwifery and hospital obstetric services in “developed” countries.

The consensus of opinion was that an organized domiciliary midwifery service was an important part of any rural-health programme, although it did not necessarily facilitate the introduction or development of other services.

The Regional Committee decided to hold its seventh session in Manila in 1956, and accepted the invitation of the Government of the United Kingdom of Great Britain and Northern Ireland and of the Governor of Hong Kong to hold the eighth session in Hong Kong in 1957.

The Regional Office

There has been little in the way of administrative or organizational development as such in the Regional Office during the past year, but during the last few months a searching and critical inquiry into its operational and administrative policies and procedures was carried out with assistance from the Administrative Management Section at Headquarters. The expansion of the Office over a period of four years made such a review desirable. Although the full effect of this review will not be apparent until 1956, some changes and innovations have already resulted.

The quick development of the office over the past four years has also made the question of obtaining adequate, permanent office accommodation an extremely acute one to which considerable attention is being given. If a solution is not found soon temporary arrangements to provide additional space will be necessary. This will not, however, remedy the other deficiencies of the present building, such as noise, dust and lack of air-conditioning.

With regard to personnel, two international staff members were transferred from the Regional Office to Headquarters and one regional adviser completed her term of secondment. Two of the vacancies were filled immediately, and it is hoped to make the third appointment very shortly. Two locally recruited personnel left in 1955, and eight were recruited to fill vacancies which existed at the end of 1954.

The situation with respect to the recruitment and replacement of field personnel continued to improve, so that at the end of the year there remained only seven vacancies, although the number of projects employing personnel increased from 26 on 1 January 1955 to 36 by 30 November 1955.

Improvements in the planning of fellowships and the preparation of supply lists, earlier attention to the utilization of savings and changes in the attribution of responsibility within the Office for field
projects, made it possible to ensure that funds allocated for field work were usefully committed by the end of the budget period.

Public Information

The effort to enlist the assistance of governments in the Region to further the public information activities of the Organization was continued and intensified during the year. As a result, most countries have appointed liaison officers to promote and co-ordinate public information on WHO in their countries.

WHO personnel in WHO-assisted health projects have been asked to produce material which could be used for public information. A selection of the articles received from the field has been assembled in a booklet entitled Stories of the World Health Organization in the Western Pacific. This is intended to be the first of a regular series which will tell in human terms of the progress being made in the task of improving the health of people in the Region.

World Health Day was again well observed in the Region. Each year, the observance of World Health Day becomes more popular and widespread, and local governments and schools have assisted in extending it to rural areas.

Public information was extended in all media: press, radio, films, visual displays and direct mailing of information. Films on the work of WHO were circulated throughout the Region, with the help of WHO personnel, United Nations Associations and other groups; film producing agencies were consulted about the production of short documentaries on WHO's work in the Region. Recordings for broadcasting were made of many features of the WHO regional programme, for example, of work on bilharziasis control, malaria control and nursing education.

Over one thousand photographs were taken of various WHO-assisted projects in the Region and were made available to Headquarters at Geneva and to the newspapers of the Region. WHO exhibits were displayed in Cambodia, the Philippines, Hong Kong, Singapore and the Federation of Malaya.

Co-operation with other Organizations

Much of the work of the Regional Office has again been done in collaboration with other agencies of the United Nations.

Technical approval and guidance have been given for a large number of UNICEF projects and close liaison has been maintained with the UNICEF Asia Regional Office.

The seminar on nutrition education and health education, held in the Philippines, was organized jointly by WHO and FAO (see page 23 and project Inter-regional 20).

Meetings have been held with the resident Technical Assistance representative in the Philippines and with the Regional Representative of the Technical Assistance Board in Bangkok, who visited Manila for discussions on current and proposed projects.

The Organization is assisting in the community development project of the United Nations Technical Assistance Administration (UNTAA) in the Philippines, in which the bilharziasis project in Leyte is being used to encourage collaboration by the community in health work. This programme is also being used as a pilot project which will be followed by similar community programmes in other provinces of the Philippines.

The Regional Office was represented at a joint conference with the United States International Co-operation Administration (ICA) in Delhi, in February, to discuss common objectives and problems of ICA and WHO in areas covered by the Eastern Mediterranean, South-East Asia, and Western Pacific regional offices of the Organization. One of the principal themes discussed was relations with other agencies, and WHO's role as co-ordinator of regional health work was recognized. It was agreed that, in countries which are receiving international and bilateral assistance, the function of public-health co-ordination committees in increasing the efficiency of external aid was very valuable and that the appointment of area representatives contributed to the same result, by improving liaison between the governments and the agencies concerned.

In Cambodia, by agreement between the Government, WHO and ICA, the WHO staff will give technical advice to the ICA mission chief and to the Government on ICA projects until ICA appoints its own technical staff. In China and the Philippines close liaison is also maintained with the ICA mission chiefs through the national co-ordination committees.

Reports on Typical Projects in the Region

A complete list of projects current during the year will be found in Part IV. The following have been selected for fuller description.

Midwifery Project, Singapore

In Singapore, as in many countries of the Western Pacific Region, one of the main problems of the
health administration is how to provide safe and adequate maternity care for all mothers. The WHO-assisted nursing education programme (Singapore 8) is also concerned with the improvement of midwifery services, and it is that part of the work that is described here. The programme started in June 1952 and reached its final stage in September 1955 when a domiciliary service based on the Kandang Kerban Hospital was established. Although the small size of the territory has undoubtedly made it easier to develop the project quickly, its progress has been due to careful co-operative planning at every stage and the assiduous elimination of every weakness.

The Kandang Kerban Hospital, administered by the Government Medical Services, served in 1953 a population of well over a million and dealt with over 15,000 births a year. Its work was steadily increasing, both because of the increasing population and because serious overcrowding in the city made confinement at home difficult and increased the demand for institutional confinement.

Two maternal and child health medical officers of the Government Medical Services were employed in clinics outside the city. The city Council administered the clinics in the city and employed a medical officer, nurses and midwives. About 400 midwives practised independently: all midwives were trained but many had only a low level of education. Two types of midwives practise in Singapore, those who are also trained nurses and those with midwifery training only.

The first step was to improve the training programme. At the start of the project, while the situation was being appraised, both types of midwife were given a year's training at the Kandang Kerban Hospital. The pupil midwives were given six weeks of practical domiciliary work at rural health centres but the nurses were trained in hospital midwifery only.

The needs had been appraised, the second stage began. The courses for both groups of students were revised and the course for pupil midwives was extended from one year to two. (The level of basic education in this group is gradually improving.) Members of the local staff were trained as teachers, first by working with the WHO nurse educator and then by study abroad on government fellowships. In time, local staff took more responsibility for teaching students and the WHO nurse educator gave more time to in-service education.

Refresher courses were started for staff midwives in the hospital and health centres and for midwives in private practice. The practising midwives recognized their need for more education and themselves suggested subjects for discussion. Chinese and Malay students acted as interpreters. The legislation governing midwifery training and practice was revised.

With the health matron and her staff, the WHO educator revised and standardized procedures and suggested improved equipment; domiciliary training for nurse-midwives was begun in September 1953. Courses in supervision and public health were given to midwives who would supervise the students in their practical work.

Thirdly, to relieve the pressure on the hospital and to broaden the experience of medical and midwifery students, a domiciliary service for the city was planned, based on the Kandang Kerban Hospital. The first step, in May 1954, was to start a domiciliary after-care service, which began with early discharge of patients in a limited area of the city, and which was extended as the service became well organized and staff became available. Experienced midwives were selected and given special training and students were appointed to the service when it was running smoothly; after twelve months there were sixteen midwives on the staff and 5680 patients had been treated at home. The patients for home treatment were carefully selected, the staff was well qualified and the supervision was good: the results have been very satisfactory.

Finally, in September 1955, the domiciliary service was expanded to include home confinements. Midwives were chosen from the after-care school and given special training. Patients recommended by doctors as suitable were selected from the hospital's prenatal clinic and, if the home conditions were satisfactory, they were given the option of being confined at home. Motor transport is provided and a flying squad is available for emergencies. Public transport is used for prenatal and post-natal visits. It is too soon to assess the working of this final stage.

During the growth of the project, problems of staffing, accommodation, equipment and transport have had to be solved but medical assistance has always been available when needed. The Govern-
ment has throughout given material aid and firm support. Singapore now has a well-organized midwifery service, functioning successfully and on a sound educational foundation.

Maternal and Child Health Programme, Taiwan

The maternal and child health project in Taiwan (China 3) began in the autumn of 1952 with assistance from UNICEF and WHO in the provincial town of Taichung, some distance from Taipei, the capital and the seat of the university and Government. A doctor, a public-health nurse and a midwife set up a demonstration centre at which to teach and to work with the counterparts selected by the Government until they formed an effective team.

Taiwan has a higher standard of living than countries on the mainland of Asia. Over 90 per cent. of the children attend primary schools for some part of their lives and the infantile mortality rate for the island is reported to be about 30 per thousand live births. Since 1950 the Sino-American Joint Commission for Rural Reconstruction has built, or re-built, over 300 of the 365 health stations on the island. Each station covers a population of about 30,000 people and is staffed by a doctor, one to three nurses or midwives, a sanitary inspector, and a clerk. The staff varies with the size of the population for which the station is responsible but there are often vacancies that cannot be filled. The work of the project began in ten of these stations, five in Taichung City and five in Taichung County, but it was soon extended to include all eight health stations and the health centre in Taichung City, and the twenty-two health stations and the health centre in Taichung County.

In January 1953 the training of nurses and midwives began. Some were selected as supervisors and given an extended course of training, the others came to the centre for two months’ lectures, demonstrations and work under supervisors. At first some came for the lectures only and continued to work at their stations, but nurses trained in this way seemed to have less practical understanding of the problems of maternal and child health, because they missed the valuable free discussion before and after clinics. Only a few doctors could be trained, because the paediatrician who came with the other members of the team in 1952 could stay for only one year and it was another year before her successor arrived. By January 1955 the four-week courses for doctors were well under way and by July doctors as well as nurses had been trained from each of the seventy-seven health stations that had been included in the scheme. Particulars of the training courses held up to the end of 1955 and the number and type of students trained are shown in the following table:

<table>
<thead>
<tr>
<th>Type of student</th>
<th>Courses held</th>
<th>Duration</th>
<th>No. of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical officers</td>
<td>9</td>
<td>4 weeks</td>
<td>96</td>
</tr>
<tr>
<td>Nurse/midwife supervisors</td>
<td>4</td>
<td>4 months</td>
<td>23</td>
</tr>
<tr>
<td>Nurse/midwives</td>
<td>9</td>
<td>8 weeks</td>
<td>145</td>
</tr>
<tr>
<td>Student nurses</td>
<td>10</td>
<td>7 weeks</td>
<td>91</td>
</tr>
<tr>
<td>Medical students</td>
<td>1*</td>
<td>4 weeks</td>
<td>19</td>
</tr>
</tbody>
</table>

* discontinued

A three-day seminar was also held for the health directors of the twenty-two health stations in Taichung.

At the end of 1955 three members of the national team were studying abroad with WHO fellowships and two of the supervisors were in Japan with fellowships from the United States International Co-operation Administration.

At the demonstration centre in Taichung are held prenatal and post-natal clinics, well-baby clinics, classes for pre-school children; mothers’ classes and immunization clinics are held once or twice a week and are very popular with the parents in the district. The staff of the demonstration centre help the students, doctors and nurses in their work with patients, and with health education in the clinics and in the homes. The students attend and take part in the regular “ Lin ” meetings—meetings held in each neighbourhood unit where doctors and nurses talk on health problems. Emphasis throughout the training is on the development of a warm co-operation between staff and parents, and on the personal participation by each student in each part of the training. Supervisors have been trained to show the students how the lessons learnt in the course and at the demonstration centre can be put into practice and adapted to conditions in the health stations.

At this stage it is difficult to assess the long-term effects of this project. One success of the first three years of work is that the Government has prepared a plan for a five-year extension of the project to cover all the health stations in the island and the first members of the staff of these health stations have already been to Taichung for their training.
Public-Health Training in the University of the Philippines, Manila

In the University of the Philippines, teaching in public health is given by the staff of the Institute of Hygiene and has since 1927 been assisted by the Rockefeller Foundation. The staff of the Institute of Hygiene give a twelve-month certificate course for health workers, give undergraduate students instruction in medicine, nursing, pharmacy, sanitary engineering and health education and are also responsible for undergraduate courses in laboratory medicine and in sanitation, for the Bachelor of Science degree. The University Departments of Bacteriology and Parasitology are integral parts of the Institute. All courses are given in English.

To develop a strong faculty of public health to serve the Philippines and other countries in the Region, the following assistance was requested in 1951 for the University: consultants and lecturers in medical entomology, bacteriology, industrial hygiene and public-health engineering; equipment and supplies and one fellowship in each subject to train teachers who would later take over the posts. An exchange programme was arranged between the University of the Philippines and the Johns Hopkins School of Hygiene and Public Health. The Johns Hopkins School seconds lecturers and consultants (and pays the lecturers’ salaries); the Rockefeller Foundation pays the local costs of the visiting lecturers in the Philippines and the cost of their replacements at John Hopkins. Early in 1953 WHO agreed to be responsible for the general planning and for financing other parts of the programme (travel, and allowances, supplies and fellowships to allow staff from the Institute to join the Johns Hopkins staff for a year) for the academic years 1953-54 and 1954-55.

The first consultant, in public-health administration, arrived in Manila in the summer of 1953, and was followed in October by an associate professor of public-health engineering. Two members of the Institute staff, one in public-health administration and the other in bacteriology, were sent with WHO fellowships to Johns Hopkins in 1953-54.

In the academic year 1956-57, teachers of biostatistics and maternal and child health will be exchanged: another consultant is expected to assist in consolidating the post-graduate teaching programme in public-health nursing. The Government and the Johns Hopkins School of Hygiene and Public Health both wish to continue the programme to 1959 at least. The Johns Hopkins School is satisfied that it has had much profit from the programme, which has helped it to understand the problems in this part of the Region and to organize its own teaching programme to meet international needs.

In this project the Organization has helped in the development of public-health teaching; a strong faculty is being formed which can offer a sound programme of teaching and research. The visiting staff will also promote closer co-operation with other health and community agencies.

* * *

Present Trends and Future Developments

A number of governments in the Region are continuing projects from which international assistance has now been withdrawn, or have started new projects with technical advice from the Regional Office. These projects, for which UNICEF is giving supplies and equipment, follow the operational pattern recommended by WHO, and the regional office staff make regular follow-up visits to assess the progress made, to make recommendations for future work and to advise on integration.

There is evidence that governments are becoming increasingly concerned over environmental sanitation in their countries. The Organization, in response to requests for technical advice, is helping several countries to define their present problems, to make plans for the gradual improvement of their environmental sanitation services, and to solve immediate problems by specific projects, including fellowships. It is also promoting an interchange of technical information.

Because of the wide extent of the Western Pacific Region it is proposed to assign area representatives to groups of countries in the Region. These representatives would facilitate joint planning with governments and permit the Organization to assess more clearly the particular needs of the countries concerned, so that the projects selected for action may be such as can be continued when WHO assistance comes to an end. They would give assistance and guidance in long-term planning so that when projects reach the stage of consolidation they may be incorporated in the general health programme of the country.
Programmes of communicable-disease control will be continued. Particular attention will be paid to intensifying plans for malaria control and to the importance of co-ordinating malaria campaigns, within the Region and between regions.

WHO will further encourage the organization of health services for the rural population by health demonstration areas and by gradually incorporating communicable-disease and other essential programmes in the existing rural health services. Environmental sanitation and health education of the public will be included in all WHO-assisted programmes in which they can assist the main objectives of the project.

To obviate the economic problem of providing adequate hospitalization for tuberculosis and leprosy patients, the possibility of providing satisfactory ambulatory treatment of such cases will be further considered.

Pilot studies of all types will be increased, to obtain information and experience that may guide future planning.
PART III

CO-OPERATION WITH OTHER ORGANIZATIONS
CHAPTER 17
CO-ORDINATION OF WORK WITH OTHER ORGANIZATIONS

In international work in 1955 the development with the widest implications for the future was probably the action taken in regard to the use of atomic energy, which is described in Chapter 5. WHO has been in close consultation with the United Nations and the specialized agencies concerned and contributed to the work of the International Conference on the Peaceful Uses of Atomic Energy.

The decisions which governments have taken recently, in the General Assembly of the United Nations and the Economic and Social Council, to develop and concentrate international effort in the social field, were put into effect in 1955. The Annual Report for 1953 referred to the preparation of comprehensive reports on social conditions and on national programmes of social development, and to the formulation of a programme for the United Nations and the specialized agencies of concerted practical action in the social field. WHO is associated with both these activities. In 1954 the Director-General reported decisions of the Council which resulted in discussion of important social problems every second year, and a review each year of the development and co-ordination of international economic and social programmes as a whole.

In pursuance of this plan, the Council at its twentieth session (July to August 1955) held its first general debate on the world social situation. The discussion was based mainly on the International Survey of Programmes of Social Development, prepared by the United Nations with the cooperation of the specialized agencies, and on the report of the Social Commission. The Council also heard the views of the executive heads of the specialized agencies.

The Survey pointed out, inter alia, that in the past ten years governments have tended to assume a steadily increasing responsibility for providing social services. Questions of general concern which were brought to the attention of the Council in this debate were the definition and measurement of standards and levels of living, productivity, self help in community development, and the problems of people in rapidly changing social circumstances, especially in the change from rural to urban conditions.

The Council requested that information on the last two points should be provided in the comprehensive reports which are to be prepared for its discussions on the world social situation in 1957 and 1959. It will be for WHO to provide information on the health aspects of social problems and on health conditions as a component of the world social situation as a whole.

At its twentieth session, instead of examining as separate items co-ordination and the reports of the specialized agencies, as it had done in previous years, the Council considered as one general subject the development and co-ordination of the economic and social programmes of the United Nations and specialized agencies. In order to apprehend the real substance and the implications of work done under the several programmes, the Council called on the heads of agencies to give their views on a number of practical questions common to several organizations, such as more adequate public information, the feasibility of entrusting work to outside institutions, and the use to be made of publications. The Council particularly emphasized the importance of early and close consultation among the United Nations and the specialized agencies in the advance planning of programmes that concerned more than one of these bodies and the necessity for governments to co-ordinate their policies with respect to the work of the different organizations.

The United Nations General Assembly reviewed the report of the Economic and Social Council and considered that the Council had brought into better balance its treatment of social and of economic problems and had given more weight to the interdependence of economic and social development.

These decisions of the United Nations General Assembly and the Economic and Social Council show clearly the desire of their Member governments, most of which are also Members of WHO, for concerted action for economic and social development. To make more effective WHO’s contribution
to such programmes and to the deliberations of the Council on the world social situation, the Executive Board at its fifteenth session and the Eighth World Health Assembly considered the questions involved in the preparation of reports on the world health situation. The Organization will study the matter further in 1956.

In the past three years much attention has been devoted to ways in which additional international funds could be made available for the economic development of under-developed countries. In accordance with resolution 823 (IX) of the General Assembly, the International Bank for Reconstruction and Development drafted in 1955 the Articles of Agreement for the International Finance Corporation. By the end of 1955, enough States had ratified these articles to ensure the establishment of the Corporation. At its tenth session, the General Assembly set up an ad hoc committee to examine the comments of governments on the recommendations for the proposed Special United Nations Fund for Economic Development. The committee is to make an interim report in 1956 and a final report in 1957.

Administrative Committee on Co-ordination

The Administrative Committee on Co-ordination (ACC) continued its review of the organizational problems of the Technical Assistance Board and of its own relations with that board. It considered also the development and co-ordination of economic and social programmes and questions of administrative co-ordination.

It decided to continue the yearly meetings of the international social programmes,¹ and to discontinue the technical working group on rehabilitation. The agencies concerned with rehabilitation will keep in touch with each other’s work by ad hoc meetings as may be necessary. The ACC’s yearly meetings on the international social programmes bring together senior officers of the United Nations and of the specialized agencies who are responsible for activities covered by resolution 496 (XVI) of the Economic and Social Council on a programme of concerted practical action in the social field. The purpose of these meetings is to exchange information on long-term plans and to adjust plans for specific projects before they become crystallized. In 1955, as in 1954, WHO was represented at the meeting of this group.

One of the new activities discussed by the group in 1955 was the formulation of recommendations for a co-ordinated policy on family levels of living, particularly in broad programmes of social security, social assistance and related social services for family and child welfare, as proposed by the Social Commission. The group also discussed UNESCO’s plans for studying the problems of people in rapid transition from rural to urban life and the work of ILO on social policies for indigenous peoples. Methods of formulating and executing concerted programmes will be tried out experimentally in 1956 in the last two fields.

WHO continued in 1955 to take part in the co-operative programmes which have been arranged through ACC. The main developments in this work are described in the following paragraphs.

Community Development

WHO is taking part in a field mission organized by UNESCO to appraise the work of the two international fundamental education training centres. It provided two staff members for the Arab States Fundamental Education Centre and co-operated with UNESCO in assistance to two national projects. A WHO consultant was appointed to take part in a survey of community development in Africa which began at the end of the year. WHO is co-operating with the United Nations, FAO and UNESCO on rural development in Afghanistan and in the Calioub demonstration area in Egypt; in the Philippines, the WHO-assisted bilharziasis project in Leyte is being used to foster community development; and WHO keeps in touch with the United Nations community development programmes in India.

The tentative conclusions on the training of auxiliary and community workers which were reported by a working group of the ACC in 1954 were submitted to the WHO Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel, which devoted its 1955 meeting to the training of auxiliaries. The report² of this Committee will be made available to the agencies concerned with community development work. Those agencies have agreed that, at their 1956 meeting on community development, they should define more precisely community development and such related conceptions as fundamental education and agricultural extension.

¹ Off. Rec. Wid Hlth Org. 59, 114

² To be published in the Technical Report Series
Long-Range Activities for Children

WHO took part in consultations on further assistance to governments in assessing their services for children, and co-operated with UNESCO in the latter's work for the extension of free and compulsory education. In this connexion it was represented at the UNESCO-sponsored conference for Arab States, held from December 1954 to January 1955, and assisted in preparing a handbook on school health. The two organizations have also worked together on national school health programmes.

Other Co-operative Programmes

The United Nations, ILO and UNESCO took part in the WHO Study Group on the Rehabilitation of the Deaf and Partially Deaf Child (page 20). WHO continued to assist a number of projects for handicapped children, many of which were assisted also by UNICEF or the International Children's Centre in Paris.


WHO was represented at the Working Group on Migration, convened by ILO in April 1955.

The Annual Report for 1954 referred to WHO's contributions to the study initiated by the United Nations on the definition and measurement of standards and levels of living.1 In 1955, WHO convened a study group on the measurement of levels of health; its report will be made available to the United Nations and other agencies concerned. WHO nominated a member to the ILO working group on family living studies and co-operated with ILO in work on social policies for indigenous peoples, contributing to reports to the International Labour Conference and participating in the joint field mission in the Andean Highlands. Other specialized agencies and the United Nations are also taking part in these projects. Technical liaison was maintained with the United Nations, including the Economic Commission for Europe and the Economic Commission for Asia and the Far East, and with ILO, on the health aspects of housing. WHO helped to plan the preparation of the report on the world social situation which is to be submitted to the Economic and Social Council in 1957.

A representative of WHO attended the second meeting on the development and use of water resources, convened by the United Nations in 1955 in accordance with ECOSOC resolution 533 (XVIII), and continued to work with the UNESCO Advisory Committee on Arid Zone Research.

Administrative Co-ordination

Administrative practices are co-ordinated by the Consultative Committee on Administrative Questions (CCAQ) of the ACC and by the ACC itself. Also the United Nations Advisory Committee on Administrative and Budgetary Questions (ACABQ) and the General Assembly of the United Nations review each year the administrative budgets of WHO and other specialized agencies.

At the ninth session of the United Nations General Assembly, the suggestion was made that the Advisory Committee on Administrative and Budgetary Questions, which advises the Fifth Committee of the General Assembly on the administrative budgets of the specialized agencies, would welcome any invitation from a specialized agency to supplement at the headquarters of the agency its study of administrative and budgetary co-ordination. The ACABQ meets from time to time at Geneva and representatives of WHO then appear before it to give information. Thus, the Director-General considers that the Committee will have no difficulty in studying WHO's budget and other administrative and financial problems at its headquarters.

The ACC received a report from the International Civil Service Advisory Board (ICSAB) on the problems of education for children of international staff and certain recommendations for dealing with them. It authorized distribution of the report and its presentation to the governing bodies of the appropriate organizations. ACC requested ICSAB to undertake, in 1956, a study of the age at which international civil servants should retire from active duty.

The ACC also received and considered a report from CCAQ about the recommendations of a committee of experts on the system of cost-of-living adjustments and dependency allowances. It was the view of the majority of the ACC that the time had come for a thorough review of the whole system of salaries, allowances and benefits and consideration of the recommendations was therefore deferred.

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1 Off. Rec. Wld Hlth Org. 59, 115

2 Off. Rec. Wld Hlth Org. 60, 140; 63, 317
for such a review, which the ACC agreed should be undertaken in 1956.

There are several cities where two or more international organizations have offices and, for greater efficiency, those organizations have been seeking to have their offices in a single building in each city. WHO, through three of its regional offices, is negotiating with governments on this subject, on behalf of the organizations concerned.

Several of the outstanding differences between fellowships programmes were removed in 1955 when the organizations reached general agreement on principles and procedures for a uniform system of stipends.

**Work with United Nations**

Under long-standing arrangements, the United Nations and WHO exchange certain types of statistical data and co-operate in studies and assistance to governments on statistical and population questions. For example, the report of the WHO study group on the measurement of levels of health will be circulated to assist the United Nations study of the measurement of standards and levels of living and WHO collaborated in two United Nations seminars on population problems—one for Asia and the Far East and the other for Latin America. WHO's technical functions in connexion with the control of narcotic drugs are carried out in close association with the United Nations; in 1955 the two organizations completed the second of the studies in compliance with ECOSOC resolution 505 C (XVI) and were at work on another (page 46).

Most of the co-operative work on social policy and social welfare, which is concerted through the ACC, originated in recommendations of the Economic and Social Council and is discussed above. Provision for this work is made in the annual programme and budget and, like the rest of the programme, it is planned in consultation with governments and other international organizations. The regional offices maintain liaison with the regional representatives of the United Nations on joint projects and keep in general touch with other activities of interest to both organizations. The degree of actual co-operation which results depends mainly on the nature of the work that governments in the region are undertaking with international assistance. Thus some governments have requested help in health education in connexion with fundamental education work assisted by UNESCO.

Continuing the reports and studies for the Trusteehip Council and the Committee on Information from Non-Self-Governing Territories, WHO prepared in 1955 studies on health conditions in six trust territories and technical reports on three important health problems in non-self-governing territories, and was represented at the meetings at which these reports were discussed. In 1955 the Committee on Information from Non-Self-Governing Territories decided to add community development to the subjects on which the Administering Authorities are requested to report; and WHO will co-operate in the analysis of those reports.

WHO's share in the work of UNRWA is described in Chapter 2, page 25. As in former years, the Organization was responsible for the direction of the health services, and provided four staff members. Liaison is maintained with the office of the High Commissioner for Refugees as to the health of refugees in Europe.

**UNICEF**

UNICEF and WHO continued during 1955 to give joint assistance to health programmes. An important change resulted from the decisions of the Executive Board of UNICEF and the Eighth World Health Assembly that programmes for the control of malaria should be intensified in order to achieve eradication (see Chapter 1). Because more assistance was given to malaria eradication campaigns, the control of communicable diseases made up in 1955 a larger proportion of the jointly assisted programmes. At the same time work in maternal and child health, nutrition, trachoma and environmental sanitation developed steadily. WHO, as before, provided fellowships for training courses organized by the International Children's Centre in Paris and took part in the work of its Technical Advisory Committee.

The financial arrangements agreed with UNICEF, following the decision of the Seventh World Health Assembly to provide half the cost of international health personnel for jointly assisted programmes in the regular 1955 programme and budget, are described in Chapter 10. The Executive Board of UNICEF also allocated funds to reimburse the costs of international health personnel in certain jointly assisted projects started in 1955 and not covered by the decision of the Health Assembly. However, mainly because increased funds were made available for the Expanded Programme of Technical Assistance during the second half of the year, WHO
was able to return about one quarter of the amount which UNICEF had allocated for international personnel in jointly assisted projects.

Work with Specialized Agencies

**ILO**

Most of the projects in which ILO and WHO worked together in 1955 are mentioned above, under the heading of the Administrative Committee on Co-ordination.

ILO was consulted on preliminary plans for assistance to India in occupational health, joined WHO in organizing a training course on occupational health in Paris and was represented at the WHO consultant group on medical requirements for the licensing of motor vehicle drivers.

**FAO**

Two additions were made in 1955 to the activities in which FAO and WHO are collaborating: the investigation of problems arising respectively from the use of chemical additives to food (see page 47) and of toxic pesticides (page 29). A jointly organized technical conference on the first problem made recommendations to both agencies. FAO and ILO collaborated in preparations for a joint study group which the three organizations plan to convene in 1956 on the dangers to health of toxic pesticides. FAO took an active part in a meeting called by FAO on the control of the olive fly. Close informal liaison was established with FAO on questions of food hygiene, a problem which in 1955 was considered for the first time by the WHO Expert Committee on Environmental Sanitation (page 29).

Under the guidance of the FAO/WHO Expert Committee on Nutrition, the two agencies continued in 1955 the investigation of protein malnutrition in children and the possibility of developing protein-rich foods for supplementary feeding (see Chapter 2, page 16). WHO is responsible for advising FAO and UNICEF on the safety and suitability of these new preparations. FAO and WHO added educational work to their co-operation on nutrition and in 1955 sponsored a seminar on nutrition education and health education for twenty-two countries of the South-East Asia and Western Pacific Regions. The United Nations, UNESCO, UNICEF and the United States International Co-operation Administration were represented at the seminar (page 23). A course for nutritionists working in Africa was organized in French at Marseilles by FAO and WHO and dealt with the particular problems of malnutrition common on that continent (see page 62). Work on milk sanitation was active; the secretariat inter-agency working group on milk and milk products (page 29) provides co-operation with FAO and UNICEF.

WHO's programmes of veterinary public health and zoonoses are closely associated with the corresponding work of FAO (page 8), for example in the research done at the joint brucellosis centres. WHO's responsibilities in these programmes include the standardization and production of tuberculin used in veterinary work. The results of FAO surveys on bovine tuberculosis are used by WHO tuberculosis teams in the field. FAO participated in the WHO expert advisory group on veterinary public health for European countries and in a WHO study group on leptospirosis (page 9).

**UNESCO**

Health subjects are among those taught in fundamental education programmes, and WHO co-operates with UNESCO in planning such programmes and provides health educators. The two organizations consult together, and jointly assist governments on school health programmes, especially in connexion with the extension of free and compulsory schooling (see under long-range activities for children above). They maintain liaison in helping institutions of higher education to recruit teaching staff for medical and allied subjects. At UNESCO conferences on education and on the teaching of the social sciences, WHO has encouraged the inclusion of health subjects in school and university curricula, and more adequate instruction in the social sciences of students for the medical and health professions. It has also kept in touch with UNESCO's work on the social implications of industrialization.

In 1955 WHO took over the responsibilities of the UNESCO clearing-house for exchange of medical literature, and UNESCO and WHO began work on simple equipment and materials for use in health teaching.

UNESCO and WHO have agreed to work in close association on certain problems arising from the use of radio-isotopes; the co-ordination of UNESCO's investigations on cell growth and WHO's work on cancer is germane to this subject. The two
organizations co-operate in assistance to scientific institutions through the CIOMS. WHO was represented at the International Advisory Committee on Research in the Natural Sciences Programme of UNESCO and at the UNESCO Advisory Committee on Arid Zone Research; and it contributes to projects in the second of these two subjects.

The resources of the UNESCO mass communications programme have been of great value to the public information work of WHO, and UNESCO has given generous assistance in the production of films and other visual materials. The UNESCO ‘Courier’ and its radio programmes and feature articles have made use of public information material provided by WHO.

WHO's work with UNESCO is described in more detail in other parts of the Report, particularly in the chapters on Public-Health Services and Education and Training.

Other Specialized Agencies

Work continued in 1955 on the manual on the hygiene and sanitation of airports in which ICAO is collaborating. The Universal Postal Union and WHO collected national postal regulations for the transport of perishable biological materials, and draft recommendations for international regulations have been prepared by WHO and are under consideration by both organizations.

Other Intergovernmental Organizations

Liaison was continued in 1955 with the Office International des Epizooties in connexion with WHO's work on veterinary public health and zoonoses and with the International Committee of Military Medicine and Pharmacy, for a preparatory study of international medical law. Regional intergovernmental bodies, such as the Commission for Technical Co-operation in Africa South of the Sahara (CCTA), the Council of Europe, the South Pacific Commission, the League of Arab States, and the Colombo Plan, have kept close contact with WHO regional offices. Co-operation with these organizations is reported in Part II.

Non-governmental Organizations

In 1955, at the fifteenth session of the Executive Board, five non-governmental organizations were admitted into official relations with WHO:

International Union for Health Education of the Public
International Hydatidological Association
International Society of Criminology
International Society for Blood Transfusion
International Organization against Trachoma.

Of the seven other applications submitted, four were not accepted, one was deferred and two were postponed until the seventeenth session of the Executive Board.

All non-governmental organizations in official relations with WHO were invited to send representatives to the Eighth World Health Assembly, the fifteenth and sixteenth sessions of the Executive Board and the sessions of the regional committees.

There was useful co-operation with practically all non-governmental organizations in official relations with WHO. The following is a brief series of examples.

As in previous years, a grant was given to the Council for International Organizations of Medical Sciences (CIOMS); the amount for 1955 was $25,000. The work of CIOMS in 1955 was chiefly devoted to exchanges of views and scientific information on the medical sciences, by such means as securing co-ordination between international congresses and international associations of medical sciences, by making their work known, by giving them material aid where necessary or by organizing symposia, etc. The Council held its Third General Assembly which, inter alia, considered a programme of work for the years 1957 and 1958. In December CIOMS organized, at the request of UNESCO, a meeting of experts, to discuss possible international work on normal and pathological cell growth and related problems. The conclusions of this meeting, at which WHO was represented, will be discussed by UNESCO and WHO.

The International Conference of Social Work consulted WHO on the preparations for its Eighth Conference. The theme of the Conference will be: "Industrialization and social work: industrialization and its effect on social work for family and community" and will give scope for the consideration of many public-health problems.

The International Council of Nurses and the International Committee of Catholic Nurses gave valuable help in the preparation of the technical discussions for the Ninth World Health Assembly which will be: "Nurses: their education and their role in health programmes", and stimulated discussion of the subject by their national member associations. The League of Red Cross Societies,
which is also interested in the coming technical discussions, convened a nursing advisory committee in October, in which WHO took part.

The International Hospital Federation has been consulted by WHO on questions of hospital administration. WHO was invited to take part in preparing for a seminar which will be held in 1956 under the joint auspices of the Federation's study and research committee on hospital planning and construction and the public-health committee of the International Union of Architects.

There have been frequent opportunities for collaboration with the International Union against Cancer on questions of definition and on the selection of material that will assist the comparative evaluation of therapeutic techniques. The Union was invited to send an observer to the joint FAO/WHO conference in September on food additives.

WHO kept in close touch with the International Union for Child Welfare in regard to the decisions taken by the last congress of the Union about child and family welfare and on the possibility of raising the standard of parental care throughout the world.

The World Federation of United Nations Associations and the Inter-American Association of Sanitary Engineering helped WHO to organize the celebration of World Health Day, for which in 1955 the subject was "Clean water means better health". The Federation continued to foster interest in WHO's work by organizing, in various parts of the world, seminars, public lectures and film shows on the United Nations, WHO and the other specialized agencies, and has encouraged similar action by national member associations of the Federation.

The preparatory study of international medical law led to close consultations with several organizations, in particular the World Medical Association and the International Committee of the Red Cross. The co-operation with the World Medical Association covered other subjects also, such as the initial preparations for the Second World Conference on Medical Education in 1959, a protective badge for medical personnel and posology for adults and children.

The International Society for the Welfare of Cripples, whose chairman is also chairman of the Conference of World Organizations interested in the Handicapped, was of assistance to WHO in work for the rehabilitation of handicapped children. The Society and WHO discussed the setting-up of an international prosthetics information centre in Copenhagen.

There was collaboration also with the International Paediatric Association, on the continuation of the study, sponsored jointly by WHO and the Association, on paediatric education in Europe; with the Central Council for Health Education, whose medical director acted as a WHO consultant; with the International Association for the Prevention of Blindness as to WHO work on onchocerciasis; and with the Fédération dentaire internationale on the collection of information about the kinds of dental services available in different countries and on the promotion of epidemiological studies and fundamental dental research. Contacts with the five organizations admitted into official relationship in January 1955 are expected to lead to useful developments.

Already the International Organization against Trachoma has offered useful collaboration, and its meetings provide opportunity for informal discussions on programmes of WHO co-ordinated research and other technical activities. They will make a valuable contribution to the exchange of scientific information, and will help to circulate data on WHO work in this field among highly specialized workers.

There has also been considerable co-operation between regional offices and regional or national organizations concerned with health.
CHAPTER 18  
EXPANDED PROGRAMME OF TECHNICAL ASSISTANCE  
FOR ECONOMIC DEVELOPMENT

In 1955—the fifth period of the Expanded Programme of Technical Assistance for Economic Development of Under-Developed Countries—the original system of automatic allocations to the participating organizations came to an end and the new planning and allocation arrangements established by the Economic and Social Council (in resolution 542 B II (XVIII)) were put into effect in planning for 1956.1 Under the new system, Technical Assistance funds are allocated to the participating organizations to meet the cost of projects requested by governments and approved by the Technical Assistance Committee of the Economic and Social Council.

WHO’s participation in the Programme was based on the criteria and principles established and practised in previous years. Close collaboration was maintained with governments in planning their health programmes in order to integrate them with their regular programmes and to adjust them to the economic and social needs of each country. The types of activities were substantially the same as in previous years and are shown in the list of projects in Part IV. In advising and co-operating with governments, WHO has continued to emphasize the training of all classes of health workers and to concentrate on health activities that have a more direct effect on social and economic development.

The financial position of the Programme improved considerably in 1955 as compared with earlier years. The programme approved, and Technical Assistance funds allocated for WHO-assisted projects, amounted to $4 907 641 in 1955.

In reviewing the Seventh Report of the Technical Assistance Board (TAB),2 (a) the Technical Assistance Committee3 noted the recommendation by the Advisory Committee on Administrative and Budgetary Questions that the indirect project and administrative costs should not exceed 12 to 14 per cent. of the total programme expenditure of each participating organization, and expressed the hope that TAB would continue its efforts to keep the administrative cost of the Programme to the minimum consistent with efficiency; (b) the Technical Assistance Committee recognized the usefulness of “regional” or inter-country projects but noted the concern expressed by some members that too large a provision of funds should not be made for regional projects as it would reduce the amount available for individual country programmes; (c) many members thought that TAB and the participating organizations should give special attention to providing adequate amounts of equipment and supplies as integral parts of Technical Assistance projects; (d) it was suggested also that recipient countries might consider whether they would not receive more benefit from the Expanded Programme if they concentrated on a smaller number of Technical Assistance projects, and supported them by effective national action, rather than spread their small resources over many scattered activities.

The 1955 Financial Situation

The Technical Assistance Conference to finance 1955 programmes was held on 26 November 1954 in New York and fifty-six countries pledged a total of approximately $12 264 000. This amount was gradually increased during 1955 and by 30 November seventy countries had pledged $27 966 017, and $24 614 832 had been paid. In December 1954, TAB, taking into consideration the amount pledged and the probable amount of the Fund, approved a programme of field projects amounting to $16 000 000 and made an initial earmarking of $15 000 000. This was in accordance with the existing provisions which require that “in each financial period earmarkings shall initially be based on the most conservative estimates of contributions likely to be available during the programme year” and that “supplementary earmarkings shall be made as and when the receipt of contributions justifies them.”4 WHO’s share of the $15 000 000 was $2 975 000.

During the year, as more pledges were made and more funds became available, TAB was gradually able to earmark additional funds for programme

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1 Off. Rec. Wld Hlth Org. 59, 121-122  
2 UN document E/2714  
3 UN document E/2779  
4 ECOSOC resolution 521 A (XVII)
operations during 1955, and by 30 November WHO had approved a programme amounting to $4,907,641.

**Constitutional and Organizational Developments**

The ACC, at its April meeting, considered that it might be useful, as the Expanded Programme of Technical Assistance had been in operation for five years, to review the experience gained so far and to make plans for the future of the Programme. It therefore requested TAB to study the future developments of the Programme and report to the ACC at its meeting in the spring of 1956.

When the Technical Assistance Committee reviewed the Programme in July 1955 it also considered the eighteenth report of the ACC and requested TAB to include in its review concrete recommendations for appropriate action by the Technical Assistance Committee, the Economic and Social Council and the General Assembly, and to submit its report to the Technical Assistance Committee (together with the comments of the ACC on the report) in time for consideration at the meeting of the Technical Assistance Committee in the summer of 1956.

TAB discussed the preparation of the report and decided that the Executive Chairman, in the light of the discussion, should prepare a questionnaire, to be sent to all participating organizations. WHO's contribution was sent as required. TAB is to examine these replies and prepare the report to the ACC at its meeting in March 1956.

**Country and Project Waivers of Local Costs**

As the Executive Board was informed at its fifteenth session in January 1955, TAB in reviewing the general question of country and project waivers had decided to recommend certain criteria for granting country waivers and that no project waivers should be granted in future. (A country waiver exempts a country from paying local subsistence costs for international staff in respect of all Technical Assistance projects; a project waiver gives similar exemption only for an individual project for which the government is already providing substantial staff and other facilities.) WHO dissented from the TAB decision, maintaining that where governments were making a large contribution to health projects there was justification for granting project waivers, subject to the established criteria. WHO requested TAB to place this matter before the Technical Assistance Committee for review.

TAB consequently at its session in March 1955 approved a document to be submitted to the Technical Assistance Committee in July, requesting guidance, and including WHO's views. The WHO representative at the Technical Assistance Committee's meeting restated WHO's views and also drew the attention of the Committee to the fact that the World Health Assembly had decided to waive the payment of local living costs in its regular programme but that in its participation in the Expanded Programme of Technical Assistance the Organization was bound to follow the regulations for that Programme. TAC reaffirmed the discretionary authority vested in the Executive Chairman in consultation with TAB under resolution 470 (XV) and agreed that TAB was competent to exercise its authority by a majority vote and to take any necessary action.

TAB at its July session decided that as a matter of administrative practice it would not in future grant project waivers. The existing project waivers could be continued up to the end of 1956. The governments concerned have been notified of this decision.

**Evaluation**

The Technical Assistance Committee's Working Group, which met in December 1954, requested TAB to provide it with the data necessary for an evaluation of the work done in the period 1951-54 under Technical Assistance in Bolivia, Ceylon, Colombia, Iraq, Libya, and Pakistan, and asked for information about fellowship programmes under Technical Assistance. WHO and the other participating organizations submitted to the Executive Chairman the necessary data on the six countries. The information on the fellowship programmes was prepared by ACC's Technical Working Group on Fellowships, and a consolidated document was presented to the TAC Working Group, which met in July 1955. The Technical Assistance Committee noted a resolution of its Working Group, which, recognizing that evaluation studies should be based chiefly on the views of the recipient countries, asked the Executive Chairman to send the document to the six governments concerned for their comments and decided to discuss the document, the comments of the governments and any additional comments by the Executive Chairman, at a meeting not later than 31 March 1956.

The Working Group also drew up a questionnaire to be sent to other recipient countries as well as to the six governments; the Technical Assistance Committee decided that this questionnaire should be sent only to twenty-five countries to which resident representatives had been accredited.

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1 Off. Rec. Wld Hlth Org. 63, Annex 9, Appendix 1
European National Committees

The Director-General made a report to the Executive Board at its fifteenth session on the Third Conference of National Committees and Representatives of Governments in Europe participating in the Technical Assistance Programme, held in Rome from 23 to 24 September 1954. The Working Group of the European National Committees met in Geneva from 21 to 23 February 1955, and "took note with appreciation of the statement of the representative of WHO that, although the Executive Board of WHO, at its fifteenth session, held in January 1955, had, after reconsidering the recommendations of the European National Committees at their meeting in September 1954, reaffirmed its belief in resolution EB15.R44 which states that it was necessary for the Organization to maintain its present recruiting arrangements, the Director-General had decided to circulate to the European National Committees a monthly list of appointments made by WHO under the Technical Assistance Programme. The Working Group hoped that it would be possible for WHO to improve this monthly list of appointments, to give information in greater detail." This information, improved as requested, is being supplied to the governments concerned.

Collaboration with other Technical Assistance Programmes

Close collaboration with the organizations responsible for bilateral programmes of technical assistance, especially with the Colombo Plan and the United States International Co-operation Administration (ICA), was maintained in the field, at regional offices, and at Headquarters. The work being done co-operatively with these organizations is described in greater detail in Part II, and joint projects are shown in the list in Part IV. TAB twice met the senior officers of ICA in Washington to discuss their mutual relations and collaboration in field work.

The 1956 Programme

TAB at its March session established provisional planning totals for each country ("country target figures") for 1956, with sub-totals for each of the participating organizations. The sub-total for health projects reflected the amounts for Technical Assistance projects in the Proposed Programme and Budget Estimates for 1956 (Official Records No. 58). By April 1955 all the governments had been informed of the provisional figures for their countries and requested to submit their country programmes by August, through the resident Technical Assistance representatives, and after consultation with participating organizations. It was made clear that the sub-totals for each agency were included only as guides in planning and that the governments were not bound to follow them. They were, however, requested to negotiate projects with the appropriate organization. The health part of the requests received was examined by WHO and submitted to TAB with descriptive notes and cost estimates. TAB at its October session reviewed the consolidated programme and submitted it to the TAC for approval. The total amounted to $29 734 085, including agency and TAB headquarters costs. TAB was faced with a number of problems in reviewing the 1956 programme. On the financial information available, TAB raised the Category I field programme for 1956 from the original target of $19 000 000 to $22 000 000, and country totals had to be raised equitably.

The Technical Assistance Committee, at its November meeting, approved the programme recommended to it by TAB, and passed the approved programme to the General Assembly for confirmation. It requested the Secretary-General to inform governments that the annual pledging conference should be convened as early as possible after the opening of the General Assembly; and it decided that at its future meetings more time should be allowed for reviewing the programme. The General Assembly confirmed the allocation of funds for the programme of $29 734 085, of which WHO's share is $5 689 280; concurred with and approved the authority given by the Technical Assistance Committee to TAB to make any necessary transfers of allocation between the participating organizations, to ensure full utilization of the contributions, up to 3 per cent. of the amount allocated to the participating organizations, provided that those transfers were reported to the subsequent session of the Technical Assistance Committee.

The Technical Assistance Committee recognized the importance of "regional" or inter-country projects, considered that they should receive special attention in the annual review and recommended that TAB should provide more detailed information on regional projects for 1957. The Committee also suggested that TAB should examine the possibility of applying to regional projects the principle that local subsistence costs should be paid by the governments, and that should exclude from regional projects any types of activity which were more appropriate to the regular programme or could reasonably be charged to the operational services costs of the organizations concerned.
The Technical Assistance Committee noted that an amount equivalent to almost 10 per cent. of the field operations programme had been found sufficient to finance the regional projects during 1956 and recommended that, as expenditures on regional projects reduced the funds available for country programmes, TAB should not plan regional projects costing more than 10 per cent. of the amount assumed to be available for 1957. But the Technical Assistance Committee agreed that participating organizations might submit special regional projects in excess of this 10 per cent. limit for its examination.

Planning for the 1957 Programme

TAB in October considered the amount likely to be available, decided to assume that the pledges for 1957 would total $30,000,000 and agreed that 12 per cent. of the totals of the Category I and Category II target figures for the 1957 field programmes should be allocated to regional projects, and that the participating organizations should make their plans on the assumption that they would receive of this total the percentage established in the 1956 approved Category I programme. But the later decision of the Technical Assistance Committee revised this figure of 12 per cent. and reduced it to 10 per cent.

TAB reviewed the programme planning procedure in the light of the experience gained and there was general agreement that the procedure needed to be simplified so that it might be better understood by governments and by personnel in the field. WHO and some other participating organizations would have liked to advance the time-table of the planning procedure by six months, but this would mean holding the pledging conference in June instead of October, which is not practicable at this stage. The time-table was advanced as far as possible to facilitate planning, but it still does not coincide with WHO's planning for its regular programme. Some of the salient modifications made by TAB are:

1. The participating organizations will have to submit the estimated costs of their expected 1957 programmes to the Technical Assistance Board by 15 February 1956, both Category I and Category II for each country, and their 1957 estimates for regional projects, as agency sub-totals.

2. TAB will by 24 February 1956 inform participating organizations of the draft country target figures, and these will be reviewed by TAB at its session in March.

3. The target figures will be communicated to the recipient countries by 31 March. The period from April to 15 July will be used for negotiation between agencies and governments. The governments will be asked to submit their programmes by 15 July and participating organizations will be required to submit the programmes for which their assistance is required by 1 September. TAB will send the draft consolidated programme to agencies by 28 September and will consider it in the middle of October. The pledging conference will be held about 15 October and TAC will review and approve the programme in the last week of November.
PART IV

PROJECT LIST
PROJECTS IN OPERATION IN 1955

This part of the Report contains a list of the projects which were in operation during the whole or part of 1955—country projects, regional projects for more than one country, and inter-regional projects. In country projects, the aim given in the list is that of the government in establishing the project, irrespective of the form or extent of WHO’s assistance—by providing personnel, supplies or technical advice.

An attempt has been made, as in the two preceding Annual Reports, to summarize the results of some of the projects for which WHO assistance ended in 1955, but in the space available only a superficial summary is possible for most projects; even this summary is often impracticable if the project has ended late in the year. There is also the general consideration that any successful project will continue to develop and produce results long after international aid has come to an end.

The projects are grouped under the six WHO regions; projects that concern more than one country in a region appear first and are lettered “AFRO”, “AMRO”, “SEARO”, “EURO”, “EMRO” or “WPRO”. The other projects follow in alphabetical order of countries. Inter-regional projects are given at the end of the list. Fellowships are now shown in the project list, instead of being given in separate tables, as they were in the Annual Report for 1954. Except in the European Region, fellowships which are not part of a larger current project are grouped at the end of the projects for each country.

In the first column (under “Project No., Source of Funds, Co-operating Agencies”) “R” means the regular budget; “TA” means Technical Assistance funds, and “UNICEF” the United Nations Children’s Fund. Names of other co-operating agencies, whether or not they have contributed funds, are given in parentheses. When UNICEF has not only furnished supplies but has reimbursed the cost of personnel, this is stated in the text.
<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td><strong>AFRO 5</strong></td>
<td>R (CCTA)</td>
<td>Rabies Course, Muguga, Kenya (11-26 July 1955)</td>
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<tr>
<td></td>
<td></td>
<td><strong>Aim of the project.</strong> To study the latest and probable future trends of rabies control.</td>
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<td></td>
<td></td>
<td><strong>Assistance provided by WHO.</strong> (a) Discussion leaders from France, Israel, Spain, United States of America and WHO Headquarters; (b) a fellowship for a veterinarian from French Equatorial Africa to attend the course.</td>
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<tr>
<td></td>
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<td>The course was attended by forty medical officers and veterinarians from Belgian Congo, Egypt, Ethiopia, Federation of Rhodesia and Nyasaland, French territories, Lebanon, Portuguese territories, Spanish Protectorate Zone in Morocco, Sudan, Union of South Africa and United Kingdom territories. (See also page 62.)</td>
</tr>
<tr>
<td><strong>AFRO 6</strong></td>
<td>TA</td>
<td>Malaria Training Course, Yaoundé, French Cameroons (Feb.-April 1955)</td>
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<td></td>
<td></td>
<td><strong>Aim of the project.</strong> A training course, in French, including field training, organized with the co-operation of the French Government and the Medical Services of the Cameroons.</td>
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<tr>
<td></td>
<td></td>
<td><strong>Assistance provided by WHO.</strong> (a) Expenses of participants from Angola, Cape Verde Islands, French Cameroons, French Equatorial Africa, French Togo, French West Africa, Liberia, Madagascar, Mozambique, Somalia, and the Spanish Protectorate Zone in Morocco; (b) fifteen experts, from France, Belgium, Haiti, Italy, Portugal, and the United Kingdom, who gave lectures on various problems of malaria and practical demonstrations of field work. (See also page 62.)</td>
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<td></td>
<td></td>
<td><strong>Aim of the project.</strong> To assess progress in malaria control projects in the light of experience since the Kampala Conference in 1951.</td>
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<td></td>
<td></td>
<td><strong>Assistance provided by WHO and work done.</strong> Expenses of nineteen participants. The conference was attended by malarologists from most countries and territories in the Region and from Malaya, Somalia and the Sudan. Representatives of UNICEF, the United States International Co-operation Administration and CCTA were also present. (See also page 62.)</td>
</tr>
<tr>
<td><strong>AFRO 14</strong></td>
<td>R</td>
<td>Environmental Sanitation Seminar, Ibadan, Nigeria (Dec. 1955)</td>
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<td></td>
<td></td>
<td><strong>Aim of the project.</strong> To discuss ways of stimulating projects for improving environmental sanitation in rural and urban areas in Africa.</td>
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<tr>
<td></td>
<td></td>
<td><strong>Assistance provided by WHO and work done.</strong> Expenses of thirty consultants and participants. Consultants came from Brazil, France, the United Kingdom and the United States of America; participants from the Belgian Congo, French Equatorial Africa, French West Africa, French Cameroons, Gold Coast, Kenya, Réunion, Sierra Leone, Sudan, Uganda and the Union of South Africa, and a representative of the United States International Co-operation Administration attended from Liberia. The Deputy Director of the Ministry for French Overseas Territories was present and took part in the discussions. (See also page 62.)</td>
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<tr>
<td></td>
<td></td>
<td><strong>Aim of the project.</strong> To follow up developments in nutrition since the first course in French was held in 1952.</td>
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<tr>
<td></td>
<td></td>
<td><strong>Assistance provided by WHO.</strong> Eighteen fellowships, for participants from Angola, Belgian Congo, French West Africa, Madagascar, Morocco (French Zone), Mozambique, and Somalia.</td>
</tr>
</tbody>
</table>
|            |                | **Work done.** See page 62.
<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Co-operating Agencies</th>
<th>Description</th>
</tr>
</thead>
</table>
| Bechuanaland 1 | TA (UNICEF) |  | Non-Venereal Treponematoses, Bechuanaland (Sept. 1953- )  
  Aim of the project. To investigate "dichuchwa"—a non-venereal treponematosis—in the Bechuanaland Protectorate (etiology, epidemiology, clinical and laboratory characteristics, response to therapy, biological relation to other treponematoses); to carry out a mass treatment campaign with PAM; to train local professional and auxiliary personnel.  
  Assistance provided by WHO in 1955. A WHO medical officer and a part-time specialist.  
  Probable duration of assistance. Through 1956 and 1957.  
  Work in 1955. The pilot project, based on Molepolole in the Bakwena area, was completed; a total of 40,000 were examined and sero-tested, and about half were treated with penicillin. The mass campaign started in July under the supervision of the WHO medical officer who has been attached to the project since November 1953. UNICEF has provided supplies and equipment throughout the year. |
| Bechuanaland 2 | TA |  | Tse-tse Fly Control, Bechuanaland (May-June 1955)  
  Aim of the project. Curative and preventive control of human and animal trypanosomiasis in various parts of Bechuanaland.  
  Probable duration of assistance. Ten consultant months in 1956 as a follow-up.  
  Work in 1955. The consultant visited Ngamiland, one of the largest administrative districts, and made preliminary recommendations. |
| Bechuanaland | R |  | Fellowships  
  Tuberculosis. A fellowship of seven to eight weeks to study tuberculosis control in Denmark.  
  Nursing. A fellowship of two years to take a sister tutor course in the United Kingdom. |
| Belgian Congo | R |  | Fellowships  
  Tuberculosis. Two fellowships, each of six months, to study tuberculosis control, one in France and Switzerland and the other in Belgium, France and Switzerland.  
  Virus and rickettsial diseases. A fellowship of six months for study in the United States of America.  
  Another of two months, for study in Brazil, Colombia, Mexico, Panama, Trinidad and the United States of America.  
  Gynaecology. Two fellowships, one of three months, to study gynaecology and obstetrics in Switzerland, one of six months to study gynaecology in France.  
  Maternal and child health. Two fellowships of six months, one to study maternal and child health in Belgium, Denmark, and France, one to study paediatrics in France, the Netherlands and Sweden. Both include a course at the International Children’s Centre in Paris.  
  Public-health administration. A fellowship of twelve months to study public-health administration, with emphasis on maternal and child health, in the United States of America.  
  Surgery. A fellowship of six months to study thoracic and abdominal surgery in France. |
| British Cameroons 1 | UNICEF |  | Yaws Control, British Cameroons (May 1955- )  
  Aim of the project. To control yaws by mass treatment with procaine penicillin; to train local personnel.  
  Assistance provided by WHO in 1955. The senior adviser to the yaws control project (Nigeria 1) acted as chief technical adviser to the Government.  
  Probable duration of assistance. Through 1957 at least. |
| East Africa 1 | TA (UNICEF) |  | Malaria and Vector-borne Diseases Institute, Amani, Tanganyika (Nov. 1954- )  
  Aim of the project. To expand into a malaria institute the East Africa Malaria Unit (run by the British East Africa High Commission to serve Kenya, Uganda, Tanganyika, Zanzibar and the Somaliland Protectorate). Later, to study effects of malaria on people living in hyperendemic areas and to eradicate malaria in the Pare-Taveta Mountains of Tanganyika and Kenya.  
  Assistance provided by WHO in 1955. (a) An entomologist, a chemist, a sanitary and a technical assistant; (b) one fellowship of three months for study in the French Cameroons, Nigeria and Liberia in 1956. |
Probable duration of assistance. Through 1957 at least, probably five years in all.

Work in 1955. Preliminary entomological and malarialometric observations have been made by combined units of WHO, the Colonial Insecticide Research Unit, and the Council for Medical Research in East Africa, under the general direction of the Director of the East Africa Malaria Institute. The WHO sanitarian has been working principally with the control project in the Pare-Taveta Mountains. The Institute is now working on vector-borne diseases other than malaria, and the work of the WHO team will not be confined to malaria.

East Africa Tuberculosis Survey Team (Aug. 1955- )

Aim of the project. To collect reliable field data for planning programmes of tuberculosis control.

Assistance provided by WHO in 1955. A medical officer to contact governments and organize the project; a survey team of two nurses and a laboratory technician, which started work in Somalia in October. (See also page 64.)

Probable duration of assistance. Two years.

West Africa Tuberculosis Survey Team (Aug. 1955- )

Aim of the project. As for East Africa.

Assistance provided by WHO in 1955. A medical officer to contact governments and organize the project, and a team of two nurses and a laboratory technician. The team started work in September.

Probable duration of assistance. Two years. (See also page 64.)

Malaria Control (Western Africa) (Nov. 1952- )

Aim of the project. To determine, by a pilot project, the most efficacious methods of malaria control by residual insecticides, first in the French Cameroons, and eventually in other territories of equatorial Africa.

Assistance provided by WHO in 1955. (a) A malarialogist and a sanitarian; (b) ten fellowships—nine for study in Yaoundé and one for study in Italy.

Probable duration of assistance. To continue throughout 1956 and 1957.

Work in 1955. The French Government has continued malaria control in Senegal, Upper Volta, French Togo, Dahomey, North Cameroons and South Cameroons. WHO has continued its work in the pilot project area round Yaoundé in the French Cameroons on the same lines as in 1954.

Fellowship

School hygiene. A fellowship of five weeks for study in France at the International Children’s Centre.

Fellowship

Environmental sanitation. A fellowship for a two years’ sanitary inspector’s course in France, Lebanon and Syria.

Fellowship

Environmental sanitation. A fellowship of three months, for study in the United Kingdom.

Fellowships

Tuberculosis. Two fellowships, each of six months, for study in the United Kingdom, one of tuberculosis and one of tuberculosis and rural health.

Poliomyelitis. A fellowship of four months, for study in the United Kingdom and the United States of America.

Nutrition. A fellowship of three to six months to study child diets in Guatemala and the United States of America.

Health education. A fellowship of ten months for study in the United Kingdom.
<table>
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<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Description</th>
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<tbody>
<tr>
<td>TA</td>
<td></td>
<td>Environmental sanitation. Two fellowships, each of twelve weeks, for study in the United Kingdom.</td>
</tr>
<tr>
<td>R</td>
<td></td>
<td>Rural health. A fellowship of six months for study in Egypt, the Union of South Africa, the United States of America, and Yugoslavia.</td>
</tr>
<tr>
<td>TA</td>
<td></td>
<td>Medical laboratory techniques. A fellowship of six months for study in the United Kingdom.</td>
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**Liberia 3**  
**TA**  
UNICEF

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<tr>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Yaws Control, Liberia (Oct. 1952- )</td>
</tr>
</tbody>
</table>

Aim of the project. To find and treat cases; to train local professional and other staff; so far as practicable, to provide ambulatory treatment for other diseases.

Assistance provided by WHO in 1955. A medical officer, a serologist and a male public-health nurse who acts also as health educator. An administrator is shared by this project and Liberia 5—Malaria Control.

Probable duration of assistance. Until the end of 1958.

Work in 1955. The team has worked for the first time with a complete staff and has made very good progress along the same lines as in 1954.

**Liberia 5**  
**TA**  
UNICEF

<table>
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<th>Description</th>
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<tbody>
<tr>
<td>Malaria Control, Liberia (Feb. 1953- )</td>
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</tbody>
</table>

Aim of the project. To determine by epidemiological and entomological surveys the most effective and economical methods of controlling malaria; to plan an expanding programme of control.

Assistance provided by WHO in 1955. A medical officer, an entomologist, a sanitarian and an administrator who is shared by this project and Liberia 3—Yaws Control.

Probable duration of assistance. Until 1958.

Work in 1955. The team has continued to work along the same lines as in 1954, with more success.

**Liberia 6**  
**TA**

<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td>Health Education of the Public, Liberia (Dec. 1954-Feb. 1955)</td>
</tr>
</tbody>
</table>

Aim of the project. To assess the existing resources for health education of the public and to plan a health-education programme, to be carried out possibly with the assistance of international organizations.

Assistance provided by WHO in 1955. A short-term consultant, whose recommendations have been forwarded to the Government.

**Liberia 7**  
**TA**

<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td>Bilharziasis Survey (April-June 1955)</td>
</tr>
</tbody>
</table>

Aim of the project. To assess the socio-economic and public-health importance of bilharziasis in Liberia.

Assistance provided by WHO. A short-term consultant.

Work done. Over half the 2427 school-children examined were found to be infected. The vectors were identified and studied and recommendations were made to the Government on methods of prevention.

**Liberia**  
**TA**

<table>
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<tr>
<th>Description</th>
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<tr>
<td>Fellowships</td>
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</table>

Environmental sanitation. A fellowship of twelve weeks for study in the United Kingdom.

Premedical studies. A fellowship of twelve months for study in the United States of America.

**Mauritius**  
**TA**

<table>
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<th>Description</th>
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<tr>
<td>Fellowships</td>
</tr>
</tbody>
</table>

Public-health administration. A fellowship of three months, for study in Denmark, Norway, Sweden and the United Kingdom.

Nursing. A fellowship for a two-year sister tutor course in the United Kingdom.

Health education. A fellowship of ten months, for study in the United Kingdom.

Environmental sanitation. A fellowship of twelve weeks, for study in the United Kingdom.
Project No.
Co-operating Agencies

Nigeria 1
TA
UNICEF

Description
Yaws Control, Nigeria (July 1954-)

Aim of the project. To control yaws by mass treatment with procaine penicillin; to train local personnel.

Assistance provided by WHO in 1955. A senior medical officer to assist in the Eastern Region of Nigeria, to co-ordinate work throughout Nigeria and to advise on the yaws control project in the British Cameroons (see British Cameroons 1).

Probable duration of assistance. Beyond 1957.

Work in 1955. In all three regions the yaws programme is proceeding vigorously, and the population is co-operating well. In the Northern Region the mobile yaws team penetrated into areas along the River Niger which no other health services have reached. (See also page 63.)

Nigeria 2
R
UNICEF

Malaria Control, Northern Nigeria (Aug. 1954-)

Aim of the project. To carry out a pilot project of malaria control in the Sokoto Province in order to demonstrate that the methods used can be technically and economically adapted for other parts of the country.

Assistance provided by WHO in 1955. (a) One entomologist; (b) a fellowship for a medical officer from the Eastern Region to attend the course on insect control in Rome (EURO 46.2). Two other fellowships, one for study in the United States of America and the other in Italy.

Probable duration of assistance. Until the end of 1957 in the first instance.

Work in 1955. The pilot project in the Sokoto Province is effectively protecting 124 000 people as planned. Throughout the area the anopheles densities in dwellings, which in neighbouring areas are very high during the rains, have been greatly reduced; it is believed that in the pilot area transmission will be declared interrupted some time in 1956. Plans are being made for a mass campaign in 1956 to protect an additional 860 000 people in an area of 10 000 square miles.

Nigeria 8
TA
UNICEF

Maternal and Child Health, Nigeria (Oct. 1955)

Aim of the project. To improve and expand maternal and child health services throughout Nigeria and to train personnel.


Probable duration of assistance. Further assistance will be available in the light of the consultant's recommendations and the Government's plans.

Fellowships

Maternal and child health. A fellowship of five months, to study midwifery in Burma, Hong Kong, Singapore and Sudan.

Nursing. A fellowship of ten months, to study public-health nursing in the United Kingdom.

Health education. Two fellowships, each of ten months, for a course in the United Kingdom.

Environmental sanitation. Five fellowships, four of twelve and one of fourteen weeks, for a course in the United Kingdom. A fellowship of three months, to study water supplies in India.

Orthopaedic surgery. A fellowship of twelve months, for study in the United Kingdom.

Portuguese Territories

Fellowships

Malaria. A fellowship of six months, for study in Brazil, the French Cameroons, the United States of America and Venezuela.

Venereal disease and treponematoses. A fellowship of six months, for study in France, Morocco and the Netherlands.

Tuberculosis. Two fellowships, each of six months, for study, one in France and one in Denmark, France, Iraq, Spain and Turkey.

Bilharziasis and endemic diseases. A fellowship of six months, for study in Brazil and Egypt.

Public-health administration. A fellowship of six months, for study in Brazil and France.

Health statistics. A fellowship of twelve months, for study in the United States of America.
PROJECT LIST: AFRICA

<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>AFRO 131</td>
<td>Nutrition. Four fellowships for AFRO 15, one of them, of twelve months, for study also in Brazil, Portugal and the Union of South Africa.</td>
</tr>
<tr>
<td>TA</td>
<td></td>
<td>Mental health. A fellowship of six months for study in Germany and the United Kingdom.</td>
</tr>
<tr>
<td>R</td>
<td></td>
<td>Nursing. A fellowship of nine months to study BCG nursing in Denmark and France.</td>
</tr>
<tr>
<td>TA</td>
<td></td>
<td>Health education. A fellowship of ten months for a course in the United Kingdom.</td>
</tr>
<tr>
<td>TA</td>
<td></td>
<td>Environmental sanitation. Two fellowships, each of twelve weeks, for a course in the United Kingdom.</td>
</tr>
<tr>
<td>TA</td>
<td></td>
<td>Bacteriology and virology. A fellowship of twelve months, for study in Uganda, the Union of South Africa and the United Kingdom.</td>
</tr>
<tr>
<td>R</td>
<td></td>
<td>Anaesthesiology. A fellowship of twelve months for the course in Denmark.</td>
</tr>
<tr>
<td>R</td>
<td></td>
<td>Tropical diseases. A fellowship of six months, for study in Egypt, French West Africa and the Union of South Africa.</td>
</tr>
</tbody>
</table>

Rhodesia and Nyasaland Fellowships

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<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Description</th>
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<tbody>
<tr>
<td>R</td>
<td></td>
<td>Environmental sanitation. A fellowship of six months for study in the Netherlands and the United Kingdom.</td>
</tr>
<tr>
<td>TA</td>
<td></td>
<td>Clinical pathology. A fellowship of four months for study in the United Kingdom.</td>
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</tbody>
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St Helena Fellowship

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<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Description</th>
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<tbody>
<tr>
<td>TA</td>
<td></td>
<td>Environmental sanitation. A fellowship of twelve weeks, for a course in the United Kingdom.</td>
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</table>

Seychelles I Environmental Sanitation, Seychelles (Aug. 1953- )

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<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Description</th>
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<tbody>
<tr>
<td>R</td>
<td></td>
<td>Aim of the project. To improve environmental sanitation and public health education, and methods for the control of prevalent intestinal diseases in the territory; to train auxiliary personnel for sanitation, public-health nursing and maternal and child health; to prepare public-health legislation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assistance provided by WHO in 1955. (a) A medical officer, a public-health sanitarian, a public-health nurse, and a laboratory technician. (b) One fellowship for study in the United Kingdom. Three fellowships awarded in 1954 have been extended for another year.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Probable duration of assistance. Through 1958.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Work in 1955. See page 64.</td>
</tr>
</tbody>
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Seychelles Fellowship

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<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Description</th>
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<tbody>
<tr>
<td>TA</td>
<td></td>
<td>Health education. A fellowship of ten months for a course in the United Kingdom.</td>
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Sierra Leone Fellowship

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<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Description</th>
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<tbody>
<tr>
<td>TA</td>
<td></td>
<td>Tropical medicine and hygiene. A fellowship of ten months for study in the United Kingdom.</td>
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Spanish Guinea Fellowship

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<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>TA</td>
<td></td>
<td>Environmental sanitation. A fellowship of twelve weeks for a course in the United Kingdom.</td>
</tr>
</tbody>
</table>

Spanish Protectorate Zone in Morocco Fellowships

<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>TA</td>
<td></td>
<td>Malaria. A fellowship of six months, for study in Brazil, the French Cameroons, the United States of America and Venezuela.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dermato-venereology. A fellowship of twelve months for a course in France and Spain.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tuberculosis. A fellowship of six months, for study in Denmark, France and the United Kingdom.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ophthalmology. A fellowship of six months, for study in France and Switzerland.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anaesthesiology. A fellowship of twelve months, for study in Latin America.</td>
</tr>
</tbody>
</table>
Nutrition, Uganda (March 1955- ).

_Aim of the project._ To determine the state of nutrition of representative groups in suitable parts of Uganda and to assess the connexion between local dietary customs and any nutritional defects that may be found.

_Assistance provided by WHO._ (a) A medical officer and a nutritionist; (b) one fellowship for a physician to study in Guatemala, Jamaica and the United States of America.

_Probable duration of assistance._ Through 1956 and 1957.

_Work in 1955._ Preliminary studies and survey work were carried out with the Uganda Field Nutrition Unit.

**Union of South Africa**

_Fellowships_

**Tuberculosis.** Two fellowships, each of six months, for study, one in Denmark, Egypt, Norway, Pakistan and the United Kingdom; the other in Denmark, Egypt, Iraq, Norway and the United Kingdom.

_Public-health administration._ A fellowship of six months for study in Denmark, the Netherlands, Switzerland, the United Kingdom and Yugoslavia.

_Nutrition._ A fellowship of six months for study in the United Kingdom and the United States of America.

_Social and occupational health._ A fellowship of six months for study in the Netherlands and the United Kingdom.

_Environmental sanitation._ A fellowship of twelve weeks for a course in the United Kingdom.

_Athmospheric pollution._ A fellowship of six months for study in the United Kingdom and the United States of America.

**Zanzibar**

_Fellowships_

**Public-health administration.** Two fellowships, each of ten months, for study in the United Kingdom.

_Environmental sanitation._ Two fellowships, each of twelve months, for study in the United Kingdom.

**THE AMERICAS**

**AMRO 1**

_Environmental Sanitation Training, Brazil, Chile and Mexico_ (to serve all countries in the Americas) (Dec. 1952- )

_Aim of the project._ To train sanitary engineers and auxiliary personnel for staffing national and local health departments; to extend and strengthen facilities for training in environmental sanitation at the schools of public health in Santiago, São Paulo and Mexico City.

_Assistance provided by WHO in 1955._ (a) A short-term consultant; (b) a sanitary engineer (Brazilian) to train sanitary inspectors in Araquara, Brazil; (c) fellowships for twelve sanitary inspectors and four sanitary engineers (see page 69); (d) some supplies and equipment.

_Probable duration of assistance._ Until 1965.

_Work in 1955._ See page 69.

**AMRO 6**

_Joint Field Mission on Indigenous Populations, Andean Highlands of Bolivia, Ecuador and Peru_ (July 1952- )

_Aim of the project._ To promote economic and social development of indigenous populations of the Andean highlands, with a view to facilitating their integration into their national communities.

_Assistance provided by WHO in 1955._ (a) Two medical officers; (b) some supplies and equipment.

_Probable duration of assistance._ Until 1958.
**AMRO 7**

**TA**

**UNICEF**

**Malaria Eradication and Aedes aegypti Eradication, Central America and Panama (Oct. 1952-**

**Aim of the project.** To eradicate Aedes aegypti in order to prevent reintroduction of urban yellow fever; to eradicate malaria from the countries of Central America and from Panama—this part of the project to be started as soon as the several national plans are ready.

The project, which originally aimed only at control of malaria, was redefined during the year to provide for malaria eradication.

**Assistance provided by WHO in 1955.** (a) Two insect-control advisers and two public-health sanitarians; (b) some supplies and equipment.

**Probable duration of assistance.** Until 1960.

**Work in 1955.** A. aegypti eradication campaigns reached the final stages in Panama, Nicaragua, Costa Rica and British Honduras, subject to results of final checks that were being made at the end of the year. The campaigns in El Salvador and Guatemala were intensified and should reach the final stage in 1956. Although no corroborating statistical data are available, A. aegypti is considered to be eradicated in the Panama Canal Zone. The campaign is almost at a standstill in Honduras, but is expected to be resumed in 1956.

Malaria control operations continued in all countries covered by the project. In August plans for an eradication programme in El Salvador were given technical approval; WHO regular staff helped with entomological studies and a review of the organization for spraying work. Study of a plan for eradication in Guatemala revealed the need for further information; a survey of the whole country was therefore made, and it is expected that in 1956 technical approval will be given and work started. Plans for eradication campaigns in Costa Rica, Honduras, Nicaragua and Panama were in preparation at the end of the year.

**AMRO 8**

**TA**

**UNICEF**

**Malaria Eradication and Aedes aegypti Eradication, Caribbean Area (Oct. 1952-**

**Aim of the project.** To eradicate Aedes aegypti; to eradicate malaria as soon as plans can be made and circumstances permit.

This project, which originally aimed only at control of malaria, was redefined in 1955 to provide for malaria eradication.

**Assistance provided by WHO in 1955.** (a) A medical officer (adviser on A. aegypti) and a second medical officer since December; eight sanitarians; (b) some supplies and equipment.

**Probable duration of assistance.** Until 1960.

**Work in 1955.** Surveillance operations indicate that Bermuda and French Guiana continue free of A. aegypti. French Guiana, apparently free since 1952, was officially declared free by PASB in 1955. During the year steps were taken to improve the campaign in Jamaica and to speed up the programme in Puerto Rico. Work against the mosquito was carried out in eleven of the thirteen archipelagos of the Lesser Antilles. In Trinidad and Tobago, and in Curaçao, Aruba and Bonaire (Netherlands Antilles) measures were adopted that should effect the speedy elimination of A. aegypti. The mosquito can be considered eradicated from Sainte-Croix, Virgin Islands.

Endemic malaria is no longer prevalent in about half the island territories of the Caribbean. Eradication plans in preparation at the end of the year for the remaining islands are expected to be ready for approval and implementation in 1956.

**AMRO 9.2**

**R**

**Seminar on Mental Health, Montevideo (18-30 July 1955) (March-July 1955)**

**Aim of the project.** To acquaint child psychiatrists and paediatricians working in mental health in the Latin American countries with recent advances in child psychiatry and mental health of children.

**Assistance provided by WHO.** (a) Three short-term consultants; (b) twenty-five fellowships for participation in the seminar; (c) some supplies and equipment.

**Work done.** See page 69.
Inter-American Centre of Biostatistics, Santiago, Chile (to serve Latin America) (Oct. 1952-  )

**Aim of the project.** To improve vital and health statistics of Latin American countries by training their technical personnel at the Centre and by developing the Chile Government offices concerned with vital and health statistics to serve as model offices for demonstration.

**Assistance provided by WHO in 1955.** (a) An expert in hospital statistics and an assistant co-ordinator; two technicians, a translator and a secretary—all four locally recruited; (b) four short-term consultants; (c) nine fellowships for students from seven countries. In addition, four fellowships were awarded for the fourth annual course in 1956.

**Probable duration of assistance.** Until 1957.

**Work in 1955.** The Centre held its third annual course in vital and health statistics; thirty-five students from fifteen countries attended. The School of Public Health of the University of Chile, the Chilean Registro Civil and the National Health Service co-operated in organizing the course.

A new course, "Techniques of work", which included demonstration and discussion of team work, was organized during the year.

Since participation of the United Nations in the project was to cease at the end of the year, much work was done on plans for 1956, including those for continuing the fundamental work of teaching statistics at the School of Public Health, where all work of the Centre will be carried out.

Plans were made for the fourth annual course, which is to begin in March 1956.

As a result of the Centre's work, great progress has been made throughout Chile in developing the various agencies responsible for statistics. Former students have started programmes in other countries and are interested in training additional personnel. For example, a student of the 1954 course is now professor of epidemiology and statistics at the School of Public Health in Mexico, and during the year the School gave a four-month course in biostatistics for national statisticians.

Training Course for Waterworks Operators, Guatemala (to serve Mexico, Central America and Panama) (31 May-29 June 1955)

**Aim of the project.** To train waterworks operators in better methods of operating existing plants and maintaining plant equipment and in ways of improving water quality.

**Assistance provided by WHO.** (a) Two short-term consultants; (b) twelve fellowships, for attendance at the course. (Seventeen awards were made in 1954.)

**Work done.** See page 70.

Medical and Public-Health Education (March 1953- )

**Aim of the project.** To strengthen schools of medicine and public health in Latin America, by consultant services, interchange of professors, and visits by senior faculty members to the countries from which their students come.

**Assistance provided by WHO and work done in 1955.** (a) Three short-term consultants—in health education, statistics, and epidemiology; (b) ten fellowships—each for visits to several countries in the Americas; (c) some supplies and equipment for two schools of public health.

Plans were made for providing visiting professors for medical schools and schools of public health, to help plan curricula and introduce various improvements.

**Probable duration of assistance.** Until 1965.

Advanced Nursing Education, School of Public Health, University of Chile (to serve Latin America) (Jan. 1955- )

**Aim of the project.** To establish, in connexion with the School of Public Health of the University of Chile, the first centre in Latin America for advanced nursing education.

**Assistance provided by WHO.** (a) Four fellowships; (b) some supplies and equipment.

**Probable duration of assistance.** Until 1960.

**Work done.** Fellowships for study at the centre were awarded to nurses from Ecuador, Peru and Venezuela. The zone nursing adviser gave advice on the course. Special attention was paid to the training of instructors in communicable-disease nursing.

A Chilean nurse was awarded a fellowship for study of nursing education in the United States of America. She will teach at the centre on her return.
PROJECT LIST: THE AMERICAS 135

<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Co-operating Agencies</th>
<th>Description</th>
</tr>
</thead>
</table>
| AMRO 29     | R               | AMRO                  | Cultural Anthropology, Central America and Panama (Jan. 1953- )
|             |                 |                       | **Aim of the project.** To carry out anthropological surveys and studies of current health education problems in Central America and Panama in order to obtain basic cultural data which will enable those countries to adjust their health programmes to the needs of the population.
|             |                 | AMRO                  | **Assistance provided by WHO in 1955.** (a) A cultural anthropologist and a health educator; (b) some supplies and equipment.
|             |                 |                       | **Probable duration of assistance.** Until 1958.
|             |                 |                       | **Work in 1955.** Reports on preliminary surveys carried out previously in Guatemala, Nicaragua and Panama were completed; the reports on El Salvador and Honduras were in preparation at the end of the year.
|             |                 |                       | The information obtained from the surveys was studied with a view to its use for adjusting public-health methods to the social and cultural background of the population.
|             |                 |                       | WHO staff on this project gave advice in connexion with the rural health services project in Guatemala (Guatemala 8) and the health demonstration area project in the San Andrés valley of El Salvador (El Salvador 5). |
| AMRO 31     | R               | UNICEF                | BCG Statistician (March 1952-April 1955)
|             |                 |                       | **Aim of the project.** To teach and demonstrate methods for collecting and maintaining statistical records for BCG campaigns and tuberculosis-control programmes.
|             |                 |                       | **Assistance provided by WHO in 1955.** A BCG statistician, who formerly worked at the Tuberculosis Research Office, Copenhagen.
|             |                 |                       | **Work in 1955.** The statistician completed his reports on the BCG vaccination campaigns carried out in British Honduras, Costa Rica, Grenada, Jamaica, St Kitts and Trinidad. His summary report on the UNICEF/WHO-assisted BCG campaigns in the Americas was in preparation at the end of the year. |
| AMRO 45     | R               |                       | Laboratory Biological Facilities, Latin America (Feb. 1955- )
|             |                 |                       | **Aim of the project.** To improve facilities in public-health laboratories of Latin America, particularly as regards animal colonies and use of laboratory animals.
|             |                 |                       | **Assistance provided by WHO.** (a) Two short-term consultants; (b) some supplies and equipment.
|             |                 |                       | **Probable duration of assistance.** Until 1960.
|             |                 |                       | **Work in 1955.** Advice was given to public-health and teaching laboratories in Brazil, Ecuador, Mexico and Peru. Assistance was also given in techniques of diagnostic tests for zoonoses and in the production of vaccines, sera and antigens. Cultures, strains of viruses and antigens were sent to many of the countries. Progress was made with plans for specialized training of laboratory workers. |
| AMRO 47     | TA              | UNICEF                | Yaws Eradication and Syphilis Control, Caribbean Area (Nov. 1954- )
|             |                 |                       | **Aim of the project.** To eradicate yaws and control syphilis in the islands of the Caribbean, using the house-to-house method for treatment of cases and contacts.
|             |                 |                       | WHO is helping governments to start their programmes and to standardize techniques (treatment schedules, laboratory organization and methods, training programmes, etc.)
|             |                 |                       | **Assistance provided by WHO in 1955.** (a) A serologist and a medical officer; (b) a consultant until February. (A further consultant was lent by the US Public Health Service in October and November.)
|             |                 |                       | **Probable duration of assistance.** Until 1958.
|             |                 |                       | **Work in 1955.** The laboratories on the islands were assessed; lists of required supplies and equipment were prepared, and progress was made with standardizing methods and techniques and organizing field work. Special recommendations were made for the larger cities of the area. |
Seminar on Teaching of Preventive Medicine, Viña del Mar, Chile (for South American countries) (Feb.-Oct. 1955)

**Aim of the project.** To provide for an exchange of ideas as to the content of courses of preventive medicine at the time at which they should be given, the methods of instruction to be used, the relationship of the department of preventive medicine to the other departments of a medical school, and the use of community resources in instruction.

**Assistance provided by WHO.** Two short-term consultants; (b) secretariat services for the seminar; (c) expenses for assistants working during the year; (d) short-term fellowships for participants in the seminar.

**Work done.** Deans and professors of preventive medicine from thirty-nine medical schools in Argentina, Bolivia, Brazil, Chile, Paraguay, Peru, Uruguay and Venezuela were invited to the seminar (held from 10-15 October). Representatives from the Institute of Inter-American Affairs, the Rockefeller Foundation, and CAPES (special programme for aid to higher education) in Brazil also attended.

The members decided to use the small-group technique and not to present formal papers. The subject was split up into three main divisions and the groups made reports on their discussions, which were later consolidated into a report on the seminar and discussed in plenary meeting.

A summary of the conclusions on the chief themes was prepared at the end of the seminar. A second seminar will be held in 1956 and a final report covering the two seminars will be issued.

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Assistance to the Institute of Nutrition of Central America and Panama (1949-)

**Aim of the project.** To assist in field investigations (see below) being carried out by the Institute of Nutrition of Central America and Panama (INCAP)—a co-operative institute established by governments to improve nutrition in the countries of Central America and in Panama, which receives grants from various institutions. WHO assistance to this project began in August 1955.

**Assistance provided by WHO in 1955.** (a) A short-term consultant; (b) a grant to enable the Institute to assess the value of vegetable foods and food mixtures in the treatment and prevention of protein malnutrition in infants and children.

**Probable duration of assistance.** Until 1960.

**Work in 1955.** The consultant planned an epidemiological study of diarrhoea, to be made in 1956, and the improvement of laboratory techniques for accurate diagnosis of the chief agents that cause infectious diarrhoea.

The investigation of vegetable foods and food mixtures continued; a report will be made in 1956.

---

Leprosy Control, Caribbean Area (April 1955-)

**Aim of the project.** To reduce the incidence of leprosy in the Caribbean area.

**Assistance provided by WHO.** A short-term consultant—in April and again in November and December.

**Probable duration of assistance.** Until 1956.

**Work done.** In April, the consultant made a survey of leprosy in Trinidad and in Surinam. In November, surveys were started in British Guiana, French Guiana, and Guadeloupe.

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Rabies Control (Jan. 1954-)

**Aim of the project.** To extend and improve national and local rabies-control programmes in the Americas and to co-ordinate them; to co-ordinate studies of the ecology of bats and of their importance in the continued existence of rabies; to train personnel, partly by regional training courses on methods of rabies control.

**Assistance provided by WHO in 1955.** (a) A mammalogist; (b) a consultant for two months; (c) some supplies and equipment.

**Probable duration of assistance.** Until 1960.

**Work in 1955.** See page 70.

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Seminar on Sanitary Engineering, San Juan, Puerto Rico (for countries of the Americas) (31 Oct.-10 Nov. 1955)

**Aim of the project.** To stimulate interest in public-health engineering, through meetings of leading sanitation workers of the Americas for the exchange of information on common practices and problems.
Assistance provided by WHO. (a) Short-term fellowships for participants in the seminar from Cuba, Dominican Republic, Haiti, Mexico and various territories of the Caribbean area; (b) supplies and equipment.

Work done. The seminar, the first on the subject for countries of the Caribbean area, was organized by the Puerto Rican authorities with the co-operation of WHO and PASB. There were participants from Cuba (three), Dominican Republic (four), Guatemala (one), Haiti (three), Jamaica (two), Mexico (three) and Puerto Rico (thirty-five) and from the American Union Housing Center.

The subjects discussed were: water supply and waste disposal; garbage disposal; the sanitary engineer and public health; teaching of sanitary engineering; housing; milk sanitation; vector control and eradication programmes. Visits to surrounding islands and a practical demonstration were arranged.

The final report of the seminar will be published by the Puerto Rican authorities, with the collaboration of WHO and PASB.

AMRO 67

Education in Veterinary Medicine (July 1955- )

Aim of the project. To strengthen the teaching of epidemic-epizootic and veterinary hygiene in schools of veterinary medicine in the Americas.

Assistance provided by WHO. (a) A fellowship for study of veterinary public health (zoonoses) in Canada; (b) some supplies and equipment.

Probable duration of assistance. Until 1960.

Work done. See page 71.

AMRO 68

Survey of Paediatric Education (June 1955- )

Aim of the project. To assess the training in the care of children given in the medical schools, hospitals, clinics and laboratories in Latin American countries and so to help the medical schools to strengthen the weak points in their curricula.

Assistance provided by WHO. A short-term consultant.

Probable duration of assistance. Until 1956.

Work done. Preparatory material, including a questionnaire and background information, was sent to the directors and professors of paediatrics of all medical schools in Latin America. The consultant visited most of the medical schools in fifteen countries and members of the Regional Office staff visited the others in order to ensure comparability of information.

AMRO 76

Vaccine Testing, Michigan Department of Health Laboratories (to serve all Latin American countries) (July 1954- )

Aim of the project. To help new laboratories for production of vaccine in the Americas maintain the necessary high standards of potency and safety.

Assistance provided by WHO in 1955. A grant to the Michigan Department of Health Laboratories.

Probable duration of assistance. Until 1957.

Work in 1955. The Michigan Department of Health Laboratories continued the testing of pertussis, diphtheria, typhoid, tetanus, rabies and other vaccines for national laboratories in the Americas.

AMRO 84

Zoonoses Control, Argentina, Chile and Uruguay (Aug. 1955- )

Aim of the project. To develop zoonoses-control programmes in Argentina, Chile and Uruguay.

Assistance provided by WHO. (a) Advice by zone office staff; (b) three fellowships to veterinarians from Argentina, Chile and Uruguay working on zoonoses-control programmes.

Probable duration of assistance. Until 1959.

Work done. The veterinary public-health consultant of the Zone Office visited the Ministries of Health of Argentina, Chile and Uruguay to advise on control of zoonoses.
Latin American Centre for Classification of Diseases, Caracas (to serve Spanish-speaking countries of the Americas) (Sept. 1955- )


**Assistance provided by WHO.** (a) Twelve fellowships, to statistical workers from nine countries; (b) some supplies and equipment.

**Probable duration of assistance.** Until 1960.

**Work in 1955.** See page 71.

**Health Statistician (Jan. 1955- )**

**Aim of the project.** To improve vital and health statistics in the Americas, particularly statistics of notifiable diseases, by: assistance with seminars, workshops and other forms of statistical training, including selection of students; advice on statistical phases of projects; help in compiling and analysing information for programme planning.

**Assistance provided by WHO.** A statistician.

**Probable duration of assistance.** Indefinite.

**Work done.** The statistician gave advice and helped with teaching in Cuba, Dominican Republic, El Salvador, Guatemala, Haiti, Nicaragua and Panama.

He gave a course on statistics in Haiti to students in the last year of their medical studies; planned a course in biostatistics for medical students in the Dominican Republic; gave three courses in biostatistics in Cuba, and taught statistics in the staff training programme in connexion with the rural public-health services project in Guatemala (Guatemala 8).

In the Dominican Republic he helped to prepare forms and procedures for the health unit, to draw up a new death certificate, to be introduced in 1956, in accordance with the internationally recommended form, and to revise procedures for processing certificates. In El Salvador and Guatemala he helped organize the statistical work of integrated health projects.


**Aim of the project.** To discuss the application of the International Sanitary Regulations; to study the amendments adopted by the Eighth World Health Assembly; and to establish reporting procedures which could be used in planning local, national and international health programmes.

**Assistance provided by WHO.** (a) A short-term consultant; (b) short-term fellowships for sixteen participants to attend the seminar; (c) some supplies and equipment.

**Work done.** See page 72.

**Health Education, Mexico, Central America, Panama and the Caribbean Area (May 1955- )**

**Aim of the project.** To improve health education by studies to determine the countries' needs; advice on problems; help in selecting and training health educators; and training various categories of public-health workers in health education.

**Assistance provided by WHO.** A health educator.

**Probable duration of assistance.** Indefinite.

**Work done.** The health educator, who serves Mexico, Central America, Panama and the Caribbean area, gave special assistance on request to the School of Public Health in Mexico City. He also surveyed the Fundamental Education Centre (CREFAL) in Mexico.
Barbados 2

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<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Co-operating Agencies</th>
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**Description**

Local Health Services (April 1955 - )

**Aim of the project.** To develop, for the whole island, a comprehensive integrated public-health service suited to its needs and resources.

**Assistance provided by WHO.** (a) A public-health nurse and a public-health laboratory adviser; (b) four fellowships—two for the study of BCG vaccination in British Guiana, one in paediatric nursing and one in tuberculosis nursing; (c) a consultant (cost reimbursed by UNICEF) from October to December, who divided his time between Barbados and Surinam (see Surinam 3).

**Probable duration of assistance.** Until December 1958.

**Work in 1955.** During 1954 the Government took steps to implement recommendations resulting from a survey of health services made in 1953 by three WHO consultants. WHO staff began work on the project in August 1955. The work covered: maternal and child health services, venereal-disease and tuberculosis control; environmental sanitation; statistical reporting; health education; training of auxiliary personnel; development of a public-health laboratory. Particular attention will be given to developing regional centres and improving the cottage hospitals of each region.

During the last three months of the year the consultant helped to start a BCG vaccination campaign.

Bolivia 4

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<th>Project No.</th>
<th>Source of Funds</th>
<th>Co-operating Agencies</th>
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**Description**

Malaria Eradication (1953 - )

**Aim of the project.** To eradicate malaria. WHO assistance for this project began in 1955.

**Assistance provided by WHO in 1955.** A malarialogist.

**Probable duration of assistance.** Until 1960.

**Work in 1955.** Malaria control work continued. Plans for a survey of the whole country were made in August but financial difficulties delayed progress of the work. The information which the survey will supply is needed for the change from control to eradication work.

Bolivia 5

<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Co-operating Agencies</th>
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</table>

**Description**

Nursing Education, National School of Nursing, La Paz (Aug. 1953 - )

**Aim of the project.** To raise the standard of nursing throughout the country by reorganizing the National School of Nursing and improving nursing education.

**Assistance provided by WHO in 1955.** (a) Three nurse educators; (b) five fellowships for study of basic nursing abroad; (c) supplies and equipment.

**Probable duration of assistance.** Until 1958.

**Work in 1955.** Progress was slow but the remodelling of the two wards in which student nurses will receive clinical training was almost completed and two national nurses were appointed as instructors. Classes under the reorganized programme began in April with seventeen first-year students, all of whom had secondary school education. The fourteen second-year and twelve third-year students were helped as much as possible, but main attention was given to improving the curriculum for the first-year students.

Five fellows continued basic nursing studies in Chile; two returned to Bolivia after completing a year’s training.

Brazil 18

<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Co-operating Agencies</th>
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</table>

**Description**


**Aim of the project.** To establish a national service for the control of chemical and biological standards, and regulations to control the sale of drugs manufactured in Brazil or imported.

**Assistance provided by WHO.** A fellowship for study of food and drug control abroad. Consultant services had to be postponed because of difficulty in recruitment.

**Probable duration of assistance.** Until 1956.
<table>
<thead>
<tr>
<th>Country</th>
<th>Source of Funds</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>TA</td>
<td><strong>Fellowships</strong>&lt;br&gt;Public-health administration. A fellowship of two months, to study, in British Guiana, Mexico, Panama and Venezuela, methods for malaria eradication. A fellowship of six months, to study malacology in Puerto Rico, the United States of America and Venezuela. A fellowship of four months, for study of medical social work in the United States of America.</td>
</tr>
<tr>
<td>British Guiana</td>
<td>R</td>
<td><strong>Fellowships</strong>&lt;br&gt;Public-health administration. A fellowship of three months, for study of bacteriology and virology in the United States of America.</td>
</tr>
<tr>
<td>British Honduras</td>
<td>TA</td>
<td><strong>Fellowships</strong>&lt;br&gt;Public-health administration. A fellowship of three months for study of maternal and child health in the United States of America.</td>
</tr>
<tr>
<td></td>
<td>TA</td>
<td>Two fellowships, one of twelve and one of six months, to study public-health nursing in the United States of America.</td>
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<tr>
<td></td>
<td>R</td>
<td>A fellowship of twelve months, for study of health education in Jamaica and Puerto Rico.</td>
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<tr>
<td>Chile 12</td>
<td>R UNICEF</td>
<td><strong>Demonstration Centre for Care of Premature Infants, Calvo Mackenna Hospital, Santiago (Oct. 1954- )</strong>&lt;br&gt;Aim of the project. To lower the mortality rate among premature infants by: (a) establishing, at the Calvo Mackenna Hospital, a demonstration and training centre for professional and auxiliary personnel; (b) developing methods and techniques for the care of premature infants; (c) integrating services for premature infants into the general health services and extending them to other parts of the country.&lt;br&gt;Assistance provided by WHO in 1955. A public-health nurse.&lt;br&gt;Probable duration of assistance. Until 1957.&lt;br&gt;Work in 1955. Renovated quarters for the centre were almost completed, and some of the UNICEF supplies were received.&lt;br&gt;On their return from study of paediatrics abroad with WHO fellowships the chief of the centre and the head nurse began planning, with the help of the WHO public-health nurse, the layout of the centre, the training of personnel and details of the centre's operations.</td>
</tr>
<tr>
<td>Chile</td>
<td>TA</td>
<td><strong>Fellowships</strong>&lt;br&gt;Public-health administration. Two fellowships, one of six months, for study in Sweden, the United Kingdom and the United States of America and one of twelve months, for study in the United States of America.&lt;br&gt;A fellowship of three months, for study of virology (poliomyelitis) in the United States of America.&lt;br&gt;A fellowship of twelve months, for study of nutrition in Puerto Rico.&lt;br&gt;A fellowship of twelve months for study of maternal and child health in the United States of America.&lt;br&gt;A fellowship for study of nursing in the United States of America.&lt;br&gt;A fellowship of twelve months, to study industrial hygiene in the United States of America.&lt;br&gt;A fellowship of twelve months, to study clinical medicine in the United States of America.</td>
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<tr>
<td>Project No.</td>
<td>Source of Funds</td>
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</table>
| Colombia 4  | TA UNICEF      | **Rural Public-Health Services** (Sept. 1951- )  
*Aim of the project.* To reorganize and modernize the departmental public-health services; to train professional and auxiliary personnel of health centres; to provide, with UNICEF assistance, modern supplies and equipment for five departmental centres; to provide facilities and personnel for environmental sanitation, especially in rural areas.  
This project is a redefinition and extension of the maternal and child health project (Colombia 4) which began in 1951.  
*Assistance provided by WHO in 1955.* (a) A public-health nurse and a nurse-midwife; (b) a fellowship for study of nursing education abroad.  
*Probable duration of assistance.* Until 1960.  
*Work in 1955.* The training of public-health nurse-midwives was continued. Detailed plans of operation were completed for the expanded project for which UNICEF will provide supplies and equipment. There were consultations with the Government on the plans for the 1956 training programme. |
| Colombia 5  | TA UNICEF      | **Malaria Eradication and *Aedes aegypti* Eradication** (April 1951- )  
*Aim of the project.* To eradicate *Aedes aegypti* from the whole country; to train local professional and auxiliary personnel in malaria eradication techniques; to eradicate malaria from the whole country as soon as plans can be prepared and the necessary financial and other support obtained.  
*Assistance provided by WHO in 1955.* (a) An adviser on insect control, a sanitarian, and a malarialogist; (b) a fellowship for study abroad of entomology and yellow fever.  
*Probable duration of assistance.* Until 1960.  
*Work in 1955.* The *A. aegypti* eradication campaign continued with good results. The WHO insect-control adviser assisted the chief of the anti-*aegypti* section of the Malariology Division. By the end of the year 62.9 per cent of the area presumed to be infested had been inspected. This included 2135 localities of which 310 were found positive. These were treated; and post-treatment inspection of 308 of them showed all negative.  
Malaria control was continued according to plan and by July, in the fourth cycle of treatment which began in January, 118 046 houses were sprayed, giving protection to 710 175 inhabitants. The plans and organization for a nation-wide malaria eradication campaign were considered: a survey will be made before a detailed programme is drawn up. |
| Colombia 15 | UNICEF         | **Tuberculosis Control (BCG)** (April 1954- )  
*Aim of the project.* To carry out a country-wide BCG vaccination campaign.  
*Assistance provided in 1955.* A technical adviser (cost reimbursed by UNICEF).  
*Probable duration of assistance.* Until 1956.  
*Work in 1955.* See page 68. |
| Costa Rica 3| TA             | **Nursing Education, San José** (June 1951- )  
*Aim of the project.* To strengthen the teaching facilities at the School of Nursing operated by the Government in connexion with the San Juan de Dios Hospital, San José; to train a limited number of graduate nurses for teaching, for hospital nursing and public-health nursing; to train nursing auxiliary personnel; to establish a post-graduate course of one year for nurse-midwives.  
*Assistance provided by WHO in 1955.* (a) Five nurse educators (one team leader, four for psychiatry, midwifery, public-health nursing and training of auxiliaries respectively). One nurse educator was transferred to another project in June. (b) A short-term consultant since October; (c) some supplies and equipment.  
*Probable duration of assistance.* Until 1957. |
### Work in 1955

The project was evaluated by the health authorities, assisted by WHO and PASB staff. The faculty of nurse instructors, previously trained by fellowships, reviewed the curriculum of the School and recommended changes, which are gradually being implemented. Forty-five auxiliaries were trained, and two more courses, with sixty trainees in all, were started. Eleven nurses graduated from a six-month course in midwifery and a refresher course was given for a group of nurse-midwives who had graduated in previous years.

#### Dominican Republic

**2**

**Malaria Eradication and Aëdes aegypti Eradication (Aug. 1952- )**

- **Aim of the project.** To eradicate Aëdes aegypti and malaria from the whole country.
- **Assistance provided by WHO in 1955.** A malariologist and a sanitarian.
- **Probable duration of assistance.** Until 1959.

**Work in 1955.** The A. aegypti eradication campaign continued in the interior of the country, with progressively satisfactory results. By the end of the year, 80.4 per cent. of the area presumed to be infested had been inspected. This included 1092 localities, of which 221 were found positive. These were treated and post-treatment inspection of 133 showed 11 still positive.

Residual spraying for malaria control continued pending the change to an eradication programme. Plans for a nation-wide eradication campaign were completed and operations are expected to begin in 1956.

#### Dominican Republic

**TA**

**Fellowships**

- **Public-health administration.** A fellowship of twelve months, for study in Puerto Rico.
- A fellowship of four months, to study the serology of syphilis, in Venezuela.
- Two fellowships, each of twelve months, to study public-health nursing in Chile and Puerto Rico.
- A fellowship of twelve months, to study public-health dentistry in Chile.

#### Ecuador

**4**

**Rural Public-Health Services (Nov. 1953- )**

- **Aim of the project.** To expand the maternal and child health project into a project for strengthening and integrating the country's public-health services, developing a public-health career service and establishing new health centres, especially in rural areas. WHO assistance to this project began in 1955.
- **Assistance provided by WHO in 1955.** (a) A medical officer and a public-health nurse; (b) a fellowship in public-health administration.
- **Probable duration of assistance.** Until 1958.

**Work in 1955.** Training courses for medical officers and auxiliary nurses were completed in August. The eight health centres already equipped continued to operate satisfactorily.

#### Ecuador

**5**

**Tuberculosis Teaching Centre, National Institute of Health, Guayaquil (Sept. 1951- )**

- **Aim of the project.** To improve and extend the diagnostic and therapeutic services to serve the needs of a general programme of tuberculosis control, and to provide facilities for training workers from Ecuador and other countries in the Americas.
- **Assistance provided by WHO in 1955.** Eight fellowships.
- **Probable duration of assistance.** Until 1957.

**Work in 1955.** From 15 October to 9 December a second six-week course was held, for which WHO awarded fellowships to students from Bolivia, Dominican Republic, Haiti, Guatemala, Panama and Paraguay. A number of Ecuadorean students also attended.
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<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Description</th>
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| Ecuador 11 | TA              | National Institute of Health, Guayaquil (Oct. 1952- )

**Aim of the project.** To improve the standards of the National Institute of Health, which provides diagnostic services, conducts specific epidemiological investigations, produces biologicals for the control and prevention of several communicable diseases, and is responsible for the control of drugs and foodstuffs produced in Ecuador or imported.

**Assistance provided by WHO in 1955.** (a) A virus specialist; (b) a consultant for one month; (c) a fellowship in plague control; (d) a small amount of supplies.

**Probable duration of assistance.** Until 1956.

**Work in 1955.** With the assistance of the virus specialist several courses, mainly in general laboratory and bacteriological techniques, were held at the Institute for physicians, medical students and laboratory technicians.

The consultant helped to train staff of the animal colony in specialized techniques.

<table>
<thead>
<tr>
<th>El Salvador 5</th>
<th>TA</th>
<th>Health Demonstration Area, San Andrés Valley (May 1951- )</th>
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<tbody>
<tr>
<td></td>
<td>(ILO)</td>
<td>Aim of the project. To organize integrated public-health services in one area, to serve as a model for similar services in other areas; to train health personnel for the demonstration and other areas.</td>
</tr>
<tr>
<td></td>
<td>(FAO)</td>
<td>Assistance provided by WHO in 1955. (a) A medical officer, three public-health nurses and a sanitary engineer; (b) seven fellowships for study abroad—in communicable-disease nursing, sanitary engineering, public-health education, public-health administration, environmental sanitation, public-health nursing, and obstetric nursing; (c) some supplies and equipment.</td>
</tr>
<tr>
<td></td>
<td>(UNESCO)</td>
<td>Probable duration of assistance. Until 1957. (The area will continue indefinitely as the training centre for the country. The project will be reviewed to see how it can serve more directly the aim of the national health services to establish a complete system of health services throughout the country.)</td>
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<td><strong>Work done.</strong> The area, which was about two-thirds developed by the end of 1955, has been provided with a system of health centres and sanitary posts; water supplies and latrines have been installed, and supervision of markets and slaughterhouses has been arranged. Substantial progress has been made in training personnel for other areas and health workers have been accepted for training from other countries.</td>
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<tr>
<th>El Salvador 6</th>
<th>R</th>
<th>Fellowship</th>
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<tr>
<td></td>
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<td>Public-health administration. A fellowship of six weeks, for study in Puerto Rico.</td>
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<tr>
<td></td>
<td></td>
<td>A fellowship of four months, to study bacteriology and virology in the United States of America.</td>
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<td></td>
<td>A fellowship of ten and a half months, for study at the São Paulo University, Brazil.</td>
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<th>Guatemala 8</th>
<th>R</th>
<th>Training of Auxiliary Nurses (April 1955- )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Aim of the project.</strong> To prepare graduate nurses as instructors of auxiliary nursing personnel, and to train nursing auxiliaries for hospital service, by a central training programme in Guatemala City and extension training programmes in the provinces.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Assistance provided by WHO.</strong> (a) A nurse educator; (b) three fellowships for study of nursing education abroad; (c) some supplies and equipment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Probable duration of assistance.</strong> Until 1958.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Work done.</strong> Three Guatemalan nurses were awarded travel grants to observe courses for training of auxiliaries in other countries. The remodelling of a section of the general hospital in Guatemala City to serve as headquarters for the project and its principal training centre was almost completed. The first three-month course for instructors of auxiliary nurses began in September.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Guatemala 8</th>
<th>R</th>
<th>Rural Public-Health Services (Aug. 1954- )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Aim of the project.</strong> To reorganize public-health services in rural areas throughout the country and develop rural health units; to reorganize health services at all levels; to establish a demonstration unit with subcentres; to train personnel for medical, nursing and sanitation work.</td>
</tr>
</tbody>
</table>
Aim of the project. To eradicate yaws and control syphilis in urban and rural areas by mass treatment with antibiotics, by training local personnel and educating the public.

Assistance provided by WHO in 1955. Three medical officers.

Probable duration of assistance. Until 1958.

Work in 1955. After completion of the house-to-house campaign for treatment of yaws cases and contacts with penicillin, the country was divided into seventy-eight sectors, each assigned to an inspector under the supervision of zone chiefs and sub-chiefs, in order to find, examine and treat all new or relapsing cases of yaws and their contacts. Surveys carried out in different parts of the country showed a remaining prevalence of yaws of between 0.5 and 1.5 per cent.

A mass treatment campaign against syphilis was carried out in Port-au-Prince.

Up to the end of August, 32,727 persons had received penicillin treatment under the rural yaws campaign and 84,966 under the syphilis control campaign in Port-au-Prince.

Local Health Services (Sept. 1954-)

Aim of the project. To establish a health demonstration area with all the basic health services; to organize and develop rural health services throughout the country.

Assistance provided by WHO and work in 1955. Fellowships were awarded for study abroad—two in maternal and child health and one in nursing—in continuation of the programme for training national personnel. The Zone Office continued to survey the various projects in Haiti with a view to combining them into one project.

Probable duration of assistance. Until 1959.

Malaria Eradication and Aedes aegypti Eradication (May 1953-)

Aim of the project. To eradicate Aedes aegypti and malaria from the whole country, and to train local personnel in malaria-eradication techniques. WHO assistance for this project began in 1955.

Assistance provided by WHO in 1955. (a) An adviser in insect control and a sanitarian; (b) a fellowship in malaria eradication.

Probable duration of assistance. Until 1960.

Work in 1955. The A. aegypti eradication work continued. By the end of the year, 19.2 per cent. of the area presumed to be infested had been inspected. This included 2082 localities of which 525 were found positive. These were treated and post-treatment inspection of 382 showed 15 still positive.

Malaria control by residual spraying was continued and plans were completed for converting the control programme into a campaign for eradication to start in 1956.
**Project List: The Americas**

**Haiti 10**

R

UNICEF

**Description**

**Training of Midwives (June 1955-)**

_Aim of the project._ To reduce neonatal and maternal mortality and morbidity by training local traditional birth attendants to give better care, and by providing well-trained public-health nurse-midwives to supervise them.

_Assistance provided by WHO._ (a) A nurse educator; (b) a fellowship in midwifery; (c) some supplies and equipment.

_Probable duration of assistance._ Until 1956.

_Work in 1955._ L'Archaie, a community of some 10,000 inhabitants in the agricultural valley of Artibonite, about eighty kilometres from Port-au-Prince, was selected as the centre of operations for training non-professional midwives. By the end of July the necessary arrangements had been made with the national and local health authorities, information obtained on existing conditions and needs, and plans made for teaching, including preparation of a teaching manual. The first series of classes, with thirty students, started in L'Archaie in August. Another series is planned for Port-de-Paix, on the north coast.

**Honduras 4**

TA

UNICEF

**Description**

**Rural Public-Health Services (Aug. 1955-)**

_Aim of the project._ To provide drinking-water supplies and adequate sewage disposal for selected rural schools; to develop basic school health services; to train professional and auxiliary public-health personnel; to improve environmental sanitation in rural areas.

This project is expected to develop into a programme, lasting about five years, for improvement of rural health services throughout the country, the Central Department of Public Health being reorganized as necessary.

_Assistance provided by WHO._ (a) A sanitary engineer and a medical officer; (b) five fellowships—three in public-health nursing, one in public-health administration and one in hospital administration.

_Probable duration of assistance._ Until 1960.

_Work in 1955._ With the assistance of the Zone Office, the development of basic rural health services was planned. Health units and training for professional and auxiliary staff will be established when the survey of the health programme in the rural areas has been completed.

**Jamaica 5**

TA

**Description**

**Fellowships**

_Public-health administration._ A fellowship of twelve months, for study in the United States of America.

A fellowship of five months, to study laboratory techniques for communicable-disease control.

A fellowship of six months to study insect control in countries of Latin America.

A fellowship of six months, to study malariology in countries of Latin America.

A fellowship of twelve months, to study as a medical records technician in the United States of America.

A fellowship of twelve months, to study tuberculosis administration in the United States of America.

A fellowship of twelve months, to study chemical pathology in the United States of America.

**Mexico 20**

R

**Description**

**Virus Centre, Huipulco, Mexico, D.F. (Nov. 1954-)**

_Aim of the project._ To expand facilities for virus diagnosis and research by setting up a virus centre, in order to learn more about virus diseases in the country. WHO assistance to this project began in 1955.

_Assistance provided by WHO in 1955._ Supplies and equipment.

_Probable duration of assistance._ Until 1957.

_Work in 1955._ Equipment provided under a grant from PASB in 1954 was delivered. A director of the centre was appointed and work began there in October. The centre will collaborate with the Mexico City Children’s Hospital in the diagnosis of virus diseases.

**Mexico 22**

R

**Description**

**Integrated Health Services, State of Guanajuato (Oct. 1955-)**

_Aim of the project._ To develop a strong health service in the state of Guanajuato, integrating the existing health services and extending them to cover the whole population of the state. Special attention will be given to environmental sanitation and control of communicable diseases in rural areas.
Assistance provided by WHO. (a) A public-health nurse; (b) some supplies and equipment.

Probable duration of assistance. Until 1960.

Work done. Under the guidance of the national public-health officer the situation was surveyed, as a preliminary to drawing up a detailed plan for the project.

Malaria Eradication and Aedes aegypti Eradication (July 1954–)

Aim of the project. To eradicate Aedes aegypti and malaria from the whole country, and to train local professional and auxiliary personnel in malaria-eradication techniques.

Assistance provided by WHO in 1955. (a) Two insect-control advisers, two sanitarians and a malariologist; (b) twenty fellowships for malaria studies abroad; (c) some supplies and equipment.

Probable duration of assistance. Until 1960.

Work in 1955. The A. aegypti eradication campaign in Mexico, where large infested areas exist, particularly in the Yucatán peninsula and along the Atlantic and Pacific coasts, was interrupted in August and is not expected to resume until June 1956. It is planned to combine eradication of A. aegypti with malaria eradication in areas where both are present, and to limit separate work against A. aegypti to malaria-free urban areas.

In May 1955 the Government decided on a nation-wide malaria-eradication programme, to last about four years. By September the Government had made arrangements to provide its contribution, and the UNICEF Executive Board had approved UNICEF support of the programme. Pilot operations for malaria control, which started towards the end of 1954, continued during the year. Detailed plans for the change to an eradication programme for the whole country were technically approved in July and a large training programme was begun; some trainees were sent to an international course organized in Venezuela, others to a national training centre in Veracruz, which began courses in September.

It is expected that preliminary organization and training of personnel will be completed by the end of June 1956 and that spraying throughout the infested areas of the country will start in September 1956.

Fellowships

Public-health administration. A fellowship of four months, to study virology in the United States of America.

A fellowship of three months, to study nursing education in Brazil and Guatemala.

A fellowship of three months, to study paediatric surgery in the United States of America.

Rural Public-Health Services (Sept. 1954–)

Aim of the project. To reorganize and develop rural health services throughout the country, with training facilities for local health personnel.

Assistance provided by WHO in 1955. (a) A medical officer, a sanitary engineer and a public-health nurse; (b) four fellowships—one in sanitary engineering and three in public-health nursing—for training abroad; (c) some supplies and equipment.

Probable duration of assistance. Until 1957.

Work in 1955. A plan of operations for reorganizing the central health services, organizing health centres and training personnel was approved by the Government and will be implemented when the necessary financial arrangements have been made.

Training courses were planned for doctors, nurses, sanitary inspectors, laboratory technicians and auxiliary personnel.

Nursing Education, National School of Nursing, Managua (March 1955–)

Aim of the project. To raise the standard of nursing throughout the country by improving and expanding the curriculum of the National School of Nursing.

Assistance provided by WHO. (a) Two nurse educators; (b) three fellowships for training in nursing education abroad; (c) some supplies and equipment.

Probable duration of assistance. Until 1957.

Work done. Progress was made in developing a faculty of nursing and in improving facilities for clinical training of student nurses.
<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Co-operating Agencies</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicaragua</td>
<td></td>
<td>R</td>
<td>Fellowship</td>
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<td></td>
<td><em>Public-health administration.</em> A fellowship of twelve months, to study nursing education in Costa Rica.</td>
</tr>
<tr>
<td>Panama 1</td>
<td>TA</td>
<td>UNICEF</td>
<td>Rural Public-Health Services (Aug. 1952- )</td>
</tr>
<tr>
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<td></td>
<td><em>Aim of the project.</em> To organize, develop and co-ordinate public-health work in selected rural communities; to develop effective methods of public-health administration suited to the social, economic and cultural needs of the population; to provide, in a selected rural health centre, facilities for in-service training of public-health personnel, including auxiliary health workers; to organize and improve the Central Laboratory in Panama City so as to provide adequate laboratory services.</td>
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<td></td>
<td>As part of its assistance to this project, WHO will advise government officials on matters related to public-health administration and organization.</td>
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<td></td>
<td><em>Assistance provided by WHO in 1955.</em> (a) A public-health engineer, a public-health laboratory expert, a medical officer and two public-health nurses; (b) five fellowships for training abroad—one in public health with emphasis on nutrition, one in public-health administration with emphasis on communicable disease control, one in sanitary engineering and two in environmental sanitation; (c) some supplies and equipment.</td>
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<td></td>
<td><em>Probable duration of assistance.</em> Until 1957.</td>
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<td></td>
<td><em>Work in 1955.</em> The rural health services were extended to cover new areas and more people in each area. The Central Laboratory was equipped and branch laboratories are being set up. The in-service training programme continued.</td>
</tr>
<tr>
<td>Panama</td>
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<td>R</td>
<td>Fellowship</td>
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<td></td>
<td><em>Nursing.</em> A fellowship of twelve months, to study public-health nursing in Chile and Puerto Rico.</td>
</tr>
<tr>
<td>Paraguay 1</td>
<td>TA</td>
<td></td>
<td>Malaria Eradication (Oct. 1955- )</td>
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<td></td>
<td><em>Aim of the project.</em> To eradicate malaria from the whole country.</td>
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<td>This project, which started in 1948 as an insect-control project, has received assistance since 1951 from PASB, WHO and the National Yellow-fever Service of Brazil. Eradication of <em>Aedes aegypti</em> was completed in 1954 and international aid was then withdrawn. By that time malaria also had been substantially controlled, but more work will be necessary to eradicate it.</td>
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<td><em>Assistance provided by WHO.</em> (a) Three short-term consultants; (b) some supplies and equipment.</td>
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<td><em>Probable duration of assistance.</em> Until 1956.</td>
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<td><em>Work done.</em> A survey was made towards the end of the year. It is expected that a detailed plan for malaria eradication will be ready for technical approval early in 1956.</td>
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<tr>
<td>Paraguay 6</td>
<td>R</td>
<td></td>
<td>Department of Preventive Medicine, School of Medicine, Asunción (Jan. 1953-April 1955)</td>
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<tr>
<td></td>
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<td></td>
<td><em>Aim of the project.</em> To improve teaching of preventive medicine at the School of Medicine of the National University of Paraguay; to improve medical education as a whole by including study of preventive medicine in all stages of the curriculum.</td>
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<tr>
<td></td>
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<td></td>
<td><em>Assistance provided by WHO in 1955.</em> A professor of public health.</td>
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<td></td>
<td></td>
<td></td>
<td><em>Work done.</em> The professor of public health completed his two-year assignment in January 1955. The first full course in preventive medicine was given in 1953, and a second in 1954. Short courses for medical students and laboratory technicians were also given.</td>
</tr>
<tr>
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<td></td>
<td>The Department of Preventive Medicine was officially established and a Paraguayan professor of preventive medicine appointed on his return from a four-month tour of schools of medicine in the United States and Latin American countries.</td>
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<td></td>
<td>It is expected that the University will be able to continue the Department of Preventive Medicine as a permanent part of the School of Medicine.</td>
</tr>
</tbody>
</table>
BCG Vaccination (Aug. 1954- )

**Aim of the project.** To carry out a nation-wide BCG campaign, as part of the national tuberculosis-control programme.

**Assistance provided in 1955** (cost reimbursed by UNICEF). A medical officer and a public-health nurse.

**Probable duration of assistance.** Until 1956.

**Work in 1955.** Tuberculin testing and BCG vaccination were carried out by field teams under the national health officer in charge of the campaign and with advice from the international staff. Up to the end of September 579,902 persons had been tested and 319,932 vaccinated.

Leprosy Control (First phase: April 1954; Second phase: Nov. 1955- )

**Aim of the project.** To reduce the incidence of leprosy by an intensive campaign of case-finding and treatment with sulfones, followed by regular periodic examination of all contacts in order to detect inapparent cases while they are still in the infectious stage.

**Assistance provided by WHO in 1955.** A consultant.

**Probable duration of assistance.** Until 1957.

**Work in 1955.** After the survey made by a PASB consultant in 1954, plans were drawn up for a leprosy campaign.

Public-Health Services (Jan. 1955- )

**Aim of the project.** To organize and expand comprehensive central and local public-health services, with programmes for maternal and child health, control of communicable diseases, environmental sanitation; to establish adequate public-health laboratory services and training of professional, technical and auxiliary personnel.

This project began in the Asunción-Villarica area and is to be extended later to other parts of the country; it is a consolidation of several projects that have been operating separately since 1950.

**Assistance provided by WHO.** (a) A medical officer, a health educator, a public-health nurse, a medical bacteriologist, a public-health sanitarian, a laboratory adviser, an x-ray technician, a public-health engineer, and a paediatric nurse; (b) six fellowships—four in public-health administration, one in paediatrics and one in mental hygiene—for study abroad; (c) some supplies and equipment.

**Probable duration of assistance.** Until 1960.

**Work in 1955.** A drive was made to integrate all programmes that had been receiving international assistance and to establish basic rural health services. In 1955 the allocation for health programmes in the national budget was three times as large as in 1950 and the principle of full-time service for professionals was established.


**Aim of the project.** To establish, in the rural area Lima-Pativilca-Huaras-Callejón de Huaylas, and to extend to the Andean region, comprehensive public-health services which can also serve for training public-health personnel.

**Assistance provided by WHO in 1955.** Two fellowships—one in public-health administration and one in public-health nursing.

**Work done.** Field operations were started in 1952. WHO provided a public-health administrator and a public-health nurse; and national personnel, including public-health nurses, were appointed to work on the project. Auxiliary nursing personnel were trained and maternal and child health clinics, of which there are now twelve, were organized in the main towns and in rural areas. Two Peruvian sanitary engineers were appointed to the project and a general sanitation programme was begun; it included insect control, construction and maintenance of small rural water-supply systems, and provision of latrines. A tuberculosis-control service was organized and a nutrition programme started with milk supplied by UNICEF. In 1953 WHO provided a laboratory specialist to help organize the laboratory in Huacho.

The international staff left at the end of 1954. The project was completed in 1955 with the provision of fellowships for national staff who will continue the work.
<table>
<thead>
<tr>
<th>Country</th>
<th>Description</th>
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<tbody>
<tr>
<td>Peru</td>
<td><strong>Public-Health Demonstration and Training Centre, Callao (Sept. 1952-Dec. 1955)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Aim of the project.</strong> To co-ordinate and expand public-health services in the urban community of Callao bordering Lima; to establish a provincial health centre to demonstrate methods and techniques adapted to local conditions and to train personnel for health services throughout the country.**</td>
</tr>
<tr>
<td></td>
<td><strong>Assistance provided by WHO in 1955.</strong> (a) A public-health adviser and a public-health nurse; (b) two fellowships in public-health administration.**</td>
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<td></td>
<td><strong>Work in 1955.</strong> Work in the Callao area was further extended and laboratory facilities were provided. A Peruvian doctor was appointed head of the Division of Health Promotion. Further improvements were made in the nursing and maternal and child health services.**</td>
</tr>
<tr>
<td>Surinam</td>
<td><strong>BCG Vaccination (Sept. 1955-)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Aim of the project.</strong> To test and vaccinate persons between one and twenty-five years of age in urban areas and between one and forty-five in rural areas (estimated number: 225,000); to train local personnel; to integrate BCG vaccination into the regular programme of the Health Department.**</td>
</tr>
<tr>
<td></td>
<td><strong>Assistance provided by WHO.</strong> (a) A consultant in September and October (cost reimbursed by UNICEF), who also worked on project No. Barbados 2; (b) three fellowships for study of BCG vaccination in British Guiana.**</td>
</tr>
<tr>
<td></td>
<td><strong>Work done.</strong> The consultant's report was in preparation at the end of the year.**</td>
</tr>
<tr>
<td>United States of America</td>
<td><strong>Fellowships</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Public-health administration.</strong> A fellowship of eleven months, to study communicable diseases in Chile**</td>
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<tr>
<td></td>
<td><strong>Public-health administration.</strong> A fellowship of six weeks, to study the organization of mental health services in the Netherlands and the United Kingdom.**</td>
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<tr>
<td></td>
<td><strong>A fellowship of ten weeks, to study environmental sanitation in countries of Latin America.</strong></td>
</tr>
<tr>
<td>Uruguay</td>
<td><strong>Rural Health Services (Aug. 1955-)</strong></td>
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<tr>
<td></td>
<td><strong>Aim of the project.</strong> To improve rural health services throughout the country by: (a) combining the efforts of all public-health institutions under the direction of the Ministry of Health; (b) organizing community participation; (c) training all categories of local public-health personnel; (d) improving services given by health centres and extending them to remote communities; (e) creating further auxiliary units; (f) carrying out a wide programme of health education.**</td>
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<td><strong>The project will start in Paysandu, Rivera, Tacuarembo, Salto and Durazno, and later be extended to the rest of the country.</strong></td>
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<td><strong>Assistance provided by WHO.</strong> (a) A public-health nurse and a medical officer; (b) four fellowships—one in poliomyelitis, one in maternal and child health and two in nursing education—for study abroad.**</td>
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<td></td>
<td><strong>Probable duration of assistance.</strong> Until 1959.**</td>
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<tr>
<td></td>
<td><strong>Work done.</strong> A survey of existing conditions was started and plans prepared for operating the programme and training personnel.**</td>
</tr>
<tr>
<td>Venezuela</td>
<td><strong>Local Health Services, Tuy Valley (Survey: March-May 1953; July 1955-)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Aim of the project.</strong> To provide in the Tuy Valley—an area representative of living conditions in the interior of Venezuela—well-balanced rural health services, including medical and dental care, and to train there public-health personnel for the rest of the country.**</td>
</tr>
</tbody>
</table>
The project will demonstrate how modern health services can be adapted to the resources of the community, and the influence of health on economic and social development.

Assistance provided by WHO in 1955. (a) A medical officer and a public-health nurse; (b) six fellowships for study abroad—one in entomology, one in public-health administration, one in malaria and insect control, one in virology, and two for visits to rural public-health services in Latin America.

Probable duration of assistance. Until 1960.

Work in 1955. The WHO staff began a detailed study of existing problems and health facilities (a preliminary survey was made by a consultant in March-April 1953).

**SOUTH-EAST ASIA**

**SEARO 2**

**TA**

**Assistance to Tuberculosis Laboratories (Aug. 1955-)**

**Aim of the project.** To assist the countries of the Region in developing laboratory work in connexion with the expansion of their tuberculosis services.

**Assistance provided by WHO.** A bacteriologist.

**Probable duration of assistance.** Until mid-1957.

**Work done.** Advice was given to the local authorities of Nagpur and Madras on planning and setting up tuberculosis laboratories for the tuberculosis control and training centres to be established there. Laboratory facilities in Ceylon were reviewed and laboratory services planned for an extended tuberculosis programme. The laboratory procedures in the WHO-assisted tuberculosis control and training centre in Kabul were reviewed.

**SEARO 3**

**UNICEF**

**BCG Retesting and Assessment Team, Burma, India and Thailand (Jan. 1954-June 1955)**

**Aim of the project.** To assess the results of BCG vaccination campaigns.

**Assistance provided in 1955 (cost reimbursed by UNICEF).** A medical officer and two BCG nurses.

**Work done.** The WHO/UNICEF regional assessment team began operations in January 1954 and worked for eighteen months in India, Thailand and Burma.

Naturally acquired and BCG-induced allergy, and vaccine potency, were assessed in schoolchildren and in carefully selected sample groups vaccinated during the mass campaign.

At the end of 1954 the WHO Tuberculosis Research Office in Copenhagen issued a report, entitled *A Preliminary Assessment of BCG Vaccination in India*, prepared from the data compiled by the team, and, in June 1955, a further report *Data for the Assessment of Naturally Acquired Tuberculin Sensitivity in Seven Countries in Asia*, for which the material was supplied by the teams in the South-East Asia and Western Pacific Regions. Both reports stress the difficulties of selecting persons for vaccination by means of the tuberculin test, because there is a variable low-grade non-specific sensitivity to tuberculin amongst people in India and some other countries. As a result of this work the criterion for selecting persons for vaccination was changed in India from 1 June 1955.

* Formerly India 69
<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEARO 4</td>
<td>R (Rockefeller Foundation)</td>
<td>National Conference on Medical Education in India, New Delhi (19-22 Nov. 1955)</td>
</tr>
<tr>
<td></td>
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<td><strong>Aim of the project.</strong> To enable the leading medical educators in the Region to attend the First National Medical Education Conference organized by the Government of India; to meet Indian medical educators, after the Conference, for further discussion and exchange of experience; and to visit medical institutions in India. After their return, they will be able to plan similar conferences in their own countries.</td>
</tr>
<tr>
<td></td>
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<td><strong>Assistance provided by WHO.</strong> (a) Travel and maintenance of one observer from Afghanistan, two from Burma, two from Ceylon, four from Indonesia and two from Thailand; (b) their expenses during a study tour of medical institutions at Nagpur, Madras, Vellore and Calcutta.</td>
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<td><strong>Work done.</strong> The Rockefeller Foundation and WHO assisted in organizing the Conference, at which a number of suggestions were made for improving medical education in the Region, such as closer contact among medical educators, and methods for exchanging experience and information, with the help of WHO.</td>
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<td><strong>Afghanistan 1 and 11 TA UNICEF</strong></td>
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<td></td>
<td>Malaria Control (July-Nov. 1949; June 1950-Dec. 1954; May 1955- )</td>
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<tr>
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<td></td>
<td><strong>Aim of the project.</strong> To carry out a malaria survey and a small-scale demonstration of malaria control in the Langhman district of the Eastern Province (1949).</td>
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<tr>
<td></td>
<td></td>
<td>To demonstrate modern methods of malaria control in the Kunduz-Khanabad area (Kataghan Province); to train local personnel (1950-51).</td>
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<tr>
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<td></td>
<td>To extend malaria-control to other malarious areas of the country; to demonstrate malaria control in Kabul city; to set up a malaria institute in Kabul (1952-54).</td>
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<td></td>
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<td>To consolidate the malaria-control campaign for the new strategy of eradicating malaria; to assess results and plan future operations (1955-57).</td>
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<tr>
<td></td>
<td></td>
<td><strong>Assistance provided by WHO in 1955.</strong> (a) A malaria consultant; (b) two regional three-month fellowships for medical officers for study at the Malaria Institute of India.</td>
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<tr>
<td></td>
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<td><strong>Probable duration of assistance.</strong> Until the end of 1957.</td>
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<td></td>
<td><strong>Work in 1955.</strong> The consultant completed a survey in August, after visiting the areas covered by the campaigns. He discussed with the Ministry of Health the working of the Malaria Institute in Kabul and recommended that it should extend its work to include the study of all insect-borne diseases and other allied subjects.</td>
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<td><strong>Afghanistan 4 TA</strong></td>
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<td><strong>Aim of the project.</strong> To train male nurse sanitarians, in a three years' course, for curative and preventive work in hospitals and community health centres.</td>
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<td>This is a redefinition of the project for strengthening the teaching staff and improving training of male nurses at the Ali-Abad Hospital in Kabul.</td>
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<td><strong>Assistance provided by WHO in 1955.</strong> (a) A sanitary and a nursing instructor; (b) some supplies and equipment.</td>
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<td></td>
<td></td>
<td><strong>Probable duration of assistance.</strong> Until 1958.</td>
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<td></td>
<td></td>
<td><strong>Work in 1955.</strong> The WHO staff assisted in drafting a curriculum and in preparing for the first group of students.</td>
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<td></td>
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<td><strong>Afghanistan 6 R TA (fellowship)</strong></td>
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<td></td>
<td></td>
<td>Public-Health Administration, Kabul (Nov. 1951- )</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Aim of the project.</strong> To improve public-health administration and services; to train medical and paramedical personnel; to co-ordinate national and internationally assisted health programmes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Assistance provided by WHO in 1955.</strong> (a) A public-health adviser and a short-term secretarial assistant; (b) a ten-month international fellowship.</td>
</tr>
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<td></td>
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<td><strong>Probable duration of assistance.</strong> Until the end of 1957.</td>
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<tr>
<td></td>
<td></td>
<td><strong>Work in 1955.</strong> The public-health adviser discussed the WHO-assisted programmes in the country with representatives of the Ministries of Public Health and Education, the University of Kabul, UNESCO, UNICEF and the United States International Co-operation Administration (ICA).</td>
</tr>
</tbody>
</table>
He surveyed the health facilities in Kandahar, Jalalabad and Serobi, and advised on a rural community education centre at Shewaki and on a rural development project in the Logar Valley, for which he prepared a scheme for training local personnel.

There were preliminary discussions on the proposed reorganization of the Ministry of Public Health and some modifications have been made in office procedures.

**Afghanistan 9**

**Tuberculosis Control and Training Centre, Kabul (Nov. 1953- )**

*Description*

Aim of the project. To survey the extent of the tuberculosis problem; to establish a tuberculosis service; to train personnel in diagnosis and prevention.

Assistance provided by WHO in 1955. (a) A senior officer, a public-health nurse, an x-ray technician, and a laboratory technician; (b) a twelve-month international fellowship in radiology; (c) some supplies and equipment.

Probable duration of assistance. Until the end of 1958.

Work in 1955. Work continued on setting up a service for diagnosis and control of tuberculosis. Doctors, nurses and technicians were trained. Group examinations were started, and negative reactors, including contacts with negative reactions, were vaccinated with BCG. Some preliminary work was done for a survey. A domiciliary service to keep touch with patients and contacts was established.

**Afghanistan 10**


*Description*

Aim of the project. To expand and improve maternal and child health services and increase training facilities.

This is a continuation of the combined project for maternal and child health and venereal disease control—Afghanistan 2 and 10—under which a pilot project in maternal and child health was carried out (1950-54).

Until April 1955 this project also covered assistance to the School of Nursing (female), Kabul, and the School of Midwifery Nursing, Kandahar (see project Afghanistan 21).

Assistance provided by WHO in 1955. (a) A maternal and child health officer, a public-health nurse; a nursing instructor, and a midwifery instructor also working on project Afghanistan 21; (b) three international fellowships—one for twelve months in maternal and child health, one for three months in obstetrics; and a four-month travel fellowship in maternal and child health administration.

Probable duration of assistance. Until the end of 1957.

Work in 1955. See page 79.

**Afghanistan 12**


*Description*

Aim of the project. To improve environmental sanitation by: sanitary surveys; standard sanitary installations for urban and rural communities; design and construction of water-supply and sanitary installations for government institutions and public buildings; lectures in sanitation at the Faculty of Medicine, Kabul University.

Assistance provided by WHO in 1955. A public-health engineer. Assistance is also given by the public-health adviser for project Afghanistan 6.

Probable duration of assistance. Until the end of 1957.

Work in 1955. The training course for sanitarians, started in September 1954, was completed. Training courses in elementary hygiene and sanitation were given for various categories of health workers. Three courses were given for student teachers of the UNESCO-assisted Teachers' Training Centre. A course in sanitation was organized for fifth-year students of the medical school.

Sanitary conditions in the community development pilot area were surveyed and detailed plans were made for improvements, for which UNICEF provided supplies and equipment.

A sanitation survey was made of all schools in Kabul.

The public-health engineer acted as adviser to the Ministry of Public Health.
<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Description</th>
</tr>
</thead>
</table>
| Afghanistan 13 | R | **Assistance to Faculty of Medicine, University of Kabul** (Jan.-Aug. 1952; Sept. 1953-)

*Description*

*Aim of the project.* To develop on sound lines the departments of the Faculty of Medicine and to train national counterparts of the visiting professors.

*Assistance provided by WHO in 1955.* (a) A professor of anatomy and a professor of physiology; (b) a consultant in medical education in August and September; (c) a twelve-month international fellowship in physiology; (d) teaching equipment and supplies.

*Probable duration of assistance.* Until the end of 1957.

*Work in 1955.* The professors of anatomy and physiology taught at the Faculty of Medicine and helped to develop their departments. The examinations gave evidence of good progress. It is expected that the counterparts will be ready to take over responsibility for the two departments in 1957.

A report by the consultant was under consideration by the Government at the end of the year.

The WHO professor of anatomy was assigned to Burma in February, and the professor of physiology to India in December, each for about a month.

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| Afghanistan 20 | TA | UNICEF | **Vaccine Production, Kabul** (Jan. 1955-)

*Description*

*Work in 1955.* The laboratory specialist took a three months' refresher course at the Central Research Institute, Kasauli, India. Of the five Afghan trainees awarded fellowships in 1954 for training at the Kasauli Institute, four completed the course during the year.

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| Afghanistan 21 | TA | UNICEF | **Public-Health Provincial Expansion and Nursing Education** (Jan. 1955-)

*Description*

*Work done.* A curriculum for a year's training course for nursing and midwife helpers in Kandahar was prepared and seventeen students enrolled. Well-baby, antenatal and post-natal clinics already established were used for training in domiciliary nursing and midwifery.

---

| Afghanistan 22 | TA | **Environmental Sanitation, Kabul Municipality** (Nov.-Dec. 1955—preliminary study)

*Description*

*Work done.* The consultant, in collaboration with the municipal authorities and the Ministry of Public Health, made a study of the situation and submitted a report and recommendations. A public-health engineer will be provided by WHO for two years from 1956 to assist the Government in the work.
Malaria Training and Control, Lashio and Maymyo (April 1951-Dec. 1955)

Aim of the project. To set up a demonstration and training centre for malaria control; to make a preliminary survey; to train staff for the national malaria organization.

Assistance provided by WHO in 1955. (a) A malarialogist, an entomologist and a sanitarian; (b) a regional three-month fellowship in entomology.

Work in 1955. A preliminary malarietric survey was made in thirty-six villages in the Maymyo area; 690 children were examined for enlarged spleen and malaria parasites. Several villages in the area were sprayed with DDT water-dispersible powder.

Many trainees of various categories completed their training; they will be employed in the country-wide malaria-control programme, which is expected to last five years.

The entomologist visited the Lashio area, where the WHO team completed its work in 1954, to find whether DDT spraying for the last four years had caused resistance to DDT to develop in the local vector.

School of Nursing, Dufferin Hospital, Rangoon (March 1953-)

Aim of the project. To improve the training given at the Dufferin Hospital—the largest training school for midwives in Burma.

Assistance provided by WHO in 1955. (a) Two nurse educators (midwifery); (b) some supplies and equipment.

Probable duration of assistance. Until mid-1956.

Work in 1955. The training programme was adjusted to provide instruction in public health, as well as in institutional and domiciliary midwifery. As the selected text books were not yet translated and printed, lecture-notes were translated into Burmese and mimeographed.

Short separate courses in clinical teaching and supervision were organized for the nursing staff of the hospital and for midwives. During the second quarter of the year, 108 midwives graduated and two new classes were begun.

A new nursing school, with classroom and hostel accommodation for 250 nurses, was constructed in Rangoon.

The WHO nurses and their national counterparts helped with refresher courses for paediatric nurses and for lady health visitors (see Burma 40 and 47).

Tuberculosis Adviser and Lecturer (July 1955-)

Aim of the project. To expand the tuberculosis service and train staff.

Assistance provided by WHO. (a) A tuberculosis adviser to: assist the Division of Tuberculosis in the Health Directorate; help organize both a country-wide tuberculosis programme and the teaching of tuberculosis in Rangoon Medical College; and train a counterpart; (b) teaching equipment and supplies.

Probable duration of assistance. Until the end of 1957.

Work done. The adviser made a detailed study of the facilities for tuberculosis control in Rangoon and Mandalay and of possibilities for their expansion.

Instruction in radiographic interpretation and clinical conferences were given at the Rangoon Centre, and lectures on epidemiological and preventive methods of tuberculosis control at the Rangoon Medical College.

Adviser to the Division of Nursing, Health Directorate, Rangoon (Jan.-Dec. 1955)

Aim of the project. To co-ordinate nursing services; to raise the standard of nursing and midwifery and develop new nursing education programmes to meet the needs of the health services.

This project arises out of the combined project for maternal and child health and venereal-disease control (Burma 4 and 6) which terminated at the end of 1954.

Assistance provided by WHO. (a) A nursing adviser (transferred from Burma 4 and 6); (b) a six-month fellowship for study in the United Kingdom, awarded to the chief nurse of the Division of Nursing; (c) reference books.

Work done. An amendment to the Nursing Act was prepared, and received government approval. The rules and regulations governing registration of nurses were revised and several training institutions were recognized. Training courses and examinations were held in collaboration with the Nurses Council.
Nursing curricula were revised as part of the long-term programme for the training of undergraduate and post-graduate nurses.

The chief nurse of the Division of Nursing, who returned from her WHO fellowship in September, will in 1956 assume responsibility for continuing the programme.

**Burma 18**

Tuberculosis Control and Training Centre, Mandalay (July 1954-)

**Aim of the project.** To survey the extent of the tuberculosis problem; to establish a tuberculosis service; to train medical and paramedical personnel in diagnosis and prevention.

**Assistance provided by WHO in 1955.** (a) A medical officer, a laboratory technician, an x-ray technician and a public-health nurse; (b) a twelve-month regional fellowship; (c) supplies and equipment.

**Probable duration of assistance.** Until mid-1957.

**Work in 1955.** By the end of March, buildings, and national staff, had been secured. A service for diagnosis, for domiciliary examination and for examination of contacts was established; personnel of various categories were trained; and arrangements were made with local health centres for their home-visiting staff to visit tuberculosis patients.

Working arrangements were made with the venereal-disease laboratory and the laboratory of the Mandalay General Hospital.

**Burma 20**

School for Health Assistants, Rangoon (Jan. 1954-Dec. 1955)

**Aim of the project.** To improve the training of paramedical personnel at the Rangoon School for Health Assistants; to train a counterpart to take over the work from the WHO specialist.

**Assistance provided by WHO in 1955.** (a) A specialist in medical education; (b) a four-month international fellowship.

**Work done.** The course for health assistants was lengthened from twenty-four to twenty-seven months; a conference of health assistants was held in Rangoon in November. Methods were worked out for assessing the adequacy of the training programme to rural health needs. By the end of the year over 200 health assistants had been assigned to rural areas and preparations made for supervising the health centres that they staff and for evaluating their work.

**Burma 21**

Strengthening of Health Education Bureau, Rangoon (Aug. 1955-)

**Aim of the project.** To strengthen the Health Education Bureau, Rangoon; to draw up a health education programme for the Teachers Training Institute, Rangoon; to train all categories of health personnel in health education; and to improve health education throughout the country.

**Assistance provided by WHO.** (a) A health educator; (b) one international twelve-month fellowship.

**Probable duration of assistance.** Until the end of 1957.

**Work done.** A start was made on plans for general health education, and on the programme for the Teachers Training Institute in Rangoon. Training courses in health education were started for district health officers, public-health assistants, district supervisors and inspectors of malaria spraying teams.

**Burma 22**

Vital and Health Statistics, Rangoon (Dec. 1955-)

**Aim of the project.** To establish machinery for prompt notification of accurate statistical data; to improve processing of the information and train staff in methods of statistical analysis.

**Assistance provided by WHO.** (a) A specialist in vital statistics; (b) a six-month regional fellowship.

**Probable duration of assistance.** Until the end of 1957.

**Work done.** The specialist established contacts with the officials of the Health Directorate, and studied the existing statistical organization.

**Burma 25**

Post-graduate School of Nursing, Rangoon (Jan. 1955-)

**Aim of the project.** To establish a post-graduate school of nursing, for advanced training, with a course in public-health nursing and courses for nursing and midwife educators.
This project arises out of the combined maternal and child health and venereal-disease control project, (Burma 4 and 6) which terminated at the end of 1954.

*Assistance provided by WHO.* (a) A public-health nurse educator (transferred from Burma 4 and 6) and a general nursing educator; (b) some teaching supplies and equipment.

*Probable duration of assistance.* Until the end of 1957.

*Work done.* Plans for the construction of the School were completed. The curriculum for the public-health nursing course was revised and another prepared for the nurse educators' course. Preliminary work was done on the course for nurse educators in midwifery. It is intended to run the three courses simultaneously and to make the training as wide as is practicable.

Certain health subjects were taught in the basic nursing course at the Rangoon General Hospital and at the School for Lady Health Visitors.

**Burma 26**

Nutrition, Rangoon (Aug. 1954- )

*Aim of the project.* To reorganize the nutrition services and carry out a nutrition programme; to establish a nutrition laboratory in Rangoon; to study and improve institutional diets; to survey dietary habits and nutritional status of certain population groups; to establish community feeding centres.

*Assistance provided by WHO in 1955.* (a) A medical nutritionist and a biochemist technician; (b) supplies and equipment.

*Probable duration of assistance.* Until the end of 1957.

*Work in 1955.* Selected village population groups were surveyed in the districts of Lashio, Payagi, Insein, Maymyo and Rangoon. Plans were made for an intensive nutrition programme, based on the surveys in Payagi. Progress was made with methods for improving diet and determining the acceptability of dietary patterns. A training programme was started. The establishment of a national nutrition council was considered.

The biochemist technician helped with the laboratory side of the project, which is to receive assistance from the Ford Foundation.

**Burma 28**

Assistance to Medical College, Rangoon (Feb. 1955- )

*Aim of the project.* To upgrade the departments of pharmacology, physiology and preventive medicine in the Medical College of Rangoon University, as part of a long-term programme for upgrading the Medical Faculty as a whole.

*Assistance provided by WHO.* (a) A professor of physiology, a professor of preventive medicine, and, in August and September, the professor of pharmacology attached to project India 52; (b) two international fellowships—one in pharmacology, for eight months, and the other in bacteriology, for twelve months; (c) teaching equipment and supplies.

*Probable duration of assistance.* Until the end of 1957.

*Work done.* The WHO professors of physiology and preventive medicine and their national colleagues worked on the teaching programme and teaching methods. A programme giving more training in social and preventive medicine was prepared and was being studied by the Medical Faculty at the end of the year.

The professor of pharmacology made a preliminary survey of teaching facilities in his branch.

**Burma 31**

Strengthening of Malaria Division, Rangoon (May 1954- )

*Aim of the project.* To strengthen the Malaria Division of the Central Government; to plan the extension of malaria control to the whole country and to train personnel.

*Assistance provided by WHO in 1955.* (a) A malariologist as adviser to the Government; (b) a regional four-month fellowship.

*Probable duration of assistance.* Until the end of 1957.

*Work in 1955.* By the end of the year it was expected that over four million people would be protected; in 1954, the second year of the national campaign, the number was two million. The programme was studied with the aim of converting it into an eradication campaign as soon as practicable.
<table>
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<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Description</th>
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</table>
| Burma 36   | R              | **Public-Health Administration, Rangoon** (March 1955- )  
  *Aim of the project.* To expand and co-ordinate health services; to train all categories of health personnel; to improve the operation of the Directorate of Health Services and co-ordinate its work with that of other directorates and ministries concerned with health.  
  *Assistance provided by WHO.* A consultant in public-health administration for eight months.  
  *Probable duration of assistance.* Until 1957.  
  *Work done.* The consultant in public-health administration surveyed the organization and administration of the central health services and the functions of the Directorate of Health Services, so that the best use might be made of the limited health staff. He prepared reports on the public-health work of the Directorate of Health Services and on the relationship between it and the Ministry of Health, and on several other subjects. The reports were being considered by the Government at the end of the year. |
| Burma 37   | R              | **Mental Health, Rangoon** (Oct.-Dec. 1955)  
  *Aim of the project.* To ascertain what mental-health facilities, hospital and public-health, are needed, as a preliminary to a mental-health programme.  
  *Assistance provided by WHO and work done.* A consultant for three months to make the survey, advise on improvement of training facilities and on the mental-health programme. He visited a number of institutions and submitted a report. |
| Burma 40   | R              | **Refresher Course in Paediatric Nursing, General Hospital, Rangoon** (Dec. 1955- )  
  *Aim of the project.* To improve teaching of paediatric nursing.  
  *Assistance provided by WHO.* (a) Services of the WHO nursing personnel in Rangoon (Burma 7); (b) half the travel and maintenance expenses of nine nursing students from outside Rangoon city.  
  *Work done.* The first refresher course for teachers of paediatric nursing started in December. It includes lecture-demonstrations, practical work in paediatric wards, out-patient departments and health clinics, and group discussions on different features of child care. |
| Burma 42   | TA             | **School of Nursing, Mandalay** (March 1955- )  
  *Aim of the project.* To improve nursing and midwifery training at the General Hospital, Mandalay, correlating theoretical and practical teaching and including public-health nursing in the curriculum.  
  This project arises out of the combined maternal and child health and venereal-disease control project (Burma 4 and 6) which terminated at the end of 1954.  
  *Assistance provided by WHO.* (a) A midwifery instructor, a general nursing instructor and a public-health nursing instructor; (b) teaching equipment and supplies.  
  *Probable duration of assistance.* Until the end of 1957.  
  *Work done.* A combined preliminary training programme for nursing and midwifery students was introduced; the number of students increased steadily and a new class-room was provided by the Government.  
  The programme was rearranged to include training in infectious-disease nursing and public health, and work in out-patient departments. Ward teaching programmes for nursing and midwifery students were drawn up.  
  Work began on a new hostel, to accommodate 250 nurses. |
| Burma 43   | TA UNICEF      | **District Health Expansion Programme** (Jan. 1955- )  
  *Aim of the project.* To increase the scope of the provincial health units—started as venereal-disease control and maternal and child health clinics—and to use them to serve the rural health centres; to co-ordinate provincial health services.  
  This project arises out of the combined project for maternal and child health and venereal-disease control (Burma 4 and 6) which terminated at the end of 1954.  
  *Assistance provided by WHO.* (a) A public-health nurse; (b) two twelve-month fellowships; (c) supplies and equipment.  
  *Probable duration of assistance.* Until the end of 1957. |
Work done. The public-health nurse made a survey of eight provincial centres, on which were based recommendations to the Government as to the organization of integrated district health services.

**Burma 45**

**Strengthening of Laboratory Services, Rangoon, Mandalay and Provincial Centres (Jan. 1955- )**

**Aim of the project.** To set up public-health laboratories in Rangoon and Mandalay; to train technicians for the eight existing provincial laboratories and for other laboratories to be set up; to integrate the provincial laboratory services into the programme for expanding the district health services (see project Burma 43).

This project arises out of the combined project for maternal and child health and venereal-disease control (Burma 4 and 6) which terminated at the end of 1954.

**Assistance provided by WHO.** (a) A laboratory specialist (microbiologist); (b) supplies and equipment.

**Probable duration of assistance.** Until the end of 1956.

**Work done.** The laboratory specialist visited the venereal-disease and clinical laboratories in several districts and discussed training of laboratory technicians with the local health officers and venereal-disease control team leaders. Candidates were selected for the training course.

**Burma 47**

**Refresher Course for Lady Health Visitors, Rangoon (Nov. 1955- )**

**Aim of the project.** To provide a three-month refresher course for health visitors, particularly in administration and supervision.

**Assistance provided by WHO.** Assistance, from WHO staff attached to other projects in Rangoon, in organizing and conducting the course and selecting students.

**Probable duration of assistance.** Until January 1956.

**Work done.** The course, which was essentially for practical training, covered such subjects as administration of health centres, practice and supervision of institutional and domiciliary midwifery, family care, health education, school health, and included demonstrations, group discussions and observation visits. The importance of supervision and the value of in-service training programmes were emphasized.

**Burma**

**Fellowships**

**R**

**Leprosy.** A three-month travel fellowship to study leprosy control in India, Nigeria and the United Kingdom.

**TA**

**Public health.** A twelve-month regional fellowship.

**TA**

**Industrial hygiene.** A three-month regional fellowship.

**Ceylon 2**

**Health Education of the Public, Colombo and Kandy (March 1952-April 1953; Sept. 1954- )**

**Aim of the project.** To carry out a comprehensive health-education programme, with emphasis on child health, nutrition and environmental sanitation; to establish a Division of Health Education in the Department of Health Services; to extend health-education services to rural and urban areas; to train various categories of public-health workers, educators etc.; to establish a health education materials unit and film library.

**Assistance provided by WHO in 1955.** (a) A health educator; (b) supplies and equipment.

**Probable duration of assistance.** Until the end of 1957.

**Work in 1955.** The WHO health educator was assigned to the Division of Health Education in the Department of Health Services, and a counterpart was appointed. A programme for developing and co-ordinating all health education work in Ceylon was started. Training of all categories of health workers by courses, seminars, working conferences, etc. was begun. Training programmes for sanitary inspectors were completed at the Kalutara training unit, and the first graduates posted. Work is co-ordinated with that of the Department of Education, the University, voluntary agencies and local bodies.

The health education side of the UNESCO fundamental education project—with which the health educator previously assisted—was taken over by the Government and entrusted to a former WHO fellow.
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<tr>
<th>Project No.</th>
<th>Description</th>
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<tbody>
<tr>
<td>Ceylon 4</td>
<td>Rural Health Development, Kalutara (Sept. 1955- )</td>
</tr>
<tr>
<td>TA</td>
<td>(An extension of the maternal and child health project, 1951-54.)</td>
</tr>
<tr>
<td>UNICEF</td>
<td>Aim of the project. To upgrade the maternity and maternal and child health department of the Kalutara Health Unit Hospital; to integrate the preventive and curative sides of maternal and child health work and to improve public-health nursing in the Kalutara Health Unit; to train various categories of health personnel at this unit and its hospital (1955-57).</td>
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<td>Probable duration of assistance. Until the end of 1957.</td>
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<tr>
<td></td>
<td>Work in 1955. Difficulties of recruitment delayed the start of the project until September.</td>
</tr>
<tr>
<td>Ceylon 8</td>
<td>Nurses' Training School, Colombo (Oct. 1951- )</td>
</tr>
<tr>
<td>R</td>
<td>Aim of the project. To improve and expand the training programme of the School of Nursing at the Colombo General Hospital; to include in the basic curriculum training in public health, and in paediatric nursing and obstetrics in affiliation with outside institutions.</td>
</tr>
<tr>
<td></td>
<td>Assistance provided by WHO in 1955. A public-health nursing instructor.</td>
</tr>
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<td></td>
<td>Probable duration of assistance. Until September 1956.</td>
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<tr>
<td></td>
<td>Work in 1955. The public-health training programme was enlarged, and courses in communicable diseases and hygiene were included in the curriculum. A course in preventive nursing was organized. A programme for training student nurses, in conjunction with the tuberculosis and community health services, was being planned at the end of the year. There are 250 students in training at the school. One hundred nurses graduated during the academic year 1954-55. Some graduate nurses took a ward-sisters' course. Two special groups of &quot;emergency nurses&quot; started a one-year course.</td>
</tr>
<tr>
<td>Ceylon 10</td>
<td>See Ceylon 25.</td>
</tr>
<tr>
<td>Ceylon 15</td>
<td>Nurses' Training School, Kandy (Jan. 1952- )</td>
</tr>
<tr>
<td>TA</td>
<td>Aim of the project. To establish a school of nursing at Kandy with a teaching programme in curative and preventive nursing.</td>
</tr>
<tr>
<td></td>
<td>Assistance provided by WHO in 1955. (a) A general nursing instructor, a public-health nurse, and a nursing arts instructor; (b) an international twelve-month fellowship; (c) teaching equipment and supplies.</td>
</tr>
<tr>
<td></td>
<td>Probable duration of assistance. Until the end of 1956.</td>
</tr>
<tr>
<td></td>
<td>Work in 1955. Fifty students were admitted to the school during the year, and forty-two continued from 1954. When accommodation is improved it is hoped to reach shortly the target of 120 students. The first group of students graduated in October. Teaching is in Cingalese and English. To maintain equality of teaching in the two languages, classes and demonstrations in both are given by the same instructors. The national instructors assumed greater responsibilities and are to take over completely from the WHO nurses at the end of 1956.</td>
</tr>
<tr>
<td>Ceylon 25</td>
<td>Tuberculosis Control and Training Centre, Colombo (Walisara) (May 1953- )</td>
</tr>
<tr>
<td>TA</td>
<td>Aim of the project. To survey the extent of the tuberculosis problem; to establish a tuberculosis service; to train medical and paramedical personnel in diagnosis and prevention. (Ceylon 10 was amalgamated with this project.)</td>
</tr>
<tr>
<td>UNICEF</td>
<td>Assistance provided by WHO in 1955. A radiographer, a public-health nurse and a laboratory technician (transferred from Ceylon 10); a senior adviser until April (to be replaced).</td>
</tr>
<tr>
<td></td>
<td>Probable duration of assistance. Until the end of 1956.</td>
</tr>
<tr>
<td></td>
<td>Work in 1955. Early in 1955 the work at Galle was completed and the project was transferred from Galle to the Welisara Chest Hospital at Colombo. At Galle, the national staff took over the provincial centre, which had been well established with recording, diagnostic and domiciliary services. But the distance...</td>
</tr>
<tr>
<td>Project No.</td>
<td>Source of Funds</td>
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</tbody>
</table>
| Ceylon 26   | R               | Leprosy Control (July 1954- )

**Aim of the project.** To modernize the leprosy-control programme by improving the work of the present institutions and developing a system of case-finding, domiciliary treatment and contact surveillance.

**Assistance provided by WHO in 1955.** (a) A leprosy specialist and an occupational therapist; (b) supplies and equipment.

**Probable duration of assistance.** Until the end of 1957.

**Work in 1955.** The WHO team periodically examined patients under treatment at leprosy clinics, hospitals and colonies. A leprosy survey in Mulligama (in Uva Province) showed a local incidence of 5 per cent. A similar survey was made in parts of the Southern and Western Provinces, and arrangements made for the systematic follow-up of cases by public-health inspectors. Physiotherapy was started at the leprosy hospital at Hendala. Case-finding and domiciliary follow-up work was extended at the central clinic at Colombo.

The WHO team visited cottage industry centres to ascertain the type of occupational therapy most useful to leprosy patients.

Training courses for supervisory public-health inspectors, medical students and sanitary-inspector trainees were held at Colombo and Kalutara. Lectures and demonstrations were given to sanitary inspectors of the municipality and to fourth-year students of the medical college. Five medical officers were trained and assigned to survey and treatment work.

| Ceylon 27   | R               | Training of Anaesthetists and Operating-room Nurses, Colombo (May 1955- )

**Aim of the project.** To prepare a graduate and undergraduate training programme for anaesthetists, medical students and operating-room nurses; to organize a programme for demonstrating modern techniques in anaesthesiology and post-operative care.

**Assistance provided by WHO.** An anaesthetist and an operating-room nurse.

**Probable duration of assistance.** Until 1957.

**Work done.** The anaesthetist and the operating-room nurse visited the hospitals where the training programmes were to be carried out, and arranged for lectures by staff of the Faculty of Medicine and the visiting staffs of the hospitals. Two national counterparts were provided by the Government. The team began two training courses at the General Hospital, Colombo, in August—one in anaesthesiology with six trainees and the other in operating-room techniques with four trainees. It is intended to change the courses into a course for a Diploma in Anaesthesiology.

A start was made on plans for a training centre, for which assistance from WHO has been requested for 1956 and 1957.

| Ceylon 32   | UNICEF          | BCG Vaccination (May 1954- )

**Aim of the project.** To reorganize and expand the existing BCG campaign and to integrate BCG vaccination into the tuberculosis-control services, which are to be extended to the whole country. (The campaign, previously confined mainly to schoolchildren, will cover all children, adolescents and young adults.)

**Assistance provided (cost reimbursed by UNICEF).** A BCG nurse.

**Probable duration of assistance.** Into 1956.

**Work done.** The campaign is being extended to cover the whole island. A special training programme for public-health inspectors was started to prepare them for the future integration of BCG work into the public-health services. Twenty-four public-health inspectors, thirteen public-health nurses and twenty-five tuberculosis health visitors were trained in BCG techniques.
<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Co-operating Agencies</th>
<th>Description</th>
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</table>
| Ceylon 35  | TA             | UNICEF                | Environmental Sanitation, Kurunegala (March 1955- )  
  *Aim of the project.* To set up two pilot projects in rural areas to improve water supplies and excreta disposal and to train personnel in environmental sanitation; to teach the rural population about intestinal diseases and how to prevent transmission; later to carry out similar sanitation programmes in all rural areas.  
  *Assistance provided by WHO.* (a) A public-health engineer; (b) a twelve-month international fellowship in environmental sanitation.  
  *Probable duration of assistance.* Until the end of 1957.  
  *Work done.* The public-health engineer made a preliminary survey of the project area and held conferences with the Government. Two pilot areas were selected—one with dry and one with moist climate—and preparations were made for work to begin early in 1956. He also prepared reports on refuse disposal in the Kurunegala Municipality and on the Gal Oya Development Scheme. |
| Ceylon 36  | R              |                       | Tuberculosis Specialist, Colombo (May 1954-Dec. 1955)  
  *Aim of the project.* To extend and consolidate the country-wide programme for tuberculosis control.  
  *Assistance provided by WHO in 1955.* A tuberculosis specialist to advise the Government, work with the technical and organizational division of the national antituberculosis campaign, and train the superintendent in charge.  
  *Probable duration of assistance.* Until 1957.  
  *Work in 1955.* The adviser re-planned the work of the WHO team attached to the tuberculosis control and training project (Ceylon 10 and 25), assisted in re-planning the tuberculosis services and advised the architects who are designing the new national tuberculosis centre and provincial centres. A uniform recording and reporting system for all tuberculosis services in the country was introduced, and arrangements were made for centralizing all data obtained by compulsory notification of tuberculosis. |
| Ceylon 37  | R              |                       | Mental Health, Colombo (Nov. 1955- )  
  *Aim of the project.* To study facilities for the treatment of mental defectives, and to develop a programme of education and rehabilitation.  
  *Assistance provided by WHO.* A consultant for three months.  
  *Probable duration of assistance.* Until 1957.  
  *Work done.* The health authorities, assisted by the consultant, considered what improvements and additions should be made in the services for mental defectives. |
| Ceylon     | R              | TA                    | Fellowships  
  *Virus diseases.* A twelve-month international fellowship for study of virus work in Australia.  
  *Biological standardization.* Two six-week regional fellowships for study in India. |
| India 2    | R              | UNICEF                | Maternal and Child Health Department, All-India Institute of Hygiene and Public Health, Calcutta (June 1953- )  
  *Aim of the project.* To develop the maternal and child welfare section of the All-India Institute of Hygiene and Public Health into a full Department of Maternal and Child Health, which will provide training for students from India and other Asian countries.  
  *Assistance provided by WHO in 1955* (cost of personnel and supplies reimbursed by UNICEF). (a) A visiting professor of paediatrics, a paediatric nursing instructor, a public-health nurse and an administrative officer; a specialist in social medicine and a health educator; a public-health nurse-midwife; (b) an international twelve-month fellowship in medico-social work; (c) supplies.  
  *Probable duration of assistance.* Until the end of 1957.  
  *Work in 1955.* See page 78. |
### India 19

**Source of Funds:** R

**Co-operating Agencies:**
- UNICEF

**Project Description:**

**Nursing, Calcutta (June 1952—)**

**Aim of the project.** To upgrade and expand the basic school of nursing at the Medical College Hospital, Calcutta, particularly as regards training in midwifery and public-health nursing.

**Assistance provided by WHO in 1955.** Three nursing instructors and a midwifery instructor from November to replace the one who left in October 1954.

**Probable duration of assistance.** Until the end of 1956.

**Work in 1955.** Ward and labour-room procedures were drawn up and a comprehensive staff education programme was established. Plans were completed for a short-term refresher course in paediatric nursing, for nurses from various parts of India.

Assistance was given to the Text-book Committee of the West Bengal Nursing Council in drawing up standard nursing procedures and a nursing manual for use in Calcutta hospitals.

Plans were started for training courses in domiciliary midwifery.

### India 28

**Source of Funds:** UNICEF

**Aim of the project.** To protect children and adolescents against tuberculosis by (a) continuing and extending mass BCG campaigns, and (b) integrating the BCG services into the general services for prevention and control.

**Assistance provided in 1955 (cost reimbursed by UNICEF).** A senior BCG adviser and an administrative officer; two BCG nurses.

**Work done.** See page 80.

### India 29

**Source of Funds:** TA

**Aim of the project.** To train pharmacologists for teaching and research at the Calcutta School of Tropical Medicine; to develop a pharmacology teaching and research centre at the School; to train an understudy to take over when international assistance is withdrawn.

**Assistance provided by WHO in 1955.** A professor of pharmacology.

**Work done.** Satisfactory progress was made with the teaching and research programmes. The visiting professor of pharmacology prepared a number of papers on special problems in collaboration with the Indian staff. An Indian lecturer, who received in 1953 an international fellowship in pharmacology, joined the staff of the school on his return at the end of 1954.

### India 31

**Source of Funds:** R

**Co-operating Agencies:**
- (Institut Pasteur, Teheran)

**Aim of the project.** To carry out research on the epidemiological factors causing recurrent outbreaks of plague in Northern India and to plan control measures.

**Assistance provided by WHO in 1955.** (a) Two consultants—a medical officer and a zoologist for various periods—and a senior medical officer (Director of the Institute Pasteur, Teheran) for a month in January and again in December; (b) supplies and equipment.

**Probable duration of assistance.** Until 1957.

**Work in 1955.** A study was made of the incidence of human plague in Saharanpur district during the last thirty years; and the nature and spread of infection in fifteen villages of Bara Banki district were investigated. Wild rodents of different species were collected and sent to the Institut Pasteur at Teheran for laboratory investigation. Several strains of Pasteurella pestis and some batches of fleas and other ectoparasites were also sent to Teheran.

### India 38

**Source of Funds:** TA

**Aim of the project.** To survey the training facilities for nurses and midwives in Ludhiana and selected villages; to adapt and expand training programmes to meet the nursing needs of the community.

**Assistance provided by WHO in 1955.** (a) A nurse educator; (b) an international twelve-month fellowship; (c) supplies and equipment.

**Probable duration of assistance.** Until the end of 1957.
Work in 1955. The facilities available for training nurses and midwives at the Christian Medical College Hospital, Ludhiana, were surveyed. Midwifery and other training in the hospital was improved and upgraded, and public health was included in the basic curriculum. The domiciliary midwifery section is now well established, and the training of its students has been improved. Nursing procedures were established in the wards. Training in domiciliary nursing was given in a village selected for field work.

India 39

Thoracic Surgery Centre, Delhi (April 1954-March 1955)

Aim of the project. To set up and equip at the Silver Jubilee Hospital, Delhi, a modern chest surgery centre for treatment of pulmonary tuberculosis and certain other diseases of the chest; to train surgical and medical staff, nurses and technicians in techniques of thoracic surgery.

Assistance provided by WHO in 1955. (a) A senior adviser (thoracic surgeon), an anaesthesiologist, an operating-room nurse, and a physiotherapist; (b) supplies and equipment.

Work done. The first three months had to be spent mainly in equipping and arranging the Centre, and the routine operative work was not started until 1 July 1954. Recurring difficulties with equipment had a serious effect on the programme, and no major surgery except thoracoplasty could be done until just before the project finished. In all, 234 major operations and 136 minor operations were performed. Thirteen surgeons, three anaesthetists, three physiotherapists and five theatre sisters were given training in their specialties.

A service for surgical treatment of pulmonary tuberculosis was set up. The more modern and radical lung resection procedures were not attempted until near the end of the project and few of them were done.

The project was only partially successful. It was not possible to set up a centre for training all categories of workers in thoracic surgery, but what may be a good nucleus was established.

India 40

Nursing, Bombay (Sept. 1953 -)

Aim of the project. To extend the nursing training programme in the J.J. group of hospitals; to develop there nursing techniques and procedures suited to local conditions; to correlate theoretical teaching with teaching in the wards, and to include public-health nursing in the curriculum.

Assistance provided by WHO in 1955. A nurse educator, a nursing arts instructor, a midwifery instructor, and a paediatric nursing instructor; a public-health nursing instructor from December.

Probable duration of assistance. Until the end of 1956.

Work in 1955. Procedures were improved in the paediatric block, and the Child-Welfare Clinic was used for teaching. Midwifery training was upgraded and a domiciliary midwifery service introduced. Particular attention was given to clinical teaching in the wards and a short-term refresher course was given for ward sisters.

By the end of the year all the subjects recommended in the Indian Nursing Council syllabus had been included in the curriculum. A library was set up.

India 41

School of Physiotherapy, K.E.M. Hospital, Bombay (Oct. 1952-Dec. 1955)

Aim of the project. To establish a permanent physiotherapy centre and school at the K.E.M. Hospital, Bombay, to serve as a training centre for the whole country; to train national counterparts to take over the work when the international personnel are withdrawn.

Assistance provided by WHO in 1955. (a) A physiotherapist; (b) two international six-month fellowships.

Work done. Three training courses have been given since the beginning of the project, the third of which, with fifteen students, began in 1955. The certificate course was replaced by a two-year diploma course in physiotherapy. Two counterparts were appointed from the students of the first course and were awarded WHO fellowships in 1955.

It was recommended that the staff of the school should be upgraded for teaching and supervisory work, and that an assistant to the national counterpart should be appointed to help in the training programme.
The school was well established by the end of the year. It is to become a part of a comprehensive rehabilitation unit, for which plans are being made with the United Nations Technical Assistance Administration.

India 42

Tuberculosis Control and Training Centre, Nagpur (Nov. 1955- )

Aim of the project. To survey the extent of the tuberculosis problem; to establish a tuberculosis service; to train medical and paramedical personnel in diagnosis and prevention.

Assistance provided by WHO. Supplies and equipment. (The internationally recruited staff will arrive early in 1956).

Probable duration of assistance. Until the end of 1957.

India 49

Maternal and Child Health/Nursing, Hyderabad (March 1954- )

R

UNICEF (Colombo Plan)

Aim of the project. To develop the maternal and child health services of the state, with special attention to the training of nursing personnel.

Assistance provided by WHO in 1955. (a) A senior maternal and child health officer, a paediatric instructor, three midwifery instructors and a public-health nurse; (b) two international fellowships—one of six and the other of twelve months. (Two nursing arts instructors were provided under the Colombo Plan.)

Probable duration of assistance. Until the end of 1957.

Work in 1955. Good progress was made with the nursing and midwifery training programme in the Osmania and Niloufer hospitals and other training centres in the state. The auxiliary nurse-midwife training syllabus prescribed by the Indian Nursing Council is being used in all the state's midwifery training schools. Training of dais was organized at various centres. A three-month refresher course, to prepare twenty nurses from different parts of India for training auxiliary nurses and midwives, was completed in September. An association of student nurses and midwives was formed.

Two maternal and child health clinics were set up—one in a rural area, and the other in Hyderabad, attached to the Health School and working in close co-operation with the Niloufer Hospital.

Plans were prepared for integrating preventive and curative services for children in Hyderabad City; the services will provide practical training in child care for undergraduate and post-graduate students.

India 52

Pharmacology, Seth G.S. Medical College, Bombay (Feb. 1953-Dec. 1955)

R

Aim of the project. To train medical undergraduates in pharmacology; to work out a training programme in accordance with the requirements of the Indian Council of Medical Research; to organize research; to develop the Department of Pharmacology of the Medical College; to train an understudy to take over from the WHO professor.

Assistance provided by WHO in 1955. A professor of pharmacology.

Work done. The undergraduate teaching programme of the Department of Pharmacology was revised, and the experimental pharmacology and practical pharmacy curricula were strengthened. Progress was made with post-graduate teaching. Research has an important place in the programme of work for both undergraduate and graduate students.

The national counterpart took up a WHO fellowship in 1954; he is to continue the work of the WHO professor on his return. The Department was well established on modern lines by the end of 1955, when WHO assistance was withdrawn.

India 53

Tuberculosis Control and Training Centre, Madras (Dec. 1955- )

Aim of the project. To survey the tuberculosis problem; to establish a tuberculosis service and to train medical and paramedical personnel in diagnosis and prevention.

Assistance provided by WHO. (a) An x-ray technician; (b) an international six-month fellowship; (c) supplies and equipment.

Probable duration of assistance. Until 1957.

Work done. The project started in December after the arrival of the x-ray technician. The public-health nurse, who was recruited for this project in October, was assigned to the maternal and child-health nursing project, India 79, until the arrival of the senior officer to be provided by WHO.
<table>
<thead>
<tr>
<th>Project No.</th>
<th>Co-operating Agencies</th>
<th>Source of Funds</th>
<th>Description</th>
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<tbody>
<tr>
<td>India 56</td>
<td>R UNICEF (Colombo Plan)</td>
<td></td>
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<tr>
<td><strong>Maternal and Child Health/Nursing, Bihar (Nov. 1954-)</strong></td>
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<tr>
<td><strong>Aim of the project.</strong> To develop the maternal and child health services of the state; to train nursing personnel.</td>
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<tr>
<td><strong>Assistance provided by WHO in 1955.</strong> A public-health nurse, a maternal and child health officer; three midwifery instructors and a nursing instructor (cost reimbursed by UNICEF).</td>
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<tr>
<td>(Two nursing arts instructors were provided under the Colombo Plan.)</td>
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<tr>
<td><strong>Probable duration of assistance.</strong> Until the end of 1957.</td>
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<tr>
<td><strong>Work in 1955.</strong> Nursing and midwifery procedures were revised and two teaching wards provided at the Medical College Hospital at Patna for practical work for preliminary students. In the midwifery section a special labour room and a ward for septic cases were opened and provide better facilities for clinical teaching.</td>
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<td>The two internationally-recruited nurses assigned to the Gaya Hospital worked on plans for improving the training of auxiliary nurses and midwives.</td>
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<td>Help was given with training midwives at Ranchi.</td>
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<tr>
<td>India 57</td>
<td>R UNICEF</td>
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<tr>
<td><strong>Maternal and Child Health/Nursing, Uttar Pradesh (Feb. 1955-)</strong></td>
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<tr>
<td><strong>Aim of the project.</strong> To develop the maternal and child health services of the state; to train nursing personnel; to establish a paediatric training hospital at the Medical College, Lucknow.</td>
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<tr>
<td><strong>Assistance provided by WHO.</strong> Two nursing instructors.</td>
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<td><strong>Probable duration of assistance.</strong> Until the end of 1957.</td>
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<tr>
<td><strong>Work done.</strong> A survey was made of the maternal and child health facilities in the state. One of the WHO nurses helped with the teaching at the Lady Health Visitors' School, Lucknow.</td>
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<tr>
<td>India 62</td>
<td>R UNICEF (Colombo Plan)</td>
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<tr>
<td><strong>Maternal and Child Health/Nursing, Travancore-Cochin (Feb. 1955-)</strong></td>
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<tr>
<td><strong>Aim of the project.</strong> To develop the maternal and child health services of the state; to train nursing personnel; to establish a rural health teaching centre for the Medical College, Trivandrum.</td>
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<tr>
<td><strong>Assistance provided by WHO in 1955.</strong> (a) A public-health nurse and a maternal and child health officer; a midwifery instructor (cost reimbursed by UNICEF); (b) a twelve-month international fellowship.</td>
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<tr>
<td>(A second public-health nurse was provided under the Colombo Plan, which has assisted this project since 1954.)</td>
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<tr>
<td><strong>Probable duration of assistance.</strong> Until the end of 1957.</td>
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<tr>
<td><strong>Work in 1955.</strong> Nursing and midwifery programmes were revised and training in public health incorporated in them. An in-service training course was given for the four national nurses attached to the project. Bag-techniques and general supervision of domiciliary and public-health work were demonstrated. A course in school health for teachers and a course for nurse educators were held.</td>
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<td>The rural health teaching centre for the Medical College was set up. It gives to medical undergraduates training in family care and preventive care for mothers and children.</td>
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<td>India 65</td>
<td>R</td>
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<tr>
<td><strong>Aim of the project.</strong> To plan and conduct: (a) a short-term refresher course for ward sisters in Bombay; (b) a short-term refresher course for instructors of auxiliary nurses and midwives in Hyderabad.</td>
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<tr>
<td><strong>Assistance provided by WHO.</strong> (a) Participation of WHO personnel attached to projects in Bombay and Hyderabad; (b) half the cost of travel and maintenance expenses for forty nurses.</td>
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<tr>
<td><strong>Work done.</strong> The course for ward sisters was held at the J.J. group of hospitals in Bombay in November and December 1954; twenty-four attended.</td>
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<td>The course in Hyderabad lasted from the beginning of July to the end of September 1955 and was attended by sixteen instructors of auxiliary nurses and midwives. Particular attention was given to domiciliary nursing.</td>
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<td>Both courses were successful. In Bombay, the state government sponsored a similar course in 1955 for the benefit of ward sisters who had not been able to attend the first course.</td>
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</tbody>
</table>
India 71

**Aim of the project.** To establish, at the All-India Institute of Mental Health, Bangalore: (a) a postgraduate training programme in psychology, mental hygiene, psychiatry and psychiatric nursing, and (b) a programme of research in psychiatry, neurology, and neuro-surgery; to train national counterparts to take over from the WHO personnel.

**Assistance provided by WHO.** A psychiatric nurse and neurologist-electrophysiologist.

**Probable duration of assistance.** Until mid-1957.

**Work done.** The psychiatric nurse did preliminary work for the training course in psychiatric nursing. She gave lectures to nurses from the general hospitals in Bangalore and arranged for visits to the Institute. The neurologist-electrophysiologist collaborated with the psychiatric nurse in drawing up the training programme, helped to conduct it and to plan a research programme. He also organized the Department of Electrophysiology.

The first group of students—eight psychiatrists and six psychologists—started their training during the year.

A plan for further WHO assistance, to set up special departments in the Institute, was under consideration at the end of the year.

India 72

**Aim of the project.** To plan and conduct (a) a short-term refresher course for ward sisters in Bombay; (b) a short-term refresher course for tutors of auxiliary nurses and midwives in Trivandrum.

**Assistance provided by WHO.** (a) Participation of WHO nursing personnel in Bombay and Trivandrum; (b) the cost of travel and maintenance expenses of forty nurses.

**Work done.** The course in Bombay began on 1 November, with seventeen students; the Trivandrum course, with fourteen students, began on 28 November. The state governments proposed many more candidates than could be accommodated; the others will be admitted to similar courses in 1956.

The course included discussions, field visits, and practical training.

India 77

**Aim of the project.** To establish a department of public-health engineering at the University of Madras and to organize class and field training in public-health engineering at the University. To train a national counterpart to take over from the WHO professor.

**Assistance provided by WHO.** A professor of public-health engineering.

**Probable duration of assistance.** Until the end of 1957.

**Work done.** A course in public-health engineering was started in June with six students. The WHO professor assisted with the teaching.

India 78

**Aim of the project.** To develop integrated rural health services, particularly maternal and child health services; to improve the teaching of paediatrics at the Nagpur Medical College; to establish a rural-health teaching unit for the College.

**Assistance provided by WHO.** A domiciliary midwifery instructor and a public-health nurse.

**Probable duration of assistance.** Until the end of 1957.

**Work done.** Progress was made with facilities for training in domiciliary midwifery.

Two urban maternal and child health centres in Nagpur were upgraded to serve as training units for medical and nursing personnel.

Assistance was given in establishing a unit for care of premature infants at the Medical College Hospital,
Project List: South-East Asia

India 79

Project No. | Source of Funds | Co-operating Agencies | Description
---|---|---|---
TA | UNICEF | | Maternal and Child Health/Nursing, Bombay (Aug. 1955-)

Aim of the project. To develop integrated rural health services, particularly maternal and child health services; to improve the teaching of paediatrics at the Poona Medical College; to establish a rural-health training unit for the College.

Assistance provided by WHO. (a) A maternal and child health officer and a public-health nurse (another public-health nurse, recruited for India 53, was temporarily assigned to this project in October); (b) an international twelve-month fellowship.

Probable duration of assistance. Until the end of 1957.

Work done. The maternal and child health officer made a survey. Medical officers and nurses received instruction in public health at the rural health training centre at Sirur.

Plans were made to integrate services for venereal-disease control into the rural health units, which cover a tenth of the population of Bombay State.

India 96

UNICEF

Post-graduate and Refresher Courses in Maternal and Child Health and Public-Health Nursing, Calcutta and Ludhiana (June 1955-)

Aim of the project. To prepare qualified personnel for leading positions in maternal and child health programmes by: (a) post-graduate courses at the All-India Institute of Hygiene and Public Health, Calcutta, (b) refresher courses in midwifery in Ludhiana and in paediatric nursing in Calcutta.

Assistance provided by WHO. Participation of WHO personnel already working in Calcutta and Ludhiana. (Stipends and travel expenses for participants in the courses were paid by UNICEF.)

Probable duration of assistance. Until 1956.

Work done. Five medical officers and nine nurses on fellowships started one-year academic courses at the All-India Institute of Hygiene and Public Health, Calcutta, in June. Fifteen nurses and midwives attended a one-month refresher course in midwifery at Ludhiana and seventeen others took a similar course in paediatric nursing at Calcutta.

India 1

R

Fellowship

Anaesthesiology. A twelve-month fellowship for study in France.

Portuguese India

R

Fellowships

Tuberculosis. Two six-month regional fellowships, one to study tuberculosis bacteriology in Ceylon; the other to study tuberculosis epidemiology in Pakistan.

Indonesia 1

TA | UNICEF | | Treponematosi s Control (May 1950-)

Aim of the project. To establish a yaws-control programme covering the whole country; to develop a venereal-disease control scheme, first in the Surabaya and Jakarta areas, and later throughout the country.

Assistance provided by WHO in 1955. (a) A laboratory specialist; (b) a regional six-month fellowship in laboratory techniques and an eight-month international fellowship in venereal diseases; (c) supplies and equipment.

Probable duration of assistance. Until the end of 1956.

Work in 1955. Remarkable progress was made in the mass yaws campaign, in which more than 550 teams were engaged by the end of the year. A large number of research projects were also carried out. Four national senior workers, closely associated with the programme, were enabled to attend the international yaws conference held in Nigeria in November.

1 Former French Settlements in India
By December yaws was sufficiently controlled in about thirty areas for consolidation work to be continued by the general public-health workers as part of their routine duties.

The laboratory specialist assisted the Venereal Disease Institute in Surabaya in training and research.

**Indonesia 2**

**Project No.**

**Source of Funds**

**Co-operating Agencies**

**Description**


*Aim of the project.* To consolidate and expand maternal and child health services in rural areas; to train nurse-midwives and public-health nurses (1952-53).

To survey maternal and child health services throughout the country with a view to their expansion (1954-55).

*Assistance provided by WHO in 1955.* A short-term consultant in maternal and child health.

*Work done.* Maternal and child health services, including school health services, were expanded, and the number of training programmes increased. Nine refresher courses were held between 25 February 1952 and 31 October 1953, with a total attendance of 201 midwives.

Later, four maternal and child health centres were established, and the services in Jogjakarta were improved. School health services were expanded and procedures for nurses and teachers laid down.

At the end of 1954 a short-term consultant was appointed for three months to make recommendations on the future development of maternal and child health services in the country and, on his recommendation, steps were taken to provide a specialist in maternal and child health for a new plan of operations.

**Indonesia 4**

**Project No.**

**Source of Funds**

**Co-operating Agencies**

**Description**

Malaria-Control Demonstration Tjilatjap (Aug. 1951- )

*Aim of the project.* To demonstrate malaria control (in three phases—survey; control operations; resurvey); to set up a research and demonstration centre; to train medical officers, entomologists and auxiliary personnel.

*Assistance provided by WHO in 1955.* (a) A malarialogist, an entomologist and a public-health engineer; (b) a consultant for three months to assist in the training programme; (c) supplies and equipment.

*Probable duration of assistance.* Until the end of 1957.

*Work in 1955.* The WHO team continued work in the Tjilatjap area and DDT-spraying was extended to cover an area with two million inhabitants. In the control area, sprayed for the last three years, transmission of malaria was not entirely interrupted and a few cases of new infection were reported. The factors responsible were being studied and investigations on the bionomics of the vector were in progress at the end of the year.

The short-term consultant and the other members of the team organized, for eight medical officers, a course of lectures, laboratory practice and field demonstrations.

**Indonesia 5**

**Project No.**

**Source of Funds**

**Co-operating Agencies**

**Description**

Institute of Nutrition, Jakarta (Jan. 1952-Jan. 1955)

*Aim of the project.* To organize effective programmes in nutrition education and raise the scientific standard of teaching; to reintroduce school feeding programmes; to make nutrition surveys; to carry out chemical analysis of Indonesian foodstuffs and of biological material collected in order to assess the nutritional standards of the population.

*Assistance provided by WHO in 1955.* (a) A medical nutritionist; (b) two international twelve-month fellowships—one in nutrition and the other in health education and dietetics.

*Work done.* Protein malnutrition syndromes, particularly in children, were investigated and defined; in-service training programmes were started for dietitians and other health personnel. Surveys were made on the public-health aspects of malnutrition, including xerophthalmia, and special dietary surveys, including one on the problems of the weaning period.

The WHO sociologist who visited Indonesia from August to December 1954 undertook, in collaboration with the Institute of Nutrition and the national health authorities, an investigation into some of the factors other than poverty which contribute to child malnutrition. His report was submitted to the Government.
<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indonesia 8A</td>
<td>UNICEF</td>
<td><strong>BCG Vaccination (Oct. 1952- )</strong>&lt;br&gt;&lt;br&gt;<em>Aim of the project.</em> To carry out a BCG demonstration and training programme in connexion with the tuberculosis control project in Bandung; to train personnel who will form a nucleus of staff for a mass vaccination campaign which will be undertaken when sufficient staff become available and integrate BCG vaccination into the tuberculosis-control programme planned for the whole country.&lt;br&gt;&lt;br&gt;<em>Assistance provided in 1955 (cost reimbursed by UNICEF).</em> A medical officer and three BCG nurses.&lt;br&gt;&lt;br&gt;<em>Probable duration of assistance.</em> Until the end of 1956.&lt;br&gt;&lt;br&gt;<em>Work in 1955.</em> The campaign began in 1952 with three national teams; by the end of August 1955 twenty-four teams were working in several provinces of the country. The average output per team is about 15,000 tests per month; there were no reports of serious complications after testing or vaccination. Good progress was made with the training programme for medical officers, nurses, <em>mantris</em> and vaccinators.</td>
</tr>
<tr>
<td>Indonesia 8B</td>
<td>TA UNICEF</td>
<td><strong>Tuberculosis Control and Training, Bandung (Sept. 1952- )</strong>&lt;br&gt;&lt;br&gt;<em>Aim of the project.</em> To survey the extent of the tuberculosis problem; to establish a tuberculosis service; to train medical and paramedical personnel in diagnosis and prevention.&lt;br&gt;&lt;br&gt;<em>Assistance provided by WHO in 1955.</em> (a) A medical officer, a public-health nurse and a laboratory technician; (b) an international six-month travel fellowship; (c) supplies and equipment.&lt;br&gt;&lt;br&gt;<em>Probable duration of assistance.</em> Until mid-1957.&lt;br&gt;&lt;br&gt;<em>Work in 1955.</em> Good progress was made with demonstration and training and with the clinical side of the work. Difficulties with the laboratory and domiciliary work were gradually overcome. At the end of the year, a new tuberculosis laboratory building at the Institut Pasteur, Bandung, was under construction and plans were being made for a pilot scheme of chemotherapeutic control, with UNICEF assistance.</td>
</tr>
<tr>
<td>Indonesia 9</td>
<td>R</td>
<td><strong>Leprosy Control (July-Sept. 1955)</strong>&lt;br&gt;&lt;br&gt;<em>Aim of the project.</em> To make a leprosy survey in preparation for a long-term programme of control.&lt;br&gt;&lt;br&gt;The second phase of this project will be a control programme, to start in 1956.&lt;br&gt;&lt;br&gt;<em>Assistance provided by WHO and work done.</em> A consultant in leprosy for two months who made a survey and whose report was submitted to the Government.&lt;br&gt;&lt;br&gt;<em>Probable duration of assistance.</em> Until the end of 1957.</td>
</tr>
</tbody>
</table>
| Indonesia 13 | R | **Faculty of Medicine, Gadjah Mada University, Jogjakarta and Semarang (Sept. 1953- )**<br><br>*Aim of the project.* To develop the departments of the Faculty of Medicine on sound lines; to train national counterparts to take over from the professors provided by WHO.<br><br>*Assistance provided by WHO in 1955.* A professor of pharmacy and pharmaceutical chemistry, a professor of paediatrics, and an associate professor of biochemistry.<br><br>*Probable duration of assistance.* Until the end of 1957.<br><br>*Work in 1955.* Courses in biochemistry were held, special training was given to the assistants in the Biochemistry Department, and a start was made with a research programme. The final report of the professor of biochemistry was sent to the Government for consideration.<br><br>Special teaching programmes in pharmacy and pharmaceutical chemistry were undertaken at the Schools of Dentistry and Pharmacy, and at the Faculty of Medicine. A list was compiled of text books, reference books and journals in pharmacy, pharmaceutical chemistry and related subjects.<br><br>In lectures on paediatrics, particular attention was paid to tuberculosis (especially to the clinical picture in infancy and childhood and preventive methods).<br><br>Practical training of undergraduates started in April; the new children's ward was opened and four students were attached to it for training.<br><br>All three professors gave regular theoretical and practical courses in their subjects and special training to students selected for teaching posts.
**Post-graduate School of Nursing, Bandung (Jan. 1954- )**

*Description*

*Aim of the project.* To organize post-graduate courses in teaching of midwifery and in public-health nursing at the Post-graduate School of Nursing, Bandung, and at the Rantjabadak City Hospital.

*Assistance provided by WHO in 1955.* Two public-health nursing instructors and a midwifery instructor.

*Probable duration of assistance.* Until the end of 1957.

*Work in 1955.* See page 79.

**Vital and Health Statistics (Aug. 1955- )**

*Description*

*Aim of the project.* To expand the statistical organization in the Ministry of Health and train key members of the statistical staff; to develop a long-range statistical programme with a sound system of reporting for notifiable diseases, hospital services, and general vital and health statistics; to develop an up-to-date service of vital and health statistics for planning and evaluation of health programmes.

*Assistance provided by WHO.* (a) A health statistician; (b) a six-month regional fellowship; (c) supplies and equipment.

*Probable duration of assistance.* Until the end of 1957.

*Work done.* During August statistical advice was given to the WHO-assisted yaws project in Indonesia and to the Venereal Disease Institute at Surabaya.

**Dental Health (April-June 1955)**

*Description*

*Aim of the project.* To assess the dental health needs of the country and the improvements required in training facilities in preparation for a programme to raise the standard of dental health.

*Assistance provided by WHO.* A consultant in dental health.

*Work done.* The consultant studied several relevant problems and held discussions with the national health authorities and the teaching staffs of the universities concerned. He visited hospitals, child health centres and polyclinics to study the services provided by dental surgeries and by the six mobile dental units provided by the United States International Co-operation Administration. Towards the end of his visit he joined in a discussion at the Ministry of Health, on basic principles and future dental policy. His final report and recommendations were being prepared at the end of 1955.

**Trachoma Control (Nov.-Dec. 1954; Nov. 1955- )**

*Description*

*Aim of the project.* To study trachoma in the country and to make recommendations for control (1954). To demonstrate methods of treatment among schoolchildren in a selected area; to extend the treatment to schoolchildren in four other areas; after treatment, to carry out three re-examinations to assess immediate results (1955).

*Assistance provided by WHO in 1955.* A three-month travel fellowship.

*Probable duration of assistance.* Until 1957.

*Work in 1955.* The consultant who made a three-week survey in 1954 found a high incidence of trachoma in many areas. The pilot project was based on his recommendations and further investigations and experimental control measures are planned.

**Strengthening of Malaria Section, Ministry of Health, Jakarta (May 1955- )**

*Description*

*Aim of the project.* To improve the national malaria programme, which is under the direction of the Malaria Section of the Ministry of Health; to extend the facilities of the Malaria Institute, Jakarta.

*Assistance provided by WHO.* (a) An entomologist; (b) a consultant malarialogist for one month.

*Probable duration of assistance.* Until the end of 1957.

*Work done.* The entomologist investigated the resistance of local anopheles. Resistance to DDT was confirmed and experiments with other control agents were in progress at the end of the year.

The consultant, who came from the Malaria Institute in India, advised on the expansion of the Malaria Institute at Jakarta. An operational link was formed between the two institutes.
Project No. Source of Funds Co-operating Agencies

Indonesia: 35

<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Co-operating Agencies</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indonesia 35</td>
<td>TA</td>
<td></td>
<td>Paediatric Nursing, Gadjah Mada University, Jogjakarta (Dec. 1955–)</td>
</tr>
</tbody>
</table>

**Aim of the project.** To improve child care by better training in paediatrics and paediatric nursing in the Gadjah Mada University.

**Assistance provided by WHO.** (a) A paediatric nursing instructor since December; (b) teaching supplies and equipment.

**Probable duration of assistance.** Until the end of 1956.

**Work done.** A survey of the facilities for a well-integrated programme in clinical and preventive paediatric nursing, and preparations for the 1956 teaching programme, were begun.

Indonesia

<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Co-operating Agencies</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indonesia</td>
<td>R</td>
<td></td>
<td>Mental health. A regional twelve-month fellowship for study in India.</td>
</tr>
<tr>
<td></td>
<td>TA</td>
<td></td>
<td>Social and occupational health. Two twelve-month international fellowships, to study industrial health, one in the United Kingdom, the other in Finland, the Netherlands, Sweden and Yugoslavia.</td>
</tr>
<tr>
<td></td>
<td>TA</td>
<td></td>
<td>Environmental sanitation. A twelve-month international fellowship in sanitary engineering.</td>
</tr>
</tbody>
</table>

Nepal: 1

<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Co-operating Agencies</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nepal 1</td>
<td>R (ICA)</td>
<td></td>
<td>Malaria Control, Rhapati Valley (June 1954–)</td>
</tr>
</tbody>
</table>

**Aim of the project.** To study the malaria situation and determine suitable control techniques; to carry out indoor spraying with DDT in areas not covered by the United States International Co-operation Administration (ICA); to train personnel in malaria prevention.

**Assistance provided by WHO in 1955.** (a) A malariologist to mid-September; an entomologist until May, and four auxiliary staff; (A replacement for the malariologist arrived in October and one for the entomologist in November.); (b) a three-month regional fellowship in malaria and a six-month fellowship in entomology.

**Probable duration of assistance.** Until the end of 1957.

**Work in 1955.** Malarriometric surveys and entomological investigations covering the whole of the Rhapati Valley were begun; conditions were difficult, especially during the rainy season.

The malariologist and the entomologist were changed during the year; as an interim arrangement the entomologist from project Burma 2 was detached for temporary duty in Nepal.

The Nepalese malariologist and entomologist, who were on WHO fellowships, completed their training at the Malaria Institute of India and took up their posts in June.

Nepal 2

<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Co-operating Agencies</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nepal 2</td>
<td>TA</td>
<td></td>
<td>Training of Nurses, Kathmandu (Nov. 1954–)</td>
</tr>
</tbody>
</table>

**Aim of the project.** To train nurses and midwives for institutional, domiciliary and public-health work.

**Assistance provided by WHO in 1955.** (a) Two nursing instructors and a public-health nurse; (b) teaching equipment, supplies and transport.

**Probable duration of assistance.** Until mid-1958.

**Work in 1955.** As was expected, progress in this project was rather slow. Preparations were made to provide, in the hospital and in the community, facilities for practical training for students. Some nursing procedures were drawn up and staff education was started. A building was taken over for temporary use by the hostel and school, and the curriculum, conditions of service and regulations for the students were drawn up.

Nepal 3

<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Co-operating Agencies</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nepal 3</td>
<td>TA</td>
<td></td>
<td>Training of Health Assistants, Kathmandu (June 1955–)</td>
</tr>
</tbody>
</table>

**Aim of the project.** To establish a school for health assistants in Kathmandu to give theoretical and practical training; to plan a programme of rural health services which will make the best use of the health assistants; to train nurses.

**Assistance provided by WHO.** (a) A medical officer (public-health specialist); (b) two twelve-month regional fellowships in public health; (c) teaching equipment and supplies.

**Probable duration of assistance.** Until the end of 1957.

**Work done.** The public-health specialist spent most of his time on detailed planning. He prepared a scheme for recruitment and training which was under consideration by the Government at the end of the year. A building was selected for the school, and preparations made for teaching to begin in January 1956.
### Thailand 2

<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td>Treponematosis Control (May 1950- )</td>
</tr>
</tbody>
</table>

**Aim of the project.** To carry out systematic control of yaws throughout the country; to reduce the reservoir of infection to a level at which the disease can be controlled by rural health authorities; to train local personnel; to incorporate yaws control in the permanent public-health services.

**Assistance provided by WHO in 1955.** (a) A venereologist (replacing one who left in January 1954); (b) medical journals.

**Probable duration of assistance.** Until 1957.

**Work in 1955.** Satisfactory progress was made with the mass campaign, and plans started for incorporating yaws control work in the general health services in selected experimental areas.

### Thailand 5

**School Health, Chachoengsao (Feb. 1954- )**

**Aim of the project.** To develop a comprehensive school health service in conjunction with the UNESCO fundamental education project and teachers' training programme.

**Assistance provided by WHO in 1955.** A school health physician and a school health nurse.

**Probable duration of assistance.** Until April 1956.

**Work in 1955.** School health services in the area were improved and used for practical training of medical officers, sanitary inspectors, school-teachers and nurses. Groups of nursing supervisors were trained in health work in rural schools.

More co-ordination with other health work is needed for satisfactory development of the project and efforts are being made to secure it.

### Thailand 6


**Aim of the project.** To set up a public-health demonstration unit in an urban area for practical training of public-health nurses and midwives; to provide facilities for training undergraduate medical and nursing students and student sanitary inspectors, and further training for medical officers of health; to develop school health services.

**Assistance provided by WHO in 1955.** (a) A sanitarian; (b) an international twelve-month fellowship in maternal and child health.

**Work done.** A modern maternal and child health clinic and training centre was established in Bangkok by the Government in April 1952, at a cost of about US $60 000. It serves an urban and semi-rural population of 120 000 and provides valuable training for nurses, midwives, sanitary inspectors and other health personnel.

The demand for all types of service from the centre increased steadily.

In Bangkok city improvements were made in refuse collection and disposal, water supply, surface drainage and housing. Good training was given to sanitary inspectors.

The project will serve as a model for other centres to be set up elsewhere in the city.

### Thailand 13

**Rural Health Unit, Chiangmai (Nov. 1951- )**

**Aim of the project.** To establish a rural health service for improving general health conditions—particularly for environmental sanitation and maternal and child health—and training various categories of health personnel.

**Assistance provided by WHO in 1955.** A public-health adviser (specialized in maternal and child health), two public-health nurses and a sanitarian.

**Probable duration of assistance.** Until the end of 1956.

**Work in 1955.** The target of twenty rural health centres was reached, and all were in operation by the end of the year; some additional health centres were started in villages where staff became available. In a rural part of Chiangmai a building was equipped as a centre by prominent local people and a valuable maternal and child health service was developed, at little expense to the Government.

The training part of the project was very successful. Several groups of midwives were given in-service refresher courses. Nurses being trained in Bangkok as supervisors or as public-health nurses are sent to Chiangmai for field training.
### Project List: South-East Asia

<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Co-operating Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thailand 15</td>
<td>UNICEF</td>
<td></td>
</tr>
<tr>
<td>Thailand 17</td>
<td>R (UNESCO)</td>
<td></td>
</tr>
<tr>
<td>Thailand 21</td>
<td>TA</td>
<td></td>
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<tr>
<td>Thailand 24</td>
<td>R (ICA)</td>
<td></td>
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</tbody>
</table>

#### Description

**BCG Vaccination (May 1953- )**

*Aim of the project.* To carry out a mass BCG-vaccination campaign, testing at least five million young persons and vaccinating negative reactors; to draw up plans for continuing testing and BCG vaccination as a permanent part of the health services.

*Assistance provided in 1955* (cost reimbursed by UNICEF). A medical officer and two BCG nurses.

*Probable duration of assistance.* Until mid-1956.

*Work in 1955.* By May, at the end of the second year of the campaign, forty-four provinces, with an estimated population of 11,300,000, had been covered; on the average each team did 30,000 tests and 10,000 vaccinations a month.

Two sanitary inspectors, eleven technicians and three public-health nurses were trained in the techniques of BCG vaccination.

**Mental Health, Dhonburi (March 1955- )**

*Aim of the project.* To develop the psychological aspects of psychiatry both as a specialty and as part of general medical practice; to introduce psychology into public-health courses for graduate physicians, medical students and auxiliary workers; to develop modern clinical facilities and practices; to train an understudy to continue the work after WHO assistance is withdrawn.

*Assistance provided by WHO.* A psychologist.

*Probable duration of assistance.* Until March 1957.

*Work done.* The WHO psychologist works at the Dhonburi Mental Hygiene Clinic. A WHO fellowship was awarded to the national counterpart, who has worked on the project from the start. A training programme was undertaken and a research programme in normal development started.

UNESCO assists with a project in mental health in collaboration with the Ministry of Education, and steps have been taken to co-ordinate the two projects.

**Post-graduate School of Nursing, Bangkok (April 1954- )**

*Aim of the project.* To establish a post-graduate school for nurses; to organize post-graduate training in public-health nursing and courses in nursing education.

*Assistance provided by WHO in 1955.* (a) A nursing instructor (public health) and a general nursing instructor; (b) two international twelve-month fellowships; (c) teaching equipment and supplies.

*Probable duration of assistance.* Until the end of 1957.

*Work in 1955.* The first group of sixteen public-health nursing students to be trained in Thailand graduated in April, and all were given suitable posts. One was retained in the school as field instructor. In June, twenty-one new students were enrolled in the public-health nursing course, and a course in nursing education, the first of its kind in Thailand, was started with sixteen students, to prepare graduate nurses for teaching in schools of nursing.

A manual of public-health nursing was in preparation at the end of the year.

**Rural Health Programme (Nursing Supervision), Bangkok (June 1954- )**

*Aim of the project.* To develop rural health services, including nursing; to provide adequate guidance and supervision of nursing and midwifery services.

This project is closely associated with the UNICEF project for developing and strengthening maternal and child welfare centres in Thailand.

*Assistance provided by WHO in 1955.* A public-health nurse-midwife.

*Probable duration of assistance.* Until the end of 1957.

*Work in 1955.* The WHO public-health nurse-midwife collaborated with the medical officer provided by the United States International Co-operation Administration. In-service training was given to several groups of midwives and nurse-midwives working in rural health centres.
**Fundamental Education, Ubol (Dec. 1954-)**

*Aim of the project.* To integrate health education into the fundamental education programme.

*Assistance provided by WHO in 1955.* A public-health nurse with experience in health education.

*Probable duration of assistance.* Until the end of 1957.

*Work in 1955.* The public-health nurse gave training in health education and other subjects to sixty persons being trained for community development projects in a two-year course at the fundamental education centre which the Government has established at Ubol with UNESCO assistance. She also gave special courses—in home nursing, child care, food and nutrition—to selected groups of students.

**Leprosy Control, Khon Kaen Province (Oct. 1955-)**

*Aim of the project.* To organize a pilot project in Khon Kaen Province for demonstrating modern methods of leprosy control, with emphasis on case-finding, domiciliary treatment and surveillance of contacts; to train personnel; to extend the control programme to other parts of the country.

*Assistance provided by WHO* (a) A leprologist; (b) an international four-month fellowship.

*Probable duration of assistance.* Until the end of 1957.

*Work in 1955.* The leprologist and the national staff surveyed the area of operations. A programme for training auxiliary staff in population survey and treatment methods was begun.

**School of Nursing, Korat (July 1955-)**

*Aim of the project.* To carry out a nursing education programme, improve nursing services to meet local needs, correlate theoretical teaching and teaching in hospital wards, and give training in public-health nursing, at the School of Nursing, Korat.

*Assistance provided by WHO.* (a) A nursing instructor; (b) teaching equipment and supplies.

*Probable duration of assistance.* Until the end of 1957.

*Work done.* Fifty-two students were admitted to the school. Temporary accommodation was provided for the school until the building now under construction is completed.

Three national tutors and two ward supervisors were appointed for the teaching programme and theoretical and practical classes were given.

**Nutrition (Survey : Nov. 1955-)**

*Aim of the project.* To survey nutrition conditions in the country.

The survey is part of a project for investigating the extent of endemic goitre and beriberi, and carrying out a control programme.

*Assistance provided by WHO.* A short-term consultant.

*Probable duration of assistance.* Until the end of 1957.

*Work in 1955.* The consultant helped plan the nutrition programme, which will begin in 1956.

**Assistance to School of Public Health, Bangkok (Dec. 1955-)**

*Aim of the project.* To provide special instruction and experience in all aspects of public health to strengthen the School of Public Health, Bangkok.

*Assistance provided by WHO.* A specialist in public health for three months from December.

*Probable duration of assistance.* Until 1957.

**Fellowships**

*Environmental sanitation.* A regional six-month fellowship to study urban and port sanitation in Singapore.

*Plague control.* Two six-month international fellowships.

*Surgery.* Two six-month international fellowships.
PROJECT LIST: EUROPE

EUROPE

EURO 6

Project No. | Source of Funds | Co-operating Agencies | Description
---|---|---|---
175 | | (Rockefeller Foundation) | Study on Health Visitors (Family Health and Welfare Workers) (1951-55)

Aim of the project. To determine the type of health and welfare worker best suited to meet the various needs of the family, with the greatest efficiency and economy of time, money, and personnel.

Assistance provided by WHO in 1955. The administrative cost of the fifth meeting of the technical advisory committee of the study, held in Paris at the Rockefeller Foundation offices from 21 to 23 February.

Work in 1955. The technical advisory committee considered the draft final report, prepared in 1954, on the surveys which were carried out simultaneously in France and the United Kingdom during 1951-53 under the sponsorship of the Rockefeller Foundation and WHO. The results of the study, and a description of the surveys themselves, are contained in a report which is being prepared for publication by WHO.

EURO 46.2

Project No. | Source of Funds | Co-operating Agencies | Description
---|---|---|---
46.2 | | | Insect Control Training Course, Rome (16 May-30 June 1955)

Aim of the project. To assist countries in the Region in which insect-borne diseases are of public-health significance and, in particular, to bring up to date the knowledge of health officers and medical entomologists from Southern European countries on the development of resistance to chemical insecticides.

Assistance provided by WHO in 1955. Five fellowships for students from the African Region; two from the Eastern Mediterranean Region; nine from the European Region: France (Algeria), Greece, Morocco (French Zone), Portugal, Spain, Tunisia, Turkey, Yugoslavia.

Work in 1955. The Istituto Superiore di Sanità, in Rome, organized with WHO a second course on the control of insect vectors of disease (the first was held in 1953). The 1955 course included medical entomology; the transmission by insects of pathogenic bacteria, Rickettsia, spirochetes and helminths; the chemistry, toxicology, mode of action and application of insecticides; the control of malaria, leishmaniosis and flies as a public-health measure. It included field work in several parts of Italy.

EURO 52

Project No. | Source of Funds | Co-operating Agencies | Description
---|---|---|---
52 | | | Fifth and Sixth Basic Post-graduate Courses for Anaesthesiologists, Copenhagen (Aug. 1954-July 1955, and 15 Oct. 1955, respectively)

Aim of the project. To stimulate the development and to improve the standards of national anaesthesiology services by training medical personnel. (Courses at the centre are given in English.)

Assistance provided by WHO and work done. Two visiting lecturers were provided for the fifth course at the Anaesthesiology Training Centre, Copenhagen. Another WHO consultant taught at the sixth course which started in October 1955, also for a year, and WHO fellowships were granted to four European trainees from Austria, Germany (Federal Republic), Ireland and Yugoslavia. Additional short-term fellowships were granted to one of the Danish instructors and to a former trainee for further study abroad.

EURO 56

Project No. | Source of Funds | Co-operating Agencies | Description
---|---|---|---
56 | TA | | Tuberculosis Training Courses, Istanbul (26 Sept.-5 Nov. 1955)

Aim of the project. To provide post-graduate training in tuberculosis control for physicians and nurses from several regions of WHO.

Assistance provided by WHO and work done. Two post-graduate training courses, one for tuberculosis physicians, one for tuberculosis nurses, were held simultaneously at the International Antituberculosis Training and Demonstration Centre in Istanbul. WHO contributed five lecturers (four doctors and one nurse) and awarded twenty-one fellowships to eleven physicians and ten nurses, from Austria, Finland, Italy, Morocco (French Zone), Portugal, Tunisia, and Yugoslavia, and from Africa and the Eastern Mediterranean.

EURO 58

Project No. | Source of Funds | Co-operating Agencies | Description
---|---|---|---
58 | R | (ILO) | Refresher Course on Occupational Health, Paris (9-28 May 1955)

Aim of the project. To disseminate new techniques and to clarify the respective parts of labour and health agencies in joint work for occupational health.

Assistance provided by WHO and work done. The course, held at the National School of Public Health and sponsored by the French Ministries of Health and Labour, included theoretical and practical instruction in physiology and work organization, mental health, medical supervision of workers, study of certain occupations, occupational poisonings and diseases, legislation on occupational health, and
visits to factories and other institutions. WHO sponsored thirteen fellows from Austria, Belgium, Germany (Federal Republic), Greece, Ireland, Italy, Morocco (French Zone), Portugal, Spain, Switzerland, Tunisia and Yugoslavia, and contributed two lecturers on physiology and mental health.

**EURO 59**

**Port Demonstration and Training Centre for Control of Venereal Diseases, Rotterdam (1950-55)**

*Aim of the project.* To study the medical and medico-social aspects of maritime venereal-disease control and to provide international facilities for training.

*Assistance provided by WHO and work in 1955.* A report was prepared, summarizing the conclusions of the study groups as reflected in two international training courses held at the Centre. The report is intended for use in venereal-disease control centres in major seaports; its issue will conclude the project.

**EURO 60**

**Third Training Course for Scandinavian Public-Health Officers, Göteborg (1 Aug.-30 Sept. 1955)**

*Aim of the project.* To establish a public-health training centre for the Scandinavian countries.

*Assistance provided by WHO and work done.* The 1955 course included physiological hygiene, occupational health, nutrition, accident prevention and related subjects. WHO fellowships were granted to twenty public-health officers, from Denmark, Finland, Iceland, Norway and Sweden, and the Organization contributed to lecture fees and other costs.

**EURO 61**

**Rural Public-Health Training Centre, Soissons (1950- )**

*(International Children's Centre) (Rockefeller Foundation)*

*Aim of the project.* To assist in establishing in France a rural public-health demonstration centre and to provide training facilities for trainees from France and elsewhere.

*Assistance provided by WHO and work in 1955.* The public-health centre in the Soissons area has in the last five years worked for community integration of all health services; it has developed field training facilities for public-health personnel and initiated surveys and studies on various aspects of health care. With the School of Public Health in Paris, the centre organized a rural health training course (3-28 October) mainly devoted to field studies. It was attended by twelve WHO fellows from Austria, Germany (Federal Republic), Ireland, Italy, Morocco (French Zone), Portugal, Spain, Switzerland, Tunisia, Turkey and Yugoslavia. WHO also provided financial assistance for the health statistical services of the centre.

**EURO 62**

**Training Courses for Anaesthesiologists, Paris (Jan.-Dec. 1955 ; Nov. 1955- )**

*Aim of the project.* To provide international facilities for training in anaesthesiology and to stimulate the development of national anaesthesiology centres and improve their standards. (Training courses at this centre are given in French.)

*Assistance provided by WHO and work in 1955.* Basic and advanced training courses for anaesthesiologists were held at the Anaesthesiology Training Centre of the University of Paris. WHO sponsored trainees from Europe as follows: five fellows for an advanced training course, which started in January, from Greece, Italy, Switzerland and Yugoslavia; one from Tunisia for a basic course and one from Switzerland for an advanced course, both courses starting on 1 November and due to last a year. A WHO lecturer took part in the teaching of the first course.

**EURO 63**

**Morbidity Survey, Denmark (1952-55)**

*(Rockefeller Foundation)*

*Aim of the project.* To assist in a detailed national survey of morbidity from which a survey pattern of international interest might be developed.

*Assistance provided by WHO in 1955.* Co-operation in processing a final report summarizing the statistical and other results of the survey.

*Work done.* This survey has extended over several years, and in the period 1952-54 WHO assisted by providing short-term consultants, fellowships for selected members of the survey team, and part of the organizational costs. The production of the final report will conclude this project.
<table>
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<tr>
<th>Project No.</th>
<th>Description</th>
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<tbody>
<tr>
<td>EURO 64</td>
<td><strong>Mother and Child Separation Study, United Kingdom and France (Nov. 1952-)</strong></td>
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<tr>
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<td><em>Aim of the project.</em> To illustrate certain features of childhood emotional disturbances caused by separating infants from their mothers during the first three years of life, and to develop preventive measures that might be taken by public-health services.</td>
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<tr>
<td></td>
<td><em>Assistance provided by WHO in 1955.</em> Financial support for the study in France and in the United Kingdom.</td>
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<td></td>
<td><em>Work in 1955.</em> The symptoms shown by young children after separation from their mothers and on their subsequent return have been studied in the United Kingdom. A similar study, confined to the examination of very young babies, has been undertaken in France. A new project has been started in 1955, to elucidate the causes of mother/child separation, including their economic, social and deeper psychological factors.</td>
</tr>
<tr>
<td>EURO 65</td>
<td><strong>Study of Sanitary Engineering Terms (June 1953-)</strong></td>
</tr>
<tr>
<td>R (UNESCO)</td>
<td><em>Aim of the project.</em> To produce an English-French dictionary of sanitary engineering terms for use in the Region.</td>
</tr>
<tr>
<td></td>
<td><em>Assistance provided by WHO in 1955.</em> (a) A short-term consultant for two months; (b) contribution to the cost of the study.</td>
</tr>
<tr>
<td></td>
<td><em>Work in 1955.</em> This project was undertaken by WHO, with the assistance of UNESCO, to meet a need expressed during the periodic European seminars for sanitary engineers. During 1955 the definitions established in English were translated into French, and the text was circulated to experts, who proposed terms which they considered as corresponding most nearly to the given definitions. A WHO consultant will review and consolidate the material collected.</td>
</tr>
<tr>
<td>EURO 66</td>
<td><strong>Regional Advisory Group on Drinking-Water Standards (26-29 July 1955)</strong></td>
</tr>
<tr>
<td>R</td>
<td><em>Aim of the project.</em> To improve the quality of drinking-water supplies throughout the Region by advising health administrations on making or revising regulations for the control of water supplies; to secure the adoption of certain methods for water analysis and a uniform expression of results, and to recommend standards for water quality applicable to the European Region.</td>
</tr>
<tr>
<td></td>
<td><em>Assistance provided by WHO and work done.</em> Eight temporary advisers met for the second time in July 1955, in Geneva. (The first meeting was held in December 1953.) A WHO short-term consultant was responsible for organizing the meeting and acted as rapporteur. The results of the study have been assembled in a draft report which will be submitted to the Group early in 1956 for review and approval before it is reproduced in final form.</td>
</tr>
<tr>
<td>EURO 73</td>
<td><strong>Advisory Committee on Mental Health Problems of Displaced Persons (13-18 Aug. 1955)</strong></td>
</tr>
<tr>
<td>R</td>
<td><em>Aim of the project.</em> To explore what can be done internationally to prevent and alleviate mental illness among displaced populations.</td>
</tr>
<tr>
<td></td>
<td><em>Work done.</em> Three temporary advisers, with WHO officers, met in Geneva for a week to study a report on a pilot survey carried out in Austria from August to November 1954 to study the mental health problems of long-term refugees in camps, especially children.</td>
</tr>
<tr>
<td>EURO 77</td>
<td><strong>Post-graduate Training Courses for Nurses (1954-)</strong></td>
</tr>
<tr>
<td>R</td>
<td><em>Aim of the project.</em> To stimulate post-graduate training in nursing, particularly nurse educators, in many countries in the Region.</td>
</tr>
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<td></td>
<td><em>Assistance provided by WHO in 1955.</em> A fellowship of twelve months to a French nurse for academic training in Canada and the United States of America.</td>
</tr>
<tr>
<td>EURO 82</td>
<td><strong>Study Group on Mental Health through Public-Health Practice, Monaco (18-28 April 1955)</strong></td>
</tr>
<tr>
<td>R</td>
<td><em>Aim of the project.</em> To examine the practical problems posed by the need to introduce principles of mental hygiene into the practice of public health and medical care.</td>
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<td></td>
<td><em>Assistance provided by WHO and work done.</em> WHO provided the expenses of nineteen participants in the study group from Austria, Finland, France, Germany (Federal Republic), Italy, the Netherlands, Norway, Sweden, Switzerland, the United Kingdom and Yugoslavia. The principality of Monaco was also represented. The group included fourteen public-health officers, four nurses and social workers and two psychiatrists, and a small staff of two lecturers and two discussion leaders, also provided by WHO. A report of the meeting was published in the Chronicle (September 1955).</td>
</tr>
</tbody>
</table>
Advisory Group on Tuberculosis Control, Luxembourg (28 Nov.-2 Dec. 1955)

Aim of the project. To study the present epidemiology of tuberculosis in relation to its prevalence, to the development of new tuberculosis indices and to the changing emphasis in methods of tuberculosis control.

Assistance provided by WHO and work done. A short-term consultant for three months and fourteen temporary advisers—tuberculosis public-health officers, epidemiologists, clinicians, statisticians and public-health administrators—who met in Luxembourg to review the present methods used in tuberculosis control. They came from Denmark, France, Germany (Federal Republic), Italy, the Netherlands, Norway, Switzerland and the United Kingdom. The WHO consultant helped to organize the meeting.

Advisory Group on Veterinary Public Health, Geneva (6-10 June 1955)

Aim of the project. To advise on the development of veterinary public-health work in Europe, to discuss three problems of veterinary public health in European countries (rabies, brucellosis and bovine tuberculosis) and to recommend administrative and technical action for their control.

Assistance provided by WHO and work done. A short-term consultant in veterinary public health from 5 April to 21 June, to arrange for the meeting, and the expenses of nine temporary advisers (public-health administrators and public-health veterinary officers) from Denmark, France, Germany (Federal Republic), Italy, the Netherlands, the United Kingdom, the United States of America and Yugoslavia. A representative of FAO also attended. As a result of the group’s recommendations, veterinary public health has been included in the curriculum of three national French veterinary colleges. Plans were announced in Frankfurt for the first teaching department in Germany devoted exclusively to the zoonoses.

Study Group on Basic Nursing Curriculum, Brussels (17-26 Nov. 1955)

Aim of the project. To bring together members of various disciplines to study the principles of a basic nursing curriculum, its content, applications and evaluation.

Assistance provided by WHO and work done. (a) A consultant organizer for two and a half months and (b) expenses of thirteen participants (eleven nurse educators and administrators, a physician and a general educator) from Belgium, Denmark, Finland, France, Germany (Federal Republic), Greece, Italy, the Netherlands, Switzerland and the United Kingdom.

Their consideration of a basic programme in nursing was based on the aims of nursing education, and the functions and responsibilities which nurses should assume. They proceeded mainly by discussion and the participants spoke of their experience of such programmes and the methods they had used and found of value.


Aim of the project. To advise what action should be taken to follow up the study on health visitors described in EURO 6.

Assistance provided by WHO and work done. Eleven temporary advisers—five social workers invited by the Technical Assistance Administration, and two medical officers, three nurses and a rapporteur invited by WHO—met at the University in Amsterdam. They considered the social and medico-social action to be taken by the United Nations and WHO and gave advice on the organization of the conference on training and utilization of family health and welfare workers.

Study Group on Atherosclerosis and Ischaemic Heart Diseases, Geneva (7-11 Nov. 1955)

Aim of the project. To discuss the present state of knowledge of the etio-pathogenic factors of the diseases and to advise WHO on the steps that should be taken to provide knowledge on which to base effective programmes of prevention.

Assistance provided by WHO. (a) A consultant; (b) the attendance of twelve experts—in public health, epidemiology, statistics, pathology, biochemistry, cardiology and nutrition—from France, Japan, the Netherlands, Sweden, the United Kingdom and the United States of America. The study group was convened in consequence of two recommendations, one by the Regional Committee at its third session in 1953 and the other by the Joint FAO/WHO Expert Committee on Nutrition at its fourth session in 1954. Two observers, from FAO and from the Mutual Service Life Insurance Company in the United States of America, also attended. The discussion centred on the ischaemic heart diseases, because of their paramount importance in public health.
<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Co-operating Agencies</th>
<th>Description</th>
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</table>
| EURO 90.1   | R               | (International Children’s Centre) | Course on the Medical, Social and Educational Problems of Children suffering from Sensory Disabilities, Paris (28 Feb.-26 March 1955)  
  *Aim of the project.* To train medical and social staff in the problems of blind and deaf and dumb children to ensure that such children receive the best possible medical and social aid.  
  *Assistance provided by WHO and work done.* The course was organized by the International Children’s Centre and included visits to schools and institutions for blind and deaf and dumb children. Two WHO fellows attended from Greece and Tunisia. |
| EURO 90.2   | R               | (International Children’s Centre) | Course on Social Paediatrics (for Medical Officers), Paris (18 April-16 July 1955)  
  *Aim of the project.* The regular provision of training in social paediatrics for paediatricians and health officers.  
  *Assistance provided by WHO and work done.* The course was organized by the International Children’s Centre. Eight trainees from Denmark, Finland, France, Morocco (French Zone), the Netherlands, Portugal, Sweden and Switzerland attended with WHO fellowships. A WHO regional health officer lectured on the maternal and child health work of WHO with special reference to the European Region. |
| EURO 90.3   | R               | (International Children’s Centre) | Course on the Medico-Social Problems of the Mother and Child, Paris (7 Nov.-18 Dec. 1955)  
  *Aim of the project.* To provide at the International Children’s Centre training in social paediatrics for social workers and public-health nurses.  
  *Assistance provided by WHO.* Nine WHO fellowships to public-health nurses from Denmark, Finland, Germany (Federal Republic), Morocco (French Zone), the Netherlands, Norway, Portugal, Sweden and Switzerland. |
| EURO 90.4   | R               | (International Children’s Centre) | Course for Personnel dealing with Children deprived of a Normal Family Home, Paris (10 Jan.-5 Feb. 1955)  
  *Aim of the project.* To provide training for administrative personnel responsible for the care of homeless children.  
  *Assistance provided by WHO and work done.* The course, organized by the International Children’s Centre, was designed for medical officers, social workers, administrators and other officials responsible in their own countries for training personnel dealing with homeless children. A Spanish medical officer attended the course on a WHO fellowship. |
| EURO 92     | R               |                        | Survey on Alcohol Problems in Europe (Sept. 1955)  
  *Aim of the project.* To collect and systematize material on selected aspects of the problems of alcohol in European countries.  
  *Assistance provided by WHO and work done.* This project arises out of a seminar discussion in 1951 on the broad problem of alcoholism and another in 1954 on the treatment of alcoholism. Material from these two seminars is now being supplemented by studies in different European countries and by the collection of other data essential for a sound public-health programme against alcoholism. The survey is being undertaken by the International Institute for Research on Problems of Alcohol and is assisted by a grant from WHO. |
| EURO 94     | R               |                        | Symposium on Training of Sanitary Engineers, Oxford (2-7 April 1955)  
  *Aim of the project.* To determine the kinds of training that will provide the type of sanitary engineer most suitable for work in Europe.  
  *Assistance provided by WHO and work done.* This symposium was held at Oxford, after visits to the London School of Hygiene and Tropical Medicine and the Imperial College of Science and Technology. WHO financed the attendance of thirteen participants, from Belgium, Denmark, Finland, France, Germany (Federal Republic), Ireland, Italy, the Netherlands, Switzerland, the United Kingdom and Yugoslavia. A representative of the Rockefeller Foundation attended. The main discussion was on the education of sanitary engineers by post-graduate academic courses. The group considered in detail other kinds of training, such as short courses and undergraduate training, and made recommendations for promoting and improving the training of engineers in Europe. |
Training Course on Poliomyelitis, Copenhagen (14 April-5 May 1955)

_Aim of the project._ To provide for physicians and nurses training in the treatment of patients with forms of poliomyelitis dangerous to life.

_Assistance provided by WHO._ Contribution to the administrative costs and lecture fees.

_Work done._ A training course—given in English—on the management of poliomyelitis patients with involvement of the respiratory system and swallowing mechanism was held at the Poliomyelitis Centre of the Blegdam Hospital in Copenhagen under the direction of a Danish expert. Thirty-five trainees came from Austria, Belgium, Finland, France, Germany (Federal Republic), Iceland, Italy, Luxembourg, the Netherlands, Norway, Switzerland and the United Kingdom at the expense of their governments. Five others from Greece, Ireland and the Netherlands were granted WHO fellowships as part of the individual fellowship programmes of their countries.

Training Course on Poliomyelitis, Paris (10-29 Oct. 1955)

_Aim of the project._ To provide for physicians and nurses training in the treatment of patients with forms of poliomyelitis dangerous to life.

_Assistance provided by WHO and work done._ This course was organized by the French Ministry of Health and the University of Paris. It was given in French and it was complementary to the course given in Copenhagen in April and May. Ten physicians and nurses from Germany (Federal Republic), Luxembourg, Monaco and the Netherlands attended at the expense of their governments. WHO provided two lecturers and contributed to the cost of organizing.

Seminar on Children in Incomplete Families, Arnoldshain-im-Taunus (3-14 May 1955)

_Aim of the project._ To provide international discussions of current problems.

_Assistance provided by WHO and work done._ This seminar was organized by the European Office of the United Nations Technical Assistance Administration and the German Federal Ministry of the Interior. It brought together as participants selected officials and social workers dealing with foster-home care in public and private social agencies. A WHO temporary adviser in child mental health attended the seminar, gave lectures and led discussion groups.

European Exchange Seminar on Social Services for the Aged, Wégimont near Liége (4-14 Sept. 1955)

_Aim of the project._ To provide international discussions on current problems.

_Assistance provided by WHO and work done._ This seminar was organized by the European Office of the United Nations Technical Assistance Administration and the Belgian Ministry of Labour and Social Welfare. Participants were selected from persons concerned with policy, organization and administration of services for the welfare of the aged or of institutions for the aged. They came from European countries taking part in the United Nations exchange scheme for social workers. WHO contributed two short-term consultants—one for four days, the other for eleven—who lectured on psychiatry and geriatrics and led discussion groups.

Training Course for Health Physicists, Stockholm (14 Nov.-16 Dec. 1955)

_Aim of the project._ To provide training in the latest techniques for those who will be supervisors and instructors in radiation protection.

_Assistance provided by WHO and work done._ The course was organized by the Swedish Government in co-operation with the Atomic Energy Commission of the United States of America. It was given in English and confined to participants who had a knowledge of basic nuclear physics; preference was given to those who had practical experience in radiation protection. WHO contributed the Director, Assistant Director and two lecturers and awarded fellowships to fifteen health physicists from Belgium, Denmark, France, Germany (Federal Republic), Iceland, Italy, the Netherlands, Norway, Sweden and Switzerland.
PROJECT LIST: EUROPE

EURO 103

Project No. | Description
---|---

Aim of the project. Preparatory work for a seminar to be held in 1956.

Assistance provided by WHO and work done. A short-term consultant provided by WHO visited several countries to explore more fully the needs for training in child guidance. The data collected will guide the selection of participants in the seminar.

EURO 107

Project No. | Description
---|---
EURO 107 | Conference on Malaria Control, Belgrade (12-14 Dec. 1955)

Aim of the project. To discuss inter-country co-operation in malaria control in south-eastern Europe.

Assistance provided by WHO and work done. Services for a conference convened jointly by the Government of Yugoslavia and WHO. The conference was held in Belgrade and was attended by malarialogists and public-health officers from Albania, Bulgaria, Greece, Romania, Turkey and Yugoslavia. The principal topics were the progress towards malaria eradication in south-eastern Europe, the problem of DDT-resistant anophelines and the practical steps necessary to secure co-operation between countries. The conference agreed an outline of work to be done before the WHO inter-regional conference at Athens in June 1956.

EURO 109

Project No. | Description
---|---

Aim of the project. Annual review of progress made in problems of neonatal paediatrics.

Assistance provided by WHO and work done. The meeting, organized by the School of Puericulture of the Faculty of Medicine in Paris, brought together doctors from different countries previously trained at the School. Two WHO consultants lectured on the general theme "The liver of the newborn and of the premature child".

Algeria

Participation in Regional Courses

See EURO 46.2.

Austria 4.5

Project No. | Description
---|---
Austria 4.5 | Rehabilitation of Handicapped Children (Nov. 1952-1956)

Aim of the project. To strengthen and extend existing facilities for the care of physically handicapped children; to establish rehabilitation centres in Wiener Neustadt and Hermagor (Carinthia).

Assistance provided by WHO and work in 1955. The Wiener Neustadt centre was in full operation during the year, and provided education and treatment for nearly 100 children. A WHO consultant spent the month of June in Austria, working with the centre staff and advising on facilities for training in occupational therapy. Another WHO consultant visited the project in October/November and advised on physiotherapy and other problems of rehabilitation. The Government, UNICEF and WHO agreed to extend the project to include a new centre under construction at Hermagor. A fellowship of six months was awarded to a future assistant surgeon of the Hermagor centre, to study children's orthopaedic surgery and rehabilitation in the United Kingdom.

Austria 4.6

Project No. | Description
---|---
Austria 4.6 | Mental Health, Vienna (Nov. 1952-1955)

Aim of the project. To strengthen mental health services for children.

Assistance provided by WHO in 1955. A six-month fellowship for a chief nurse from the Neuro-Psychiatric University Clinic, Vienna, to study child psychiatry in Switzerland.

Austria 4.10

Project No. | Description
---|---
Austria 4.10 | Sera and Vaccine Production (Sept. 1954-1955)

Aim of the project. To improve and increase production of sera and vaccines for the protection of children, especially against diphtheria, pertussis and tetanus; to incorporate vaccination against these diseases into the permanent public-health services of Austria.

Assistance provided by WHO and work in 1955. For the first time detailed information by age groups was available on diphtheria, pertussis and tetanus cases and immunizations. A chemist of the State Serum Institute, Vienna, received a five-month WHO fellowship to study production methods in modern prophylactic laboratories abroad.
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<tr>
<th>Country</th>
<th>Description</th>
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</table>
| Austria  | Fellowship (1955- )  
Nutrition. A fellowship of three months for an assistant of the Vienna University Laboratory to study protein and enzyme chemistry in the Carlsberg Institut, Copenhagen. |
| Austria  | Participation in Regional Courses  
See EURO 52 ; EURO 56 ; EURO 58 ; EURO 61 ; EURO 82. |
| Belgium  | Fellowships (1952- )  
Medical care. Fellowships, in cancer, cytology, rehabilitation and thoracic surgery, to four physicians—two for study in Europe, one in the United States of America and one in Canada and the United States of America. |
| Belgium  | Fellowships (1954- )  
Public-health administration. A fellowship of eight months to a physician for further study in the Institute of Preventive Medicine, Leyden. Another fellowship, awarded in 1954 for study in the same Institute, was extended by seven months. |
| Belgium  | Participation in Regional Courses  
See EURO 58 ; EURO 86 ; EURO 94 ; EURO 100. |
| Denmark  | Fellowships (1952- )  
Medical care. Two fellowships—one of three weeks to the Chief Surgeon at the Løgstor Hospital to attend the Post-graduate Course on Fundamentals of Thoracic Clinical Science and Surgery at the University of Gröningen; the other of three months to a physician of the Marselisborg Hospital, Aarhus, for study in gastro-enterology in the United States of America. |
| Denmark  | National Training Course in Psychiatry, Copenhagen (1953- )  
Aim of the project. To provide refresher courses for Danish psychiatrists.  
Assistance provided by WHO and work in 1955. A WHO consultant gave a refresher course in psychoanalytic therapy and supervised other work for five weeks. Four fellowships of two to six months were awarded for study in the United Kingdom. |
| Denmark  | Fellowships (1955- )  
Nursing. A fellowship of four months for the Nursing Director of the Frederiksberg Hospital to study nursing education and administration in the United States of America. |
| Denmark  | Participation in Regional Courses  
See EURO 60 ; EURO 84 ; EURO 85 ; EURO 86 ; EURO 90.2 ; EURO 90.3 ; EURO 94 ; EURO 100. |
| Finland  | Fellowships (1954- )  
Mental health. A fellowship of three months for a physician of the University Psychiatric Clinic, Helsinki, to study mental hygiene in public-health services in the Netherlands and the United Kingdom. |
<table>
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<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Co-operating Agencies</th>
<th>Description</th>
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</table>
| Finland 10  | R               |                       | Fellowships (1955- )  
**Public-health administration.** Three fellowships: for a medical officer responsible for the planning and supervision of hospitals in Finland to attend a refresher course organized by the Hospital Administration Staff College in London in September; for a legal councillor to the State Medical Board, Helsinki, to study medical administration in Sweden, Norway and Denmark for ten weeks; for a city health officer, Helsinki, to attend a ten months' course in the United Kingdom for the Diploma of Public Health. |
| Finland     | R               |                       | Participation in Regional Courses  
*See EURO 56; EURO 60; EURO 82; EURO 86; EURO 90.2; EURO 90.3; EURO 94.* |
| France 19   | R               |                       | Fellowships (1952- )  
**Maternal and child health.** Fellowships of three weeks each were granted to two physicians and a public-health nurse to study as a team the maternal and child health and welfare services of Sweden. Another fellowship of two months was awarded to a medical director of the International Children's Centre, to study social paediatrics in the United States of America. |
| France 20   | R               |                       | Fellowships (1952- )  
**Endemo-epidemic diseases.** Two fellowships: for a staff member of the Centre de Recherche sur la Fièvre ondulante, Montpellier, to spend one month at the Weybridge Veterinary Laboratory (United Kingdom) for further training in brucellosis, Q fever and vibrioses; for a staff member of the Institut Pasteur, Lille, to visit public-health laboratories in Germany, Denmark, Norway and the United Kingdom to study bacteriological methods of food hygiene. |
| France 21   | R               |                       | Fellowships (1952- )  
**Environmental sanitation.** Two fellowships: one of two weeks for the Chief of the Section des Eaux usées et des Rivières, Paris, to observe in Germany the methods of water control and purification with special reference to research on viruses in water; one of three weeks for an architect from the Conseil supérieur d'Hygiène publique, to study housing and hospital hygiene in Sweden and Norway. |
| France 23   | R               |                       | Fellowships (1952- )  
**Mental health.** One fellowship for the Chief of the Psychiatric Section of the Institut National d'Hygiène, Paris, to spend one month studying group psychotherapy at the Maudsley Hospital and Tavistock Clinic, London. |
| France 25   | R               |                       | Fellowships (1953- )  
**Public-health administration.** Fellowships of eight months in all for nine trainees to study public-health administration and related subjects. One of the fellowships was for study in the United States of America. |
| France 27   | R               |                       | Fellowships (1955- )  
**Nursing.** One fellowship of one month for the director of the Ecole de Cadres de la Croix-Rouge française to observe methods of nursing education in Denmark, Sweden and Finland. |
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<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>France</strong></td>
<td>Source of Funds</td>
<td>Participation in Regional Courses</td>
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<tr>
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<td>Co-operating Agencies</td>
<td>See EURO 77 ; EURO 82 ; EURO 84 ; EURO 85 ; EURO 86 ; EURO 89 ; EURO 90.2 ; EURO 94 ; EURO 100.</td>
</tr>
<tr>
<td><strong>Germany 6</strong></td>
<td>R</td>
<td>Fellowships (1952- ) Public-health administration. Fellowships of ten months each for two public-health officers to attend the Diploma of Public Health course at the London School of Hygiene and Tropical Medicine; a third fellowship of two months for the Head of the Health Department of the City of Hamburg to study organization of public-health teaching in Yugoslavia, Switzerland, France, the United Kingdom and the Netherlands.</td>
</tr>
<tr>
<td><strong>Germany 13</strong></td>
<td>R</td>
<td>Fellowships (1955- ) Nursing. A fellowship of three months for the president of the German Nurses' Association to study basic and post-graduate training of nurses in Switzerland, the United Kingdom, Sweden and Finland.</td>
</tr>
<tr>
<td><strong>Germany 14</strong></td>
<td>R</td>
<td>Conference of Rapporteurs of the Different Federal States of Germany, Wiesbaden (5-7 Sept. 1955) Aim of the project. To discuss various problems of health statistics and health office reports. Assistance provided by WHO and work done. A member of the Medical Statistics Branch of the General Register Office of England and Wales participated in the conference as WHO consultant. The main topic was the method of collecting morbidity information from general practitioners' records.</td>
</tr>
<tr>
<td><strong>Germany</strong></td>
<td></td>
<td>Participation in Regional Courses See EURO 52 ; EURO 58 ; EURO 61 ; EURO 82 ; EURO 84 ; EURO 85 ; EURO 86 ; EURO 90.3 ; EURO 94 ; EURO 100.</td>
</tr>
<tr>
<td><strong>Greece 3</strong></td>
<td>R UNICEF</td>
<td>Rehabilitation of Handicapped Children, Voula (Sept. 1952- ) Aim of the project. To provide or co-ordinate facilities so as to supply more trained personnel to extend diagnostic, treatment and rehabilitation services for physically handicapped children; to establish an occupational therapy training programme. Assistance provided by WHO and work in 1955. The Voula Centre for physically handicapped children was fully active during the year and provided care for 150 in-patients. A WHO consultant in occupational therapy worked with the staff of this centre for a month and also advised on other services for handicapped children, particularly as to future training of staff.</td>
</tr>
<tr>
<td><strong>Greece 6</strong></td>
<td>TA</td>
<td>Fellowships (1954- ) Public-health administration. Three fellowships: for a medical assistant of the Laikon Hospital to study blood transfusion and blood banks in the United Kingdom for twelve months; for a staff member of the Athens School of Hygiene, for six months' further study in chemistry and food hygiene; for a physician to attend a Diploma of Public Health course at the London School of Hygiene and Tropical Medicine.</td>
</tr>
<tr>
<td><strong>Greece 6.1</strong></td>
<td>TA</td>
<td>Tuberculosis Control (June 1952- ) Aim of the project. To develop a tuberculosis control programme as part of the country's public-health service; to establish control areas; to develop the Athens Chest Institute as a national training centre for Greek tuberculosis workers.</td>
</tr>
<tr>
<td>Project No.</td>
<td>Source of Funds</td>
<td>Co-operating Agencies</td>
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Ireland 10

Project No. 10

Source of Funds: R

Co-operating Agencies: Ireland

Description: Fellowships (1953-  )

Public-health administration. Three fellowships: for two assistant county medical officers to spend a month in Scotland to study the local public-health services; and for a dental adviser to the Departments of Health and Social Welfare to study public-health dental services in Denmark, Norway, Sweden and the Netherlands for a month.

Ireland 11

Project No. 11

Source of Funds: R

Co-operating Agencies: Ireland

Description: Fellowships (1955-  )

Endemo-epidemic diseases (Poliomyelitis). A two-month fellowship for a lecturer in bacteriology at the University College of Dublin to study poliomyelitis research in the United States of America.

Ireland

Participation in Regional Courses

See EURO 52; EURO 58; EURO 61; EURO 94; EURO 97.1.

Italy 5

Project No. 5

Source of Funds: R

Co-operating Agencies: UNICEF

Description: Rehabilitation of Handicapped Children, Rome and Parma (Sept. 1952- )

Aim of the project. To set up physiotherapy departments in Rome and Parma; to develop a general rehabilitation scheme.

Assistance provided by WHO and work in 1955. The Rome and Parma Centres were fully active during the year. A WHO consultant visited Italy during August, worked with the staff of the Rome and Parma Centres and advised on the development of occupational therapy at these and other institutions.

Italy 7

Project No. 7

Source of Funds: R

Co-operating Agencies: UNICEF

Description: Premature Infant Programme (1952- )

Aim of the project. To set up a network of centres for the specialized care of premature infants; to train staff for further development.

Assistance provided by WHO and work in 1955. More of the centres proposed in this programme were opened during the year and equipped with UNICEF supplies, bringing the total number to eleven. A WHO consultant visited eight of these centres to advise on the technical aspects of their work. Fellowship training in France was arranged for two staff members of further centres.

Italy 9

Project No. 9

Source of Funds: R

Description: Public-Health Training School, Rome (Oct. 1952- )

Aim of the project. To establish a new school of public health in Rome.

Assistance provided by WHO in 1955. A WHO visiting lecturer conducted seminar sessions on mental health at a one-week course for provincial health officers.

Italy 12

Project No. 12

Source of Funds: R

Description: Fellowships (1953- )

Endemo-epidemic diseases (Research on insect vectors of disease). A fellowship of one month, for an assistant of the University Institute of Zoology, Pavia, to study in Spain the cytogenetics of the anopheles species in the Valencia area.

Italy 15

Project No. 15

Source of Funds: R

Description: Health Education, Perugia (Sept. 1953- )

Aim of the project. To set up an experimental and demonstration centre for health education of the public, which would develop and improve techniques suitable to Italy.

Assistance provided by WHO and work in 1955. The Centre has sponsored and organized a number of courses mainly for elementary school teachers and is producing a monthly journal for schoolchildren which has a wide circulation outside the province. A WHO fellowship was granted to a member of the organizing committee of this centre for two months' study in the United Kingdom. WHO also contributed projectors and films and some medical literature for the library of the Centre.

Italy 17

Project No. 17

Source of Funds: R

Description: Fellowships (1955- )

Environmental sanitation. Two fellowships: for a medical officer of the Water Supply Section in Rome to attend a course in environmental sanitation at the London School of Hygiene and Tropical Medicine (The course lasted ten weeks, and was followed by three weeks of visits of observation); and for a medical officer to spend two months visiting Belgium, the Netherlands and Germany to study sanitary engineering with special reference to water control.
### Italy 18

**Description:** Harvard-Florence Research Project, Florence (1955- )

*Aim of the project.* To study certain aspects of child health and growth in Italy.

*Assistance provided by WHO.* Two fellowships for paediatricians; one to attend a four-month course at the London School of Hygiene and Tropical Medicine on the application of statistical methods to medicine and epidemiology; the other to study social paediatrics in the United Kingdom for six months.

### Italy 19

**Description:** Fellowships (1955- )

*Mental health.* One fellowship for a psychologist of the University Paediatric Clinic, Rome, to study child psychotherapy at the Tavistock Clinic, London, for twelve months.

### Italy 20

**Description:** Fellowships (1955- )

*Social and occupational health.* One two-month fellowship for the Director of the Centre for Rheumatism, Rome, to study the social aspects of rheumatic diseases and their control in the Netherlands, France and Switzerland.

### Italy

**Participation in Regional Courses**

See EURO 56; EURO 58; EURO 61; EURO 62; EURO 82; EURO 84; EURO 85; EURO 86; EURO 94; EURO 100.

### Morocco 1

**Description:** Communicable Eye Diseases Control (March 1953- )

*Aim of the project.* To control trachoma and communicable eye diseases by a vigorous campaign against seasonal conjunctivitis; the systematic and collective treatment of trachoma in schools; an experimental programme of environmental sanitation, therapeutic and laboratory research, designed to develop simpler, more effective or more economical methods of treatment.

*Assistance provided by WHO in 1955.* (a) An ophthalmologist, a sanitary engineer, and a statistician for six months; (b) two visits of a consultant ophthalmologist; (c) one fellowship of two months to the head of the Centre d’Ophtalmologie et de Trachomologie expérimentale, Rabat.

*Work in 1955.* During the first part of 1955, more than 70,000 trachomatous children were treated in the schools of the principal cities. A high percentage of cures is reported. In the supplementary plan of operations which began in May 1955, about 300,000 inhabitants in rural areas were treated in a summer campaign against seasonal epidemic conjunctivitis.

### Morocco 2

**Description:** Venereal Disease Control (Aug. 1954- )

*Aim of the project.* To reduce the prevalence of syphilis, especially in the rural population and among mothers and children.

*Assistance provided by WHO in 1955.* A statistician for six months and a consultant for one month.

*Work in 1955.* On the advice of a WHO consultant the Migliano test is being compared with the VDRL test to determine which will best expedite operations in the field. Plans were also made to combine the field visits of national venereal disease teams and eye disease teams.

### Morocco 6

**Description:** Child Nutrition (1955- )

*Aim of the project.* To improve child nutrition.

*Assistance provided by WHO.* Four fellowships: two of ten weeks each for two public-health officers to attend a course for nutritionists, organized jointly by FAO and WHO, in Marseilles (see AFRO 15); and two of two months, one for study in France and Italy and the other for study in France.
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<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Description</th>
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</table>
| Morocco 8   |                 | fellowships (1955-)  
**Environmental sanitation.** One two-month fellowship for the director of the health office, Casablanca, to study sanitary engineering in Belgium, the Netherlands and Germany. |
| Morocco 9   |                 | fellowships (1955-)  
**Public-health administration.** One fellowship of two months for a staff member of the School of Public Health, Rabat, to study the organization of public-health services and to obtain information on post-graduate training in the subject. |
| Morocco 11  |                 | fellowships (1955-)  
**Health education of the public.** A fellowship for the Regional Chief Medical Officer of the Medico-Social Service, Casablanca, to make a two months' study tour to observe the organization of health education in the Netherlands, Italy and Yugoslavia. |
| Morocco (French Zone) |   | Participation in Regional Courses  
See EURO 46.2 ; EURO 56 ; EURO 58 ; EURO 61 ; EURO 90.2 ; EURO 90.3. |
| Netherlands 4 |                 | Public-Health Training Centre, Amsterdam and Leyden (Oct. 1952-)  
**Aim of the project.** To develop the public-health centre which groups the Netherlands Institute for Preventive Medicine, Leyden, the Institute for Tropical Hygiene of the University of Amsterdam and the Institute for Tropical Medicine of the University of Leyden.  
**Assistance provided by WHO and work in 1955.** Three WHO lecturers participated in the teaching at the Centre. A staff member of the Centre received a fellowship for six weeks' study of pneumoconiosis in the United Kingdom. |
| Netherlands 8 |                 | fellowships (1952-)  
**Mental health.** Two fellowships : one for the Director of the Consultation Bureau for Alcoholism in Amsterdam to spend three months in the United States of America and Canada studying some features of alcoholism ; one of five and a half months for the Medical Director of the Mental Hospital "Endegeest" to study electro-encephalography in Germany, Switzerland and France. |
| Netherlands 9 |                 | fellowships (1952-)  
**Nursing (for the aged).** One fellowship of one month for the matron of the Arnhem Municipal General Hospital to study the methods of hospitalization and nursing of geriatric patients in Sweden. |
| Netherlands 10 |                | fellowships (1952-)  
**Public-health administration.** Three fellowships : two of one month for the head of the Division for Social Health and the secretary of the Sick Funds Board to study the legislation, organization and financing of health insurance in Switzerland and Austria ; and one of three months for a physician of the National Health Research Council, The Hague, to study geriatrics in Denmark, Sweden, Switzerland, France and the United Kingdom. |
| Netherlands |                 | Participation in Regional Courses  
See EURO 82 ; EURO 84 ; EURO 85 ; EURO 86 ; EURO 89 ; EURO 90.2 ; EURO 90.3 ; EURO 94 ; EURO 97.1 ; EURO 100. |
| Norway 5    |                 | fellowships (1952-)  
**Public-health administration.** Three fellowships for two district health officers to study public-health services in the United Kingdom and the Netherlands for two months ; and for a public-health officer to attend a post-graduate course in public health at the University of Pittsburgh (United States of America) during the academic year 1955-56. |
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<th>Country</th>
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<th>Project Type</th>
<th>Description</th>
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<tr>
<td>Norway</td>
<td>8</td>
<td>Fellowships (1953-</td>
<td><em>Environmental sanitation.</em> One fellowship of three months for a county medical officer to attend an environmental sanitation control course at the London School of Hygiene and Tropical Medicine</td>
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<td>Participation in Regional Courses</td>
<td>See EURO 60 ; EURO 82 ; EURO 84 ; EURO 90.3 ; EURO 100.</td>
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<td>Portugal</td>
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<td>Fellowships (1952-</td>
<td><em>Public-health administration.</em> Two fellowships to two medical officers to study public-health administration, one in France and Italy, the other in France and Belgium.</td>
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<td>National Training Course in Sanitary Engineering, Lisbon (24 Oct.-5 Nov. 1955)</td>
<td><em>Aim of the project.</em> To provide training in sanitary engineering for municipal and district engineers responsible for the design, operation and supervision of water-supply systems and sewage-disposal works. <em>Assistance provided by WHO and work done.</em> A course, similar to that held in October 1954, was organized to give municipal and district engineers an understanding of the health implications of their day-to-day work and basic information on the technical principles of modern design. WHO contributed two lecturers to this course.</td>
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<td>Portugal</td>
<td>12</td>
<td>Fellowships (1955-</td>
<td><em>Social and occupational health.</em> One fellowship of four months for a medical director of the Health Directorate, Lisbon, to visit the United Kingdom, Belgium, the Netherlands and France to study industrial hygiene.</td>
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<td>Fellowships (1955-</td>
<td><em>Tuberculosis.</em> One fellowship of three months for a bacteriologist of the Medical Faculty in Lisbon to study BCG production and use in the Institut Pasteur, Paris, and in the Statens Serum-institut, Copenhagen.</td>
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<td>Fellowships (1955-</td>
<td><em>Nursing.</em> One fellowship of three months for a head nurse of the Coimbra University General Hospital to study hospital administration and nursing education in Switzerland and Belgium.</td>
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<td>Spain</td>
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<td>Participation in Regional Courses</td>
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<td>Endemo-epidemic Diseases (May 1952-</td>
<td><em>Aim of the project.</em> To strengthen selected aspects of services for the control of communicable diseases. <em>Assistance provided by WHO and work in 1955.</em> A WHO consultant in leptospirosis paid a repeat visit to the project in October. Some supplies were ordered for the project. Fellowships of six weeks, nine weeks, two months and four months were granted to five medical officers to study antigens, port sanitation, tuberculosis control and brucellosis.</td>
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Fellowships (1953- )

Public-health administration. One fellowship of two months for a municipal inspector of health in Madrid to study public-health administration in Italy and France.

Congenital Syphilis (1955- )

Aim of the project. To organize systematic examination and treatment of infants, children and pregnant women as part of the maternal and child health services; to organize active case-finding and diagnosis of syphilis in various population groups; to improve facilities and methods for the diagnosis of syphilis.

Assistance provided by WHO and work done. A post-graduate course on dermatology and venereology was organized, with the assistance of WHO, at the University of Madrid, starting on 11 October. Two fellowships, one of four months, the other of three months, were granted to two public-health officers for study in Denmark and France.

Fellowships (1954- )

Medical care. Three fellowships: one for the director of the tuberculosis sanatorium, Santander, to spend six weeks in the Hôpital Broussais, Paris, studying the control of cardiovascular diseases; one for a physician of the Spanish Institute of Haematology and Haemotherapy to study for two months blood transfusion in France and Italy; one for the Director of the Leprosarium, Trillo, to study professional and social rehabilitation in the United Kingdom and the Netherlands for two months.

Maternal and Child Health (1955- )

Aim of the project. To expand existing maternal and child health services; to establish a number of pilot centres to serve as models for a country-wide system of infant care centres; to train staff for those centres.

Assistance provided by WHO. Five fellowships (two of one month, two of three months, one of six months): two teams, each comprising a doctor and a nurse, were given fellowship training abroad as a first step in this project; another fellowship of six months was granted to a physician of a children's hospital, Madrid, to study in Sweden paediatric surgery, with special reference to the newborn.

Communicable Eye Diseases Control (1955- )

Aim of the project. To learn more of the epidemiology of trachoma and associated eye infections in Spain; to develop practical methods of controlling their transmission; to apply modern antibiotics and chemotherapy in mass treatment; to standardize methods of evaluating the various control measures employed.

Assistance provided by WHO. Two visits of a consultant ophthalmologist and of a statistician, for three weeks in all.

Work done. National training courses for auxiliary personnel have been held in Granada since April 1955. Mass antibiotic treatment was begun in the first rural experimental sector. Preliminary case-finding surveys were carried out in several groups of schools.

Fellowships (1955- )

Nutrition. One fellowship for a medical officer of the national health administration, Madrid, to study nutritional problems in Italy for two months.

Participation in Regional Courses

See EURO 46.2; EURO 58; EURO 61; EURO 90.4.

Fellowships (1953- )

Mental health. One fellowship for the head of the Child Psychiatric Department of the Karlstad Hospital to study child psychiatry in the United Kingdom, France and Switzerland for three months.
### Project List: Europe

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<th>Project No.</th>
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<th>Co-operating Agencies</th>
<th>Description</th>
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| **Sweden 7** |               | R                     | **Fellowships (1952- )**<br><i>Public-health administration (including medical and dental care).** Two fellowships, each of two months: for a county medical officer to observe the organization of refugee camps and homes for the aged and chronic invalids in Germany and Austria; and for the director of a dental institute in Stockholm to study public dental health in the United States of America.**

**Sweden 9**<br>**Fellowships (1953- )**<br><i>Maternal and child health.** One fellowship of six months for a consultant gynaecologist to the Family Advisory Bureau, Stockholm, to study maternity welfare work, family advisory work and psychosomatic gynaecology in the United States of America and the Netherlands.**

**Sweden 11**<br>**Fellowships (1954- )**<br><i>Endemico-epidemic diseases (Poliomyelitis).** One fellowship of six weeks for the chief of the Orthopaedic Clinic of the Linköping Central Hospital to study poliomyelitis rehabilitation in the United Kingdom.**

| **Sweden** |               |                       | **Participation in Regional Courses**<br><i>See EURO 60 ; EURO 82 ; EURO 89 ; EURO 90.2 ; EURO 90.3 ; EURO 100.** |

**Switzerland 2**<br>**Fellowships (1952- )**<br><i>Mental health.** One fellowship of one month for a cantonal medical officer to visit Germany, Finland and Sweden to observe the medico-psychological aspects of marriage guidance and the care of foster-home children.**

**Switzerland 10**<br>**Fellowships (1953- )**<br><i>Endemico-epidemic diseases.** One fellowship of four months for a physician of the Medical University Clinic, Geneva, to study infectious diseases in the United States of America.**

**Switzerland 12**<br>**Dental Health in Schools (25 Sept.-30 Nov. 1955)**<br><i>Aim of the project.** To establish a school dental service in a canton to serve as a model for the country.<br><i>Assistance provided by WHO and work done.** A consultant in dentistry for two months to assist in the planning and the early working of school dental health services based on mobile clinics in a mountainous region.**

**Switzerland 13**<br>**Assistance to School of Nursing, Geneva (19 Oct.-19 Nov. 1955)**<br><i>Aim of the project.** To advise on the reorganization of a school of nursing in Geneva.<br><i>Assistance provided by WHO and work done.** A short-term consultant for one month who surveyed the organizational aspects of the training and the results achieved in the Ecole Bon Secours, Geneva.**

<p>| <strong>Switzerland</strong> |               |                       | <strong>Participation in Regional Courses</strong>&lt;br&gt;&lt;i&gt;See EURO 58 ; EURO 61 ; EURO 62 ; EURO 82 ; EURO 84 ; EURO 86 ; EURO 90.2 ; EURO 90.3 ; EURO 94 ; EURO 100.** |</p>
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<th>Description</th>
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| Tunisia 2   |                | R                     | **Fellowships (1952- )**  
* Tuberculosis. A fellowship of six weeks for an assistant surgeon to study thoracic surgery in Denmark and Switzerland. |
| Tunisia 3   | TA            | UNICEF                | **Communicable Eye Diseases Control (Nov. 1953- )**  
* **Aim of the project.** To carry out a mass campaign against seasonal conjunctivitis; systematic and collective treatment of trachoma in schools, a programme of research.  
* **Assistance provided by WHO in 1955.** (a) An ophthalmologist and a bacteriologist; two visits of the WHO consultant ophthalmologist; (b) a fellowship of two months to a public-health ophthalmologist in Djerba for studies in Yugoslavia and Italy.  
* **Work in 1955.** In the first half of 1955 about 9000 trachomatous children were treated in the schools of the project area. In the second half of the year the intensive field campaign against seasonal epidemic conjunctivitis was renewed, and about 250,000 persons received antibiotic treatment. As a result of experience the plan of operations was revised with the assistance of WHO to cover progressively a longer period. |
| Tunisia 4   |                | R                     | **Fellowships (1953- )**  
* Endemo-epidemic diseases. Three fellowships: two for three weeks for two health officers in charge of sanitary control at the port and airports of Sfax and El-Aouina (Tunis) to study sanitation in port and airport control and administration—one in the United Kingdom, the other in Italy and Greece; one of three months for a head of laboratory in the Institut Pasteur, Tunis, for further study of virology in France. |
| Tunisia 5   |                | R                     | **Fellowships (1953- )**  
* Medical care. Three fellowships: one of seven weeks for a head of laboratory in the Institut Pasteur, Tunis, to study cancerology in France; another of one month for a medical officer to study gerontology in France; a third, of one month, for a medical assistant to study cardiovascular surgery in Paris. |
| Tunisia 6   | TA            |                       | **Fellowships (1955- )**  
* Maternal and child health (Child nutrition). One fellowship of two months for a school male nurse in Tunis. |
| Tunisia 9   | TA            |                       | **Fellowships (1955- )**  
* Tuberculosis. One fellowship of four weeks for the chief of the Tuberculosis Central Dispensary of the Hôpital Charles Nicolle, Tunis, to observe methods of tuberculosis control and social rehabilitation of tuberculosis patients in Switzerland and France. |
| Tunisia 10  | TA            |                       | **Nursing Education (Sept. 1955- )**  
* **Aim of the project.** To develop and strengthen basic nursing education in the School of Nursing in Tunis.  
* **Assistance provided by WHO.** (a) Two nurse consultants; (b) three fellowships; (c) teaching supplies.  
* **Probable duration of assistance.** Nine months in the first place.  
* **Work done.** Two instructors in the School in Tunis started a year's training at the Ecole des Cadres in Paris with fellowships. The Director of the School also received a fellowship of three months, for a study tour in Switzerland, France, Belgium and Portugal to observe the organization and administration of schools of nursing. |

**Participation in Regional Courses**  
See EURO 46.2; EURO 56; EURO 58; EURO 61; EURO 62; EURO 90.1.
Turkey 6

Project No. 193

Source of Funds TA

Co-operating Agencies UNICEF

Description

Maternal and Child Health, Ankara (Sept. 1952- )

Aim of the project. To develop maternal and child health services as part of the general public-health service in Turkey; to establish a maternal and child health section within the Ministry of Health and a demonstration and teaching centre in Ankara.

Assistance provided by WHO in 1955. (a) A social paediatrician (team leader), a public-health nurse and a midwife; (b) two fellowships.

Work in 1955. A maternal and child health section was formed in the Ministry and the WHO team assisted its staff in extensive fact-finding, as a basis for a detailed plan for the country. The demonstration and teaching centre is now carried on by the national staff. Groups of doctors and nurses were trained in short courses. Two fellowships of two weeks each enabled the chief of the maternal and child health section in the Ministry, and the Assistant Director of the Maternity Hospital, Ankara, to attend a course in social paediatrics given in Belgrade.

Turkey 15

Fellowships (1954- )

Health education of the public. One fellowship of six weeks for the study of health education in the United Kingdom, the Netherlands, Denmark and Germany.

Turkey 16

School of Public Health, Ankara (July 1953- )

Aim of the project. To re-establish post-graduate training at the public-health training school in Ankara.

Assistance provided by WHO in 1955. (a) Seven short-term lecturers for four to six weeks each; (b) a fellowship of six weeks to the Director of the School for study in the United Kingdom and Germany.

Work in 1955. As in previous years, training courses in public health were held in the School of Public Health during August-November 1955. WHO contributed a teaching faculty of short-term lecturers in epidemiology, preventive medicine, parasitology, environmental sanitation, health education, hospital construction and administration.

Turkey 17

Fellowships (1953- )

Public-health administration. One fellowship of six weeks for the Director of the Bacteriological Laboratory of the Children's Hospital, Istanbul, to study hospital administration in France and Switzerland.

Turkey 19

Fellowships (1952- )

Medical care (Thoracic surgery). One fellowship of three weeks for a surgeon of the Heybeliada Sanatorium to attend a post-graduate course on fundamentals of thoracic clinical science and surgery at the University of Gröningen.

Turkey 29

Nursing Advisory Programme (Oct. 1955- )

Aim of the project. To organize the nursing division in the Ministry of Health so as to strengthen and develop national services.

Assistance provided by WHO. A nursing adviser.

Probable duration of assistance. Two years in the first place.

Turkey 31

Communicable Eye Diseases Control (1955- )

Aim of the project. To learn more of the epidemiology of trachoma and associated eye infections in Turkey; to develop practical methods of controlling their transmission; to apply modern antibiotic and chemotherapy in mass treatment; to standardize methods of evaluating the various control measures employed, and so facilitate exchange of knowledge and practical experience between countries.

Assistance provided by WHO and work done. A consultant on trachomatology, who discussed the problem with the national authorities and drew up a plan of operations.
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<tr>
<th>Project No.</th>
<th>Co-operating Agencies</th>
<th>Description</th>
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| Turkey 32   | R                     | Fellowships (1955- )  
Nursing. One fellowship of six months for a nurse educator of the School of Nursing, Ankara, for further study of nursing education in the United States of America. |
| Turkey      |                       | Participation in Regional Courses  
See EURO 46.2 ; EURO 61. |
| United Kingdom 6 | R                     | Fellowships (1952- )  
Maternal and child health. A six-week fellowship for a consultant paediatric surgeon in the Alder Hey Children’s Hospital, Liverpool, to study neonatal surgery in Denmark and Sweden. |
| United Kingdom 7 | R                     | Fellowships (1952- )  
Medical care services. Two fellowships, one of eight weeks for a consultant orthopaedic surgeon to the Coventry group of hospitals to study accident services and rehabilitation in Belgium, Germany and Austria; one of three weeks for a senior surgical registrar of the Department of Thoracic Surgery, Aberdeen, to attend the Post-graduate Course on Fundamentals of Thoracic Clinical Science and Surgery at the University of Gröningen. |
| United Kingdom 9 | R                     | Fellowships (1953- )  
Public-health administration (Hospital services). Three fellowships: for a senior medical officer of the Regional Hospital Board, Birmingham, to spend six weeks observing hospital out-patient departments in Sweden, Germany, the Netherlands, Belgium and France; and for a senior medical officer and an architect of the Ministry of Health to spend five weeks in Denmark, Sweden, Finland and Norway to study hospital planning. |
| United Kingdom 10 | R                     | Fellowships (1953- )  
Nursing. Two fellowships: one of six weeks for a health visitor tutor of the Corporation of Aberdeen to study the training and work of the public-health nurse in Sweden; the other of seven weeks for an administrative officer of the Health Department, Edinburgh, to study the organization of basic and postgraduate nursing education. |
| United Kingdom 12 | R                     | Fellowships (1954- )  
Endemo-epidemic diseases (Medical research in virus diseases). A fellowship of three months for a bacteriologist of the Virus Reference Laboratory, London, to study poliomyelitis and related viruses at the Department of Virus Research at the Karolinska Institut, Stockholm. |
| United Kingdom |                       | Participation in Regional Courses  
See EURO 82 ; EURO 84 ; EURO 85 ; EURO 86 ; EURO 89 ; EURO 94. |
Aim of the project. To develop services for the rehabilitation of handicapped children.  
Assistance provided by WHO and work done. A short-term consultant for one month to survey in Yugoslavia the existing facilities for handicapped children and to draw up the main lines of future plans for strengthening rehabilitation services, especially for children, in several parts of the country. |
| Yugoslavia 16.1 | TA                    | Endemo-epidemic Diseases (1953- )  
Aim of the project. To reduce the prevalence of enteric diseases, typhus, Q fever, pellagra, diphtheria and other endemo-epidemic diseases which are still a serious problem in Yugoslavia. |
PROJECT LIST: EUROPE

**Yugoslavia 16.4**

Tuberculosis Control (1953-)

**Description**

*Assistance provided by WHO and work in 1955.* A team of three WHO consultants gave lectures in a refresher course on infectious diseases in Zagreb in September. Another WHO consultant spent one month in Yugoslavia in October and November to assist in pertussis vaccine production. Four fellowships, of from two to nine months were granted for the study of tropical medicine, epidemiology, bacteriology and serology.

**Yugoslavia 16.5**

Communicable Eye Diseases Control (1954-)

**TA**

**UNICEF**

**Description**

*Assistance provided by WHO in 1955.* Consultant visits for a total of three weeks.

Work in 1955. There has been a very marked reduction in the incidence of trachoma in districts where control measures have been energetically applied, but it has increased in some districts which have until now been neglected. An important part of the year’s work has therefore been a review of the whole situation, replanning the project and regrouping resources for the next stage of the campaign.

**Yugoslavia 16.6**

Assistance to Medical Faculties (1953-)

**R**

**Description**

*Assistance provided by WHO in 1955.* Two fellowships: one of five months for the Head of the Institute of Forensic Medicine of the University of Zagreb for further study of forensic medicine in the United Kingdom, Ireland and Germany; one for an assistant of the Faculty of Medicine, Zagreb, for twelve months' study of speech deficiencies in France.

**Yugoslavia 16.7**

Public-Health Administration, including Institutes of Hygiene (1953-)

**TA**

**Description**

*Assistance provided by WHO in 1955.* Four fellowships: two of three months each for two directors of health centres to study public health in rural areas in Finland, Norway and the Netherlands; one of nine months for a public-health officer in Zagreb to study public-health administration in Sweden, Norway and the United Kingdom; one of five months for an assistant professor of the Medical School in the University of Ljubljana for practical and research work in forensic medicine in Germany.

**Yugoslavia 16.9**

Maternal and Child Health (1953-)

**TA**

**UNICEF**

**Description**

*Assistance provided by WHO and work in 1955.* Three WHO consultants lectured in a course on social paediatrics and obstetrics organized in Belgrade for students from previous courses. Fellowships of four to six months were awarded to four physicians for study abroad.

**Yugoslavia 16.11**

Vital and Health Statistics (1954-)

**TA**

**Description**

*Assistance provided by WHO in 1955.* A WHO consultant visited Yugoslavia in September and October to assist in improving vital and health statistics, including the newly-developed cancer statistics. A fellowship of six months was awarded to a statistician of the Central Institute of Hygiene in Ljubljana to study medical statistics in the United Kingdom.
Yugoslavia 16.12

**TA**

**Description**

Social and Occupational Health (1954- )

*Aim of the project.* To strengthen occupational health services to meet needs arising from the rapid industrialization of the country.

*Assistance provided by WHO in 1955.* (a) Three fellowships of four to six months to three doctors, for the study of pneumoconiosis, occupational diseases and industrial hygiene; (b) electronic equipment for the Institute of Industrial Hygiene, Zagreb.

**Yugoslavia Participation in Regional Courses**

See EURO 46.2; EURO 52; EURO 56; EURO 58; EURO 61; EURO 62; EURO 82; EURO 85; EURO 94.

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**EASTERN MEDITERRANEAN**

**EMRO 5**

**TA**

Higher Institute of Nursing, Alexandria (Oct. 1953- )

*Aim of the project.* To raise the standard of nursing and nursing education in Egypt and other countries of the Region, by training young women of high educational standard as graduate nurses, nurse instructors and administrators for service in their own countries, and to provide post-graduate courses for nurses of proven ability; to promote study and research on the nursing problem of the Region.

*Assistance provided by WHO in 1955.* (a) A senior nurse educator, two nurse instructors, and an administrative assistant; (b) extension of a fellowship for post-graduate studies in nursing education in the United States of America; (c) teaching equipment and supplies.

*Probable duration of assistance.* Beyond 1957.

*Work in 1955.* The Institute was opened in October 1955, with seventeen students; fourteen from Egypt, one from Iraq, one from the Sudan, and one from Syria. It has been accepted as part of the University of Alexandria, and the WHO nurse educators have been granted the status of professors. The University has provided premises, with living accommodation and classrooms in an annex. An Egyptian nurse educator and clerical and domestic staff have been provided. It has been difficult to find qualified nurses who have an educational background sufficient for WHO study fellowships at university schools of nursing abroad, to be trained as nurse instructors.

**EMRO 7**

**TA**

(UNESCO)

Arab States Fundamental Education Centre, Sirs-el-Layyan (May 1953- )

*Aim of the project.* To train national staff from all Arab States in the principles of fundamental education.

This is primarily a UNESCO-assisted project, in which WHO helps with health aspects.

*Assistance provided by WHO in 1955.* (a) A public-health adviser, and a health educator since November; (b) fellowships for nationals of five Arab countries in the Region.

*Probable duration of assistance.* Until 1957.

*Work in 1955.* A joint mission of the agencies concerned in this project visited the centre at the end of the year to appraise the value and the progress of the programme.

**EMRO 10**

**R**

Public-Health Seminar (15 Nov.-3 Dec. 1955)

*Aim of the project.* To bring together senior public-health administrators from countries of the Region, to discuss common health problems.

*Assistance provided by WHO and work done.* (a) Two short-term consultants; (b) travel and per diem for fifteen participants from Aden, Cyprus, Egypt, Ethiopia, French Somaliland, Iran, Iraq, Jordan, Lebanon, Libya, Saudi Arabia, Somalia, Sudan, Syria and Yemen. (See also page 94).
<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Co-operating Agencies</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMRO 12</td>
<td>R</td>
<td>EMRO 14</td>
<td>UNICEF</td>
</tr>
<tr>
<td>EMRO 14</td>
<td>R</td>
<td>UNICEF</td>
<td>Regional BCG Assessment Team (Oct. 1954- )</td>
</tr>
<tr>
<td>EMRO 16</td>
<td>R</td>
<td>EMRO 17</td>
<td>Smallpox Control (Sept. 1955- )</td>
</tr>
<tr>
<td>EMRO 17</td>
<td>R</td>
<td>Smallpox Control</td>
<td>Sanitarians' Training Course, Cairo (Oct. 1955- )</td>
</tr>
<tr>
<td>EMRO 25</td>
<td>R</td>
<td>Regional Study Group</td>
<td>Regional Study Group on Drinking-Water Standards (23-24 Nov. 1955)</td>
</tr>
<tr>
<td>Cyprus 1</td>
<td>TA</td>
<td></td>
<td>Nursing Education, Nicosia (Sept. 1954- )</td>
</tr>
</tbody>
</table>

**MEAT HYGIENE COURSE (4-21 July 1955)**

Aim of the project. To provide training in modern techniques for veterinarian-administrators of meat hygiene programmes.

Assistance provided by WHO. (a) two consultant instructors; (b) twelve fellowships for participants from Ethiopia, Iran, Iraq, Jordan, Lebanon, Saudi Arabia, Sudan and Syria; (c) minor supplies and equipment.

Work done. See page 97.

**REGIONAL BCG ASSESSMENT TEAM (Oct. 1954- )**

Aim of the project. To assess the results of mass BCG vaccination campaigns and to provide information for future campaigns.

Assistance provided in 1955 (cost reimbursed by UNICEF). A BCG medical officer and two BCG nurses.

Probable duration of assistance. Until mid-1956.

Work in 1955. The team completed its work in Iran in July, which included thorough studies of non-specific tuberculin sensitivity and of simultaneous BCG and smallpox vaccination. The report was submitted to the Regional Office. The team then moved to Cyprus, where it stayed until early October, and then went to Lebanon. (See also Iraq 10 and Egypt 9.)

**Sанитаровский курс, Каир (Окт. 1955- )**

Aim of the project. To train auxiliary sanitarians for the countries of the Region that have not yet developed their own training courses, to staff rural health and sanitary programmes.

Assistance provided by WHO. Regional fellowships of one year for ten fellows from Yemen and three from Libya.

Probable duration of assistance. Until the end of the academic year 1956-57.

Work in 1955. The first course, organized under the supervision of the Institute of Hygiene, Cairo, and of the Egyptian Ministry of Public Health and sponsored by WHO, started in October. It consists of a preliminary orientation, training at the Institute, and supervised field training. The orientation and field training are given at the Calioub centre (see Egypt 5).

**REGIONAL STUDY GROUP ON DRINKING-WATER STANDARDS (23-24 Nov. 1955)**

Aim of the project. To review reports on drinking-water standards and methods of water analysis in the Region, and make recommendations for further action; to encourage international action.

Assistance provided by WHO and work done. WHO organized the meeting of the study group in Alexandria, Egypt, and paid the expenses of six participants from Cyprus, Egypt, Iran, Iraq, Jordan and Lebanon. Observers attended from UNRWA, the United States International Co-operation Administration and the Near East and Ford Foundations.

**NURSING EDUCATION, NICOSIA (SEPT. 1954- )**

Aim of the project. To develop a scheme of modern nursing education adapted to the local needs and resources, so as to provide graduate and auxiliary nurses for the health services.

Assistance provided by WHO in 1955. (a) A nurse educator; (b) teaching equipment.

Probable duration of assistance. Until the end of 1957.

Work in 1955. A three years' course in general nursing which started in January was much hampered by the varied educational standards of the students, and by demands for service in the wards. There was a
### Project No. 198: The Work of WHO, 1955

**Source of Funds**

- Egyptian Government
- TA
- UN
- ILO
- FAO
- UNESCO

**Co-operating Agencies**

- Egypt 5
  - TA
  - UN
  - ILO
  - FAO
  - UNESCO

- Egypt 9
  - UNICEF

- Egypt 10
  - TA

- Egypt 20
  - TA

- Egypt 25
  - TA
  - UNICEF

### Description

**Serious Shortage of Teaching Staff for Three Years’ Course**

A serious shortage of teaching staff for the three years’ course, and for the courses for assistant nurses and nurse aides. A working party of instructors and ward sisters was set up to co-ordinate classroom instruction and ward practice.

A Cypriot nurse educator is in her second year of a sister tutor course in the United Kingdom, with a government fellowship.

**Demonstration and Training Area, Calioub (April 1953- )**

**Aim of the project.** To demonstrate methods of co-ordinating the work of the several ministries responsible for health; to develop in a selected area a scheme of health and welfare services which could be extended to the whole country; to provide field training in rural health to technical personnel from Egypt and other countries.

**Assistance provided by WHO and work in 1955.** See page 98.

**Probable duration of assistance.** Beyond 1957.

**Tuberculosis Control (BCG)**

- The mass campaign continues under the direction of the Government. WHO provided the services of the regional BCG assessment team (see EMRO 14).

**Bihrarziasis Control, Calioub Province (Nov. 1952- )**

**Aim of the project.** To demonstrate joint action for the control of bihrarziasis, in a selected community in the south-west part of Calioub Province, by health education, sanitation, snail destruction and treatment of cases.

- Revision of the project is contemplated, to give more attention to pilot studies of methods of killing snails and to the design and maintenance of irrigation schemes.

**Assistance provided by WHO in 1955.** (a) A public-health engineer; (b) supplies and equipment.

**Probable duration of assistance.** Until the end of 1957.

**Work in 1955.** Assessment of the work to date suggested the revision mentioned above. Preparations were made to terminate work in the original area and to start in another area on the new lines.

**Tuberculosis Control Demonstration and Training Centre, Cairo (Aug. 1952-June 1955)**

**Aim of the project.** To establish a regional demonstration and training centre for the prevention, diagnosis and treatment of tuberculosis, and to co-ordinate and broaden the tuberculosis control services.

**Assistance provided by WHO in 1955.** (a) A senior adviser (tuberculosis specialist) until 30 June; (b) two fellowships, in tuberculosis control and thoracic surgery.

**Work done.** Surveys were completed and the project was assessed and evaluated. A well-equipped tuberculosis centre and a tuberculosis diagnostic laboratory have been set up; modern methods of diagnosis, control and domestic treatment have been demonstrated; staff of all grades have been trained; public and official appreciation of the value of tuberculosis centres for the control of tuberculosis has been secured; and renewed interest is taken in social welfare for patients and their relatives.

**Communicable Eye Disease Control Pilot Project, Calioub (Dec. 1954- )**

**Aim of the project.** To ascertain by field trials a practicable and effective method for the control of trachoma and other communicable eye diseases.

**Assistance provided by WHO in 1955.** (a) An ophthalmic expert and an administrative assistant; (b) a fellowship in virology. The Calioub sanitary and health education services assisted in the work.

(UnICEF provided all equipment and supplies required for the project—mainly vehicles, sulphathalidamide emulsion and antibiotic ointment.)

**Probable duration of assistance.** Until mid-1957.
**PROJECT LIST : EASTERN MEDITERRANEAN**

**Project No.**

**Source of Funds**

**Co-operating Agencies**

<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Work in 1955.</strong> Five thousand children of pre-school age were treated in February; 2100 schoolchildren were examined and treated with antibiotics, and a second cycle of examination and treatment began in September. An experiment in fly control with organic phosphorus insecticides was started in two villages.</td>
</tr>
</tbody>
</table>

**Egypt 28**

**Sanitary Engineering Teaching, Alexandria University (Sept. 1955- )**

_Aim of the project._ To strengthen the undergraduate teaching of sanitary engineering in the Faculty of Engineering of the University; to establish post-graduate and extension instruction and research and to relate them to post-graduate instruction in public health.

_Assistance provided by WHO._ (a) A professor of sanitary engineering from September; (b) a fellowship for sanitary engineering studies in the United States of America; (c) some library and teaching equipment.

_Probable duration of assistance._ Until the end of the academic year 1956-57. (Assistance with the sanitary engineering research centre is expected to continue until 1958.)

**Work in 1955.** The WHO regional adviser in environmental sanitation taught part-time at the University during the 1954-55 academic year until the WHO professor arrived. The course was then expanded.

**Egypt 30**

**Premature Infants' Unit (First phase: Nov.-Dec. 1955)**

_Aim of the project._ To assess requirements and establish a specialized unit for the care of premature infants.

_Assistance provided by WHO._ A consultant for four weeks.

_Probable duration of assistance._ Further assistance is planned in 1957.

**Egypt 34**

**Visiting Team of Medical Scientists (27 Nov.-30 Dec. 1955)**

_Aim of the project._ To exchange information by lectures and seminars in the basic medical sciences.

_Assistance provided by WHO._ Ten visiting professors.

_Work done._ The team visited the Universities of Cairo, Ein Shams and Alexandria, worked in departments of the Universities, demonstrating modern techniques and developments, and gave lectures in their specialties. Their report will be submitted to the Government.

**Egypt**

**Fellowships**

| TA | **Malaria control.** One fellowship of two months, for study in Greece, Iraq and Italy. |
| R  | **Venerereal diseases.** One fellowship of three months, to study the maritime aspects of venereal-disease control in France, the Netherlands and the United Kingdom. |
| TA | **Tuberculosis.** One fellowship of six weeks, to study thoracic surgery in the Netherlands. |
| R  | **Quarantine.** One fellowship of two months to study quarantine measures in France, Germany, Italy, Switzerland and the United Kingdom. |
| R  | **Social health.** One fellowship of two months, to study social health in France, Italy and Switzerland. |
| TA | **Hospital administration.** One fellowship of six weeks for study in England, France, Germany and Switzerland. |
| R  | **Statistics.** One fellowship of six months, to study statistics in Lebanon. |
| R  | **Laboratory studies.** One fellowship of two months, for laboratory studies in Denmark. |
| R  | **WHO Headquarters.** One fellowship of one month, to study the organization and administration of WHO Headquarters. |

**Ethiopia 3**

**Public-Health Administration (Oct. 1952- )**

_Aim of the project._ To improve public-health administration generally, and incorporate the several services in a long-term basic health programme.

_Assistance provided by WHO in 1955._ A public-health administrator as adviser to the Government. The post was vacant for several months but a public-health administrator was transferred from Gondar (Ethiopia 9) in November.

_Probable duration of assistance._ Until mid-1956.
**Project No.**

**Source of Funds**

**Co-operating Agencies**

### Ethiopia 4

**TA**

**Description**

Venereal-Disease Control, Addis Ababa (June 1952- )

**Aim of the project.** To demonstrate modern methods of venereal-disease control and investigate the epidemiology of venereal diseases throughout the country; to evaluate the results of control work; to establish a central laboratory at the Central Venereal-Disease Clinic in Addis Ababa; to train personnel, and ultimately to establish a control programme to cover the country.

**Assistance provided by WHO in 1955.** A senior adviser and a public-health nurse. (Both posts were vacant for part of the year owing to resignations.)

**Probable duration of assistance.** Until the end of 1957.

**Work in 1955.** Work continued in Addis Ababa. Limited surveys were made in some of the provinces and the senior adviser made recommendations for the extension of the project to the whole country.

### Ethiopia 5

**R**

**UNICEF**

**Description**

Yellow-Fever Survey (Jan. 1954-Feb. 1955)

**Aim of the project.** (a) To organize and carry out a yellow-fever survey in the Shoa Province and later to the south and west of the province; (b) to extend the survey to the northern part of Ethiopia and to Eritrea.

**Assistance provided by WHO.** A grant of S2000 to the Institut Pasteur, Addis Ababa, whose staff undertook the survey.

**Probable duration of assistance.** This stage is completed, but further investigations have been recommended.

**Work done.** The serological and entomological results of the survey were evaluated; it was confirmed that yellow fever was endemic in Assab (Eritrea).

### Ethiopia 8

**UNICEF**

**Description**

Tuberculosis Control (BCG) (April 1953-Dec. 1955)

**Aim of the project.** To test with tuberculin persons under twenty, and vaccinate non-reactors with BCG; to establish a permanent BCG vaccination service as part of the general tuberculosis-control service with demonstration of methods and training of local personnel.

**Assistance provided in 1955 (cost reimbursed by UNICEF).** A senior BCG adviser, an administrative officer, and a nurse.

**Work in 1955.** The mass campaign continued in Eritrea and in the remaining provinces of Ethiopia. Plans were agreed for continuation of the services.

### Ethiopia 9

**R**

**UNICEF**

**Description**

Training of Auxiliary Health Workers, Gondar (March 1954- )

**Aim of the project.** To train auxiliary personnel at a centre to be established at Gondar; to develop a model health service for the Province of Begemeder and the town of Gondar; to investigate the local epidemiology; to extend health services to the whole country; eventually to improve the teaching facilities at Gondar so that professional staff may be trained there.

**Assistance provided by WHO in 1955.** An epidemiologist, a sanitary engineer, a public-health nurse, and a maternal and child health officer and nurse.

**Probable duration of assistance.** Several years.

**Work in 1955.** Mainly drawing up the teaching school syllabus; training the first batch of health assistant students; organizing the hospital services; opening a town centre at Gondar; a rural health centre at Colladuba completed.

### Ethiopia 14

**TA**

**Description**

Malaria Control (First phase : Aug.-Oct. 1955)

**Aim of the project.** First phase: To survey the epidemiology of malaria and to plan control. Second phase: to control malaria in the Ahwash valley within two years from 1956; to make investigations in the Gondar and Cob Chercher plain areas to prepare for future mass eradication campaigns; to train local personnel.

**Assistance provided by WHO.** (a) A consultant to make a preliminary survey in collaboration with the entomologist and parasitologist of the United States International Co-operation Administration; (b) two fellowships.

**Probable duration of assistance.** Until 1958.
PROJECT LIST: EASTERN MEDITERRANEAN

<table>
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<tr>
<th>Project No.</th>
<th>Description</th>
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<tbody>
<tr>
<td></td>
<td><strong>Ethiopia</strong></td>
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<td><strong>Iran 2</strong></td>
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<td><strong>Iran 4</strong></td>
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<td><strong>Iran 5</strong></td>
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<td><strong>Iran 7</strong></td>
</tr>
</tbody>
</table>

**Ethiopia**

**Fellowships**

*Undergraduate medical studies.* One fellowship for undergraduate medical studies in Lebanon; renewal for the academic year 1955-56 of eight fellowships for undergraduate medical studies awarded in previous years.

**Iran 2**

**Control of Arthropod-borne Diseases (Dec. 1952-)**

**Aim of the project.** To study the epidemiology of arthropod-borne diseases in Iran; to develop methods of control; to train staff in epidemiological and control methods.

**Assistance provided by WHO in 1955.** (a) An epidemiologist (team leader) a public-health engineer; and a laboratory technician until September; (b) a fellowship to study epidemiology in the United Kingdom; (c) supplies and equipment.

**Probable duration of assistance.** Until the end of 1957.

**Work in 1955.** The field centre at Sabzewar was developed and routine epidemiological surveys started. Control work began; a course was given for epidemiologists and other staff were trained.

**Iran 4**

**Venereal Disease Control, Tehran (Nov. 1952-)**

**Aim of the project.** (a) To expand and improve the control of venereal diseases in Teheran and its neighbourhood; to set up a venereal-disease centre in Teheran with a laboratory for serological tests and to train serologists and technicians; to train professional and technical personnel (including a team to take over from the WHO team); (b) to provide venereal-disease centres in other parts of the country and improve control work; (c) eventually to control venereal disease throughout the country by a mass campaign.

**Assistance provided by WHO in 1955.** (a) A venereologist, a serologist and a public-health nurse; (b) a fellowship to study venereal-disease control in Europe.

**Probable duration of assistance.** Until the end of 1957.

**Work in 1955.** Work continued in the Central Venereal Disease Hospital and its laboratory in Teheran. Surveys were made in some of the provinces for the report on the venereal-disease problem in Iran which the venereologist prepared. A plan was prepared and submitted for the extension of control services to the whole country.

**Iran 5**

**Public-Health Administration (Vital and Health Statistics) (Nov. 1951-Dec. 1955)**

**Aim of the project.** To develop and improve public-health administration and health services, including vital statistics.

**Assistance provided by WHO in 1955.** (a) An expert statistician; (b) six fellowships—three in statistics, two in bilharziasis and one in public-health administration.

**Work in 1955.** Studies and surveys were made. The Public-Health Co-operative established by the Government and United States International Co-operation Administration was assisted in setting up statistical services and training personnel and advised on surveys.

**Iran 7**

**Nutrition Institute, Teheran (First phase: Oct. 1955-)**

**Aim of the project.** To establish a nutrition institute as part of the University of Teheran; to ascertain whether the clinical and some other functions of the laboratory can be combined with those of the public-health laboratory (see Iran 26); to study the possibility of combining the Nutrition Institute with the proposed Hygiene Institute.

**Assistance provided by WHO.** (a) A consultant for three months to make a preliminary survey; (b) two fellowships, in nutrition and food analysis; (c) laboratory supplies and equipment.

**Probable duration of assistance.** Until 1957 (second phase).
<table>
<thead>
<tr>
<th>Project No.</th>
<th>Description</th>
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<tbody>
<tr>
<td>Iran 8</td>
<td>Nursing Education, Ashraf School of Nursing, Teheran (Nov. 1952-</td>
</tr>
<tr>
<td>TA</td>
<td>Aim of the project. To improve nursing education, to train future nurse administrators and educators, so as to provide better nursing services in Teheran and in the provinces.</td>
</tr>
<tr>
<td></td>
<td>Assistance provided by WHO in 1955. (a) Four nurse educators ; (b) two fellowships, in hospital nursing administration and x-ray nursing ; (c) some teaching equipment.</td>
</tr>
<tr>
<td></td>
<td>Probable duration of assistance. Until the end of 1957.</td>
</tr>
<tr>
<td></td>
<td>Work in 1955. Continued progress was made in the educational programme. There was marked improvement in hospital wards, staffed with graduates from the school and used for student practice.</td>
</tr>
<tr>
<td>Iran 9</td>
<td>Tuberculosis Control Demonstration and Training Centre, Teheran (March 1954-</td>
</tr>
<tr>
<td>TA</td>
<td>Aim of the project. To establish a tuberculosis control centre which will train personnel, demonstrate modern methods of control and serve as a central tuberculosis dispensary for Teheran, and a central diagnostic laboratory for tuberculosis, under the direction of the Institut Pasteur, Teheran ; to organize a mobile epidemiological team for surveys among selected population groups ; ultimately to develop a national programme of tuberculosis control.</td>
</tr>
<tr>
<td></td>
<td>Assistance provided by WHO in 1955. (a) A senior adviser, an x-ray technician, a laboratory technician and a public-health nurse ; (b) two fellowships, in tuberculosis control ; (c) supplies and equipment.</td>
</tr>
<tr>
<td></td>
<td>Probable duration of assistance. Until the end of 1957.</td>
</tr>
<tr>
<td></td>
<td>Work in 1955. Progress with the centre was disappointingly slow and it was not ready for work at the end of the year. Meanwhile, a tuberculosis survey was arranged for Kashan to start as soon as the mobile mass x-ray unit is in operation ; and some training in tuberculosis control was given to the staff of health centres near Teheran. A course of training for tuberculosis laboratory technicians was arranged.</td>
</tr>
<tr>
<td>Iran 10</td>
<td>Maternal and Child Health Demonstration and Training Centre, Teheran (Dec. 1954-</td>
</tr>
<tr>
<td>TA</td>
<td>Aim of the project. To demonstrate modern methods of prenatal, infant and child care and domiciliary midwifery services, and to train medical and auxiliary personnel ; ultimately to plan maternal and child health services for the whole country.</td>
</tr>
<tr>
<td></td>
<td>Assistance provided by WHO in 1955. A social paediatrician and a public-health nurse, and a nurse educator in midwifery ; (b) three fellowships for studies in Europe.</td>
</tr>
<tr>
<td></td>
<td>Probable duration of assistance. Until mid-1957.</td>
</tr>
<tr>
<td></td>
<td>Work in 1955. Progress was slow. A plan was made to divide the Khajamouri Centre into two parts, one to continue the present services, the other for demonstration and for training staff in modern maternal and child health work. A course of training for midwives was completed and a course of lectures for health visitors was in progress at the end of the year.</td>
</tr>
<tr>
<td>Iran 11</td>
<td>Tuberculosis Control (BCG) (Jan. 1952-</td>
</tr>
<tr>
<td>UNICEF</td>
<td>Aim of the project. To carry out a mass BCG vaccination campaign ; to develop permanent BCG vaccination services.</td>
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<tr>
<td></td>
<td>Assistance provided in 1955 (cost reimbursed by UNICEF). An administrative officer. UNICEF also provided supplies and equipment ; WHO assistance was technical supervision only.</td>
</tr>
<tr>
<td></td>
<td>Probable duration of assistance. Until April 1956.</td>
</tr>
<tr>
<td></td>
<td>Work in 1955. The national teams continued to make good progress in the mass campaign. The total to September was 1 366 254 tested, and 787 484 vaccinated. The regional BCG assessment team (EMRO 14) studied the results obtained.</td>
</tr>
<tr>
<td>Iran 19</td>
<td>Leprosy Control (Oct.-Dec. 1955)</td>
</tr>
<tr>
<td>TA</td>
<td>Aim of the project. To survey the disease ; to demonstrate modern methods of treatment ; and to plan a service of treatment and control by modern methods.</td>
</tr>
<tr>
<td></td>
<td>Assistance provided by WHO. (a) A short-term consultant ; (b) some supplies and equipment for use in demonstration and training.</td>
</tr>
<tr>
<td></td>
<td>Work done. The consultant visited a number of rural areas to determine the incidence of leprosy and to recommend future control operations. His final report was awaited at the end of the year ; indications received suggested that the incidence is low in all but a few rural areas.</td>
</tr>
</tbody>
</table>
Midwifery School, Teheran (Nov. 1954 - )

**Aim of the project.** To reopen the Midwifery School at the University Women’s Hospital and provide for qualified nurses a fifteen months’ course in institutional and district midwifery.

**Assistance provided in 1953** (cost reimbursed by UNICEF). Two senior educators in midwifery—the second, since August. WHO contributed technical direction and supervision.

**Probable duration of assistance.** Until 1957.

**Work in 1955.** The midwifery services in the hospital were reorganized and improved; advice was given on the construction of a new school. Practice in obstetrical nursing was organized for student nurses from the Ashraf School and the Red Lion and Sun School of Nursing. The fifteen months’ midwifery course began in November.

Radiology, Firousabadi Hospital (Sept. 1955 - )

**Aim of the project.** To install a set of x-ray equipment and to train national staff in its use for diagnosis and therapy.

**Assistance provided by WHO.** A short-term consultant.

Public-Health Laboratory (March 1955 - )

**Aim of the project.** To set up a central public-health laboratory and organize a public-health laboratory service for the whole country.

**Assistance provided by WHO.** (a) A laboratory technician; (b) equipment.

**Probable duration of assistance.** Until the end of 1957.

**Work in 1955.** The laboratory was set up, and its bacteriological and food and drug section started work under an Iranian director. The serological section took over the project for the control of arthropod-borne disease (see Iran 2). Discussions took place on the reorganization of the government laboratory in Teheran and on the relation of the central public-health laboratory to the proposed Nutrition Institute (see Iran 7) and Hygiene Institute.

Cancer (June 1955 - )

**Aim of the project.** To set up a Cancer Institute for diagnosis and treatment, to be equipped by the Red Lion and Sun Society; to survey the incidence and character of cancer in Iran; to train personnel in modern methods of cancer treatment; and to plan for future work.

**Assistance provided by WHO.** (a) An expert cancerologist; (b) minor surgical equipment and supplies.

**Probable duration of assistance.** Until mid-1956.

**Work in 1955.** Technical assistance was given in installing the equipment and advice on planning the Institute. National personnel were trained in radiotherapeutics. The Institute started work on a small scale.

Food Hygiene Survey (Oct.-Nov. 1955)

**Aim of the project.** To make a survey of food hygiene in Iran, and strengthen the hygienic control of food.

**Assistance provided by WHO and work done.** A short-term consultant on food hygiene whose final report was in preparation at the end of the year.

**Fellowships**

**Virology.** One fellowship of twelve months, to study virology in Tunis and the United States of America.

**Trachoma.** One fellowship of twelve months, to study trachoma control in Egypt, Morocco, Tunisia and Yugoslavia.

**Mental health.** One fellowship of nine months, to study mental health in France.

**Nursing.** One fellowship of twelve months, to study x-ray nursing in the United Kingdom.

**Bacteriology.** One fellowship of nine months, to study bacteriology and biochemistry in France and Switzerland.
<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Co-operating Agencies</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iraq 5</td>
<td>R</td>
<td></td>
<td>Leprosy Control (Sept.-Dec. 1955)</td>
</tr>
<tr>
<td>Iraq 7</td>
<td>TA</td>
<td>UNICEF</td>
<td>Tuberculosis Control (Oct. 1953-)</td>
</tr>
<tr>
<td>Iraq 8</td>
<td>UNICEF</td>
<td></td>
<td>Maternal and Child Health Demonstration and Training Centre, Baghdad (Oct. 1953-)</td>
</tr>
<tr>
<td>Iraq 10</td>
<td>UNICEF</td>
<td></td>
<td>Tuberculosis Control (BCG) (May 1952-June 1955)</td>
</tr>
<tr>
<td>Iraq 11</td>
<td>UNICEF</td>
<td></td>
<td>Malaria Control (May 1952-)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Aim of the project</strong> (1955). To evaluate the work done in the field since the project started in October 1950. This project has been operated by the Government since WHO and UNICEF assistance ended in December 1952.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Assistance provided by WHO and work in 1955.</strong> A short-term consultant who visited the Baghdad, Ramadi and Mosul areas, surveyed the field work and submitted recommendations for future work.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Aim of the project</strong>. To survey the character and incidence of leprosy in Iraq and to make recommendations for its treatment and control on modern lines.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Assistance provided by WHO.</strong> (a) A short-term consultant; (b) some modern drugs and equipment for use in demonstration and training.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Aim of the project.</strong> To set up in Baghdad a diagnostic, treatment and control centre on modern lines; to organize an expanded and comprehensive programme of tuberculosis services in urban and rural areas; and to train personnel of all grades to staff the centres.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Assistance provided by WHO in 1955.</strong> (a) A senior adviser, an x-ray technician, a public-health nurse and a laboratory technician; (b) a fellowship, to study tuberculosis control in Europe; (c) a mobile mass x-ray unit and some other equipment.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td><strong>Probable duration of assistance.</strong> Until mid-1956.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Work in 1955.</strong> Provincial services and training facilities were developed. The national director, radiologist and statistician studied on WHO fellowships.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Aim of the project.</strong> To provide for the whole country, as a part of the national health services, a comprehensive maternal and child health service; to demonstrate methods best suited to Iraq; to train auxiliary health visitors, community midwives and other categories of personnel. The project is to be redefined to meet the local needs and resources.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Assistance provided in 1955 (cost reimbursed by UNICEF).</strong> A senior medical officer (team leader), two public-health nurses, and a nurse educator in midwifery.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Work in 1955.</strong> The first thirty auxiliary health visitors were attached to hospitals for further clinical training.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Aim of the project.</strong> To organize and carry out a mass programme of BCG vaccination; to train national personnel, and to set up a national BCG vaccination service as part of the tuberculosis services.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Assistance provided in 1955 (cost reimbursed by UNICEF).</strong> A medical officer for six months.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td><strong>Work done.</strong> The mass campaign has been completed and the BCG services have been incorporated in the tuberculosis control services. 654,686 persons were tested and 234,004 vaccinated during the campaign, and thirty doctors, thirty-eight nurse-technicians, and two statisticians were trained. The conversion rate obtained was very low (48.49 per cent.) and will be studied by the regional BCG assessment team.</td>
</tr>
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<td><strong>Probable duration of assistance.</strong> Until the end of 1957.</td>
</tr>
</tbody>
</table>
Work in 1955. Spraying was completed in the new area (Kirkuk and Erbil), giving protection to a population of some 700,000. An interim assessment of the 1954 spraying showed remarkably good results. Routine investigations and epidemiological surveys were made in Mosul Province (east of the Tigris) in preparation for the extended programme in 1956.

<table>
<thead>
<tr>
<th>Project No.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iraq 15</td>
<td>Bilharziasis Control, Tarimiya District (Nov. 1955- )</td>
</tr>
<tr>
<td>TA</td>
<td>Aim of the project. To assess the present local methods of bilharziasis control, with special reference to snail control, treatment of patients, environmental sanitation and health education; to evolve improved procedures designed to provide more satisfactory control.</td>
</tr>
<tr>
<td></td>
<td>Assistance provided by WHO in 1955. (a) A malacologist, as senior adviser, and a sanitary engineer; (b) supplies.</td>
</tr>
<tr>
<td>Iraq 18</td>
<td>Trachoma Survey (Nov. 1955- )</td>
</tr>
<tr>
<td>TA</td>
<td>Aim of the project. To study the type and epidemiology of trachoma and other communicable eye diseases in Iraq; to assemble data as to their prevalence; to plan a control campaign.</td>
</tr>
<tr>
<td></td>
<td>Assistance provided by WHO and work done. A short-term consultant, whose survey was not completed at the end of the year.</td>
</tr>
<tr>
<td></td>
<td>Probable duration of assistance. Until the end of January 1956.</td>
</tr>
<tr>
<td>Iraq 23</td>
<td>School Health Services (Oct.-Dec. 1955)</td>
</tr>
<tr>
<td>TA</td>
<td>Aim of the project. To survey the school health services, in preparation for a programme to develop them on modern lines, taking account of local habits, customs and resources.</td>
</tr>
<tr>
<td></td>
<td>Assistance provided by WHO. A consultant.</td>
</tr>
<tr>
<td>Fellowship</td>
<td></td>
</tr>
<tr>
<td>R</td>
<td>Tuberculosis. One fellowship of twelve months, to study thoracic surgery in the United States of America.</td>
</tr>
<tr>
<td>R</td>
<td>Radiology. One fellowship of twelve months, to study radiology in the United Kingdom.</td>
</tr>
<tr>
<td>R</td>
<td>Laboratory techniques. One fellowship of two months, to study in Iran laboratory techniques for plague research.</td>
</tr>
<tr>
<td>R</td>
<td>Maternal and child health. One fellowship of six weeks for a course on the medico-social problems of childhood, in France.</td>
</tr>
<tr>
<td>R</td>
<td>Blood bank. One fellowship of nine months, to study blood bank procedures in the Netherlands, Scandinavia, Switzerland and the United Kingdom.</td>
</tr>
<tr>
<td>TA</td>
<td>Nursing. One fellowship for attendance at the four-year basic course at the Higher Institute of Nursing, Alexandria (EMRO 5).</td>
</tr>
<tr>
<td>Israel 7</td>
<td>Nursing Adviser (Sept. 1955- )</td>
</tr>
<tr>
<td>TA</td>
<td>Aim of the project. To plan adequate and comprehensive nursing services for the expanding health programmes.</td>
</tr>
<tr>
<td></td>
<td>Assistance provided by WHO. (a) A senior public-health nurse; (b) some equipment.</td>
</tr>
<tr>
<td></td>
<td>Probable duration of assistance. Until the end of 1956.</td>
</tr>
<tr>
<td></td>
<td>Work in 1955. The WHO nurse collaborated with the Nursing Division of the Ministry of Health in studying the kind of nursing service that is needed, and visited hospitals and centres. Five study groups on family health were planned and meetings started.</td>
</tr>
<tr>
<td>Israel 8</td>
<td>Rehabilitation of Handicapped Children, Sarafand (Oct. 1953-Sept. 1955)</td>
</tr>
<tr>
<td>R</td>
<td>Aim of the project. To establish a general rehabilitation centre at Sarafand Hospital, mainly for physically handicapped children; to demonstrate modern physiotherapy in the care of handicapped children; to establish a national school of physiotherapy.</td>
</tr>
<tr>
<td>UNICEF</td>
<td>Assistance provided by WHO in 1955. An instructor in physiotherapy.</td>
</tr>
</tbody>
</table>
Work done. The school of physiotherapy has been set up; there are at present forty-seven students in training, of whom eighteen have begun their third clinical year in hospital departments in the country. A hospital rehabilitation department has been established, with a scope rather wider than the rehabilitation centre for handicapped children originally proposed. There is good prospect of sustained progress in the services that have been started, but the staff of trained physiotherapists is still insufficient, partly because the conditions of service for physiotherapists in the country are not attractive.

Tuberculosis Control Demonstration and Training Centre, Jaffa (July 1954-June 1955)

Aim of the project. To set up a tuberculosis demonstration and training centre, with model dispensary and other services, to work with the sanatorium services and to provide: advice on tuberculosis control; clinical, radiological and laboratory diagnosis; tracing, examination and follow-up of contacts; treatment of ambulatory cases; home visiting; training of personnel; statistical services; education of the public as to how infection is spread and the preventive measures to be taken.

Assistance provided by WHO in 1955. (a) A senior adviser in tuberculosis and a public-health nurse; (b) supplies and equipment.

Work done. Routine work has been established on a firm basis, and good progress has been made in co-ordinating the tuberculosis work of the many authorities and benevolent societies. A three-months’ training course for health visitors from other centres was started. Time did not permit the full development of this programme.

Fly Control (Oct. 1955- )

Aim of the project. To set up research and control measures for flies, particularly in relation to public health.

Assistance provided by WHO. A short-term consultant on the use of insecticides.

Probable duration of assistance. Until 1957.

Chronic Diseases (Aug. 1955- )

Aim of the project. To study the problem and to evolve a comprehensive plan for the care of persons suffering from chronic diseases.

Assistance provided by WHO. A consultant.

Probable duration of assistance. Until the end of January 1956.

Work in 1955. A panel of specialists was appointed, representing medicine, social welfare, mental health, physical medicine, statistics and the benevolent societies, to study the problem and make recommendations.

Fellowships

Public-health administration. Two fellowships, each of four months, to study public-health administration, one in Denmark, Norway, Sweden and the United Kingdom, the other in Denmark, France, the Netherlands, Sweden and Switzerland.

Two fellowships, one of eleven and one of twelve months, to study public-health administration in the United Kingdom. One of three months for study in Denmark, Sweden, Switzerland and the United Kingdom.

Nursing. One fellowship of six months, to study, in the United Kingdom, the nursing of premature infants.

Pharmaceutical departments. One fellowship of five weeks, to study, in Belgium, France, Switzerland and the United Kingdom, the organization and administration of pharmaceutical departments.

Nursing Education, Amman (Sept. 1955- )

Aim of the project. To develop the Amman School of Nursing, started in 1953 with the assistance of the United States International Co-operation Administration, to provide graduate nurses for the curative and preventive health services.

Assistance provided by WHO. (a) A nurse educator; (b) some teaching equipment.

Probable duration of assistance. Until the end of 1957.
### Work done.
The nurse educator visited the hospitals in which student nurses receive clinical instruction and assisted in several teaching courses. The inaugural meeting of the Jordan Trained Nurses’ Association was held in November. The Minister of Health called a meeting to discuss the work of nurses in the health services.

<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jordan 3</td>
<td>TA UNICEF</td>
<td>Maternal and Child Health Centre, Amman (June 1954- )</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Aim of the project.</strong> To establish a demonstration and training centre in Amman, and to train auxiliary community health-visitor midwives; to strengthen health centres throughout the country, and to establish new maternal and child health centres; to provide refresher courses for doctors, nurses and indigenous midwives.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Assistance provided by WHO in 1955.</strong> A public-health nursing instructor, a nurse educator in midwifery and a paediatrician (team leader).</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Probable duration of assistance.</strong> Until the end of 1957.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Work in 1955.</strong> A demonstration and training centre was established in Amman, and the first training course started in October 1955.</td>
</tr>
</tbody>
</table>

| Jordan 8    | UNICEF          | Tuberculosis Control (BCG) (Nov. 1953-Dec. 1955)  |
|             |                 | **Aim of the project.** To carry out a mass vaccination programme, and to establish a permanent BCG vaccination service as part of the antituberculosis programme.  |
|             |                 | **Assistance provided in 1955 (cost reimbursed by UNICEF).** A BCG medical officer and a BCG nurse.  |
|             |                 | **Work done.** The mass campaign covered the whole country. By September, 535 506 persons had been tested, and 290 124 vaccinated, with an excellent percentage of returns (89 per cent). Plans for a permanent BCG vaccination service were drawn up. Training of national personnel progressed successfully. The final report was under consideration at the end of the year.  |

| Jordan 10   | R               | Mental Health, Bethlehem Hospital (March 1954- )  |
|             |                 | **Aim of the project.** To improve and expand mental health services as part of the general public-health services; to increase facilities at the Bethlehem Mental Hospital; to establish outpatient clinics, especially in Amman and Jerusalem; to train psychiatric nurses and other mental health workers; to improve facilities for treating the criminally insane and prisoners suffering from minor psychiatric disorders.  |
|             |                 | **Assistance provided by WHO in 1955.** (a) A mental health expert and a hospital architect; (b) minor psychiatric equipment.  |
|             |                 | **Probable duration of assistance.** Until the end of 1956.  |
|             |                 | **Work in 1955.** Work started to modernize the hospital, so far as the available means permit; modern methods of treatment, including occupational therapy, were introduced, and out-patient clinics and day treatment schemes began. The training of nurses and other personnel progressed in collaboration with UNRWA and the Nursing School of the United States International Co-operation Administration in Amman. A Jordanian medical officer was appointed as matching member and, after a preparatory period at Bethlehem, will go to the United Kingdom on a study fellowship before finally taking charge.  |

| Jordan 11   | TA R            | Trachoma Control (First phase Nov.-Dec. 1955)  |
|             |                 | **Aim of the project.** To make a survey and plan future programme.  |
|             |                 | **Assistance provided by WHO.** A short-term consultant.  |

|             |                 | **Aim of the project.** To demonstrate new techniques and hold refresher courses in anaesthesiology.  |
|             |                 | **Assistance provided by WHO.** A consultant.  |

<table>
<thead>
<tr>
<th>Jordan</th>
<th>TA R R R</th>
<th>Fellowships</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Tuberculosis.</strong> A fellowship of twelve months, to study chest diseases in Egypt and the United Kingdom.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Communicable diseases.</strong> One fellowship of one month, to study epidemiology and quarantine in Egypt.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Mental health.</strong> One fellowship of twelve months, to study mental health in the United Kingdom.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Statistics.</strong> One fellowship of six months, to study statistics in Lebanon.</td>
</tr>
</tbody>
</table>
Rehabilitation of Handicapped Children (May 1955- )

Aim of the project. To provide a treatment, rehabilitation and training centre at the Cité des Apprentis for children handicapped physically by accident or disease, and to establish a school of physiotherapy.

Assistance provided by WHO. (a) A physiotherapist and a prosthetic technician; (b) a consultant (orthopaedic surgeon).

Probable duration of assistance. Until mid-1957.

Work in 1955. Mainly the installation of equipment and establishment of the centre. Clinical work was begun on a restricted scale.

Tuberculosis Control (Sept. 1955- )

Aim of the project. To make an epidemiological survey of tuberculosis; to improve the services at the tuberculosis centre in Beirut, and later the tuberculosis control services throughout the country.

Assistance provided by WHO. (a) A senior tuberculosis adviser; (b) fellowships; (c) equipment.

Probable duration of assistance. Until the end of 1956.


Aim of the project. To survey the quarantine organization and to make recommendations.

Assistance provided by WHO. A consultant for two months.

Work done. The consultant studied the quarantine services. His report includes recommendations to bring them into line with the requirements of the International Sanitary Regulations.

Virology. One fellowship for study of virology and rickettsioses in France and the United Kingdom.

Public-health administration. Two fellowships to study public-health administration, one for nine months in England and one for twelve months in France.

A fellowship of twelve months, for study in France.

Hospital administration. A fellowship of three months, for study in Belgium, France and Switzerland.

Maternal and Child Health Demonstration and Training Centre, Tripolitania (April 1954- )

Aim of the project. To establish a demonstration and training centre which will train community midwives, demonstrate modern methods of mother and child care, and provide practical training under rural conditions.

Assistance provided by WHO in 1955. A medical officer, a public-health nurse, and two nurse educators (one in midwifery).

Probable duration of assistance. Until the end of 1957.

Work in 1955. A demonstration and training centre was established, and a maternity and a paediatric ward in Tripoli Hospital were equipped for training the community midwives. The first class of ten community midwives will complete the course early in 1956.

Nursing Education, Tripoli (Sept. 1955- )

Aim of the project. To develop modern nursing education adapted to local needs and resources, in order to provide nursing services for the whole country.

Assistance provided by WHO. A senior nurse educator and adviser and a nurse educator from November.

Probable duration of assistance. Until 1957.

Work in 1955. Needs and resources were surveyed and plans made for a school of nursing in Tripoli.

Health Education of the Public, Tripoli (June 1953- )

Aim of the project. To inform the public about the causes and prevention of disease.

Assistance provided by WHO. (a) A health educator; (b) transport and equipment.

Probable duration of assistance. Until mid-1956.
Project List: Eastern Mediterranean

**Libya 5**

**UNICEF**

**Tuberculosis Control (BCG) (Jan. 1953-Dec. 1955)**

*Aim of the project.* To tuberculin test most of the population under eighteen, and to vaccinate non-reactors; to start a permanent BCG vaccination service as part of the tuberculosis service.


*Work in 1955.* The mass campaign continued in Tripolitania, the Fezzan and Cyrenaica. Plans were made for a federal mobile team of a medical officer, an assistant medical officer, and two vaccinators (with clerks and drivers) to test and vaccinate children throughout the country, as a permanent service.

**Libya 7**

**TA UNICEF**

**Medical Assistants' School, Benghazi (Dec. 1955- )**

*Aim of the project.* To establish a school for training health assistants and sanitarians; to provide facilities for training auxiliary health personnel already working in Libya.

*Assistance provided by WHO in 1955.* (a) A public-health administrator as school director; (b) supplies and equipment.

*Probable duration of assistance.* Five years.

**Libya**

**Fellowships**

*Undergraduate medical studies.* Two fellowships for undergraduate medical studies in Egypt. Renewal for the academic year 1955-56 of seven fellowships—six for undergraduate medical studies, five in Egypt, and one in Italy, and one for pharmacy studies in Italy—awarded in previous years.

**Pakistan 2**

**TA UNICEF**

**Tuberculosis Control Demonstration and Training Centre, Karachi (Feb. 1951-Feb. 1955)**

*Aim of the project.* (a) To establish in Karachi a tuberculosis control demonstration and training centre to train doctors, nurses and technicians in modern tuberculosis control; (b) ultimately to establish similar centres in other parts of the country, staffed by personnel trained in Karachi, and to develop a programme of tuberculosis control for the whole country.

*Assistance provided by WHO in 1955.* A senior adviser until February and the regional tuberculosis laboratory adviser for two months, to advise the Government on the equipment of the laboratory.

*Work done.* In 1955, the senior adviser assessed and evaluated the project, and advised the Pakistani staff on the routine work of the centre. The project has established a well-equipped and organized tuberculosis control centre in Karachi, and has trained a number of national staff.

**Pakistan 9**

**R UNICEF**

**Maternal and Child Health Demonstration and Training Centre, Karachi (Oct. 1953- )**

*Aim of the project.* To establish a centre in which to demonstrate maternal and child health services, and to train community health visitors and dais for the provincial maternal and child health programme.

*Assistance provided by WHO in 1955.* A social paediatrician as team leader, two public-health nurse educators and two nurse educators in midwifery.

*Probable duration of assistance.* Until September 1956.

*Work in 1955.* The first batch of seven students finished their midwifery course and began their public-health course; the second batch of fourteen students began their midwifery course, and the third batch completed their preliminary training.

**Pakistan 10**

**TA UNICEF**

**Maternal and Child Health Demonstration and Training Centre, Dacca (Feb. 1953- )**

*Aim of the project.* To establish a centre in which to demonstrate maternal and child health services; to train community health visitors for the provincial maternal and child health programme; to train doctors, medical undergraduates and graduate and undergraduate nurses in maternal and child health work.
### Project No. 12
**Source of Funds:** UNICEF
**Co-operating Agencies:** Pakistan

**Description**

*Assistance provided by WHO in 1955.* (a) A paediatrician as team leader, two nurse educators in midwifery and two public-health nurses; (b) a fellowship.

**Probable duration of assistance.** Until the end of 1956.

**Work in 1955.** Training of the first five batches of students was continued. A rural health centre was set up at Mirpur, and was used for training students in rural health work.

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### Project No. 13
**Source of Funds:** UNICEF

**Description**

*Tuberculosis Control Demonstration and Training Centre, Dacca* (March 1953-)

**Aim of the project.** (a) To establish a model tuberculosis control clinic, as a centre for training staff in tuberculosis control; (b) to develop a tuberculosis service for East Pakistan

**Assistance provided by WHO in 1955.** (a) A senior tuberculosis adviser and a public-health nurse; (b) a fellowship.

**Probable duration of assistance.** Until the end of 1957.

**Work in 1955.** The routine work at the centre is on a sound foundation and health visitors and laboratory technicians are being trained. The centre selects cases for admission to the new tuberculosis hospital. The opening of three subcentres was delayed, but all preparations were made. The chemotherapy control project was still under discussion at the end of the year.

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### Project No. 19
**Source of Funds:** UNICEF

**Description**

*Nursing Education, Dacca* (Oct. 1952-)

**Aim of the project.** To increase the number of trained nurses in East Pakistan by extending and improving the facilities at the Medical College Hospital, Dacca, for training student nurses, staff nurses, teachers, supervisors and auxiliaries. The curriculum of the hospital will be reviewed and will include the teaching of public health.

**Assistance provided by WHO in 1955.** A senior nurse educator, a paediatric nursing instructor and a surgical nursing instructor.

**Probable duration of assistance.** Until mid-1957.

**Work done.** See page 99.

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### Project No. 20
**Source of Funds:** R

**Description**

*Assistance to Medical Schools, West Pakistan* (April 1952-)

**Aim of the project.** To improve the teaching facilities of the Department of Physiology at the Dow Medical College, Karachi.

**Assistance provided by WHO in 1955.** A visiting professor of physiology.

**Probable duration of assistance.** Until the end of the academic year 1955-56.

**Work in 1955.** There was general improvement in the standard of teaching and in the facilities for teaching students, but progress was much hampered by the lack of experienced tutors, particularly in the department of experimental physiology.

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### Project No. 21
**Source of Funds:** TA

**Description**

*Nursing Adviser to Central Government* (July 1953-)

**Aim of the project.** To develop and improve nursing education and the nursing services.

**Assistance provided by WHO in 1955.** A senior nurse adviser.

**Probable duration of assistance.** Until the end of 1956.
Work in 1955. Assistance in planning clinical instruction for a post-basic school of nursing which will be established by the United States International Co-operation Administration. Plans were drawn up to combine the pre-clinical instruction of students of the community health visitors' course and that of two government schools of nursing, to develop an integrated course of nursing education. Assistance was given to the Pakistan Nursing Council and to the Trained Nurses' Association of Pakistan.

Pakistan

Fellowships

TA
Venereal-disease control. One fellowship of twelve months, to study venereal-disease control in the United Kingdom.

R
Communicable diseases. One fellowship of three months, to study vaccine and sera production in Denmark.

TA
Maternal and child health. One fellowship of twelve months for maternal and child health studies in the United Kingdom.

R
Hospital construction. One fellowship of four months, to study hospital construction in the United States of America.

R
Otorhinolaryngology. One fellowship of twelve months to study otorhinolaryngology in the United Kingdom.

Saudi Arabia 1

Quarantine Station, Jeddah (Dec. 1952-Sept. 1955)

R
Aim of the project. To establish a quarantine station at Jeddah for pilgrims and other travellers.

Assistance provided by WHO in 1955. A senior quarantine officer.

Work done. The final report was under consideration at the end of the year.

Saudi Arabia 2

Venereal-Disease Control, Mecca (Nov. 1952- )

TA
Aim of the project. (a) To establish in Mecca a demonstration centre where local technical and auxiliary personnel can be trained in diagnosis and treatment; (b) to study the epidemiology of venereal diseases by field surveys.

Assistance provided by WHO in 1955. (a) A medical officer; (b) supplies and equipment.

Probable duration of assistance. Until June 1956.

Work in 1955. Work in the venereal disease centre in Mecca was interrupted during the Pilgrimage season and while the centre was being transferred to a new site. Work continued in the branch venereal-disease laboratories in Asir and Medina. Field surveys were carried out in Nejd. There were not enough local personnel available for training.

Saudi Arabia 3

Public-Health Administration (July 1953-July 1955)

R
Aim of the project. To develop the public-health services.

Assistance provided by WHO in 1955. A public-health adviser.

Work in 1955. The WHO adviser made recommendations for reorganizing the health services. He made a wide tour in 1955 and submitted a report on training schemes for health personnel of all grades, and on combined schemes of environmental sanitation, malaria, BCG and venereal-disease control of nomads at traditional halting stations and in hogars.

Saudi Arabia 4

Malaria Control (March 1952- )

TA
Aim of the project. To make surveys and to demonstrate malaria control; to train personnel; to demonstrate control of culicine mosquitoes and flies in or near Jeddah and in connexion with the Pilgrimage to Mecca.

Assistance provided by WHO in 1955. (a) An entomologist (now team leader) and a sanitarian; (b) several regional fellowships, including two to study malaria control in Egypt; (c) supplies.

Probable duration of assistance. Until the end of 1956.

Work in 1955. Routine malaria control continued in the Wadi Fatmah and in Jeddah. Some culicine control work was also done in Jeddah and Taif. A malaria and insect control centre was established, and much fly control work was done, with insecticides, during and after the Pilgrimage. Satisfactory results are reported.
<table>
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<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Description</th>
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</table>
| Saudi Arabia 5 | TA | Environmental Sanitation (July 1955-)  
  *Aim of the project.* To study the possibilities of a nation-wide sanitation programme.  
  *Assistance provided by WHO.* A sanitary engineering adviser for a month during the Mecca Pilgrimage and for two months later in the year.  
  *Probable duration of assistance.* Until the end of 1957, possibly longer.  
  *Work in 1955.* The adviser observed sanitary conditions during and in connexion with the Mecca Pilgrimage. Later in the year he made a survey and submitted recommendations for a national programme of environmental sanitation, for a pilot project and for the local training of sanitarians. |
| Saudi Arabia 9 | R | Blood Bank, Jeddah (March 1955-)  
  *Aim of the project.* To start a blood bank for the hospital services, and to train personnel in its techniques.  
  *Assistance provided by WHO.* (a) An expert adviser; (b) some equipment.  
  *Probable duration of assistance.* Until the end of March 1956.  
  *Work in 1955.* The blood bank was officially opened by the Under-Secretary of State and the distinguished guests at the ceremony donated blood. The problem of maintaining an adequate supply of blood donors remained to be solved. Matching personnel and other auxiliary staff had not been appointed by the end of the year. |
| Saudi Arabia 12 | R | Tuberculosis Control (Aug.-Sept. 1955)  
  *Aim of the project.* To make a survey, in preparation for establishing an adequate tuberculosis control service.  
  *Assistance provided by WHO and work done.* A senior tuberculosis consultant who visited many parts of the country, inspected existing institutions, and submitted recommendations. The most acute shortages are in hospital and public-health nursing services and in modern facilities for diagnosis. |
| Saudi Arabia | TA | Fellowships  
  *Environmental sanitation.* Four fellowships, each of two years, for study in Italy.  
  *Statistics.* One fellowship of six months, to study statistics in Lebanon. |
| Somalia 2 | TA UNICEF | Malaria Control (June-Aug. 1955)  
  *Aim of the project.* To make a survey and plan malaria control.  
  *Assistance provided by WHO.* (a) A consultant for three months; (b) a fellowship for the senior malaria adviser to the Administration to study modern methods of control in Yaoundé (French Cameroons) and Iraq.  
  *Work done.* The WHO consultant submitted recommendations on how control measures should be developed, and work was started on a plan of operation for 1956. |
| Somalia 3 | TA | Tuberculosis Control (BCG) (Sept.-Dec. 1955)  
  *Aim of the project.* To assess the tuberculin sensitivity of the population, and to devise suitable methods of mass control, especially by BCG vaccination.  
  *Assistance provided by WHO.* A BCG assessment team of a senior adviser and two nurses. |
| Somalia | TA | Fellowships  
  *Nursing.* Four fellowships for study in Italy. |
**Project List: Eastern Mediterranean**

<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Co-operating Agencies</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Sudan 3** |                 | UNICEF                 | **Tuberculosis Control (BCG)** (April 1954-April 1955)  
  **Aim of the project.** To study the prevalence of tuberculosis throughout Sudan by sample tests of tuberculin allergy, and to plan future action.  
  **Assistance provided in 1955** (cost reimbursed by UNICEF). A BCG medical officer and a BCG nurse.  
  **Work done.** Tuberculin testing, BCG vaccination, histoplasmin tests and studies of various antigens were carried out in the provinces of Kassala, Kordofan and Darfur. The BCG medical officer submitted a report with recommendations for a mass campaign. |
| **Sudan 6** |                 | TA UNICEF              | **Malaria Control** (Survey: Dec. 1955- )  
  **Aim of the project.** To control malaria, first in the Fung area of the Gezira; later, to extend operations to other areas, eradicating the disease where possible.  
  **Assistance provided by WHO.** A consultant from December.  
  **Probable duration of assistance.** Until 1957 at least. |
| **Sudan 7** |                 | R TA (fellowship)      | **Nursing Education, Khartoum** (Oct. 1955- )  
  **Aim of the project.** To establish a school of nursing, in order to prepare a cadre of senior nurses for the preventive and curative health services.  
  **Assistance provided by WHO.** (a) Two nurse educators; (b) a long-term fellowship for basic nursing studies at the Higher Institute of Nursing, Alexandria; (c) teaching equipment and supplies for the school.  
  **Probable duration of assistance.** Beyond the end of 1957. |
| **Sudan 8** |                 | R                      | **Trypanosomiasis Control, Juba Province** (First phase: April-June 1955)  
  **Aim of the project.** To organize emergency measures for trypanosomiasis control, by chemoprophylaxis in the first instance, especially in the Zande area with a population of about 30,000; to plan permanent trypanosomiasis control in that and other areas.  
  **Assistance provided by WHO.** (a) A short-term consultant; (b) supplies and equipment.  
  **Probable duration of assistance.** Until 1957. |
| **Sudan 9** |                 | TA                     | **Tuberculosis Control** (June 1955- )  
  **Aim of the project:** (a) To study the epidemiology and prevalence of tuberculosis in the Gezira irrigation area; (b) to train staff for the tuberculosis control services; (c) to establish a school for tuberculosis health visitors; (d) to demonstrate tuberculosis control at a centre at Wadi Medani, and provide a tuberculosis control service for the town and surrounding area.  
  **Assistance provided by WHO and work done.** A consultant, who visited the area to draw up plans for the project. The agreement was drafted and signed by the Government. Supplies and equipment were ordered. The team was selected and will report early in 1956. |

**Sudan**  

**Fellowships**  

**R**  

**Tuberculosis.** One fellowship of seven months, to study tuberculosis control in Denmark, Egypt, East Pakistan and the United Kingdom.  

**R**  

**Mental health.** Three fellowships, each of two months, to study mental health nursing in Lebanon.  

**Syria 2**  

**TA UNICEF**  

**Malaria Control** (Oct. 1952- )  

**Aim of the project.** To eradicate malaria from the whole country in five years (expansion of former malaria-control project).
## Bejel and Syphilis Control (March 1954- )

**Aim of the project.** To control bejel and syphilis in northern Syria and to train professional and technical personnel.

**Assistance provided by WHO in 1955.** A senior medical officer, a serologist, and a male nurse.

**Probable duration of assistance.** Until the end of 1956.

**Work in 1955.** Routine work at Abu Kemal and Deir-ez-Zor progressed satisfactorily. The pilot project started in January and continued until the hot weather, when no field work is possible. The mass campaign was delayed, but began before the end of the year, and the Government authorized four field teams for the expanded programme.

## Bilharziasis and Malaria Control (Dec. 1953- )

**Aim of the project.** To control bilharziasis and malaria by a combined project in the Jezireh area, and pilot demonstrations of control, first in limited districts and expanding later. Bilharziasis is to be controlled by destroying the snail vector, by improved sanitation, health education to promote better personal hygiene, and the treatment of cases; malaria, principally by residual spraying, after suitable surveys.

**Assistance provided by WHO in 1955.** (a) A medical officer, a public-health engineer, a sanitarian, and a laboratory technician; (b) regional training fellowships; (c) supplies and equipment.

**Probable duration of assistance.** Until the end of 1957.

**Work in 1955.** Bilharziasis control work in the pilot area was limited to local sulfation of streams, finding and treating cases, health education and staff training. Sanitation work was hampered by delayed equipment and supplies. Malaria control work was postponed to 1956 by administrative difficulties, and will eventually be absorbed in the malaria eradication campaign. The area was widely surveyed. Preliminary evaluation indicated that the methods used for bilharziasis control were not fully effective, and that further pilot studies were required.

## Maternal and Child Health Demonstration and Training Centre, Damascus (Sept. 1952-March 1955)

**Aim of the project.** To improve maternal and child health in Damascus by establishing a demonstration centre and by training auxiliary personnel; to plan extension of the services to other parts of the country.

**Assistance provided in 1955 (cost reimbursed by UNICEF).** A public-health nurse educator and a nurse educator in midwifery.

**Work done.** The national counterpart staff was trained and will continue the educational work of the centre. The international staff toured the country and made recommendations for the extension of the services. The first class of students completed their twelve-month course of training.

## Tuberculosis Control Demonstration and Training Centre, Damascus (May 1952-June 1955)

**Aim of the project.** To establish a demonstration and training centre in Damascus; later to extend tuberculosis control services to other parts of the country.

**Assistance provided by WHO in 1955.** A senior adviser, a laboratory technician until February, and the regional tuberculosis laboratory adviser for a month.

**Work in 1955.** The routine work in the centre continued. The WHO adviser visited other parts of Syria to survey the possibility of extending tuberculosis services to Deir-ez-Zor, Aleppo, Latakia, and
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<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Description</th>
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<tbody>
<tr>
<td>Syria 12</td>
<td>TA</td>
<td>Nursing Education, Aleppo (Sept. 1955- )</td>
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<tr>
<td></td>
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<td>Aim of the project. To expand and develop the teaching facilities of the school of nursing at Aleppo. Assistance provided by WHO. (a) Two nurse educators; (b) two fellowships; (c) teaching equipment. Probable duration of assistance. Beyond 1957. Work in 1955. Two nurse educators were granted WHO fellowships; they will work as counterparts on the project.</td>
</tr>
<tr>
<td>Syria 13</td>
<td>R UNICEF</td>
<td>School Health Services (Favus Control) (Sept. 1954- )</td>
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<tr>
<td></td>
<td></td>
<td>Aim of the project. To establish, as part of the general health services, permanent services for the control of mycotic infection of the scalp in children; to improve control methods and train personnel. Assistance provided by WHO in 1955. A dermatologist and an x-ray technician. (UNICEF provided two static and one mobile x-ray units and some equipment.) Probable duration of assistance. Until mid-1956. Work in 1955. Good progress was made. A centre was set up in Aleppo at which over 1650 epilations were done without any accident and with an 82 per cent. rate of cure. A trained Syrian staff took over the Aleppo Centre and the WHO team moved to Damascus to open a similar centre there. A survey of five villages showed a favus incidence among the children of 14.72 per cent.</td>
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<tr>
<td>Syria 14</td>
<td>TA</td>
<td>Nursing Education, University School of Nursing, Damascus (June 1953-Nov. 1955)</td>
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<td>Aim of the project. To provide more qualified nurses by improving the teaching and practice of nursing in the University School and the hospital; to prepare graduate nurses for administration and teaching. Assistance provided by WHO in 1955. (a) A senior nurse educator and a nursing arts instructor (the senior nurse acts also as nurse adviser to the Government); (b) two fellowships to study nursing in Belgium and the United States of America; (c) teaching equipment. Work done. Assistance was given in developing a modern nursing curriculum, improving the hospital nursing services, and organizing a new school and hostel building. The progress made with the nursing curriculum was not wholly satisfactory.</td>
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<tr>
<td>Syria 22</td>
<td>R</td>
<td>Ankylostomiasis Survey (Sept.-Dec. 1955)</td>
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<td>Aim of the project. To study the epidemiology of ankylostomiasis in Syria, and draw up plans to control the disease by improved environmental sanitation and other means. Assistance provided by WHO. (a) A short-term consultant; (b) minor supplies.</td>
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<tr>
<th>Syria</th>
<th>Fellowships</th>
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<tr>
<td>R</td>
<td>Venereal diseases. One fellowship of three months, to study the maritime aspects of venereal disease control, in France, the Netherlands and the United Kingdom.</td>
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<tr>
<td>R</td>
<td>Tuberculosis. Two fellowships each of twelve months, to study thoracic surgery, one in France and one in the United Kingdom.</td>
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<td>TA</td>
<td>Bilharziasis. Five fellowships, each of two months, for study in Egypt.</td>
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<td>R</td>
<td>Plague. One fellowship of two months, to study in Iran laboratory techniques for plague research.</td>
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<td>Project No.</td>
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**WESTERN PACIFIC**

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<tr>
<th>WPRO 12</th>
<th>UNICEF</th>
<th>BCG Assessment Team (Jan. 1954-April 1955)</th>
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<tr>
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<td><strong>Aim of the project.</strong> (1) Before BCG vaccination programmes: to determine the prevalence of reactors to tuberculin in sample areas in order to decide what areas and age-groups should be covered in the BCG campaign and what techniques and procedures should be used; (2) after BCG vaccination programmes: to determine from sample investigations what degree of tuberculin allergy had been produced and what changes should be made in techniques and procedures.</td>
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<td><strong>Assistance provided in 1955 (cost reimbursed by UNICEF).</strong> A medical officer and two nurses.</td>
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<td><strong>Work done.</strong> The team made field checks of the vaccines produced in the Alabang Laboratory, Philippines (used in the Philippines, Indonesia, Sarawak, Brunei and Hong Kong), and of those made in the BCG laboratories of Taipei (used in Taiwan) and Saigon (used in Cambodia and Viet Nam). The team worked in the Philippines, Viet Nam, Cambodia, Indonesia, and Taiwan, and returned to the Philippines in February 1955. A report, <em>Data for the Assessment of Naturally Acquired Tuberculin Sensitivity in Seven Countries of Asia</em>, has been published. Volume II, <em>Assessment of the Results of Vaccination</em>, is being prepared in the Tuberculosis Research Office.</td>
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<tr>
<th>WPRO 21</th>
<th>TA</th>
<th>Nursing Education Seminar, Suva, Fiji (4-28 July 1955)</th>
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<td><strong>Aim of the project.</strong> To provide opportunity for study of problems and exchange of ideas which would assist plans for improving nursing and nursing services in the countries of the Region; and to increase the knowledge and skills, particularly in human relations, necessary in carrying out such plans; to lay foundations for assistance and co-operation between countries.</td>
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<td><strong>Assistance provided by WHO.</strong> (a) Four consultants and seven nurses employed on WHO-assisted projects; (b) expenses of forty participants from Australia, Brunei, Cambodia, Fiji, Guam, Hong Kong, Japan, Korea, Federation of Malaya, Netherlands, New Guinea, New Zealand, Papua and New Guinea,</td>
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Philippines, Sarawak, Singapore, Taiwan, Tonga, Trust Territory of the Pacific Islands, Viet Nam, Western Samoa. (The seminar was also attended by a participant from Australia and one from Singapore (expenses paid by their respective governments) and by a consultant sent by the United States International Co-operation Administration.)

Work done. The seminar divided into six groups for study of specific problems, but plenary sessions were held daily. The main subjects were public-health nursing in the basic curriculum; nurses as educators; the training of the "community nurse"; clinical instruction; and post-graduate education. The seminar has been followed up in the countries represented. In some of them, workshop studies have been organized.

Fellowships

Public-health administration. One nine-month fellowship to study in Singapore for the Diploma of Public Health.

Pathology. Two fellowships: one, of ten months, to study laboratory methods in neonatal and infant pathology and cytological diagnosis of bronchogenic carcinoma in the United States of America and the United Kingdom; the other, of twelve months, for a diploma in clinical pathology in the United Kingdom.

Malaria Control (1951-

Aim of the project. To organize antimalaria services; to demonstrate methods of malaria control, by demonstration and comparison areas; to train personnel.

Assistance provided by WHO in 1955. (a) A malariologist and a sanitarian; (b) a fellowship of six and a half months for the national team leader to study in Europe.

Probable duration of assistance. Until the end of 1957.

Work in 1955. The programme was extended to cover half of the malarious communities, and 180,600 persons were protected by spraying, between March and July. DDT was clearly effective against the anopheline, but movements of the population and the building of temporary huts presented difficulties. A study was begun to determine whether DDT is effective in controlling malaria transmission in these temporary huts and how the malaria campaign can be adapted to meet local conditions and the social traditions of the people.

Public-Health Administration (Nov. 1953-)

Aim of the project. To improve public-health administration by co-ordinating health programmes, planning long-term programmes and surveying health conditions.

Assistance provided by WHO in 1955. A specialist in public-health administration to help in the above work and to co-ordinate the health work of international agencies.

Probable duration of assistance. Until December 1957.

Nursing Education, Phnom-Penh (Sept. 1951-)

Aim of the project. To set up a school of nursing (the first in the country) in Phnom-Penh; to develop nursing and midwifery training.

Assistance provided by WHO in 1955. A public-health nurse as team leader; five nurse educators, two of them in general nursing and midwifery.

Probable duration of assistance. Until the end of 1957.

Work in 1955. Refresher courses were given to improve nursing services, and clinical experience was provided for students in the government hospital and health centres. Local nursing counterparts took part in planning nursing education. Classes were organized by the Ministry of Education to improve the educational background of nursing students. Progress was made with midwifery training.
**Cambodia 4**

Aim of the project. To teach modern, suitable methods of maternal and child care; to improve teaching of obstetrics and child care in the Phnom-Penh school of nursing and midwifery; to improve the teaching of paediatrics, obstetrics and gynaecology at the Royal School of Medicine; to demonstrate methods of combining curative, preventive and educational health services; to extend maternal and child health services and make them part of the national health services.

Assistance provided by WHO in 1955. Two medical officers and a public-health nurse.

Probable duration of assistance. Until the end of 1957.

Work in 1955. The maternity care side of the programme received more attention. A health centre was reorganized and the staff given in-service training. The centre is used also for part of the clinical teaching of medical and nursing students. Plans were made for participation in a rural health demonstration centre. A teaching programme in paediatrics, obstetrics and gynaecology was developed at the Royal School of Medicine.

**Cambodia 5**

Aim of the project. To improve teaching facilities at the Royal School of Medicine with a view to its upgrading to university status; to expand the facilities for training hospital assistants.

Assistance provided by WHO and work in 1955. (a) Two short-term fellowships for visits to medical schools in the South-East Asia and Western Pacific Regions—awarded to the Director of the School and one of the professors; (b) expenses of up to ten students in the degree class; (c) supplies and equipment.

The medical officers assigned to the maternal and child health project, Cambodia 4, also taught at the school.

Probable duration of assistance. Beyond 1957.

**Cambodia 6**

BCG Vaccination (Jan. 1955- )

Aim of the project. To carry out a mass BCG vaccination programme to protect a large section of the community; to lay the foundations for a national BCG vaccination service as part of the tuberculosis control service.

Assistance provided (cost reimbursed by UNICEF). A medical officer (who also worked on project Viet Nam 4); a BCG nurse.

Probable duration of assistance. Until late 1956.

Work done. Four local teams were trained. By the end of October nearly 265 000 persons had been tested and over 131 000 vaccinated.

**China 1**

Venereal-Disease Control, Taiwan (Aug. 1953- )

Aim of the project. To train local personnel in case-finding, contact investigation, health education and modern methods of diagnosis and treatment; to improve laboratory services and standardize laboratory methods; to establish an island-wide venereal-disease control programme.

Assistance provided by WHO in 1955. (a) A venereologist; a serologist and a public-health nurse; (b) three fellowships—two of twelve months for medical officers to take their MPH degree in the United States of America, majoring in venereal-disease control; and one of six months in health education.

Probable duration of assistance. Until 1957.

Work in 1955. By March the first stage of training had been completed for the medical, nursing and laboratory personnel from 22 health centres, 365 health stations, 21 laboratories and several hospitals, and for selected private practitioners and midwives. The programme therefore now covers the whole province. Attention was then turned to selective training, and follow-up visits were paid to health centres, laboratories and hospitals to decide where additional training was required. Progress was made with a maternal and child health and venereal-disease control programme.
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<th>Project No.</th>
<th>Source of Funds</th>
<th>Co-operating Agencies</th>
<th>Description</th>
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<td><strong>Maternal and Child Health, Taiwan (Aug. 1952- )</strong></td>
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</tbody>
</table>
| China 3    | TA              | UNICEF               | *Aim of the project.* To provide an efficient maternal and child health service throughout the island; to train nursing and medical personnel in all branches of public health relating to mother and child; to improve health education.  
*Assistance provided by WHO in 1955.* A medical officer and a nurse educator.  
*Probable duration of assistance.* Until 1957.  
*Work in 1955.* See page 105. |
| China 6    | TA              |                      | **Nursing Education, Taiwan (May 1952- )** |
|            |                 |                      | *Aim of the project.* To improve the standard of nursing education and the quality of nursing services by establishing a school of nursing at the University Hospital in Taipei.  
*Assistance provided by WHO in 1955.* (a) A senior nurse educator and four other nursing instructors; (b) two two-year fellowships for study of paediatric nursing and nursing education in the United States of America.  
*Probable duration of assistance.* Until 1957.  
*Work in 1955.* In-service training was given to graduate nurses and special courses were held for head nurses from government hospitals. Assistance was given to the Government School of Nursing, some of whose local nurses were studying abroad in preparation for teaching posts. |
| China 7    | TA              |                      | **Malaria Eradication, Taiwan (May 1952- )** |
|            |                 |                      | *Aim of the project.* To control malaria, and eventually to eradicate it, throughout the island, by use of residual insecticides.  
*Assistance provided by WHO in 1955.* (a) An entomologist and a public-health engineer; (b) four fellowships—two of nine months to technicians for study in Japan, and two of six weeks, to the Director and Vice-Director of the Provincial Malaria Research Institute, for a study tour of Malaya, Ceylon and Thailand; (c) supplies and equipment.  
*Probable duration of assistance.* Until 1957.  
*Work in 1955.* Spraying was repeated in all the malarious areas and malaria surveillance work introduced. Up to 18 August, about 5,120,000 persons had been directly protected. All the DDT used in 1954 and 1955, and the “lift-pressure” pumps for use where housing is concentrated, were produced locally. A local type model of compressor sprayer was developed. Monthly entomological investigations in representative areas showed no *Anopheles minimus* adults in sprayed houses. The collateral benefits of the spraying maintained the popularity of the programme in all areas. Much of the programme has already been transferred to the local staff. The great reduction of malaria after the successive sprayings has made it possible to modify the project into a malaria eradication campaign. |
| China 13   | UNICEF          |                      | **Trachoma Mass Campaign (Oct. 1954- )** |
|            |                 |                      | *Aim of the project.* To control trachoma in a population of over two million school-children and their families; to organize key centres in schools and centres to maintain a practically permanent scheme of prevention and treatment. (This follows the WHO/UNICEF-assisted pilot project which ended in March 1953.)  
*Assistance provided by WHO in 1955.* Technical advice. (It was not possible to recruit the short-term consultant, as planned.) |
| China 14   | R               |                      | **Environmental Sanitation, Taiwan (Oct. 1954- )** |
|            |                 |                      | *Aim of the project.* To survey the organization and functions of governmental agencies concerned with environmental sanitation; to assess the chief sanitation problems and establish their relative urgency; to carry out a pilot project of modern and economical sanitation procedures; to train personnel.  
*Assistance provided by WHO in 1955.*- (a) A short-term consultant for two months to make the survey; (b) two fellowships—one of twelve months, for study in the United States of America, and the other of four and a half months, to observe environmental sanitation work in South-East Asia, the Western Pacific, Hawaii and the United States.  
*Probable duration of assistance.* Until the third quarter of 1957. |
**Tuberculosis Control, Taiwan (Aug. 1955- )**

_Aim of the project._ To expand the tuberculosis control service and to incorporate in it the BCG work already in operation; to explore new methods of control of ambulant cases by chemotherapy.

_Assistance provided by WHO._ Two fellowships—one in tuberculosis with special reference to public health and one in research methods as applied to chemotherapy trials.

_Probable duration of assistance._ Until 1958.

**Mental Health, Taiwan (Oct.-Nov. 1955)**

_Aim of the project._ To survey the needs and the facilities for mental health work; to draw up a programme with emphasis on child guidance and community mental hospitals.

_Assistance provided by WHO._ (a) A short-term consultant; (b) a twelve-month fellowship for study in the United States of America; (c) medical literature.

**Fellowship**

_Anaesthesiology._ One twelve-month fellowship for study in Denmark.

**Treponematoses Control (Nov. 1954- )**

_Aim of the project._ To reduce the prevalence of yaws by mass examination and treatment with penicillin; ultimately, to eliminate the disease as a public-health problem; to train local personnel in the diagnosis, therapy and epidemiology of yaws.

_Assistance provided by WHO in 1955._ A medical officer and a serologist until July.

_Probable duration of assistance._ Until the end of 1956.

_Work in 1955._ The first survey of the pilot area and the training of field personnel were completed in June. Remarkable progress was made with a mass campaign throughout the islands. The co-operation of the population was enthusiastic and the number of out-patients attending rural dispensaries was greatly reduced.

**Central Medical School, Fiji (Feb. 1955- )**

_Aim of the project._ To train assistant medical practitioners for government service in Fiji and adjacent territories, and to strengthen the staff of the Central Medical School.

_Assistance provided by WHO._ (a) Two lecturers—one in biology and one in physiology and related sciences; (b) supplies and equipment.

_Probable duration of assistance._ Beyond 1957.

_Work done._ The teaching of biology, physiology and related sciences was considerably strengthened. Laboratories were remodelled for easier teaching. A medical student was selected for further university training in physiology, and another student for further training in biology. Part of the equipment arrived. The two lecturers helped to improve the curriculum of the School and helped the students in work outside the curriculum.

**Medical statistics._ A six-month fellowship to study medical statistics and epidemiology in the United Kingdom.

**Maternal and Child Health (April 1953- )**

_Aim of the project._ To demonstrate modern maternal and child health services suitable to Hong Kong; to strengthen infant-welfare and school health programmes and domiciliary midwifery services; to provide instruction in child health for school-teachers and parents, health education, and refresher courses for midwives; to improve training in paediatrics and promote post-graduate education in child health.

_Assistance provided by WHO in 1955._ (a) Two nurse educators; a twelve-month fellowship to study health education in the United States of America.
### Project List: Western Pacific

<table>
<thead>
<tr>
<th>Project No.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hong Kong</strong></td>
<td><strong>Fellowships</strong></td>
</tr>
<tr>
<td>TA</td>
<td><strong>Public-health administration.</strong> Two nine-month fellowships for study in Singapore for the Diploma of Public Health.</td>
</tr>
<tr>
<td></td>
<td><strong>Tuberculosis.</strong> One six-month fellowship for study in the United Kingdom and in Singapore.</td>
</tr>
</tbody>
</table>

| Japan 10 | Assistance to Institute of Public Health, Tokyo (March 1955- ) |
| R | **Aim of the project.** To strengthen the Department of Epidemiology in the Institute of Public Health and the Medical-Social Service in the Ministry of Health and Welfare. |
| | **Assistance provided by WHO.** (a) A consultant in epidemiology for three months; (b) supplies and equipment. |
| | **Probable duration of assistance.** Until 1957. |
| | **Work done.** The consultant's visit led to a reconsideration of the teaching of epidemiology at the Institute and in other parts of Japan. A change in the didactic method of teaching and attention to community services as well as research were recommended. A twelve-month fellowship in epidemiology and a six-month fellowship in medical social work terminated in 1955. |

| Japan 11 | Environmental Sanitation, Kobe (Aug. 1955- ) |
| TA | **Aim of the project.** To study the economical and hygienic disposal of night soil and other organic refuse; to operate a pilot composting plant; eventually to establish a full-scale prototype rapid composting plant. |
| | **Assistance provided by WHO.** (a) A short-term public-health engineering consultant; (b) two fellowships; (c) supplies and equipment. |
| | **Probable duration of assistance.** Until 1956. |
| | **Work done.** The preliminary experiments with the pilot plant composting operations were very encouraging and the Government is prepared to proceed with the construction of the full-scale prototype rapid composting plant. |

| Japan 14 | Nursing Education, Tokyo (Aug. 1955- ) |
| R | **Aim of the project.** To strengthen basic nursing, midwifery and public-health nursing education; to develop a centre for post-graduate training at the Institute of Public Health, Tokyo, and to train qualified teachers for the centre. |
| | **Assistance provided by WHO.** (a) A nurse educator; (b) a twelve-month fellowship to study nursing education in the United States of America. |
| | **Probable duration of assistance.** Until 1957. |
| | **Work done.** Progress was made with the detailed planning of the project, which will include a series of seminars, lasting from two to three days, in eight regions of Japan. |

| Japan | Fellowships |
| TA | **Venereal diseases and treponematoses.** Two twelve-month fellowships to study in the United States of America, one for the degree of Master of Public Health, majoring in venereal diseases, the other in venereal diseases and health education. |
| TA | **Health statistics.** Two six-month fellowships: one for study of epidemiological statistics in the United Kingdom, Denmark, the Netherlands, Germany and Sweden, the other for the study of hospital statistics in the United Kingdom and Denmark. |
| R | **Mental health.** One six-month fellowship to study the care of mentally retarded children in the United Kingdom, Belgium, the Netherlands, Denmark and Finland. |
| R | **Food control.** One six-month fellowship to study bacteriological food-testing in the United States of America and Canada. |
| R | **Anaesthesiology.** One twelve-month fellowship for study in Denmark. |
### Fellowships

**Korea**

- **TA**
  - *Tuberculosis.* A fellowship of twelve months, to study public-health administration, with emphasis on tuberculosis control, in the United States of America.
  - *Veneral diseases.* A fellowship of twelve months, to study public-health administration, with emphasis on venereal-disease control, in the United States of America.
  - *Leprosy.* A fellowship of six months, to study leprosy control in the Philippines, Singapore and Taiwan.
  - *Communicable diseases.* A fellowship of twelve months, to study quarantine services and public-health work in the United States of America, Canada, Italy and countries of Asia.
- **R**
  - *Parasitology.* A twelve-month fellowship to study parasitology in the United States of America.
  - *Environmental sanitation.* A fellowship of twelve months to study sanitary engineering in the United States of America.

**Laos**

- **TA**
  - *Treponematoses Control, Thakhet, Savannakhet, Saravane and Paksé (Jan. 1953- )*
    - **UNICEF**
    - *Aim of the project.* To survey the yaws situation; to train local personnel in diagnosis and treatment; to carry out a mass campaign (house-to-house case-finding and treatment of all accessible clinical cases and contacts, and health education) so as to reduce the incidence of yaws to a level at which the public-health programme can maintain control.
    - *Assistance provided by WHO in 1955.* A medical officer since August (replacing the venerologist who left in November 1954).
    - *Probable duration of assistance.* Until December 1957.
    - *Work in 1955.* Mass examination and treatment were completed in the Province of Savannakhet and the teams moved to Paksé. Resurvey work was done in some of the areas in Savannakhet, and results have been very satisfactory.

**Laos**

- **TA**
  - *Public-health administration.* Four twelve-month fellowships to study public-health administration in Cambodia.

**Malaya 1**

- **TA**
  - *Nursing Education, Kuala Lumpur and Penang (June 1950- )*
    - *Aim of the project.* To improve the standard of basic and graduate nursing education and the quality of nursing services; to prepare local nurses for administrative and teaching posts; to adapt the nursing education programme to local resources and needs; to develop a well-organized programme for midwives.
    - *Assistance provided by WHO in 1955.* At Kuala Lumpur—a midwifery tutor; at Penang—a senior nurse educator, a male tutor and a public-health nursing tutor.
    - *Probable duration of assistance.* Until 1958.
    - *Work in 1955.* The first health visitors' course for registered nurses and midwives to be held in Malaya was completed in June; a second course started in September. A four-month ward-administration course started in May. The training of hospital assistants continued and other states are interested in the course. The midwifery training programme was expanded and the district training of pupil nurse-midwives began in September.

**Malaya 9**

- **R**
  - *Rural Health Training Centre, Jitra, Kedah (Nov. 1954- )*
    - *Aim of the project.* To establish a training centre at Jitra for assistant health nurses, rural midwives, dispensers and sanitary overseers.
    - *Staff trained at Jitra will be assigned to ninety main health centres which the Government is building. These centres and their subcentres, in addition to their routine work, will have special responsibilities for the welfare of mothers and children, such as domiciliary midwifery, infant care and dental hygiene.*
    - *Assistance provided by WHO in 1955.* A medical officer; a public-health nurse since November.
    - *Probable duration of assistance.* Until the end of 1957.
    - *Work in 1955.* The rural health training centre built by the Government was completed in June and the state of Kedah handed over to it the supervision and administration of several clinics and dispensaries. In August, a clinical survey of schoolchildren, preliminary to a school-feeding experiment, was begun in three Malay schools. A maternal and child health clinic and an out-patient department were opened.
<table>
<thead>
<tr>
<th>Project No.</th>
<th>Description</th>
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<tbody>
<tr>
<td></td>
<td>A mobile dispensary visited schools and villages twice a week and progress was made with building up a district medical service for an area of about 150 square miles. Plans for a yaws demonstration project in Jitra were drawn up. When training of the teams starts in January 1956 the area will be fully organized to provide the necessary services for training.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Netherlands New Guinea Fellowship</td>
<td>Health education. One twelve-month fellowship to study in the United States of America for the degree of Master of Public Health, majoring in health education.</td>
</tr>
</tbody>
</table>
| North Borneo 5 TA | Malaria Control, Keningau (July 1955- )  
**Aim of the project.** To study the malaria situation; to train local personnel and to carry out a control programme.  
**Assistance provided by WHO in 1955.** A malariologist and an entomologist.  
**Probable duration of assistance.** Until June 1959.  
**Work in 1955.** The team concentrated on training local personnel, and made spleen surveys in schools and villages in the Keningau and Tenom districts, and mosquito catches. A pilot area was set up. |
| North Borneo 6 TA | Nursing Education, Jesselton and Sandakan (June 1950-Sept. 1955)  
**Aim of the project.** To establish a programme of basic nursing education, including public-health nursing and midwifery.  
**Assistance provided by WHO in 1955.** Two nurse educators.  
**Work done.** A basic school of nursing for nursing students has been established in Sandakan. Training has been given to the staff of two government hospitals and the health centre in Jesselton and to midwives. The Government has taken over the teaching programme. |
| North Borneo 8 TA | Environmental Sanitation (Dec. 1953- )  
**Aim of the project.** To study environmental sanitation problems, particularly collection and disposal of sewage in Jesselton, Labuan, Kudat, Tawau, Sandakan, Papar and Beaufort, and to take appropriate action.  
**Assistance provided by WHO in 1955.** (a) Two public-health engineers; (b) supplies and equipment.  
**Probable duration of assistance.** Until the end of 1956.  
**Work in 1955.** Designs, plans and specifications for Jesselton were substantially completed and field operations were transferred to Sandakan. The work completed includes a number of standard plans for pumping stations and treatment facilities, which can be used in other communities. |
| Papua and New Guinea Fellowship | Malaria. One three-month fellowship to study malaria control in Malaya, Singapore, Taiwan and the Philippines. |
| Philippines 9 TA | Bilharziasis Pilot Project, Leyte (June 1952- )  
**Aim of the project.** To determine the most effective and economical means of controlling bilharziasis; to train local professional and auxiliary personnel; to study the human, domestic-animal and snail hosts of *Schistosoma japonicum* and the parasite itself; to make an epidemiological study of the disease in a highly epidemic area; to plan a control programme.  
**Assistance provided by WHO in 1955.** (a) An epidemiologist, a zoologist and a public-health engineer; (b) a twelve-month fellowship for the national epidemiologist, to study public health in the United States of America, majoring in epidemiology; (c) supplies and equipment.  
**Probable duration of assistance.** Until the end of 1959.  
**Work in 1955.** Ecological studies on *O. quadrasi* continued, with particular attention to the effect of weather changes on its life. Attention was also paid to the relative quantitative importance of man and other hosts in the transmission of the disease and the effect of control measures on snail life. Good progress was made in the study of the epidemiology of the disease and it has been found that it is most prevalent among children of ten to fourteen years. There is some evidence that nutritional requirements at these ages may precipitate the clinical manifestations of the disease. A good deal of deficiency disease has been noted both in infected and in non-infected groups. |
Tuberculosis is a disease that affects the lungs and other organs. It is caused by a bacteria called Mycobacterium tuberculosis. The bacteria enter the body through the lungs and can spread to other parts of the body. The disease is most common in people who are older or have weak immune systems. It can be treated with antibiotics, but it can also cause serious health problems if left untreated. The disease is preventable with proper health care and vaccination. The World Health Organization (WHO) provides assistance to countries affected by tuberculosis, including the Philippines. Here is a list of projects funded by WHO in 1955 for the Philippines:

<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Description</th>
</tr>
</thead>
</table>
| Philippines 12 | TA (Johns Hopkins University), (Rockefeller Foundation) | Institute of Hygiene, University of the Philippines, Manila (July 1953— )
| | | Aim of the project. To provide further training for the faculty of the Institute of Hygiene by a programme of exchange between members of the teaching staffs of the Institute and the Johns Hopkins University School of Hygiene and Public Health.
| | | Assistance provided by WHO in 1955. See page 106.
| | | Probable duration of assistance. Until 1957.
| | | Work in 1955. See page 106. |
| | | Aim of the project. To carry out tuberculin testing and vaccinate negative reactors among children and adolescents in the Philippines; to make BCG work a permanent feature of the tuberculosis service.
| | | Assistance provided in 1955 (cost reimbursed by UNICEF). A consultant (medical officer).
| | | Work in 1955. During most of the year twenty-five local teams were in action. |
| Philippines 29 | TA UNICEF | Midwifery Training (Oct. 1953— )
| | | Aim of the project. To study the midwifery services and training facilities; to develop a well-organized training programme for midwives; to train village midwives (hilots); to study maternity-nursing needs and resources; to formulate a midwifery practice act.
| | | Assistance provided by WHO in 1955. A nurse educator (midwifery).
| | | Probable duration of assistance. Until December 1957.
| | | Work in 1955. Supervisors and nursing personnel who have completed the course gave in-service courses for the nurses and graduate midwives. They also gave classes for hilots selected from outlying districts where there are no professional attendants.
| | | One-day seminars on maternal and child health were arranged for supervisors of the nursing personnel of the rural health units and of the puericulture centres.
| | | Plans were drawn up for a domiciliary obstetrical service, care of premature infants, and a field practice area in Cebu. The chief purpose of the latter will be to prepare midwives for domiciliary practice in the southern islands. |
| Philippines 43 | R | Environmental Sanitation (June 1955— )
| | | Aim of the project. To co-ordinate and strengthen environmental sanitation work.
| | | Assistance provided by WHO. (a) A public-health engineer; (b) a four-month fellowship for a senior official to attend the environmental sanitation seminar in Ceylon and to study environmental sanitation in countries in the South-East Asia and Western Pacific Regions.
| | | Probable duration of assistance. Until June 1957.
| | | Work in 1955. Work started on the proposed Sanitary Code for the Philippines, water supplies were surveyed, and the problem of industrial waste investigated. Teaching progressed at the University of the Philippines. Preparation of long-range plans for environmental sanitation in the Philippines continued. |
| Philippines 47 | TA | Medical Education (Nov. 1955— )
| | | Aim of the project. To study the system of medical education, including the facilities in the medical schools of the Manila Central University, the Far Eastern University and the University of Santo Tomás, and to plan improvements.
| | | Assistance provided by WHO. A consultant in medical education.
<p>| | | Probable duration of assistance. Three to six months. |</p>
<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines</td>
<td></td>
<td><strong>Fellowships</strong></td>
</tr>
<tr>
<td>TA</td>
<td></td>
<td><strong>Public-health administration.</strong> A fellowship of nine months for a DPH course at the University of Malaya, in Singapore.</td>
</tr>
<tr>
<td>R</td>
<td></td>
<td><strong>Tuberculosis.</strong> One six-month fellowship to study, in the United States of America, pulmonary physiology and host-parasite relationship in tuberculosis.</td>
</tr>
<tr>
<td>TA</td>
<td></td>
<td><strong>Venereal diseases and treponematoses.</strong> One six-month fellowship to study venereal-disease control in the United States of America and in Europe.</td>
</tr>
<tr>
<td>TA</td>
<td></td>
<td><strong>Nutrition and dietetics.</strong> One twelve-month fellowship to study in the United States of America for the degree of Master of Public Health, majoring in nutrition.</td>
</tr>
<tr>
<td>TA</td>
<td></td>
<td><strong>Drug control.</strong> Two fellowships to study the control of drugs and cosmetics—one, of five months, in the United States of America and in Japan; the other, of six months, in the United States of America, Japan and Canada.</td>
</tr>
</tbody>
</table>

Sarawak 5

**Malaria Pilot Project, Sarawak (July 1952-)**

*Aim of the project.* To study the efficacy, for malaria control in Sarawak, of indoor spraying with residual insecticides in an experimental area; to train professional, auxiliary and ancillary personnel for malaria control throughout the country.

*Assistance provided by WHO in 1955.* An entomologist (replaced for part of the year by a malariologist).

*Probable duration of assistance.* Until December 1957.

*Work in 1955.* The DDT spraying was extended to two new areas. Training in field and laboratory work continued. A dieldrin pilot project was started in the First Division. The results showed that malaria can be controlled in Sarawak by residual insecticides and the Government is expanding and intensifying the programme.

Singapore 2

**University of Malaya (Oct. 1952-)**

*Aim of the project.* To develop the teaching of preventive and social medicine in the Faculty of Medicine; to establish a first-class post-graduate school of public health.

*Assistance provided by WHO in 1955.* Two lecturers—one in medical statistics, and the other in applied physiology.

*Probable duration of assistance.* Until January 1957.

*Work in 1955.* Post-graduate teaching in public-health education, applied nutrition, medical statistics and applied physiology was strengthened.

Singapore 8

**Nursing Education, Singapore (June 1952-)**

*Aim of the project.* To improve the standard of nursing education and the quality of nursing services and health teaching; to prepare local nurses for administrative and teaching posts; to adapt the nursing-education programme to local needs and resources; to develop an organized midwifery teaching programme; to develop a teaching centre for domiciliary practice for pupil midwives; to raise the standard of midwifery practice.

*Assistance provided by WHO in 1955.* Three nurse educators.

*Probable duration of assistance.* Until the end of 1959.

*Work in 1955.* See page 104.

Viet Nam 2

**Public-Health Administration (1951-1955)**

*Aim of the project.* To improve public-health administration; to draw up long-term plans for health services; to co-ordinate the work of WHO-assisted BCG and maternal and child health projects with the health work of other international agencies.

*Assistance provided by WHO in 1955.* A specialist in public-health administration.
Maternal and Child Health, Saigon, Hué and Dalat (Dec. 1954-)

Aim of the project. (a) To improve preventive and curative paediatrics by reorganizing the three clinics in Saigon-Cholon; (b) to develop a programme of maternal and child health services, including prenatal and post-natal consultative services; and maternal and child health centres in the three Saigon clinics, in a hospital at Hué and in one at Dalat; to introduce progressively a system of domiciliary health visiting.

Assistance provided by WHO in 1955. (a) A medical officer and a public-health nurse; (b) three six-month fellowships for study in Europe.

Probable duration of assistance. Until the end of 1957.

Work in 1955. The maternal and child health centre at Dalat was reorganized and a children’s clinic was opened in April. Plans were made for the teaching of rural midwives. Post-graduate training was given to nurses.

BCG Vaccination (Jan. 1954-)

Aim of the project. To carry out a mass BCG vaccination programme to protect an important section of the community; to lay the foundations for a national BCG vaccination service as part of the tuberculosis control service.

Assistance provided in 1955 (cost reimbursed by UNICEF). A medical officer (who also worked on project Cambodia 6) and a BCG nurse.

Probable duration of assistance. Until the middle of 1956.

Work in 1955. Four local teams, trained by international personnel, were at work for most of the year. By October, over 430,000 had been tested and nearly 154,000 vaccinated.

Yaws Control (June 1955-)

Aim of the project. To reduce the incidence of yaws in Western Samoa by mass treatment with penicillin and, if possible, to eliminate it as a public-health problem; to train local professional and auxiliary medical personnel in the diagnosis, therapy and epidemiology of yaws and in modern methods of control.

Assistance provided by WHO. A medical officer and a serologist (transferred from project Fiji 1 in July).

Probable duration of assistance. Until 1957.

Work done. Training of the yaws field staff started; field work began in the pilot project area in September, with two survey teams and two follow-up teams.

INTER-REGIONAL

Field Trials in Rabies Treatment (1952-)

A study, in which laboratories of five countries are collaborating, is being carried out to determine the value of different methods of inoculation of rabies vaccine and hyperimmune serum in man, and the effectiveness of various vaccines for use in animals in field control campaigns.

Brucellosis Centres (1951-)

Work in the fourteen FAO/WHO brucellosis centres throughout the world is in progress on standardization of diagnostic tests, bacteriological studies, investigations on human therapy, vaccines for the prevention of the disease in animals and studies on the pathogenesis of brucellosis.
### Project List: Inter-Regional

#### Inter-regional 10
- **Project No.:** Inter-regional 10
- **Source of Funds:** R
- **Co-operating Agencies:** 

**Description:** Influenza Centres (1948-)

The centres collect and study strains of influenza virus from different parts of the world; watch for outbreaks of influenza, and classify the type of virus so that the appropriate vaccine may be prepared; undertake epidemiological studies and train virologists in influenza techniques.

#### Inter-regional 11
- **Project No.:** Inter-regional 11
- **Source of Funds:** R

**Description:** International Treponematosis Laboratory Center, Johns Hopkins University School of Hygiene and Public Health, Baltimore (Aug. 1953-)

This centre carries out research on the biology of the treponematoses and collects strains of treponemes, examines their antigenic structure and their sensitivity to penicillin, undertakes immunological studies of treponemes, develops tests using treponemes, and carries out investigations on penicillin sensitization phenomena. At present there are three tests—the Treponema pallidum immobilization test (TPI), the Treponema pallidum immune adherence test (TPIA) and the Treponema pallidum agglutination test (TPA).

A grant of $5000 was paid in 1955 to the Johns Hopkins University.

#### Inter-regional 13
- **Project No.:** Inter-regional 13
- **Source of Funds:** R

**Description:** International Shigella Centres, United Kingdom and United States of America (Jan. 1954-)

Two centres were established on 1 January 1954, one at the Central Public Health Laboratory, London, and the other at the Communicable Disease Center, Atlanta, Georgia. Both these centres collect and identify Shigella strains, distribute strains and sera to national centres, and train workers from national centres. The following grants were paid in 1955: $3500 to the British Medical Research Council; $10 000 to the US Public Health Service.

#### Inter-regional 14
- **Project No.:** Inter-regional 14
- **Source of Funds:** R

**Description:** Poliomyelitis Centres (1954-)

These centres collect and study strains of polio virus from different parts of the world; undertake epidemiological studies for the eventual use of vaccines; train virologists in the latest tissue-culture techniques.

#### Inter-regional 15
- **Project No.:** Inter-regional 15
- **Source of Funds:** R

**Description:** Standardization of Virus and Rickettsial Tests (April 1954-)

Work is under way to simplify and make more accurate screening procedures to be used in public-health laboratory tests for various virus and rickettsial diseases. Laboratories of many countries are collaborating in this work.

#### Inter-regional 19
- **Project No.:** Inter-regional 19
- **Source of Funds:** R
- **Co-operating Agencies:** (Institut Pasteur, Iran)

**Description:** Sylvatic Plague Research (Feb. 1955)

Training of staff of public-health services of Iraq, Syria and Turkey at the Institut Pasteur, Iran, in laboratory and field techniques for sylvatic plague research and surveys. Assistance of an international team to national epidemiological surveys carried out in suspected areas of Middle East countries.

#### Inter-regional 20
- **Project No.:** Inter-regional 20
- **Source of Funds:** R
- **Co-operating Agencies:** (FAO)

**Description:** FAO/WHO Seminar on Nutrition Education and Health Education, Baguio City, Philippines (10 Oct.-3 Nov. 1955)

This seminar was attended by participants from the Western Pacific and South-East Asia Regions and by consultants provided by FAO and WHO and by the United States International Co-operation Administration, the US Public Health Service, the Universities of Canberra, Pennsylvania and Sydney and the National Health Department of the Philippines—over seventy in all. Its purpose was to improve the understanding in the two regions of the principles of health education and nutrition education and to stimulate the exchange of ideas and techniques for employing those principles. The chief subjects discussed were: socio-anthropological aspects of nutrition education and health education; training of staff; and the development and evaluation of programmes.

#### Inter-regional 21
- **Project No.:** Inter-regional 21
- **Source of Funds:** R

**Description:** WHO Reference Laboratories, Copenhagen and Chamblee (Nov. 1950- and June 1954-)

The WHO International Serological Reference Laboratory was established at the Statens Serum-institut, Copenhagen, in November 1950. It tests antigens and sera, examines reference preparations, studies serological methods and trains personnel.
The Venereal-Disease Research Laboratory was established in June 1954 at the Communicable Disease Center, Chamblee, Georgia, United States of America. Its functions are the same as those of the Copenhagen laboratory.

No grant is paid to either laboratory.

Inter-regional 22
R
(Institut Pasteur, Tunis)

Relapsing Fever (March-May 1955)

Isolation of relapsing fever strains in endemic areas of Ethiopia and their comparison with strains isolated in North Africa during past epidemics which affected many countries in Africa, the Middle East and Europe.

Inter-regional 24
R

International Conference on Yaws Control, Enugu, Eastern Nigeria (10-24 Nov. 1955)

This conference was attended by participants from thirty countries and all the regions. Among the chief subjects discussed were the principles that should be applied in the control of endemic treponematoses, including the integration of yaws campaigns into rural health services. The conference proposed a co-ordinated yaws campaign in Africa, assisted by WHO and UNICEF and covering the continent. Participants visited the yaws mass campaign in Eastern Nigeria and saw the rural health centres that have been planned in advance and set up in the wake of the campaign.

Inter-regional 25
R

Environmental Sanitation Seminar, Kandy, Ceylon (15-27 Aug. 1955)

This seminar was attended by thirty-four participants from eleven countries of the South-East Asia and Western Pacific Regions. The chief subject was the sanitary disposal of sewage and human waste, both in urban and in rural areas. The seminar brought together medical officers, administrators, public-health educators and engineers, to exchange information and ideas and to stimulate sound programmes for environmental improvement.
ANNEXES
### Annex 1

**MEMBERSHIP OF THE WORLD HEALTH ORGANIZATION**

(31 December 1955)

The following list shows the Member States of WHO, together with the date on which each became a party to the Constitution, the chronological order being indicated by the numbers in parentheses. Territories admitted to associate membership are also shown.

<table>
<thead>
<tr>
<th>Member States</th>
<th>Date</th>
<th>Member States</th>
<th>Date</th>
</tr>
</thead>
<tbody>
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<td>Afghanistan (37)</td>
<td>19 April 1948</td>
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<td>14 March 1947</td>
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<tr>
<td>Albania (13)</td>
<td>26 May 1947</td>
<td>Libya, United Kingdom of (79)</td>
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<tr>
<td>Argentina (56)</td>
<td>22 October 1948</td>
<td>Luxembourg (63)</td>
<td>3 June 1949</td>
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<td>Australia (28)</td>
<td>2 February 1948</td>
<td>Mexico (35)</td>
<td>7 April 1948</td>
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<tr>
<td>Austria (15)</td>
<td>30 June 1947</td>
<td>Monaco (53)</td>
<td>8 July 1948</td>
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<tr>
<td>Belgium (49)</td>
<td>25 June 1948</td>
<td>Nepal (80)</td>
<td>2 September 1953</td>
</tr>
<tr>
<td>Bolivia (68)</td>
<td>23 December 1949</td>
<td>Netherlands (12)</td>
<td>25 April 1947</td>
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<tr>
<td>Brazil (39)</td>
<td>2 June 1948</td>
<td>New Zealand (5)</td>
<td>10 December 1946</td>
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<td>Bulgaria (41)</td>
<td>9 June 1948</td>
<td>Nicaragua (69)</td>
<td>24 April 1950</td>
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<tr>
<td>Burma (50)</td>
<td>1 July 1948</td>
<td>Norway (18)</td>
<td>18 August 1947</td>
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<tr>
<td>Byelorussian SSR (34)</td>
<td>7 April 1948</td>
<td>Pakistan (48)</td>
<td>23 June 1948</td>
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<td>Cambodia (72)</td>
<td>17 May 1950</td>
<td>Panama (75)</td>
<td>20 February 1951</td>
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<tr>
<td>Canada (3)</td>
<td>29 August 1946</td>
<td>Paraguay (57)</td>
<td>4 January 1949</td>
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<tr>
<td>Ceylon (52)</td>
<td>7 July 1948</td>
<td>Peru (67)</td>
<td>11 November 1949</td>
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<td>China (1)</td>
<td>22 July 1946</td>
<td>Philippines, Republic of the (54)</td>
<td>9 July 1948</td>
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<tr>
<td>Costa Rica (60)</td>
<td>17 March 1949</td>
<td>Poland (38)</td>
<td>6 May 1948</td>
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<tr>
<td>Cuba (70)</td>
<td>9 May 1950</td>
<td>Portugal (29)</td>
<td>13 February 1948</td>
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<td>Czechoslovakia (30)</td>
<td>1 March 1948</td>
<td>Romania (40)</td>
<td>8 June 1948</td>
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<td>Denmark (36)</td>
<td>19 April 1948</td>
<td>Saudi Arabia (14)</td>
<td>26 May 1947</td>
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<td>Dominican Republic (45)</td>
<td>21 June 1948</td>
<td>Spain (77)</td>
<td>28 May 1951</td>
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<td>Ecuador (59)</td>
<td>1 March 1949</td>
<td>Sweden (19)</td>
<td>28 August 1947</td>
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<tr>
<td>Egypt (25)</td>
<td>16 December 1947</td>
<td>Switzerland (8)</td>
<td>26 March 1947</td>
</tr>
<tr>
<td>El Salvador (47)</td>
<td>22 June 1948</td>
<td>Syria (6)</td>
<td>18 December 1946</td>
</tr>
<tr>
<td>Ethiopia (11)</td>
<td>11 April 1947</td>
<td>Thailand (21)</td>
<td>26 September 1947</td>
</tr>
<tr>
<td>Finland (22)</td>
<td>7 October 1947</td>
<td>Turkey (26)</td>
<td>2 January 1948</td>
</tr>
<tr>
<td>France (42)</td>
<td>16 June 1948</td>
<td>Ukrainian SSR (33)</td>
<td>3 April 1948</td>
</tr>
<tr>
<td>Germany, Federal Republic of (78)</td>
<td>29 May 1951</td>
<td>Union of South Africa (16)</td>
<td>7 August 1947</td>
</tr>
<tr>
<td>Greece (31)</td>
<td>12 March 1948</td>
<td>Union of Soviet Socialist Republics (32)</td>
<td>24 March 1948</td>
</tr>
<tr>
<td>Guatemala (66)</td>
<td>26 August 1949</td>
<td>United Kingdom of Great Britain and Northern Ireland (2)</td>
<td>22 July 1946</td>
</tr>
<tr>
<td>Haiti (17)</td>
<td>12 August 1947</td>
<td>United States of America (46)</td>
<td>21 June 1948</td>
</tr>
<tr>
<td>Honduras (61)</td>
<td>8 April 1949</td>
<td>Uruguay (62)</td>
<td>22 April 1949</td>
</tr>
<tr>
<td>Hungary (43)</td>
<td>17 June 1948</td>
<td>Venezuela (51)</td>
<td>7 July 1948</td>
</tr>
<tr>
<td>Iceland (44)</td>
<td>17 June 1948</td>
<td>Viet Nam (73)</td>
<td>17 May 1950</td>
</tr>
<tr>
<td>India (27)</td>
<td>12 January 1948</td>
<td>Yemen (81)</td>
<td>20 November 1953</td>
</tr>
<tr>
<td>Indonesia, Republic of (74)</td>
<td>23 May 1950</td>
<td>Yugoslavia (24)</td>
<td>19 November 1947</td>
</tr>
<tr>
<td>Iran (4)</td>
<td>23 November 1946</td>
<td>Associate Member</td>
<td>Date of admission</td>
</tr>
<tr>
<td>Iraq (20)</td>
<td>23 September 1947</td>
<td>Morocco</td>
<td>12 May 1952</td>
</tr>
<tr>
<td>Ireland (23)</td>
<td>20 October 1947</td>
<td>French Zone</td>
<td>12 May 1952</td>
</tr>
<tr>
<td>Israel (64)</td>
<td>21 June 1949</td>
<td>Spanish Protectorate Zone</td>
<td>20 May 1953</td>
</tr>
<tr>
<td>Italy (10)</td>
<td>11 April 1947</td>
<td>Rhodesia and Nyasaland, Federation of</td>
<td>14 May 1954</td>
</tr>
<tr>
<td>Japan (76)</td>
<td>16 May 1951</td>
<td>Sudan</td>
<td>20 May 1955</td>
</tr>
<tr>
<td>Jordan, Hashemite Kingdom of (9)</td>
<td>7 April 1947</td>
<td>Tunisia</td>
<td>12 May 1952</td>
</tr>
<tr>
<td>Korea (65)</td>
<td>17 August 1949</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laos (71)</td>
<td>17 May 1950</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lebanon (58)</td>
<td>19 January 1949</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annex 2

MEMBERSHIP OF THE EXECUTIVE BOARD IN 1955

A. At the fifteenth session (18 January to 4 February 1955)

<table>
<thead>
<tr>
<th>Designated by</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor O. Andersen, Vice-Chairman</td>
<td>Denmark</td>
</tr>
<tr>
<td>Dr S. Anwar</td>
<td>Indonesia</td>
</tr>
<tr>
<td>Dr Ryutaro Azuma</td>
<td>Japan</td>
</tr>
<tr>
<td>Professor M. J. Ferreira, Vice-Chairman</td>
<td>Brazil</td>
</tr>
<tr>
<td>Dr H. van Zile Hyde, Chairman</td>
<td>United States of America</td>
</tr>
<tr>
<td>Professor H. M. Jetmar</td>
<td>Austria</td>
</tr>
<tr>
<td>Dr U Lat</td>
<td>Burma</td>
</tr>
<tr>
<td>Dr J. J. Du Pré Le Roux</td>
<td>Union of South Africa</td>
</tr>
<tr>
<td>Dr Melville Mackenzie</td>
<td>United Kingdom of Great Britain and Northern Ireland</td>
</tr>
<tr>
<td>Dr P. E. Moore</td>
<td>Canada</td>
</tr>
<tr>
<td>Professor J. Parisot</td>
<td>France</td>
</tr>
<tr>
<td>Dr R. Pharaon</td>
<td>Saudi Arabia</td>
</tr>
<tr>
<td>Professor J. S. Saleh, Rapporteur</td>
<td>Iran</td>
</tr>
<tr>
<td>Dr E. Suárez</td>
<td>Chile</td>
</tr>
<tr>
<td>Dr H. B. Tumbott, Rapporteur</td>
<td>New Zealand</td>
</tr>
<tr>
<td>Dr O. Vargas-Méndez</td>
<td>Costa Rica</td>
</tr>
<tr>
<td>Dr P. Vollenweider</td>
<td>Switzerland</td>
</tr>
<tr>
<td>Dr S. Al-Wahbi</td>
<td>Iraq</td>
</tr>
</tbody>
</table>

B. As from the sixteenth session (30 May 1955)

The Eighth World Health Assembly (in resolution WHA8.4) elected Argentina, Ecuador, Finland, Pakistan, the Republic of the Philippines and Portugal to designate persons to serve on the Board in place of the retiring members, designated by Brazil, Canada, Denmark, Iran, New Zealand and the United Kingdom of Great Britain and Northern Ireland. This resulted in the following composition of the Board:

<table>
<thead>
<tr>
<th>Designated by</th>
<th></th>
<th>Unexpired term of office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Ryutaro Azuma</td>
<td>Japan</td>
<td>2 years</td>
</tr>
<tr>
<td>Dr H. van Zile Hyde</td>
<td>United States of America</td>
<td>1 year</td>
</tr>
<tr>
<td>Dr M. Jafar</td>
<td>Pakistan</td>
<td>3 years</td>
</tr>
<tr>
<td>Professor H. M. Jetmar</td>
<td>Austria</td>
<td>1 year</td>
</tr>
<tr>
<td>Dr U Lat</td>
<td>Burma</td>
<td>2 years</td>
</tr>
<tr>
<td>Dr J. J. Du Pré Le Roux</td>
<td>Union of South Africa</td>
<td>2 years</td>
</tr>
<tr>
<td>Dr R. Mochtar, Vice-Chairman</td>
<td>Indonesia</td>
<td>1 year</td>
</tr>
<tr>
<td>Dr J. A. Montalván Cornejo</td>
<td>Ecuador</td>
<td>3 years</td>
</tr>
<tr>
<td>Professor J. Parisot</td>
<td>France</td>
<td>2 years</td>
</tr>
<tr>
<td>Professor N. N. Pesonen</td>
<td>Finland</td>
<td>3 years</td>
</tr>
<tr>
<td>Dr R. Pharaon</td>
<td>Saudi Arabia</td>
<td>2 years</td>
</tr>
<tr>
<td>Dr G. Segura</td>
<td>Argentina</td>
<td>3 years</td>
</tr>
<tr>
<td>Dr A. da Silva Travassos, Rapporteur</td>
<td>Portugal</td>
<td>3 years</td>
</tr>
<tr>
<td>Dr E. Suárez</td>
<td>Chile</td>
<td>2 years</td>
</tr>
<tr>
<td>Dr R. Tumbokon</td>
<td>Philippines</td>
<td>3 years</td>
</tr>
<tr>
<td>Dr O. Vargas-Méndez, Vice-Chairman</td>
<td>Costa Rica</td>
<td>1 year</td>
</tr>
<tr>
<td>Dr P. Vollenweider</td>
<td>Switzerland</td>
<td>1 year</td>
</tr>
<tr>
<td>Dr S. Al-Wahbi, Chairman</td>
<td>Iraq</td>
<td>1 year</td>
</tr>
</tbody>
</table>

1 Replaced by his alternate, Dr H. El Taher, at the fifteenth and sixteenth sessions
2 Absent from the sixteenth session
3 Replaced by his alternate, Dr L. Bernard, at the sixteenth session
Annex 3

EXPERT ADVISORY PANELS AND COMMITTEES

1. EXPERT ADVISORY PANELS

To supply the Organization with technical advice by correspondence and to provide the membership of its expert committees (and of the Committee on International Quarantine), panels of experts have been established for each of the following subjects:

- Antibiotics
- Biological standardization
- Brucellosis
- Cholera
- Chronic degenerative diseases
- Drugs liable to produce addiction
- Environmental sanitation
- Health education of the public
- Health statistics
- Insecticides
- International pharmacopoeia and pharmaceutical preparations
- International quarantine
- Leprosy
- Malaria
- Maternal and child health
- Mental health
- Nursing
- Nutrition
- Occupational health
- Organization of medical care
- Parasitic diseases
- Plague
- Professional and technical education of medical and auxiliary personnel
- Public-health administration
- Rabies
- Rehabilitation
- Rickettsioses
- Trachoma
- Tuberculosis
- Venereal infections and treponematoses (including serology and laboratory aspects)
- Virus diseases
- Yellow fever
- Zoonoses

2. EXPERT COMMITTEES

The membership of the expert committees which met in 1955 was as follows:

**Expert Committee on Biological Standardization**

*Ninth Session*

Dr A. do Amaral, Director, Instituto Butantan, São Paulo, Brazil

Dr J. H. S. Gear, Director of Research, Poliomyelitis Research Foundation, South African Institute for Medical Research, Johannesburg, Union of South Africa

Professor E. Grasset, Director, Institute of Hygiene, University of Geneva, Switzerland

Dr S. Kojima, Director, National Institute of Health, Tokyo, Japan

Dr P. Lépine, Chief, Virus Section, Institut Pasteur, Paris, France

Dr O. Maaløe, Chief, Department of Biological Standardization, Statens Serum Institut, Copenhagen, Denmark

Professor G. Olin, Director, State Bacteriological Laboratory, Stockholm, Sweden

Dr W. L. M. Perry, Director, Department of Biological Standards, National Institute for Medical Research, Mill Hill, London, England

Professor R. Prigge, Director, Paul-Ehrlich-Institut, Staatliche Anstalt für Experimentelle Therapie, Frankfurt-am-Main, Germany

Dr C. Puranananda, Director, Queen Saovabha Memorial Institute, Bangkok, Thailand

Dr W. G. Workman, Assistant to Director, Division of Biologics Standards, National Institutes of Health (Public Health Service), Bethesda, Md, United States of America

**Expert Committee on Drugs Liable to Produce Addiction**

*Sixth Session*

Dr N. B. Eddy, Chief, Section on Analgesics, Division of Chemistry, National Institute of Arthritis and Metabolic Diseases, National Institutes of Health (Public Health Service), Bethesda, Md, United States of America

Dr G. Joachimoglu, Professor of Pharmacology; Chairman, Superior Health Council, Ministry of Hygiene, Athens, Greece
Dr. B. Lorenzo Velázquez, Professor of Pharmacology, Faculty of Medicine, University of Madrid, Spain
Dr. T. Masaki, Professor of Pharmacology, Hokkaido University School of Medicine, Sapporo, Japan
Dr V. Zapata Ortiz, Professor of Pharmacology, Faculty of Medicine, National University of San Marcos, Lima, Peru

Expert Committee on Environmental Sanitation

Fourth Session
Dr H. Ceballo, Chief Veterinary Officer, Section of Food Registration, Ministry of Health and Welfare, Caracas, Venezuela
Dr Shintaro Kotani, Chief, Food Sanitation Section, Public Sanitation Bureau, Ministry of Health and Welfare, Tokyo, Japan
Dr A. Névot, Professeur agrégé, Faculty of Medicine, University of Paris, France
Dr A. A. Sidky, Director-General, Cairo Municipal Health Department, Cairo, Egypt
Walter D. Tiedeman, Resident Lecturer, School of Public Health, University of Michigan, Ann Arbor, Mich., United States of America

Expert Committee on Insecticides

Sixth Session
S. H. Fryer, Chief Engineer, Ministry of Supply, Chemical Defence Experimental Establishment, Porton, Wiltshire, England
L. B. Hall, Chief, Equipment Development Section, Technical Development Laboratories, Communicable Disease Center (Public Health Service), Savannah, Ga, United States of America
Dr J. A. Jové, Chief Engineer Sanitary Engineering Division, Directorate of Health, Ministry of Health and Welfare, Caracas, Venezuela
A. T. Lemierre, Sceaux (Seine), France
Dr E. Mosna, Istituto Superiore di Sanità, Rome, Italy
H. Rafatjah, Public-Health Engineer; Chief, Malaria Control Division, Ministry of Health, Teheran, Iran

Expert Committee on Maternal and Child Health

Second Session
Dr E. Davens, Chief, Bureau of Preventive Medicine, State Department of Health, Baltimore, Md, United States of America
Dr J. H. de Haas, Head, Maternal and Child Health Department, National Public Health Service, The Hague; Head, Health Department, Netherlands Institute for Preventive Medicine, Leyden, Netherlands
Dr D. L. J. Kahawita; Director of Health Services, Department of Health, Colombo, Ceylon
Dr Pastor Oropeza; Director, Maternal and Child Welfare Division, Ministry of Health and Welfare, Caracas, Venezuela

Expert Committee on Trachoma

Second Session
Professor G. B. Bietti, Director, Ophthalmological Clinic, University of Parma, Italy
Sir Stewart Duke-Elder, Director of Research, Institute of Ophthalmology, University of London, England
Professor Ida Mann, Ophthalmic Consultant to the Government of Western Australia, Public Health Department, Perth, Australia
Dr Y. Nakamura, Professor of Ophthalmology, Nippon Medical College; Executive Director of Japan Ophthalmological Society, Tokyo, Japan

Dr R. Nataf, Adviser to the Ministry of Health for Endemic-Epidemic Eye Diseases and Scientific Research; Head of Department, Ophthalmological and Trachoma Centre, Tunis, Tunisia

Dr G. Sicault, Director of Health, Rabat, Morocco

Dr V. Tabone, Ophthalmic Surgeon, Central Hospital, Valetta; Consultant Ophthalmologist, Victoria Hospital, Gozo, Malta

Dr R. M. Taylor, Head, Department of Virology, United States Naval Medical Research Unit No. 3, Cairo, Egypt

Dr V. Thygeson, Clinical Professor of Ophthalmology, School of Medicine, University of California Medical Center, San Francisco, United States of America

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**Annex 4**

**ORGANIZATIONAL MEETINGS AND MEETINGS OF EXPERT COMMITTEES AND ADVISORY GROUPS HELD IN 1955**

<table>
<thead>
<tr>
<th>Date</th>
<th>Meeting / Conference</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-31 Jan.</td>
<td>Executive Board, fifteenth session : Standing Committee on Administration and Finance</td>
<td>Geneva</td>
</tr>
<tr>
<td>18 Jan. - 4 Feb.</td>
<td>Executive Board, fifteenth session</td>
<td>Geneva</td>
</tr>
<tr>
<td>17-23 Feb.</td>
<td>Study Group on the Psychobiological Development of the Child, third meeting</td>
<td>Geneva</td>
</tr>
<tr>
<td>5-7 May</td>
<td>UNICEF/WHO : Joint Committee on Health Policy, eighth session</td>
<td>New York</td>
</tr>
<tr>
<td>10-27 May</td>
<td>Eighth World Health Assembly</td>
<td>Mexico City</td>
</tr>
<tr>
<td>30 May</td>
<td>Executive Board, sixteenth session</td>
<td>Mexico City</td>
</tr>
<tr>
<td>22 June</td>
<td>Consultant Group on Cancer</td>
<td>Geneva</td>
</tr>
<tr>
<td>25-30 July</td>
<td>Expert Committee on Environmental Sanitation, fourth session</td>
<td>Geneva</td>
</tr>
<tr>
<td>5-8 Sept.</td>
<td>Regional Committee for Europe, fifth session</td>
<td>Vienna</td>
</tr>
<tr>
<td>5-10 Sept.</td>
<td>Regional Committee for South-East Asia, eighth session</td>
<td>Bandung</td>
</tr>
<tr>
<td>7-14 Sept.</td>
<td>Expert Committee on Trachoma, second session</td>
<td>Geneva</td>
</tr>
<tr>
<td>9-21 Sept.</td>
<td>Regional Committee for the Americas, seventh session, and Directing Council, PASO, VIII meeting</td>
<td>Washington, D.C.</td>
</tr>
<tr>
<td>13-19 Sept.</td>
<td>Regional Committee for the Western Pacific, sixth session</td>
<td>Singapore</td>
</tr>
<tr>
<td>19-24 Sept.</td>
<td>Regional Committee for Africa, fifth session</td>
<td>Tananarive</td>
</tr>
<tr>
<td>27-30 Sept.</td>
<td>Regional Committee for the Eastern Mediterranean, fifth session : Sub-Committee A</td>
<td>Beirut</td>
</tr>
<tr>
<td>4-11 Oct.</td>
<td>Expert Committee on Insecticides, sixth session</td>
<td>Geneva</td>
</tr>
<tr>
<td>6-12 Oct.</td>
<td>Study Group on Juvenile Epilepsy</td>
<td>London</td>
</tr>
<tr>
<td>10-15 Oct.</td>
<td>Expert Committee on Biological Standardization, ninth session</td>
<td>Geneva</td>
</tr>
<tr>
<td>24-29 Oct.</td>
<td>Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel, third session</td>
<td>Geneva</td>
</tr>
<tr>
<td>24-29 Oct.</td>
<td>Expert Committee on Drugs Liable to Produce Addiction, sixth session</td>
<td>Geneva</td>
</tr>
<tr>
<td>2-4 Nov.</td>
<td>Study Group on Leptospirosis</td>
<td>Amsterdam</td>
</tr>
<tr>
<td>21-25 Nov.</td>
<td>Study Group on Poliomyelitis Vaccination</td>
<td>Stockholm</td>
</tr>
<tr>
<td>6-15 Dec.</td>
<td>Study Group on Filariasis</td>
<td>Kuala Lumpur</td>
</tr>
</tbody>
</table>

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1 Details of seminars, training courses and regional technical conferences organized by WHO in co-operation with governments or with organizations are given in the Project List in Part IV.
Annex 5

TENTATIVE SCHEDULE OF WHO ORGANIZATIONAL MEETINGS IN 1956

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 January</td>
<td>Executive Board, seventeenth session: Standing Committee on Administration and Finance</td>
<td>Geneva</td>
</tr>
<tr>
<td>17 January</td>
<td>Executive Board, seventeenth session</td>
<td>Geneva</td>
</tr>
<tr>
<td>8 May</td>
<td>Ninth World Health Assembly</td>
<td>Geneva</td>
</tr>
<tr>
<td>29 May</td>
<td>Executive Board, eighteenth session</td>
<td>Geneva</td>
</tr>
<tr>
<td>September</td>
<td>Regional Committee for Africa, sixth session</td>
<td>Luanda, Angola</td>
</tr>
<tr>
<td>September</td>
<td>Regional Committee for the Americas, eighth session, and Directing Council, PASO, IX meeting</td>
<td>Guatemala City</td>
</tr>
<tr>
<td>September</td>
<td>Regional Committee for South-East Asia, ninth session</td>
<td>New Delhi</td>
</tr>
<tr>
<td>September</td>
<td>Regional Committee for Europe, sixth session</td>
<td>Rabat</td>
</tr>
<tr>
<td>September</td>
<td>Regional Committee for the Eastern Mediterranean, sixth session</td>
<td>Teheran (Unscheduled)</td>
</tr>
<tr>
<td>September</td>
<td>Regional Committee for the Western Pacific, seventh session</td>
<td>Manila</td>
</tr>
</tbody>
</table>

Annex 6

NON-GOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH WHO
(as at 31 December 1955)

American College of Chest Physicians, Chicago, Ill., United States of America
Biometric Society, New Haven, Conn., United States of America
Council for International Organizations of Medical Sciences, Paris, France
Fédération dentaire internationale, London, England
Inter-American Association of Sanitary Engineering, Mexico, D.F., Mexico
International Academy of Legal Medicine and of Social Medicine, Genoa, Italy
International Association of Microbiological Societies, Rome, Italy
International Association for the Prevention of Blindness, Geneva, Switzerland
International Committee of Catholic Nurses, Paris, France
International Committee of the Red Cross, Geneva, Switzerland
International Conference of Social Work, Columbus, Ohio, United States of America
International Federation for Housing and Town Planning, The Hague, Netherlands
International Hospital Federation, London, England
International Hydatidological Association, Azul, Argentina
International League against Rheumatism, West Point, Pa., United States of America
International Leprosy Association, London, England
International Organization against Trachoma, Marseilles, France
International Paediatric Association, Zurich, Switzerland
International Pharmaceutical Federation, Amsterdam, Netherlands
International Society for Blood Transfusion, Boulogne-sur-Seine, France
International Society of Criminology, Paris, France
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<th>Appropriation section</th>
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<th>Original amount voted ¹</th>
<th>Transfers authorized by Executive Board ²</th>
<th>Revised appropriation</th>
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| **PART II: OPERATING PROGRAMME** | | | | |
| 4. Central Technical Services | | 1 715 853 | (18 705) | 1 697 148 |
| 5. Advisory Services | | 4 932 245 | (6 217) | 4 926 028 |
| 6. Regional Offices | | 1 342 736 | (3 334) | 1 337 402 |
| 7. Expert Committees and Conferences | | 135 757 | (4 000) | 131 757 |
| **Total — Part II** | | 8 126 591 | (34 256) | 8 092 335 |

| **PART III: ADMINISTRATIVE SERVICES** | | | | |
| 8. Administrative Services | | 1 048 919 | 5 236 | 1 054 155 |
| **Total — Part III** | | 1 048 919 | 5 236 | 1 054 155 |
| **SUB-TOTAL — PARTS I TO III** | | 9 500 000 | — | 9 500 000 |

| **PART IV: RESERVE** | | | | |
| 9. Undistributed Reserve | | 1 499 360 | — | 1 499 360 |
| **Total — Part IV** | | 1 499 360 | — | 1 499 360 |
| **TOTAL — ALL PARTS** | | 10 999 360 | — | 10 999 360 |

¹ Voted by the Seventh World Health Assembly (resolution WHA7.34, Off. Rec. Wld Hlth Org. 55, 31)
² Transfers authorized by the Executive Board at its fifteenth session (resolution EB15.R39, Off. Rec. Wld Hlth Org. 60, 14-15) and by correspondence with the individual members of the Executive Board, in accordance with paragraph IV of the Appropriation Resolution for 1955 (resolution WHA7.34).
Annex 8
STRUCTURE OF THE HEADQUARTERS SECRETARIAT

THE DIRECTOR-GENERAL — Offices of the Director-General

Departments

- Communications-Disease Services
- Environmental Sanitation
- Education and Training Services
- Epidemiological and Health Statistical Services
- Central Technical Services
- Advisory Services
- Administration and Finance

Sections

- Division of Public Information
- Division of External Relations and Technical Assistance
- Malaria
- Tuberculosis
- Venereal Diseases and Treponematoses
- Endemo-epidemic Diseases
- Veterinary Public Health
- Maternal and Child Health
- Mental Health
- Nutrition
- Public-Health Administration
- Nursing
- Health Education of the Public
- Social and Occupational Health
- Fellowships
- Exchange of Scientific Information
- Assistance to Educational Institutions
- Epidemiological Studies
- International Quarantine
- Singapore Epidemiological Intelligence Station
- Statistical Studies
- International Classification of Diseases and Causes of Death
- Biological Standardization
- Pharmaceutical
- Addiction-producing Drugs
- Health Laboratory Methods
- Tuberculosis Research Office, Copenhagen
- Technical Publications
- Health Legislation
- Documents and Official Records
- Translation
- Library and Reference
- Administrative Management
- Personnel
- Conference and Office Services
- Supply Services
- Legal Office
- Office of Internal Audit
- Budget
- Finance and Accounts
## Annex 9

### NUMBERS AND DISTRIBUTION OF THE STAFF

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## Annex 10

### COMPOSITION OF THE STAFF BY NATIONALITY

**as at 30 November 1955**

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**TOTAL** 80 726 806 281 47 478

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1 Excluding consultants and staff locally recruited, and those on loan, on the payroll of the Pan American Sanitary Bureau, paid from the Publications Revolving Fund, or without pay

^a^ Non-Member
THE WORK OF WHO, 1955
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TO THE
WORLD HEALTH ASSEMBLY AND TO THE UNITED NATIONS

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