



CF/RAD/USAA/DB01/1997-06100

Expected Number **CF/RAD/USAA/DB01/1997-06100**

External ID **E/ICEF/1950/R.0078**

Title

Mec :al Sub-Committee Report - August 1950 Meetings

Date Created
10/10/1950

Date Registered
1/11/1997

Date Closed

Primary Contact

Owner Location **Office of the Secretary, Executive Board OSEB = 3024**

Home Location **Office of the Secretary, Executive Board OSEB = 3024**

Current Location/Assignee **Record & Archive Manage Related Functions=80669443 since 3/19/2**

F12: Status Certain? **No**

F13: Record Copy? **No**

01: In, it, Internal Rec or Rec Copy

Contained Records
Container

Date Published Fd3: Doc Type - Format Da1:Date First Published Priority

Record Type **A04 DOC ITEM: E/ICEF 1946 TO 1997 EX BD**

Document Details **Record has no document attached.**

Notes

Document Format Series/Year/SubSeries/Number/Rev: **E/ICEF/1950/R.0078; Doc**

Series/SubSeries/Year/Number/Rev: **E/ICEF/R/1950/78**

Doc Series: **E/ICEF/R**; Series Valid date on import: **01-Jan-1950**; Doc Year: **1950**; Doc Number: **0078**; Doc Number of Pages: **78**; Doc Revision #:

Original, L.Avail: **E,F**; L.Orig: **E-?**

Number of PDF or TIF: **Chk_PDF: No; Chk_PDF_Prob: No; Comment: ; Chk_TIF: No; Chk_TIF_prob: No; TIF ID# Start = TIF ID# end =**

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UNITED NATIONS
ECONOMIC
AND
SOCIAL COUNCIL



RESTRICTED

E/ICEF/R.78
10 October 1950

ORIGINAL: ENGLISH

UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND

Programme Committee

REPORT OF THE MEETING OF THE MEDICAL SUB-COMMITTEE

HELD ON 25-26 AUGUST 1950, PARIS, FRANCE

	<u>Page</u>
Attendance and Agenda	2
Progress Report on BCG Campaigns	3
(a) Europe	3
(b) North Africa	5
(c) Middle East	6
(d) Far East	7
(e) Latin America	8
(f) Total BCG Campaign Figures	8
Discussion on the Future of BCG Campaigns	9
Report of the WHO Tuberculosis Research Office	14
Training Programmes	16
Miscellaneous	16

ATTENDANCE AND AGENDA

1. The Medical Sub-Committee met in a joint session, under the Chairmanship of Professor Debré, with the Scandinavian Coordination Committee for BCG anti-tuberculosis vaccination campaigns.

2. The attendance was as follows:

Chairman: Professor Debré - France
Dr. Holm - Denmark
Secretary: Dr. Borcic (WHO Chief Medical Adviser to UNICEF Headquarters)

Also present:

Dr. J. Caspersen, Chairman, Scandinavian Coordination Committee	
Dr. J. Henningsen,	" " "
Miss Ivy Klem,	" " "
Professor Wallgren,	" " "
Lady Allen,	U.N. Social Affairs Division
Dr. P. Descoedres,	Deputy Director, J.E.
Dr. Lydia Edwards,	WHO Tuberculosis Research Office
Dr. Charles Egger,	UNICEF, Acting Director - EHQ
Mr. B. Fraser,	UNICEF HQ, Liaison Officer
Dr. Gaud,	J.E. (N.A.)
Dr. Gautier,	International Children's Centre
Mr. E. Hansen,	J.E. Liaison Officer
Dr. L. Hesselvik	J.E. Stockholm
Dr. Lind	J.E.
Dr. McDougall	World Health Organization
Dr. C. Palmer	WHO, Tuberculosis Research Office
Dr. M. Sacks	WHO, Liaison Office to UNICEF-EHQ
Miss J. Sunde	J.E. Oslo
Dr. Thomson	World Health Organization
Dr. Timmerman	" " "
Dr. Tytler	" " "
Dr. Ustvedt	Former Regional Director, European J.E.
Dr. Verhoestraete	World Health Organization

3 The Chairman proposed the following revised agenda which was adopted.

1. Report on BCG campaigns
2. Discussion of the future of BCG campaigns
3. Report of the WHO Tuberculosis Research Office - presented by Dr. Palmer
4. Adoption of the Minutes of the last meeting
5. Report on training
6. Other business

4. The Chairman expressed regret that Dr. Rajchman was unable to attend the meeting. Drs. Paula-Souza and Van Zile Hyde had also expressed their regrets that they would not be able to come.

5. The Chairman, on behalf of the United Nations, UNICEF and all participants, expressed gratitude to the Scandinavian Coordination Committee, now in the concluding phase of its official participation in the Joint Enterprise after years of most generous aid in the fight against tuberculosis by BCG vaccination.

PROGRESS REPORT ON BCG CAMPAIGNS

6. Dr. Holm drew attention to the detailed report of the Joint Enterprise activities from 1 July 1949 to 30 June 1950 which had been circulated to the members of the Medical Sub-Committee meeting. He also drew attention to the report of the Joint Enterprise for the month of June 1950.

(a) EUROPE

7. Dr. Holm reported on the progress of the campaign in the European countries.
Finland.

8. The Government has asked for aid in establishing a laboratory for vaccine production. Finland will be asked to have comparative studies made of its vaccine with standard vaccines, assisted in this endeavour by the existing Pilot Stations.

Poland.

9. The plan of the Polish Government for the continuation of BCG vaccination has been accepted by the Joint Enterprise and approved by UNICEF. The formal transfer of the necessary supplies and equipment has been made.

Czechoslovakia.

10. The Tuberculosis Research Office will present a report in book form on the very interesting results obtained in this country.

Austria.

Austria

11. Up to 30 June 1950, 647,862 had been tested and 447,721 vaccinated. A plan for the continuation of BCG vaccination by the Government has been received. International personnel has completed its task. Material, including vaccine and tuberculin, will be furnished for a spring campaign to be undertaken with national personnel. A vaccine production laboratory will soon start to operate. The Government is to have comparative studies made at existing Pilot Stations and is expected to request the approval of the WHO Biological Standardization Commission.

Yugoslavia

12. By the end of June 1950, 2397,746 had been tested and 1,260,029 vaccinated. A plan for continuation of BCG vaccination by the Government has been received and will be submitted to UNICEF. The target figures are now subject to revision because of the rate of development of the campaign. The present figures include 90% of the schoolchildren and 50% of other children. The vaccine production laboratory is ready to operate and it is expected that the approval of the Biological Standardization Commission will be requested at an early date.

Greece

13. The campaign is progressing and a plan for continuation of BCG vaccination has been received. 1,034,319 were tested and 701,402 were vaccinated at the end of June 1950. No further developments were reported on the question of the vaccine production laboratory.

Malta

14. The work is progressing satisfactorily and a plan for continuation of BCG vaccination is being studied by the J.E. Up to the end of June 54,968 were tested and 3870 were vaccinated.

/Italy

Italy

15 The campaign in Liguria, carried out by national personnel, is expected to
finish early in July. There were no other changes over previous months.

Total tested and vaccinated in Europe

16 All campaigns carried out with international personnel will be finished by
the end of 1950. Up to June 1950, 15,033,267 had been tested and 7,973,049 vaccinated.
The original total figures will not be reached because some of the campaigns which
have been envisaged were not held. The new target figures are now being estimated.

(b) NORTH AFRICA

17 Dr. Gaud, at the invitation of Dr. Holm, commented on developments in the BCG
work in North Africa and stated that progress was satisfactory. After eleven months'
work in Morocco, seven months in Algeria and six months in Tunisia, more than 2
million persons had been tested and over 800,000 vaccinated.

Morocco

18 It is expected that the Southern part of Morocco will be covered by February
1951, after which four mass campaigns will be carried out around Casablanca, Rabat,
Fez and Meknes to end in June 1951. Two international teams and two Moroccan teams
continued the work during the Ramadan Season and normal work will be resumed on 15
September. At the end of June 1950, 1,198,066 had been tested and 566,836 vaccinated.
Professor Timmerman visited the BCG Department of the Institut Pasteur in Casablanca.
After making a few suggestions Professor Timmerman proposed the approval of the Casa-
blanca Institute for the preparation of BCG vaccine. (JC5/UNICEF-WHO/2)

Algeria

19 The work started six months after the Morocco campaign and teams trained in that
country were used. More than 591,000 persons have been tested and 199,000 vaccinated,
the regions of Algiers and Constantine being covered. With some initial difficulties,
BCG vaccination is now assured and supported by the Faculty of Medicine of Algiers.
It has been decided to use the Mantoux test for children from 3 to 12 and the Patch

/test for

test for those under 3 years. The Algerian authorities have asked that the Medical Sub-Committee be notified of the Government's desire to increase and continue the programme. If the national teams are increased the campaign should be completed by the end of December 1951.

Tunisia.

2. The work began on 17 October 1949 and in seven months 274,649 persons were tested and 123,730 vaccinated. The work in Tunisia also benefited by the experience gained in Morocco and Moroccan trained teams are being used. The Public Health authorities are most favourable to the BCG work. The programme will probably be completed on schedule at the end of April 1951.

Tangiers.

2. In one month 21,089 were tested and 7,500 vaccinated. The frequency of suppura-ting adenopathies has been a technical problem and a cause of concern to the Public Health authorities.

Discussion on BCG in North Africa in general.

2. The Medical Sub-Committee noted with satisfaction that the authorities favoured the BCG vaccination campaigns.

(c) MIDDLE EAST

Israel

2. The campaign is progressing. The figures up to June are approximately 27,000 tested and 176,772 vaccinated. No plan for continuation of BCG vaccination has yet been submitted.

Syria.

2. The campaign is to end in September 1950. At the end of June 1950, 166,676 persons had been tested and 75,386 vaccinated. The Government has submitted a plan for continuation of BCG vaccination.

/Egypt

By the end of June 1950, 297,500 had been tested and 82,000 vaccinated. The Government is making arrangements to increase the teams thus extending the work to the entire population. The J.E. has informed the Government that it cannot continue its vaccination activities in Egypt after 1 July 1951.

General discussion on BCG in the Middle East

Dr. Helm and Dr. Ustvedt called attention to the differences in infection rates which exist in various areas where BCG campaigns were undertaken. It was noted that there were marked differences from area to area and that in some of them there was the question as to whether BCG vaccination was epidemiologically justifiable. From the general experience in the Middle East, it was pointed out that the infection rates are an important index and these rates might be studied and evaluated prior to initiation of mass campaigns.

The medical Sub-Committee noted the difficulties encountered in testing operations due to the fact that people did not return after their first test. In June and July up to 50% did not return. While, in general, the probability is that those not returning were negative, this conclusion cannot be fully justified. It was therefore agreed that people not reporting for follow-up should be included in the statistics and be indicated in a separate column. It was also noted that the single test method should be favoured.

(d) FAR EAST

Conclusion

A request has been received from the Government for international teams for a period of six months in order to properly begin a new two-year campaign. The matter is under negotiation and the Government is now working out the internal details.

/India and Pakistan.

India and Pakistan

2. Eighty-four Indian teams each including three vaccinators are presently working and additional vaccinators are being trained among non-medical personnel. A statistician is being trained at Copenhagen to be sent to India. It was stated that the question of the continuation of the campaign in India and Pakistan is a matter of great interest and of some urgency since the present contract with the J.E. will be completed by 30 December, 1950.

(e) LATIN AMERICA.

3. The mass campaign started in July and is progressing satisfactorily. The cooperation of the authorities is very good. The training of the teams took place in Mexico where other Latin Americans will also be trained. Vaccine is produced by the local laboratory.

Ecuador

3. The campaign has started successfully. Vaccine is sent weekly to Mexico.

(f) TOTAL ECG CAMPAIGN FIGURES.

3. Dr. Holm reported a total of more than 20 million persons tested and more than 1 million vaccinated. Should the figures for Germany and for campaigns started prior to the initiation of mass campaigns be included, the totals would reach 28 million tested and 13 million vaccinated. The Chairman congratulated Dr. Holm and all concerned with the ECG vaccination on such a vast work accomplished successfully.

DISCUSSION ON THE FUTURE OF BCG CAMPAIGNS

33 The Chairman opened the discussion on the subject of the future of the BCG work.

34 The Medical Sub-Committee heard a statement made by Dr. McDougall of WHO reviewing the developments to date. He stressed that the Joint Enterprise had performed a great task and applied its action to more people than any other movement in medical history. He said that it had been realised that this very important work would eventually become the responsibility of WHO. Dr. McDougall described WHO policy as reflected in the last report of the WHO Tuberculosis Expert Committee which is that BCG work is to be an integral part of overall tuberculosis control; such a policy having been accepted by the WHO Executive Board at its sixth Session. He further referred to other tasks of WHO as those performed by the Biological Standardisation Commission, and that of continuing to foster work already done by JE. This coincides with instructions from the Joint Committee on Health Policy. Dr. McDougall said that the role of WHO in this field would depend very largely, however, on UNICEF support. It was mentioned that the WHO had decided to reinforce its Tuberculosis Section through the appointment of Dr. Thomson who is to take over the general conduct of programmes in BCG as far as they are within the province of WHO.

35 Dr. Thomson, at the invitation of the Chairman, outlined the following basic considerations which must be kept in mind in approaching the problem:

- (1) the Scandinavian Committee has recommended that, in the future, BCG vaccination should be a part of tuberculosis control,
- (2) the Joint Enterprise will not take on any new campaigns after 1 January 1951,
- (3) campaigns should be continued either in the form of country wide programmes or on a more limited scale so that more countries could be assisted,
- (4) BCG is included in the terms of

...
.../reference

ference of the UNICEF/WHO Joint Committee on Health Policy, (5) provided that UNICEF will be able to help finance supply and equipment and also reimburse the personnel essential for such programmes, WHO will follow the recommendations of its Committee of Experts, confirmed by its Executive Board and Assembly.

6. Dr. Thomson said that in order to carry out this work it is essential that regional organisations be set up which would be serviced by a central unit. He outlined the procedure to be followed once a country requests assistance for BCG vaccination: a) The BCG adviser attached to the regional office will study the application and will outline plans of operation which b) he will submit to the regional office of WHO and if approved technically, c) the plans of operations will be forwarded to UNICEF for financial approval out of country allocations, (d) when approved, if endorsed, they will go to the central unit for procurement, recruiting, etc. Dr. Thomson then described the types of assistance which will have to be considered: 1) helping national programmes; (2) carrying on the work in countries where campaigns are now continuing under the Joint Enterprise, (3) organising campaigns requested by new countries since many such requests have been received. His assistance may be given in the form of a tuberculosis control centre, of local campaigns, or of mass campaigns. The WHO representative then stated that it will be essential to profit by the experience of the Joint Enterprise.

7. Invited by the Chairman and on behalf of the Scandinavian Coordination Committee, Dr. Caspersen informed the members of the Medical Sub-Committee that while they could not enter into further obligations they were ready to support the aims and work, particularly in finding technical personnel, if so desired by WHO and UNICEF.

8. The WHO Medical Adviser to UNICEF Headquarters, Dr. B. Borcic stated that the general policy of UNICEF in regard to future BCG campaigns would be subject

.../to the

the decision of the Executive Board at its meeting in November 1950. He expressed the belief that the plan outlined by WHO would be favourably considered and noted with satisfaction the progress made in the negotiations between the various agencies towards an agreement on the continuation of BCG campaigns. He said that he believed that arrangements must be made for a transitional period of several months in 1951.

1. The Director of the Joint Enterprise, Dr. Holm, supported the plan outlined by WHO, in particular the procedure to be followed when countries request assistance in BCG work. He further mentioned that he believed the centralised unit was in line with the general experience of the JE and stressed the importance of the regional organisations. He felt that the Central Office should have a freedom of action similar to that of JE, without too many committees to consult and should have direct contact with the field where the work is being done.

2. The Medical Sub-Committee noted a point stressed by Dr. Thomson on the need of close cooperation and the belief that his office could not replace immediately the JE Headquarters.

3. Dr. Ustvedt supported Dr. Thomson and informed the members that he felt that cooperation and the utilisation of JE experience were crucial points. He further stated that as long as Joint Enterprise existed it would have services for personnel, supply and procurement, transportation and shipping, and would assist WHO in every way possible.

4. Professor Timmerman (WHO) said that WHO had decided that WHO. TRO (Tuberculosis Research Office) would remain in Copenhagen for the time being.

5. The Chairman called upon the meeting to formulate and adopt a joint resolution to be conveyed to the appropriate United Nations bodies, bearing upon the following three questions: (1) that the BCG campaigns should be continued

/and follows

d followed up; (2) the way this follow-up should be conceived; (3) the way it could be financed.

The Medical Sub-Committee after having heard the discussions on the continuation of BCG vaccination campaigns adopted unanimously the following recommendation for presentation to the UNICEF Executive Board Meeting in November 1950:

FUTURE BCG VACCINATION PROGRAMMES

The Medical Sub-Committee of UNICEF and the Scandinavian Coordination Committee, meeting in joint session in the presence of representatives of the Secretariat of WHO, have noted that it is no longer possible for the Joint Enterprise to extend its facilities to countries beyond those for which commitments have already been made. They wished to pay tribute to the important contribution made by the Joint Enterprise to the knowledge, methods and procedures of conducting BCG vaccination campaigns and were in full accord with the statement made by the Director of the Joint Enterprise that future BCG vaccination campaigns could be continued and integrated into general tuberculosis control programmes.

The Committees noted the exchange of correspondence between WHO and UNICEF and the comments of the Joint Enterprise on future policies relating to the continuation of BCG programmes.

The Committees heard with satisfaction a statement made by the representatives of the Secretariat of WHO to the effect that WHO is willing to undertake, within its resources, jointly with UNICEF the functions that the Joint Enterprise has exercised in assisting Governments.

/The Committees

The Committees

a) having heard with satisfaction the expressed conviction of WHO that mass BCG vaccination programmes both in the form of area demonstrations and country wide programmes, should be carried out, when indicated, so that more countries at their request may receive international assistance in undertaking programmes of vaccination;

b) having heard and considered the proposals made by representatives of the Secretariat of the WHO during the meeting for the continuation of BCG vaccination programmes:

RECOMMEND that UNICEF and WHO in consultation with the Joint Enterprise and co-operating agencies, establish as soon as feasible a functional central unit to organise, coordinate and direct future BCG programmes.

RECOMMEND that such a central unit be an integrated operating unit which is given the widest possible authority in dealing with the problems of the BCG programmes and a maximum flexibility in implementing such programmes.

RECOMMEND that such a central unit should maintain the closest possible relationship to the WHO Tuberculosis Research Office, the various Pilot Stations and co-operating institutions; that the location of the central unit be considered in the light of the above and advantage be taken of the availability of experienced personnel and existing facilities.

The Committees supported the recommendations made by the Scandinavian Coordination Committee and the WHO Expert Committee on Tuberculosis that future BCG vaccination programmes be planned at a regional level and,

RECOMMEND, therefore, that for this purpose regional BCG advisers

/....be appointed

be appointed on the recommendation of the central unit as and when deemed necessary.

The Committees called attention to the experience and opinion of the Joint Enterprise that the participation of international personnel, when requested by Governments, represents an essential element in the success of BCG campaigns.

The Committees RECOMMEND That, during the organisational phase, the offer of the Administration of the Joint Enterprise to make available its facilities and personnel, be accepted, thereby ensuring continuity of operation and gradual transfer of responsibilities.

The Committees RECOMMEND that UNICEF and WHO, each to the maximum extent which its circumstances permit, provide the necessary funds for implementation of vaccination programmes, and express the hope that funds at present earmarked for anti-tuberculosis campaigns, or other funds which may be made available for such purpose, be placed at the disposal of the central unit.

The Scandinavian Coordination Committee reasserted its effort to give all possible assistance within its power to cooperate in future BCG work.

The Committees urged that the parties concerned initiate immediately negotiations in accordance with the above recommendations with a view to formulate a final agreement which would be presented to UNICEF and WHO for approval.

REPORT OF THE WHO TUBERCULOSIS RESEARCH OFFICE

The Chairman asked Dr. Palmer to present the report on the work of the WHO Tuberculosis Research Office at Copenhagen.

The Joint Meeting had before it a report on BCG Vaccine Studies by Dr. Lydia

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/...B. Edwards,

Edwards, Chief of Field Studies and Statistician Anna S. Geltin, of the Tuberculosis Research Office.

7. Dr. Palmer commented in detail, illustrating with screen projections, on the BCG vaccine studies carried out by the Research Office, covering the following aspects of the work: (1) organisation and plans, (2) field work, (3) details of results, (4) efforts to establish a standard for the comparison of different vaccines. Carrying out a cooperative programme of Joint Enterprise, the Danish Bacteriological Institute and the Research Office to test tuberculins and vaccine on large numbers of school children, a programme which was facilitated by the Danish nation-wide vaccination campaign, the purpose of the studies was to measure post-vaccination allergies and the principal local reactions to vaccines of various production sources and of different concentrations, in order to establish criteria. Six experimental projects have been completed and a seventh will start this autumn. The general results of the first six projects are tabulated in the detailed report of the JE activities from July, 1949 to June 30th, 1950, mentioned in paragraph six of this report.

8. Dr. Gautier of the International Children's Centre pointed out that similar tests conducted by the Paris Pilot Station, now operated under the International Children's Centre, had shown that suppurating glands occurred most frequently in children up to 3 years of age, after vaccination. Dr. Palmer, answering Dr. Gautier, stated that the Research Office had done very little with under-school age children in Denmark, although they had found suppurating glands in children aged 7 to 14, that Dr. Gautier had raised a very important problem and that he considered the collaboration of the JE Pilot Station of great importance in this work.

9. Further discussion stressed the importance of continued research in the fields of (1) immunity against tuberculosis, including the effort to find an

/experiment

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 Page 16.

experiment on animals which will lead to solving the immunisation problem; (2) comparison of results of different vaccines by the various Pilot Station; (3) results of mass vaccinations.

TRAINING PROGRAMMES

5 Dr. Verhoestraete presented a report on Training (Annex I) including the International Pediatrics Congress; the Symposium on BCG Problems and the Seminar on Social Pediatrics; the Course in Social Pediatrics offered by the Swedish Government; and possible course to be given in 1951 in the United Kingdom.

5 The question of the possibility of a training course to take place in the United Kingdom on the subject of treatment and after care of the physically handicapped child was discussed. The Medical Sub-Committee recommended that the matter be referred favourably to the next session of the Programme Committee and the Executive Board of UNICEF.

5 In regard to the International Children's Centre courses, the Chairman emphasized their international character (1) by the participants, (2) by the lecturers and instructors, (3) by giving the courses partly in France and partly in other countries.

MISCELLANEOUS

5 The Chairman thanked the Scandinavian Coordination Committee for their collaboration and paid tribute to the JE for the great task they had achieved. He added that he hoped that the recommendations which were unanimously adopted by the MSC will assure the continuation of the magnificent work performed by the

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ANNEX I

REPORT ON TRAINING PROGRAMMES

I. INTERNATIONAL PEDIATRIC CONGRESS

The Sixth International Pediatric Congress was held in Zurich from the 21st to the 29th of July 1950. This Congress is held every three years, and convenes pediatricians from all the different countries of the world. The present Congress was of great importance, since at its conclusion a Constitution was adopted for the establishment of an International Pediatric Association, whose objectives are stated as follows:

1. to promote closer relationship between the pediatricians of all countries, by holding an international congress every three years.
2. to promote the dissemination of pediatric knowledge.
3. to co-operate with other agencies for the improvement of child care, pediatric education or research in any part of the world.

The Congress was organized under the presidency of Professor Fanconi by a committee of Swiss pediatricians, and was attended by over 2000 physicians.

1. The Congress included two Plenary Sessions, where outstanding pediatricians spoke on matters of broad interest in the field of pediatrics, namely, Dr. F. Helmholtz (USA), Prof. R. Debré (Paris), Dr. Gomez (Mexico), Dr. Eliot (WHO), Dr. A. Moncrieff (Great Britain), Dr. E. Rominger (France) and Prof. Frontali (Italy).
2. Apart from the plenary sessions, a number of Panels dealt with specific subjects in the field of both clinical and preventive pediatrics.
3. In addition to this, a Scientific Exhibit of very high standard gave an opportunity to the members attending the Congress to study advanced research work in the field of children's diseases.
4. There had also been organized an Exhibit on Social Matters, in which the main participants were the World Health Organization, UNICEF, I.U.C.W., the International Red Cross, etc.

/It was not worthy

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It was noteworthy that a trend towards considering matters related to preventive pediatrics and social pediatrics, which had already been started at the Congress in New York in 1947, was further enlarged upon. Such subjects as professional problems in social medicine; socialization of medicine; the effects of undernourishment, illness and bad social conditions during pregnancy on infantile mortality and morbidity in the first year of life; perinatal mortality and its prevention, with special attention to diet; problems of the protection of children in countries with a high and in countries with a low child mortality rate; were discussed at the panel sessions. It is to be expected that at future congresses even more emphasis will be laid on these problems.

In addition to these activities of the Congress, a series of Post-graduate Lectures, during the three days before and the three days after the official dates of the Congress, has been organized, in order to enable the younger pediatricians to take fuller advantage of the presence of the more outstanding specialists in the field of child care.

At the request of UNICEF and WHO, a Symposium on BCG, attendance 700, was held on 2 July, in order to bring to the notice of the pediatricians the enormous effort made by the joint enterprise in its BCG vaccination campaigns. At this meeting, which was very successful, and was presided over by Dr. Grunbach of Zurich, addresses are given by the following speakers: Dr. Wallgren from Stockholm on "The Clinical Value of BCG and its Utilisation in Vaccination Campaigns in Scandinavia", Dr. R. MacDougall of WHO on "The Policy of WHO with Regard to BCG Vaccination", Dr. J. Ustvedt on "The General Organization of Mass Vaccination Campaigns in Europe under the Joint Enterprise", Dr. Neubauer from Yugoslavia on "The Organization of the BCG Vaccination Campaign in Yugoslavia", and Prof. R. Debré on "Aspects particular to the Organization of the BCG Vaccination Campaign in North Africa".

Finally, a large number of Films were shown during the time of the meeting, on both specialized aspects of pediatrics and on broad subjects relating to children. The UNICEF film "For all the World's Children" was also shown to the Congress.

In connection with the Congress, and under the joint aspects of the organizing committee of the Congress and of the WHO, the pediatricians from the French-speaking part of Switzerland organized in Geneva, under the presidency of Professor Gautier, a Seminar in Social Pediatrics, which was attended by approximately 100 participants. The seminar was organized as a panel discussion in three main fields of pediatrics:

1. Subjects relating to pre-natal care
2. Subjects relating to the neo-natal period
3. Subjects in the field of growth and development of the child.

This seminar was of interest because it represented a very worth-while effort for the promotion of active discussion by a large international group on some of the most important aspects in the field of preventive and social pediatrics.

Thanks to the contribution of the Swiss Government to UNICEF, 200 pediatricians from the UNICEF receiving countries attended the Congress in Zurich, and out of these 50 attended in addition the Seminar in Social Pediatrics in Geneva. The selection of the candidates was made through the various UNICEF offices in collaboration with the WHO Regional Offices. The Aide Suisse à l'Europe was in charge of the administrative management in Switzerland, and is to be congratulated for its efficiency.

No doubt the possibility offered by UNICEF to those various countries for participation of outstanding younger pediatricians in the Congress will be of enormous importance to the countries concerned.

The detailed list of the participants is annexed.

II. SWEDISH COURSES

The Swedish Government has set aside \$185,000 to repeat last year's courses in Social Pediatrics both for medical and para-medical personnel. Some of the funds will be used to cover the travel expenses of the candidates and the balance will be used for the organization of the two following courses:

- a) Course in Social Pediatrics for medical personnel, maternal and child health officers, pediatricians, obstetricians.
- b) Course in Social Pediatrics for para-medical personnel, nurses and social workers having a special interest in Maternal and Child Care.

The actual programmes have been drawn up very much on the same basis as last year. The first month will be devoted to lectures and clinical work in the field of infant welfare, school health services, maternity services, TB, VD, child guidance care of the foundling and foster child, the premature and the newborn, the social aspects of chronic diseases (poliomyelitis, diabetes, and rheumatic fever), the handicapped, blind, deaf and mentally deficient, adoption, day nurseries and nursery schools. During the second month the participants will receive practical training in the special aspects of Maternal and Child Care in which they are most interested and for which facilities exist.

This training has been offered to fellows from all UNICEF receiving countries in Europe. Three countries having declined the offer, the openings were re-allocated to the Middle East: Israel, Syria, Lebanon and Egypt.

The courses are planned to start respectively on 1st September for medical students and on 1st October for para-medical personnel. They will each last two months and will be given in German. The total number of participants will be 25 in each group with an allocation of one to four openings to each country as follows:

	<u>Medical Personnel</u>	<u>Para-Medical Personnel</u>
Australia	3	3
Finland	2	2

France	3	3
Germany	4	4
Greece	2	2
Italy	3	3
Yugoslavia	4	4
Syria	1	1
Egypt	1	1
Lebanon	1	1
Israel	1	1

II UK COURSE

Discussions have been held and a draft programme has been prepared for a course on treatment, rehabilitation and training of handicapped children. This course would be organized in the United Kingdom but it is not expected that it can be ready before spring 1951. Approaches have been made to WHO, the International Children's Centre and UN Social Activities Division. UNICEF Headquarters have agreed in principle to finance this course and the WHO has already set aside a \$10,000 credit towards its organization.

IV INTERNATIONAL CHILDREN'S CENTRE COURSES

The International Children's Centre is organizing two courses this coming autumn as follows:

1. one course in Child Social Psychiatry to deal specifically with the examination, treatment and social rehabilitation of the mentally handicapped child and which is intended for physicians directly concerned with psychiatry, psychologists, educators and specialized social workers.
2. a refresher course on Childhood Tuberculosis in order to inform participants of the recent developments made in the field of tuberculosis in children with special reference to the chemical, biological and public health problems.

UNICEF has been asked to help with the selection of candidates through its missions and arrangements have been made accordingly.

INTERNATIONAL PEDIATRIC CONGRESS - LIST OF PARTICIPANTS

	<u>Zurich</u>	<u>Zurich and Geneva</u>	<u>Total</u>
<u>EUROPE</u>			
Austria	16	6	22
Finland	18	5	23
France	20	4	24
Germany	21	5	26
Greece	7	2	9
Italy	22	3	25
Poland	1	1	2
Slovenia	19	6	25
<u>NON-AFRICA</u>	10	2	12
<u>MIDDLE EAST</u>			
Egypt	2	1	3
Israel	-	2	2
Lebanon	1	-	1
Syria	1	1	2
<u>ASIA</u>			
India	3	2	5
Indonesia	1	-	1
Pakistan	-	1	1
Thailand	-	1	1
Philippines	2	4	6
<u>AMERICAN AMERICA</u>			
Costa Rica	1	-	1
Ecuador	1	-	1
El Salvador	-	1	1
Mexico	3	-	3
Nicaragua	1	-	1
Venezuela	-	1	1
	<u>150</u>	<u>48</u>	<u>198</u>

