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UNITED NATIONS
ECONOMIC
AND
SOCIAL COUNCIL



RESTRICTED

E/ICEF/R.10
2 February 1950

ORIGINAL: ENGLISH

UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND

Programme Committee

REPORT OF THE MEETING OF THE MEDICAL SUB-COMMITTEE
HELD ON 14 JANUARY 1950, PARIS, FRANCE

Present: Chairman: Professor Debre - France
Dr. Rajchman - Poland
Dr. Holm - Denmark
Dr. de Paula Sousa - Brazil
Dr. Van Zile Hyde - United States of America

Secretary: Dr. Borcic (WHO/UNICEF)

Also Present:

Dr. Eliot (WHO)
Dr. MacDougall (WHO)
Lady Allen (Social Affairs, United Nations)
Mr. Pate (Executive Director of UNICEF)
Mr. Davidson (Director, European Headquarters, UNICEF)
Dr. Ustvedt (Regional Director for Europe, JE)
Dr. Palmer (WHO)
Dr. Bonnet (UNICEF and JE)
Dr. Mande (Assistant Regional Director, JE)
Dr. Strunge (Liaison Officer with JE HQ in Copenhagen)
Dr. Sacks (UNICEF/WHO)
Dr. Verhoestraete (UNICEF/WHO)
Dr. Messinezy (WHO)
Mr. Hansen (JE)
Mr. Fraser (UNICEF HQ New York in Copenhagen)
Mr. Walling (JE North Africa)

The Agenda of the Sub-Committee was as follows:

1. Adoption of the Report of the Meeting held on 13 September 1949.
2. Streptomycin Meeting.
3. BCG Campaigns in the future.
4. Paris Pilot Stations - WHO Report.
5. Pediatric Congress.
6. Training Programmes for 1950.
7. Progress of BCG Campaigns.
8. Progress Report on Medical Programmes in Europe.
9. Date of next meeting.

Adoption of the Report of the Medical Sub-Committee Meeting held on 13 Sept. 1949

1. The Medical Sub-Committee approved the report of the meeting of 13 September 1949 (E/ICEF/127/Add.1) subject to the following corrections:

Paragraph 24, second sentence to read as follows:

"On the basis of Dr. Holm's recommendation, the Sub-Committee agreed that the question be reported to a later meeting of the Sub-Committee."

Paragraph 41, lines 4 and 5 to read:

"... and that it would be necessary to recruit teams also from other than the Scandinavian countries."

Technical Conference on Streptomycin Programmes.

2. The Medical Sub-Committee ~~had before it a~~ progress note on the convening of a streptomycin meeting (Annex I). The convocation of such a meeting had been recommended by the Medical Sub-Committee, discussed and approved by the Programme Committee and accepted by the Executive Board. The selection of participants, organisation and general arrangements had been made in close co-operation with WHO. The Medical Sub-Committee discussed the report and recommended that the list of participants be revised as follows:

- a) representatives designated by streptomycin receiving countries;
- b) individuals selected on the basis of their personal experience and including workers in streptomycin from the USA and the USSR; and,
- c) representatives of WHO, the Medical Sub-Committee, JE, and UNICEF.

3. The Sub-Committee noted that the meeting was to be held on 9 February through 12th. It requested that the name of the meeting be officially known as: "The Technical Conference of European Streptomycin Programmes carried out with the Assistance of UNICEF." The Medical Sub-Committee also noted the organisation and agenda and the general arrangements and approved the progress note with the exceptions noted above.

BCG Campaigns in the Future

4. After an exchange of views on its terms of reference and its competence to discuss BCG campaigns in the future, the Medical Sub-Committee took the view that it had a moral responsibility in the BCG mass campaigns, and reaffirmed its responsibility to make technical recommendations concerning the Joint Enterprise to the Executive Board.

5. Dr. Holm reminded the Sub-Committee of a statement to the Executive Board by the Scandinavian Co-ordination Committee at its meeting in Oslo on 8th October, 1949 (E/ICEF/136, para. 95). He stated that the Scandinavian Committee was of the opinion that it could not go on beyond 1951 and that the emergency action would be completed by 1950. The Scandinavian partners feel that the work after 1950 should be handled entirely by United Nations organizations and that while the Scandinavian group was ready to assist as much as possible any group or groups able to take over the work, it would not undertake any action necessitating additional financial commitments. He further stated that the 1 January was not a fixed date but that the Scandinavian group felt that all work now undertaken and all commitments so far made would be completed by that time. The Medical Sub-Committee noted that at the last Board session "the Executive Director stated that after further consultation with Dr. Holm he would present to a subsequent session any proposals that appeared to be necessary in the light of this resolution" (of the Scandinavian Co-ordination Committee) (E/ICEF/136, page 33).

6. Dr. Holm stated that the Scandinavian partners were ready to carry out their agreement in 1950, even in the case where the actual work had not yet begun. Subsequent discussion brought out the following points: (a) the problem was not only the continuance of work in countries which had started such campaigns, but also

for new countries requesting such assistance; (b) the last fifteen months had shown that many problems arose in practice and that these problems require laboratories and field studies involving considerable responsibilities; (c) experience had shown that in countries not having a highly developed Public Health system, BCG campaigns must be undertaken with great care. This should be carefully studied during 1950.

7. The WHO representative stated that WHO was ready to go forward in consultation with the appropriate agencies, and do its part in the preparation for the future. WHO believed it had a moral responsibility. The WHO representative emphasized that BCG campaigns in the future should be supported as a part of the total tuberculosis program.

8. The Medical Sub-Committee expressed its great indebtedness to the Scandinavian partners in the carrying out of the mass campaigns and for the important role which it had played in the effectiveness of its implementation.

9. Dr. Van Zile Hyde of the USA pointed out that there had been no real discussion of BCG campaigns in the future, which was the item shown on the agenda. He stated that the discussion had been opened by information concerning the discontinuance of the Joint Enterprise, but that no plan for meeting this situation had been put before the Sub-Committee, either in documentary form or verbally, and there had been no exchange of views on this basic matter. He did not believe that the discussions which had taken place would aid the Executive Director to prepare a recommendation to the Executive Board on this subject. It was ruled that Dr. Van Zile Hyde's remarks be included in the record of the meeting.

Paris Pilot Station

10. The Sub-Committee had before it a report of the WHO Expert Committee on Biological Standardization on the BCG Pilot Station in Paris (Annex II).

/11. It noted

11. It noted that the Expert Committee on Biological Standardization had stated that the Pilot Station had sufficient number of children and adults to make a thorough study of BCG vaccines and a scientific comparison between different types of tuberculin. It also pointed out that if the station was to operate on an international and long term basis, its personnel and resources would have to be augmented.

12. The Sub-Committee heard that the Pilot Station would in all probability be placed under the control of the International Children's Center, soon to be established. It also heard the suggestion that studies of the children should also be contemplated for sociological and social welfare implications.

13. The Medical Sub-Committee expressed its interest in expanding the number of pilot stations to other parts of the world to study similar problems.

Pediatric Congress

14. The Medical Sub-Committee approved the report of the Administration on the Pediatric Congress (Annex III). Two hundred fellows are expected to attend the Congress and its various activities in Zurich and fifty of them will, in addition, take part in a seminar on social pediatrics organized in Geneva by WHO under the auspices of the Congress Committee.

Training Programs for 1950

15. The Medical Sub-Committee had before it a report on Training Programs (Annex IV). Following the recommendation of the Medical Sub-Committee at its last session, the Administration has endeavoured to obtain the greatest possible number of training facilities for 1950. In France, the course in social pediatrics will be held under the auspices of the Paris Center. It is the intention to carry these

courses for three years, the number of fellowships to be fixed separately for each year. The Medical Sub-Committee believed that the awarding to each country of fellowships to Paris courses be left to the discretion of the Directors of the Course in order to ensure flexibility and the widest possible global distribution according to the number of vacancies available. At the present time it is estimated that 60 vacancies will be available for March 1950.

16. The Medical Sub-Committee expressed the hope that it would be possible for the 1949 training activities in Switzerland, Sweden and the United Kingdom to be repeated in 1950.

Progress of BCG Campaigns

17. The Sub-Committee heard reports by Dr. Holm and his staff on the progress of BCG campaigns in Europe, Middle East, Far East, Latin America and Africa.

BCG Campaigns in Europe

18. Dr. Ustvedt, Director of BCG campaigns for Europe, reported on the developments in the European programs:

Finland

19. It has already been reported that the campaign was finished in July 1949. The retesting and revaccination program is progressing. The plan for the continuance of the BCG program had been considered by the Joint Enterprise, submitted to UNICEF and was approved. Supplies, including vehicles, are being turned over to the Finnish Government.

Poland

20. The program has been completed by December 1949. The Polish Health Authorities have taken over the regular testing and vaccination of the child population

not covered by the campaign as well as of all newborn infants. The Chief of the Joint Enterprise Mission is staying by invitation of the government for another 3 to 4 months in order to terminate the reports of the vast campaign of retesting now under way in several counties. Special retesting programs have been carried out in different districts in addition to the ordinary vaccination work.

21. A special report on Olsztyn district was communicated to the Sub-Committee, indicating that the unusually high percentage of tuberculin negatives among the vaccinated population was probably due to the deterioration of the vaccine. The problem of deterioration of vaccine under special climatic conditions was being extensively studied by the Joint Enterprise. The results of this experience will serve for other campaigns.

22. The number of people to be tested was estimated at 6 million, and to the end of November, 5.3 million had been tested; about 4 million will have been vaccinated. The necessary supplies and equipment for the continuation of the campaign are being provided by the government.

Czechoslovakia

23. The campaign, as previously reported, was completed in July 1949. The plans for continuation of the mass campaign were approved by the Joint Enterprise and UNICEF. The necessary supplies and equipment for the continuation of the campaign are being provided by the government.

Yugoslavia

24. The work is progressing well; testing being done at a rate of 150,000 per month. The Scandinavian teams and the medical chief of the Mission have been withdrawn and the Yugoslav Government has taken complete responsibility for the

campaign with a minimum number of non-technical Scandinavian personnel. It was expected that by the end of 1950, the mass action will have been concluded and that at the present rate, 3.7 million will have been tested against the target of 4 million.

Greece

25. The work was progressing somewhat more slowly, particularly in view of a widespread epidemic of poliomyelitis, than in other countries but was qualitatively satisfactory. It was expected that 1.5 million will have been tested by the end of 1950 at the present rate of development of the program.

Austria

26. Because of administrative regulations of the government it is anticipated that the program might not reach the goal of 2 million to be tested. It was also reported that a special central statistical bureau in Vienna was to be set up. A decision has been made to retest all the vaccinated in this program for purposes of allergy study.

Italy

27. The BCG campaign in Italy is still considered as a trial and a demonstration. Reconsideration of the extent and the continuation of this program will be made in agreement with the Italian Government after 1 March 1950.

28. Meanwhile the Joint Enterprise intends, at the invitation of the government, to begin work in Sicily so as to fulfill all its obligations under the present agreement.

Malta

29. Dr. Ustvedt had made a recent visit to Malta and discussed the plans for an over-all vaccination campaign. The signing of the agreement was expected in the early future.

/Total tested

Total Tested and Vaccinated in Europe

30. As of 30 November 1949, 15,282,000 had been tested and 7,545,000 had been vaccinated under the Joint Enterprise. Dr. Ustvedt stated that the total figure of persons to be tested in Europe should now be revised in the light of experience to approximately 22 to 25 million. An additional 2,662,000 had been tested in programmes outside the Joint Enterprise and about 900,000 vaccinated.

BCG Campaigns Outside Europe

Middle East

31. Dr. Holm reported on the programmes of the Middle East.

Arab Refugees

32. Approximately 250,000 had been tested by the five Joint Enterprise teams. The Joint Enterprise is keeping two teams in the field to undertake a retesting programme. In view of a very low percentage of reactors, it would have been better not to have limited the campaign to people under 18 years of age but to have included all, up to 30 years of age. The Sub-Committee requested that the Administration prepare a recommendation to include the age groups 18 to 30 in the programme.

Lebanon

33. There has been a surprisingly low percentage of reactors among the nearly 16,000 persons tested up to 1 December 1949. The number of persons to be examined in six months for the city of Beirut and suburbs is expected to be 400,000.

Israel

34. The campaign started at the beginning of November for three areas, namely, Tel-Aviv, Haifa and Jerusalem and is expected to be completed within 6 months. The total to be examined in this period will be in the neighbourhood of 600,000 of which nearly 29,000 were examined up to 1 December 1949.

Egypt

35. The campaign planned as a demonstration programme for one year started at the beginning of December, no figures are at present available.

Syria

36. The Agreement was signed 17 December 1949 and the campaign was expected to last for one year as an overall campaign in the large cities only.

North Africa

37. Dr. Debre and Dr. Bonnet reviewed the situation of the programmes in North Africa. The problem of ensuring an adequate supply of reliable vaccine, particularly in view of the climatic conditions, was thoroughly examined and tested in the field. As a result, a new method of packing was introduced and found very effective.

On the other hand, pending the production of vaccine by the 3 Pasteur Institutes in W. Africa, beginning with the Institute at Morocco, arrangements have been completed with the Danish Serum Institute for the supply of requisite amounts.

Morocco

38. The work has generally progressed satisfactorily in spite of the difficult conditions. Approximately 640,000 persons had now been tested.

Tunisia

39. Teams were now moving toward the north of Tunisia and the difficulties in transportation of the vaccine had been largely solved. Approximately 57,000 had been tested in the months of October and November.

Algeria

40. The work started on the 21st November in the southern part of Constantine. The programme, planned as an overall campaign, would last for approximately 18 months.

Far East

41. Dr. Holm gave the explanatory comments on the work of the three countries of the Far East.

India

42. The work is proceeding as a demonstration and a training programme. Demonstrations had been made in 14 different areas up to the 1st December. The total number of persons tested was 350,000. The Agreement of the Indian Government was effective until April 1950 and the Joint Enterprise was ready and anxious to continue until the end of 1950 unless another organization is ready to take over the work before that date.

43. The Medical Sub-Committee stressed the importance of the programmes in India and noted the active interest and collaboration of the Indian Government. After hearing the report on India, the Medical Sub-Committee requested that a comprehensive plan be worked out according to the realities of the situation, taking into consideration the scarcity of trained personnel and the need for training lay vaccinators.

Pakistan

44. The programme has started in Karachi in 1949 as a demonstration and training programme for one year. Up to 1 December, 35,000 persons had been tested.

Ceylon

45. A new director had been appointed for the carrying out of a thorough mass BCG campaign over the whole area of Ceylon over the next few years. No Scandinavian teams had worked in Ceylon since September 1949 and no statistics since that date are available to the Joint Enterprise.

Latin America

46. Dr. Holm announced his early departure for Latin America for a survey and to make recommendations to implement the Executive Board decision regarding a programme for Mexico and an overall campaign in one other Latin American country as a demonstration for the region. (E/ICEF/136, paragraphs 67-68).

Vaccine Production

Middle East

47. Dr. Holm reported that vaccine was at the moment being sent to the Middle East areas from Denmark. It is planned to have vaccine produced at the Pasteur Institute in Athens as early as practicable for these programmes. Before this could be done it would be necessary to have the vaccine approved by WHO. Equipment has been sent to the Athens Institute by the Joint Enterprise, but the laboratory has not yet been approved by the WHO Expert Committee. Until this is done, it will be necessary to continue sending vaccine from Copenhagen.

48. The Egyptian Government is making preparations for the production of BCG vaccine in Cairo, but they will probably not be ready until the completion of the campaign in Egypt.

49. The Government of Israel has asked the JE for assistance in equipping a BCG vaccine laboratory. Dr. Lindt has given advice on this question and plans have been made to establish a laboratory in Jerusalem. It is expected that the laboratory will be able to produce vaccine before the end of the JE campaign.

Far East

50. For Pakistan a BCG vaccine production laboratory has been planned at Karachi, but for the time being vaccine is being sent from Copenhagen.

51. Vaccine for India and Ceylon is being produced at the King's Institute in Madras. Dr. Lindt has visited Madras in connection with arrangements to be made for transporting vaccine. This was undertaken in order to solve special problems deriving from Far Eastern conditions.

Europe

52. Equipment for BCG producing laboratories in Poland, Czechoslovakia, Yugoslav and Austria has already been shipped by the J.E.

North Africa

53. The BCG vaccine for North African countries is produced by the Pasteur Institute in Paris. Preparations are being made in the Pasteur Institutes of the 3 countries for local production, but none of these Institutes have as yet been approved by WHO Expert Committee.

Tuberculin to be Left in Countries After Termination of Campaigns.

54. The question of the amount of tuberculin to leave behind in each country, after the campaign has come to an end, was discussed. It was decided that 3 years supply of tuberculin for each country should be left at the termination of the mass campaign.

Report of the Copenhagen Conference on European Vaccination Programmes.

55. Dr. Holm stated that the reports of the Conference held in Copenhagen in September 1949 will be published in the very near future. He also reported that Dr. Ustvedt's special report to the Conference would be published in the WHO Quarterly Bulletin.

Progress Report on Medical Programmes in Europe

56. The Sub-Committee had before it, for its information, a report on Medical Programmes in Europe (Annex V). This report had been requested by the Medical Sub-Committee in its two previous sessions. The functions of the Medical Sub-Committee in connection with this report were discussed. It was noted that the functions of the Medical Sub-Committee had been determined by the Board and that its present terms of reference were as follows:

/"Receiving and

"Receiving and acting on reports of the J.E. and to the consideration of the overall proportion of country allocations devoted to child health projects and also to such general considerations as members of the Sub-Committee in their capacity as members of the Board, consider proper to bring to the notice of the Programme Committee" (E/ICEF/128, page 15, paragraph 32).

The Medical Sub-Committee decided to discuss the report at its next session in the light of the terms of reference quoted above.

International Children's Centre.

57. Prof. Debre announced that the inaugural meeting of the Board of Directors of the International Children's Centre in Paris would be held on the 18th and 19th of January, 1950.

Date of Next Meeting.

58. The next meeting is to take place in Paris on 18 March, 1950.

ANNEX I

PROGRESS NOTE ON TECHNICAL CONFERENCE ON STREPTOMYCIN PROGRAMMES

Paris - February 9 to 12 1950

In accordance with the recommendation of the Medical Sub-Committee at its last meeting (E/ICEF/127/Add.1, paragraph 48) and in agreement with the WHO, it was decided to convene a meeting on streptomycin therapy of tuberculosis in children and adolescents on February 9 to 12 inclusive, 1950, in Paris:

1. PARTICIPANTS.

- a. Two representatives of each country participating in the UNICEF supply streptomycin scheme (Austria, Bulgaria, Czechoslovakia, Finland, Greece, Hungary, Italy, Poland, Romania and Yugoslavia). It was suggested that the representatives of each country be, if possible, the leading clinician responsible for coordinating the work in the country and the other the pathologist or bacteriologist in connection with the streptomycin scheme.
- b. Members of the Medical Sub-Committee.
- c. Representatives of the WHO.
- d. Several members of the original WHO Streptomycin Sub-Committee (Professor Bernard, Paris; Professor Cocchi, Florence; Drs. Daniels and Cruickshank, U.K.) and a few other experienced workers in this field (Professor Fanconi, Zurich; Professor Cairns, Oxford; Professor Fouquet, Paris, Professor Chaptal, Montpellier; Professor Giraud, Marseilles, Professor Bernheim, Lyon; Dr. Breton, Lille; Dr. Ustvedt, Copenhagen, Professor Dubois, Brussels).
- e. Members of Professor Debre's clinical services.
- f. Representatives of the EHQ of UNICEF.

Invitations to the countries were extended through UNICEF Missions (in case of Hungary to the Minister of Welfare) on December 6, together with a request that a report be submitted on general observations on the work so far accomplished in the streptomycin centres and sub-centres. The hope was expressed to have this report sent to the WHO and BHQ not later than January 15 and to have the communication of the names of the representatives not later than January 20. The countries' reports will be collated by the WHO and presented to the meeting.

The invitations to other participants have been or are being sent at present (the final list having been established only recently).

It is expected that 40 to 45 persons will attend.

/2. ORGANIZATION AND

2. ORGANIZATION AND AGENDA

The meetings will be held at the "Hôpital des Enfants Malades" which Prof. Debre has kindly put at our disposal. One morning will be spent in the "Hospice de Brevannes". This was made possible through Prof. Debre's kind services.

It is proposed that, except for the first morning, there will be no formal meetings but rather "round table" discussions. The presentation of clinical cases will also be conducted in the same way.

The programme of the meetings will be as follows:

- First day: Thursday, February 9 - "Hôpital des Enfants Malades",
149 Rue de Sevres.
- 9.00 - Registration
10.00-13.00 - a. Address by the Chairman of the Medical Sub-Committee.
b. Election of the Chairmen.
c. Country Reports.
13.00-15.00 - Lunch intermission.
15.00-18.00 - Round table discussion on selected problems
- Second Day: Friday, February 10 - "Hospice de Brevannes".
10.00-12.30 - Presentation of clinical cases.
12.30-15.00 - Lunch in Brevannes.
15.00-18.00 - Round table discussion on selected problems.
- Third Day: Saturday, February 11 - "Hôpital des Enfants Malades"
10.00-12.30 - Presentation of clinical cases.
15.00-18.00 - Round table discussion on selected problems.
- Fourth day: Sunday, February 17 - "Hôpital des Enfants Malades".
10.00-12.00 - Conclusions.

3. ROUND TABLE DISCUSSION ON TREATMENT WITH STREPTOMYCIN OF TUBERCULAR MENINGITIS AND MILIARY TUBERCULOSIS IN CHILDREN

For the "Round table" discussion on selected problems the following suggestions have been made:

Diagnosis of tubercular meningitis and miliary tuberculosis in children in the light of present experience.

Elements of prognosis tubercular meningitis when the patient is admitted to the hospital and during the course of treatment.

Study of the spinal fluid during the treatment of tubercular meningitis.

Ophthalmoscopic examination of the fundus of the eye in cases of tubercular meningitis and miliary tuberculosis.

/Electrocephalography

Electrocephalography in tubercular meningitis, during the course and after termination of the treatment.

Bacteriological data:

- 1) Method of research of the T.B. Bacilli
- 2) Resistance of germs

Dosage of streptomycin in the body fluids.

Posology in general - doses - repetition of injection, etc.

Method of introduction in tubercular meningitis.

- Spinal
- Sub-occipital
- Ventricular

Neuro-surgical intervention in tubercular meningitis.

Combination with other antibiotics.

Incidents and accidents in streptomycin therapy.

The problem of complications in children who have been treated.

Anatomical findings.

4. GENERAL ARRANGEMENTS:

The Missions have been informed that EHQ will extend whatever assistance is needed for the representatives' visas, hotel and travel accommodation.

UNICEF will be responsible for travelling expenses to Paris and return, travel allowance for four days in Paris at the rate of \$12.50 per day and meals en route, for two delegates of each country and for other participants especially invited.

ANNEX II

UNITED NATIONS
WORLD HEALTH ORGANIZATION
EXPERT COMMITTEE
BIOLOGICAL STANDARDIZATION

(Copy)
WHO/BS/71
8 December 1949
ORIGINAL: FRENCH

REPORT ON THE BCG PILOT STATION IN PARIS

On 5 August 1949, the United Nations International Children's Emergency Fund approached the WHO Expert Committee on Biological Standardization with the request that a periodical examination of the quality of the BCG vaccines used by UNICEF in its anti-tuberculosis vaccination campaign in certain European and overseas countries be carried out. At the same time, UNICEF suggested that the Expert Committee should study the functioning of the BCG Pilot Station in Paris so as to ascertain if this station could be employed for comparative tests of vaccines and tuberculins from various sources, used or intended for use, in the vaccination campaign. These requests were communicated on 20 September 1949 to the members of the Expert Committee on Biological Standardization.

From 5 - 8 October 1949, Drs. W. Aeg. Timmerman and R. Gautier, under the kind guidance of Prof. H. Bonnet, Dr. R. Broca, Director of the Pilot Station, and of Mlle. Avignon, Head Nurse, visited the Pilot Station, the School of Puericulture of the Faculty of Medicine, the Antony Nursery, one of the residential nursing centres of the Social Welfare of the Seine Department, situated at Belleme (Orne) and the centres at Salbris (Loir et Cher) and Argent (Cher) of the Society for the Placing of Infants in Foster Homes ("Placement familial des Tout-Petits").

(1) The Pilot Station

The Pilot Station occupies the upper floor of a house situated at 166 rue Blomet Paris XV. It has only a very small staff, which is responsible for the administrative work, the card indexing and collection of bibliographic references on BCG. The Pilot Station commenced operations in June 1948; it is financed entirely by UNICEF which allocated a sum of 3,500,000 French francs in 1948. A proposal for the increase of this allocation to 4,500,000 French francs for 1949 has been submitted to the Medical Committee of UNICEF.

The Pilot Station was created with the aim of "methodically studying all questions concerning BCG vaccination with a view to subsequent standardization..... Besides this essential aim, which has a time limit, it is also proposed to study the effectiveness of BCG."¹

To enable the comparison and evaluation of BCG vaccines from different sources to be carried out, the Pilot Station has recently been able to avail itself of children and adolescents in the charge of the Child Welfare Service ("Service de la Protection du Premier Age") of the Social Welfare of the Seine Department. For the most part these young people have so far not been vaccinated with BCG but this would henceforth be possible through the Pilot Station, in which the Social Welfare has every confidence.

/Out of 22,500

¹ Doc. E/ICEF/123.Rev.1 Annex I/B

Out of 22,500 individuals from 0 to 24 years, the great majority are infants of 0 to 2½ years belonging to one of the following categories: "Public relief" (without parents), "public assistance" (mother incapable of bringing up her children) or "temporary guardianship" (temporary stay, during the sickness of the mother, for example). The babies first spend a period in the observation creche at the hospice of St. Vincent de Paul and are then sent to the Antony Nursery to adapt them to a diet of cow's milk. From there, they are sent to one of the numerous residential nursery centres which the Social Welfare has organized and of which the Bellene Centre is an example.

(2) The Bellene Centre

The Centre is responsible for the administrative supervision of 420 infants, aged from 0 to 18 months, who are placed with foster mothers in the healthy environment of neighbouring villages. The Social Welfare supplies the layette, the bed and bedding, feeding bottles and sterilizing equipment, as well as all special milks. The number of children entrusted to one foster mother does not exceed four. Each child is medically examined on arrival at the residential nursery centre and then every month. The results are entered in a personal booklet supplied by the Social Welfare. Visiting nurses attached to the nursery centre are each responsible for 50 to 60 children whom they see at least once weekly; their visits are entered in the personal booklet. The nursery centre at Bellene is the only one where, through the Pilot Station, BCG vaccination has been applied to a considerable proportion of the babies. Dr. Broca checks the results of these vaccinations periodically and revaccinates when necessary.

(3) Society for the Placing of Infants in Foster Homes ("Placement familial des Tout Petits")

For a long-term study of allergy, the Pilot Station can use the Society for the Placing of Infants in Foster Homes directed by Prof. Marcel Lelong. This society, founded in 1920, removes babies born in a tuberculous environment from the danger of infection by entrusting them as soon as possible to peasant families giving all possible physical and moral guarantees. The society, which receives infants from 0 to 4 years of age, has eight centres in Sologne, including those of Salbris and Argent. Two nurses, with training in puericulture, reside at each centre, prepare the diet and distribute the milk to babies placed in their sector; medical inspection takes place twice monthly.

In June 1949, 400 babies sent to Sologne had been vaccinated with BCG, either in different maternity homes in Paris or on their arrival, through the offices of Dr. Broca.

On their return to Paris, a certain number of the children are followed up by the Pilot Station. Others are entrusted to the Grancher Society which looks after them until they are 20 years of age. Among those followed up, there are inevitably some who live in an infected environment. A thorough medico-social inquiry is made in the case of each of the latter by a specially trained social worker.

(4) Other Study Centres

The Pilot Station has other study centres available, such as: the School of Puericulture of the Faculty of Medicine (Prof. M. Lelong), the Medical Clinic for /Sick Children

Sick Children (Prof. R. Debre), the Bayeux Montreuil and Puteaux dispensaries, the BCG service of the Goodrich factory at Colombes and finally, since October 1948, the BCG Service of the French National Railways, which examines and vaccinates pupils attending its apprentice schools, any anergic apprentice not being eligible for subsequent employment.

(5) Research Carried out under the Auspices of the Pilot Station

Research so far has been directed towards establishing:

- (a) The percentage of allergic reactions obtained with different vaccines, and different routes of administration;
- (b) the type of allergy thus obtained, the speed with which it appears and its duration;
- (c) the duration of the activity of various vaccines kept at different temperatures;
- (d) the activity of dry vaccine.

Up to the present the following vaccines have been studied and compared; fresh and dry vaccines from the Pasteur Institute for scarification and intradermal injection, and fresh vaccine from the Copenhagen Serological Institute intended for intradermal use.

For studying the allergy of vaccinated persons the Pilot Station has employed:

- (a) The cutireaction, with crude tuberculin from the Pasteur Institute;
- (b) The patch test, with PPD ointment from Copenhagen;
- (c) The intradermal test using:
 1. Crude tuberculin from the Pasteur Institute, (in dilutions of 1 mg/1 ml and 10 mg/ml)
 2. Purified tuberculin in the form of American PPD (Sharpe and Dohme), Danish PPD and TP48 from the Pasteur Institute.

(6) Conclusions

From the point of view of the Expert Committee on Biological Standardization, it should be noted that:

- (a) the Pilot Station has at its disposal a permanent supply of anergic children and adolescents which would permit the study of BCG vaccine on groups of at least 100 individuals;
- (b) comparison of the various types of tuberculin may be effected in a scientific manner;
- (c) the development of allergy is followed up as carefully as available criteria permit, during a period of time which, according to the individual case, may

/include the

include the childhood and adolescence of the subject vaccinated.

It follows that the BCG Pilot Station in Paris, both because of its organization and because of the study centres at its disposal, is suitable for the evaluation and comparison of BCG vaccines and tuberculins of various origins. It is clear that if the Station were to be made use of on an international scale, its personnel and resources would have to be increased. It would also be necessary to ensure its functioning over a prolonged period so as to make possible a long term study of allergy and to enable a comparison to be made of the rate of infection among vaccinated and non-vaccinated individuals.

signed:

W. Aeg. Timmerman
R. Gautier

8 November 1949

ANNEX III

UNICEF FELLOWSHIPS TO THE INTERNATIONAL PEDIATRIC CONGRESS
IN ZURICH, JULY 24 to 28, 1950

At the third session of the Joint Committee on Health Policies WHO/UNICEF a proposal was discussed for UNICEF to give financial assistance to the International Pediatric Congress to be held in Zurich in 1950. The Committee decided that the directors of WHO and UNICEF should study the proposal and formulate recommendations which would be submitted to the Executive Boards of the two organizations.

At the meeting of the Medical Sub-Committee of July 11, 1949, a proposal was presented concerning the possibility of giving assistance to 150 pediatricians from UNICEF receiving countries in Europe to attend the International Pediatric Congress and the post-congressional activities. It was expected that such a proposal could be implemented with funds which would be made available from a possible contribution for 1950 by the Swiss Federal Government for training courses. After having examined this proposal, the Medical Sub-Committee recommended to the Programme Committee that this be approved by the Executive Board. The action of the Executive Board on this was taken at its November session (E/ICEF/136, para. 69).

On November 15, the Director of the EHQ of UNICEF addressed a letter to the Federal Swiss Government in which he asked the Federal Government to consider an allocation to UNICEF of funds for training activities in Switzerland during the year 1950. In this request UNICEF expressed the hope that the Federal Swiss Government could allocate sufficient funds for the repeating of the major training activities which were organized in 1948 and 1949 for the benefit of UNICEF receiving countries in Europe. More particularly, the Federal Government was requested to consider, in priority, the allocation of such funds for the implementation of the proposal regarding the International Pediatric Congress as described above. On December 27, the Swiss Federal Government informed UNICEF that an allocation of S. Frs. 120,000 had been made for the attendance of pediatricians to the International Pediatric Congress and the post-congressional activities, this sum to be used with the understanding that the programme will be organized through the Aide Suisse a l'Europe in the same way as the other training activities were organized in 1949.

Following a number of preliminary discussions which were held between WHO and UNICEF and the Aide Suisse a l'Europe the following tentative programme for the utilization of these funds was established:-

In view of the limited funds available and of the desire to render the attendance possible of a maximum of pediatricians from UNICEF receiving countries to the Congress and the post-congressional activities, it was decided that the money would mainly be spent to cover all the maintenance expenses to be incurred by the fellows in Switzerland, only a minimum sum to be set aside to cover the travel of fellows from their country to Switzerland.

The pediatricians will be chosen from the following two categories.

1. It is hoped to cover the expenses in Switzerland of and up to 150 pediatricians for a period of 10 days. These pediatricians whose main interest is in the

field of clinical pediatrics, will be selected as stated in the original document, from University pediatric departments to which they are attached as assistants. Their stay of 10 days in Switzerland will enable them to attend the 4 days of the Pediatric Congress and all its various activities including the exhibit, and the lectures which will be given by outstanding pediatricians for the benefit of younger pediatricians 3 days before and after the Congress.

2. Fifty other pediatricians who have a special interest in preventive aspects of pediatrics will be selected in the UNICEF receiving countries to stay for a period of 20 days in Switzerland. They will remain in Zurich for 7 days to attend the Pediatric Congress and to visit the exhibit and will then go to Geneva to take part in a seminar on social pediatrics, which is organized, for a period of 12 days, by WHO in agreement with the International Pediatric Congress.

As regards the selection of candidates, the following is planned:

For the European receiving UNICEF countries the selection will be made by joint consultation between the chiefs of missions and the governments concerned, as in the previous training courses. For the countries outside Europe, it is envisaged to make the selection in joint consultation with the regional WHO offices.

The choice of the 150 pediatricians who will remain in Zurich will further be approved by the Organizing Committee of the International Pediatric Congress. On the other hand, WHO and the Organizing Committee of the International Pediatric Congress will approve the selection of the 50 candidates who will, in addition participate in the seminar on Social Pediatrics in Geneva.

ANNEX IV

TRAINING PROGRAMMES FOR 1950

Following the recommendation of the Medical Sub-Committee at its meeting held on September 13, 1949, UNICEF is endeavoring to obtain contributions from the various countries for training courses to be organized as in the years 1948 and 1949.

1. Course in Social Pediatrics in France.

This course is planned for 1950 as part of the activities of the Children's Center. Like in the previous years, the course will be held in Paris in the French language. It will last 4 months, from March 1 to June 30, 1950. This course given for French speaking participants will be organized on the same lines as in the previous years. It will again bring together the different categories of workers in the field of child care, namely pediatricians, public health officers, nurses and social workers, educators and health architects. The number of participants has been reduced this year. At the present time, approximately 60 openings have been offered, of which: 28 to the European UNICEF receiving countries, 15 to Latin America, 7 to the Far East, 3 to the Middle East, 2 to the Near East and 2 to North Africa.

2. Training Activities in Switzerland

a) So far, a contribution of 120,000 Swiss francs was offered by the Federal Swiss Government to enable approximately 200 pediatricians from UNICEF receiving countries to participate in the International Pediatric Congress and the post-congressional activities.

b) Although UNICEF had officially requested the Swiss Federal Government to consider the possibility of the repeating of the training courses, which were organized in Switzerland for the benefit of UNICEF, the Government has not been able to allocate any further funds besides those set aside for the International Pediatric Congress.

However, a possibility exists that the Swiss Federal Government may consider - in the first months of 1950 - a further allocation for the organization of training courses,

3. U.K. Course

The large amount of funds available in 1949 in the U.K. have enabled UNICEF to sponsor in that country a course for social pediatrics organized by the Ministry of Health. The limited funds available in 1950 do not allow a repetition of such activities. However, informal discussions are taking place, the purpose of which is to obtain information on a possible organization of a course by the Ministry of Health to be offered as a separate contribution to UNICEF.

/4. Sweden

4. Sweden

No information is as yet available as regards the possibility of organizing further courses, but informal conversations will be taken up in the near future to that effect. UNICEF has, however, been unofficially told that the International Swedish Relief Committee - which in the past provided the funds for these courses - would have no funds available in 1950.

ANNEX V

PROGRESS NOTES ON THE PRESENT STATUS OF MEDICAL
PROGRAMMES IN EUROPE

The Medical Sub-Committee, at its last meeting, recommended that the Administration prepare a report on the present status of medical programmes in Europe for the information of the Medical Sub-Committee.

These progress notes, prepared in accordance with this request, contain a brief description of each programme by each country and of the extent of funds committed against these programmes.

A summary table is also included outlining funds committed or earmarked for programmes receiving UNICEF's assistance. This information is given by countries and programmes. This table has been set up to give a dollar-wise approach to the general progress that has been achieved. The funds are calculated on the cost or estimated cost of the type of equipment itself but do not include expenses such as freight, administration, etc.

The total funds tentatively earmarked from the country's unprogrammed balance are approximately \$100,000 with the distribution as follows:

Streptomycin	\$30,000.
Lactarium	30,000.
Other Projects	<u>40,000.</u>
Total	\$100,000.

SUMMARY TABLE OF FUNDS IN UNICEF ASSISTED MEDICAL PROGRAMMES IN EUROPE
BY COUNTRIES

Country	Funds Committed or Earmarked	Under Procurement (approx.)	Supplies Shipped (approx.)	Under Technical Discussion	New Requests No Funds Earmarked
AUSTRIA	\$ 100,000	-	-	\$ 100,000	
BULGARIA	414,000	\$ 64,000	\$ 230,000	120,000	
CZECHOSLOVAKIA	421,000	189,000	110,000	122,000	
FINLAND	149,500	30,000	39,500	80,000	
FRANCE	579,000	95,000	20,000	464,000	
GERMANY	68,000	38,000	30,000	-	
GREECE	72,200	36,000	11,200	25,000	
HUNGARY	126,000	-	126,000	-	\$ 600,000
ITALY	218,000	73,000	34,000	111,000	
POLAND	1,744,200	1,254,000	440,200	50,000	
ROMANIA	1,230,300	7,000	372,300	851,000	
YUGOSLAVIA	1,636,750	493,000	803,750	340,000	
TOTAL	\$ 6,758,950	\$ 2,279,000	\$ 2,216,950	\$ 2,263,000	\$ 600,000

SUMMARY TABLE OF FUNDS IN UNICEF ASSISTED MEDICAL PROGRAMMES IN EUROPE
BY PROGRAMMES

Programme	Funds Committed Or earmarked	Under Procurement (approx.)	Supplies Shipped (approx.)	Under Technical Discussion
Streptomycin	\$ 588,200	\$ 142,000	\$ 390,200	\$ 56,000
Anti-VD	1,082,950	223,000	734,950	125,000
Malaria	863,000	59,000	603,000	201,000
Anti-TB	1,176,300	585,000	51,300	540,000
Maternal & Child Health	2,568,500	1,122,000	365,500	1,081,000
Miscellaneous	480,000	146,000	72,000	260,000
TOTAL	\$ 6,758,950	\$ 2,279,000	\$ 2,216,950	\$ 2,263,000

AUSTRIA

In November 1949 the Federal Government tentatively proposed a request for the following projects:

Streptomycin

The Government of Austria requests assistance in streptomycin for 10 medical institutions with an overall capacity of 1507 beds. The quantity of streptomycin requested up to the end of June 1950 is approximately 60 kg. involving approximately \$30,000. The programme needs further clarification as the request combines the streptomycin received through the E.C.A. (approx. 280 kg.) with the expected quantities from UNICEF. There is further need for more information on the number of beds for streptomycin cases.

The request has been submitted to WHO for consideration and eventual visit of Dr. Wissler to Vienna.

Maternity and Child Health

The Government requests assistance in equipment and vehicles for a central "Lactarium" in Vienna. Ever since 1939 there has existed in Vienna a central collecting station for mothers milk. In 1943 this station succeeded in collecting up to 1700 litres of mothers milk per month. The aim of this action is to provide the newborn in all institutions in Vienna and also the needy sick infants with mothers milk. The system almost fully meets the needs in the city of Vienna. In order to modernize the preserving methods and particularly in order to expand this type of help to other parts of Austria the machinery is needed for the preparation of lyophilized dry mothers milk. In addition two small vans are required for delivering the milk from all the collecting points to the central station for processing.

The estimated cost of this project is approximately \$30,000. Further projects have been the subject of discussions between the Government and a WHO representative such as: assistance to centres where cases of juvenile epilepsy are taken care of and to centres dealing with child guidance problems. Discussions were also held with Dr. Ustvedt concerning assistance for the establishment of a central diagnostic laboratory for tuberculosis.

All these projects have been the subject of discussions on one hand between the UNICEF mission, a WHO representative and the Government, and on the other hand between the EHQ and WHO. No final decision has as yet been arrived at.

/The total funds

BULGARIA

Streptomycin Programme

The Government had early in June 1948 requested UNICEF to supply streptomycin for a special therapeutic programme against tuberculosis in children. In October 1948, the Minister of Public Health stressed the necessity for assistance from international resources of the antibiotic and noted its willingness to organise special centres to carry on the work. The entire matter of assistance of this kind was then under consideration by UNICEF, WHO and the Joint Committee. By the 15th of December 1948 all the necessary preparatory agreements had been reached and the governments were sent circular letters concerning the possibility of providing this essential drug.

On 1 February, the Bulgarian Government submitted a plan of operation for utilising streptomycin in the treatment of tubercular children. One hundred beds were planned for Sofia and 50 beds were set up in sub-centres. It was requested that 5 kilos per month, for six months, be authorised to implement this programme at a cost of \$25,000 from the unprogrammed budget.

After a visit was paid to Bulgaria, the centres and plans of operations were recommended for streptomycin therapy. The WHO approved the programme developed by the Bulgarian Government.

In July 1949, evaluation of the programme showed that the Government had set up 75 beds for streptomycin work in Sofia and 75 beds in sub-centres throughout the country. More than 150 children had been under continuous treatment in the centres throughout these months.

At that time, the Government requested that they be accorded an increase of the programme because of the large number of children who had to be denied care because of the lack of the drug and because their experience had enabled them to expand the programme to 300 beds.

The special scientific committee of the Ministry of Public Health of Bulgaria submitted reports on the results of the treatment and the WHO approved the increase of streptomycin for this programme to 10 kilos per month. The plans of operations were submitted to the Medical Sub-Committee at its meeting of 11 July 1949 in the working papers. Eight additional centres were opened with 75 beds and the existing centres were able to increase the number of beds by 50, making a total of 320 beds available for treatment with UNICEF streptomycin.

Provision for convalescent beds was also made by the Government authorities.

The programme is continuing through June 1950 with the approval of the WHO, which has stressed the necessity of continuing the supply of this drug. To date approximately \$90,000 has been ear-marked to carry the programme through June 1950 at a

rate of 10,000 vials per month for the six month period. Prior to 1 December, 71,000 vials had been shipped into the country to help implement the programme. In agreement with the Tuberculosis section of WHO, two Fellows attended a four week course in Paris in the Streptomycin Centre with Professor Debre.

Cumulative quarterly reports have been received giving the number of UNICEF beneficiaries affected by the Programme.

In the last report covering the period July through September, 137 children were under continuous treatment. The technical evaluation of the work undertaken will be discussed at the forthcoming conference of streptomycin workers. On the basis of estimate, it would appear that the allocated quantity of 10 kilos a month is being utilised with a small margin for relapsing cases and those requiring long-term therapy.

Anti-VD Programme

The national plan to combat syphilis gives a rather detailed outline of the existing network of anti-VD institutions and a statement of the effort made by the Government in their VD control scheme. Surveys made by the authorities indicate that the number of potential UNICEF beneficiaries afflicted with syphilis involves 1600 pregnant women and newborn babies, 800 infants up to 1 year and 3300 children from 1 to 18 years of age.

The Bulgarian Government has been carrying out a VD programme by therapy with arsenic, bismuth, mercury and iodine compounds through an existing anti-venereal disease apparatus. Penicillin is not available in the country for use on a large scale. While the use of arsenic and bismuth compounds will be continued in syphilis therapy generally, the Government was very eager to receive UNICEF assistance in the form of penicillin for treatment of pregnant women and children. UNICEF was also requested to provide necessary laboratory equipment and supplies.

The campaign conducted by the Ministry for Public Health through the network of anti-VD institutions including 2 central VD dispensaries, 15 policlinics and 15 VD departments in hospitals and with the help of over 1000 health stations, provides for free and compulsory treatment and comprises all aspects of modern approved VD control.

In March 1949, Prof. Thomas of WHO visited the country and consulted with authorities in charge of the programme. He emphasized the need for literature and laboratory equipment and supplies. Dr. Guthe of the VD Division of WHO had also stressed the urgency of laboratory supplies for this programme.

After conclusion of the preparatory work, the programme was started early in May and is progressing slowly but favourably. The flow of penicillin has been continuous. Technical difficulties in clearing the type of equipment needed have caused some delay in the delivery of laboratory equipment and supplies, thereby hampering the satisfactory development in the initial stage. This has now been overcome, and the necessary supplies are flowing in regularly.

/The WHO approved

The WHO approved and recommended an allocation of \$51,000 for this programme of which \$36,000 was for penicillin. The amount of penicillin shipped to date has been 5,000 vials out of a potential 7200 vials estimated to be needed for the development of the plans of the Bulgarian Government. Due to the reduction of price of penicillin, the final estimated cost of this programme amounted to \$36,000 of which \$21,000 for penicillin. In the monthly reports of beneficiaries the Government indicates that the programme is slowly developing and expanding. Up to the end of August, out of a total of 675 patients treated, there were 317 UNICEF beneficiaries. In the month of October 125 children and mothers were treated and controlled. There was a certain amount of resistance to the use of penicillin in the treatment of syphilis by the local medical profession. The Ministry has not only filtered UNICEF penicillin into already existing dispensaries and venereal disease stations, but also has organised special penicillin study sections in the University Venereal Disease Clinics of Sofia and Plovdiv for demonstration purposes. Two mobile teams for rural counties have also been organised to treat afflicted mothers and children.

A request for further penicillin above the originally approved quantities is under consideration.

Anti-Malaria Programme

The efforts of the Government authorities to combat malaria since 1944 have met with some success which is reflected in the progressive decrease of the number of cases. It still remains, however, one of the biggest health problems of the country as 125,000 persons, including 30,000 children are still suffering from the disease.

The Bulgarian plan for 1949 envisaged expanding and strengthening of measures for mass examination of children with a view to tracing the carriers, treating the affected persons and conducting an intensive antilarvae and anti-insect fight. The organisational structure consisting of 23 malaria stations and 14 sub-stations with a total of 262 persons trained in anti-malaria work existed already. UNICEF was requested to provide the necessary supplies and equipment (DDT, solvents, sprayers, etc) in order to make an expanded programme possible.

Professor Missiroli, Deputy Director of the National Institute of Health in Rome, visited Bulgaria on behalf of WHO. He stated that Bulgaria is organising an effective campaign and urged UNICEF/WHO assistance. He made several suggestions especially in regard to emphasis on preventive measures.

WHO has provided training facilities for 3 Bulgarian doctors.

The campaign with UNICEF material has been carried out from June to September and, according to preliminary reports has been successful. Until the 30th of September up to 160 teams have sprayed 117,973 buildings of a total of 17,610,000 sq. meter surface area. The population benefiting from the spraying amounted to over 400,000.

/A request was

A request was received to provide approximately a similar amount of supplies and equipment for the next season. WHO has approved the request and recommended that the supplies be in the country before the transmission season. It is understood that all the supplies will have been procured and are being shipped.

The total funds earmarked for malaria for 1949 were \$70,000 of which \$46,000 were for DDT and \$23,000 were for equipment and transportation. The 1950 programme will provide \$66,000 for DDT and \$9,000 for transport and supplies.

Orthopedic Programme

Early in 1948 an orthopedic clinic with 55 beds, as an independent medical unit in the Medical School of Sofia, was set up. It is the only medical institution of that kind in the entire country and is therefore playing a very important role in the rehabilitation of crippled children. During the first year of its existence the clinic treated 4,300 children under 14 years representing 60% of the total number of patients under the care of the clinic during the past year. The diseases mostly treated in the clinic include congenital deformities and malformations, lesions resulting from infantile paralysis, of bone and joint tuberculosis, rickets and other traumatic lesions and deformities of children.

The clinic is not now adequately equipped. The lack of modern equipment and skilled technique is a severe obstacle to the expansion of the clinic and to the stimulation of such work throughout the country.

It is planned to provide substantial literature to the staff of the clinic and other surgeons throughout the country; to equip the clinic with all needed apparatus instruments and facilities so as to be able to conduct a rounded programme of work for crippled children; to secure adequate training for the staff and to provide training for physicians, surgeons, nurses and other personnel throughout the country. The training aspect of this project is of primary importance.

To achieve this goal, the Bulgarian Government has requested UNICEF to supply the necessary specialised equipment and the WHO to assist with literature and training facilities for a surgeon and a physiotherapist.

On the basis of the recommendations of the Expert Committee on Maternal and Child Health, which covered handicapped children, this programme has been approved and recommended by UNICEF and WHO. The requested equipment is being shipped to Bulgaria at a cost of \$23,000. The request for literature and training facilities was referred to WHO for implementation.

Protection of Mother and Child

Early in 1949, the Government requested UNICEF to furnish equipment, supplies (including drugs) and ambulances which the authorities intended to use for improving their Mother and Child Health Services. As there were not enough funds available from the country allocation and the Government wished some assistance in their anti-tuberculosis control, the request was reduced to a few incubators for the care of premature babies of the gynecologic hospital in Sofia and obstetrical bags to equip

/the recently

the recently opened maternity centres in rural areas. The request will cost in the neighbourhood of \$10,000, according to our estimate.

Anti Tuberculosis Programme

Early in 1948 the Bulgarian Government has reported that tuberculosis was one of the most significant health problems facing their people. While no accurate statistics were available, Dr. Raiha of UNICEF, who was in Bulgaria to work with the Bulgarian authorities on Maternal and Child Health problems, reported that in certain groups, there were 10% tuberculin positive reactions in the first year of life. X-ray studies of school children give an estimate of 3% active tuberculosis among children. Dr. Raiha urged that assistance be given to the Government's efforts against tuberculosis.

In November 1948, the Government noted that while it was expanding its tuberculosis services, as well as child-health centres, apparatus and equipment were necessary in order to carry out the objectives. At that time, it was impossible to comply with the request directly, but the matter was referred to the WHO for consideration.

In June 1949, the Government submitted its plans to combat tuberculosis. The plans included the organisation of tubercular-pediatric consulting stations for childhood tuberculosis in ten of the large cities where personnel was available. The most important problem which the Government stressed was laboratory follow-up. It was planned to expand the central diagnostic stations and to improve seven regional laboratories to include modern techniques. It was felt that organisation was necessary for the rural areas and villages and for this purpose intended to set up five movable tuberculosis dispensaries. UNICEF was requested to assist with the necessary laboratory equipment, X-rays and movable dispensaries. The request was forwarded to the WHO for their consideration.

It was the judgment of the WHO that there was no way of deciding whether the laboratory apparatus of the x-ray supplies were the best which could be provided because of insufficient information justifying the request. Since the request was for considerable supplies the WHO noted that there were insufficient details as to the needs for the amounts requested. In view of these considerations, the WHO felt that a representative of the Bulgarian Government visit Paris or Geneva for a closer examination of the plans and specifications inherent in the request. Alternatively, the WHO noted its readiness to send a representative to Bulgaria to help finalize the request.

This opinion was transmitted to the Government for their appropriate action. The Government was unable to give a reply until December 1949. At that time, the Government requested that a medical representative come to Sofia to expedite the programme. The European Headquarters of UNICEF agreed and the necessary clearances are now awaited. The funds earmarked for this programme are \$110,000.

SUMMARY OF PROGRAMMES NOT GIVEN ASSISTANCE OR UNDER DISCUSSION - BULGARIA

Programme	Plans of operations received	WHO Approval	Funds committed or earmarked	Under Procurement (approx.)	Supplies shipped (approx.)	Under technical discussion (approx.)
Anti-VD	January, 1949	Feb., 1949	36,000	11,000	25,000	-
Streptomycin	January, 1949	Jan., 1949 Aug., 1949*	90,000	30,000	60,000	-
Malaria	January, 1949	Jan., 1949	70,000	5,000	65,000	-
Malaria	June, 1949	July, 1949**	75,000	5,000	70,000	-
Orthopedic Programme	February 1949	May 30 1949	23,000	13,000	10,000	-
M. & C. H. (Obstetrical Bags Incubators)	June, 1949	-	(10,000	-	-	(\$ 10,000
Tuberculosis	June, 1949	-	(110,000	-	-	(110,000
TOTALS			\$ 414,000	\$ 64,000	\$ 230,000	\$ 120,000

* Expansion of programme to 10,000 grams per month.

** The original requirement were revised by the Government in July, 1949 and approved by WHO.

CZECHOSLOVAKIA

Streptomycin

The Government of Czechoslovakia submitted its plan of operations for the streptomycin programme in November 1948 and revised it in January 1949. The Czechoslovak workers had had some experience in the use of the drug and were extremely anxious to organise a more comprehensive programme for the treatment of tubercular children.

With the possibility of assistance from UNICEF in the offing the Ministry of Health proposed to match all streptomycin received in order that all the UNICEF contribution could be used directly with children in categories laid down by the Expert Committee. The programme was based upon the setting up of streptomycin centres as special sections of teaching hospitals in Bohemia, Moravia and Slovakia. A total of two hundred beds were set aside, all to be under the supervision of the special streptomycin Committee organised under the Ministry of Health. The plan included provision of main centres in Prague, Brno and Bratislava with sub-centres to ensure the earliest possible treatment after a diagnosis was made.

The plans were approved by WHO in January and 5000 grammes of streptomycin a month were forwarded.

The centres operated fairly smoothly and reports indicated that an average of 300 children were under treatment with UNICEF streptomycin. Special instructions were prepared by the Ministry of Health on the methods of diagnosis, treatment schedules, organisation and follow-up on all cases. Reports indicated that over 21,000 grammes of streptomycin were utilised for patients of interest to UNICEF.

In July, the WHO consultant visited Czechoslovakia to exchange scientific information and to determine the relative effectiveness of the programme. He was satisfied that the general instructions issued by the Expert Committee were being adhered to and that the methods of treatment were good. He discussed with the Government, the possibilities for making more effective the work in one of the centres.

In July, sufficient experience had been gained by the technical workers for the Government to consider gradual expansion of the sub-centres and the institution of new centre. The number of beds increased from 280 in July to 460 at the end of October. By the 15th of January 1950, nearly thirty centres and sub-centres will have qualified to carry on work in tubercular children. On the basis of the visit of the WHO special consultant, the WHO approved expansion of the programme and the shipment of 10,000 grammes per month for the programme. The Czechoslovak Government has undertaken to provide the necessary amounts for those children for whom streptomycin is insufficient.

To date, \$75,000 have been allocated to this programme which is sufficient to ensure 10,000 grammes a month until March, 1950. The UNICEF has sent 84,000 grammes to Czechoslovakia up to the January 1st, 1950. In the last report received which gives the analysis for the third quarter of 1949 over 900 children have been treated in that quarter. It is now reported that almost 90% of tuberculous children for whom streptomycin is indicated will receive this life saving drug. The Ministry of

/Health feels that

Health feels that the programme has been eminently worth while and has saved the lives of many children who otherwise would have died.

In late October a meeting was held in Prague of all workers in tuberculosis and anti-biotics. This meeting was attended by the Polish workers in the field. Problems affecting the technical and organisational aspects of the programmes were thoroughly explored and recommendations were made to expand the work. WHO is sending books and literature. The Government is looking forward to participating in the forthcoming streptomycin meeting.

Anti-Venereal Disease Campaign

The Czechoslovak Government had noted to WHO and UNICEF in 1948, that the prevalence of syphilis had increased substantially during the war, specially in Slovakia. The Government planned to speed the tempo of the struggle against this problem by expansion of venereal disease facilities, mass serological screening techniques, shortened treatment methods and new epidemiologic approaches.

Following the recommendations of the Expert Committee and the action of the Joint Committee, a WHO expert consultant visited Czechoslovakia in December 1948 to consult with the Government on plans and possible needs. His detailed report on this trip has already been seen by the members of the medical subcommittee. It was pointed out at that time that there were great difficulties in estimating the extent of the syphilis problem. Statistics were scanty and based on hospital admissions or questionnaires. Routine examinations, even for pregnant women, were not required. In 1947, the Ministry had tightened reporting methods and practices and initiated more rigorous control measures. The expert consultant estimated that, on the basis of figures, there were almost 26,000 persons afflicted with syphilis of which 4,300 infections were in pregnant women and almost 10,000 were in children. The Government revised its plans and started to set-up the necessary machinery to implement the programme. Several serious administrative, technical and organisational problems were involved in activating this programme. The newer treatment methods required special laboratory procedures and techniques. Laboratory facilities were especially important in mass screening techniques. Personnel needed to be mobilised and trained in new therapeutic and epidemiologic methods. The Government proposed to supply certain amounts of penicillin for patients not in UNICEF categories of beneficiaries, to supply certain laboratory equipment, and to make available personnel and funds. WHO was requested to help with technical assistance, literature and fellowships. UNICEF was to supply 10,500 vials of penicillin at a cost of \$30,500 and certain essential laboratory supplies at the cost of \$5,000. The entire programme was approved in February and the Government took steps to initiate the programme.

In May, the WHO, at the request of the Government, sent a visiting lecturer to Czechoslovakia to discuss with the Government experts the problems of treatment of syphilis. He reported at that time that the programme was being prepared and that it should get under way in the near future. UNICEF, meanwhile, had sent 300 vials of penicillin and all the required laboratory supplies. Pilot and demonstration activity has proceeded but the national Slovakian campaign could not be undertaken until December 1949. The campaign has now begun with a strengthening of the laboratories, especially in Bratislava, obligatory testing of pregnant women, mass

screening of 18 venereal disease control centres, and epidemiologic investigation. State funds have been made available and the necessary personnel is in the field. After the first of April, expansion of the programme is expected into the remaining districts. All services and drugs are free to the patient and treatment is compulsory. It is expected that the major programme should be completed within one year.

Plans were meanwhile being made by the Government to organise a campaign in the Provinces of Bohemia and Moravia. In May 1949, a WHO consultant visited Czechoslovakia to help develop and finalise the plans for this programme. The report of WHO and the request of the Czechoslovak Government were reported in detail to the Medical Subcommittee at its meeting on 11 July (WHO/VD/24). The Executive Board at its 5 November session approved \$93,000 for this programme which included essential laboratory supplies and 27,456 vials of penicillin. Sixteen thousand vials of penicillin have already been shipped into the country. The campaign as outlined in the Government document is being followed and the campaign officially got under way on 8 December.

Tuberculosis Control Programme

The Ministry of Health, after having successfully concluded the BCG mass campaign, has made plans to extend it to an overall anti-tuberculosis campaign. In accordance with local problems, and with confirmation by the recommendations of WHO Expert Committee on Tuberculosis, the main emphasis will be the search for active tuberculous disease and to discover and isolate their sources of infection.

The main emphasis, in the beginning, will be on children and adolescents. The campaign will involve all tuberculin positive reactors discovered as a result of the continuation programmes and extended to the tuberculin positive case registers of the mass campaign. This programme will be implemented by the necessary organisational steps, training of personnel and especially the strengthening and new organisation of modern laboratories. Mass radiography will be employed and all suspect and doubtful cases will be followed by X-ray and laboratory methods. Familial and other contact tracing will be employed and all infection cases will be isolated. Expansion of hospital possibilities for isolation and treatment has already begun.

It is estimated that the campaign will reach over 2 million children in 1950. This extensive campaign could not be implemented without assistance with spare parts, X-ray films and other accessories for machines now existing in the country and especially for laboratory supplies for the National Institute in Bratislava. The entire request was received in October 1949 and was screened by WHO. The WHO noted that the plans were in harmony with the recommendations of the Expert Committee and especially commented on the measures being taken to follow-up positive and doubtful cases. The programme was approved. About \$95,000 will be needed to implement this programme. On the basis of the firm allocation of funds and the possibilities of the early receipt of essential supplies, the programmes in Bohemia, Moravia and Slovakia have been initiated and will be expanded as soon as supplies are received.

New Programmes

Exploratory discussions have taken place with the Czechoslovak Government on assistance to Maternal and Child Health projects. The Government has had a special

/interest for some

interest, for some time, in providing, for its infant welfare stations, prepared infant foods. It was hoped by the Government that international assistance could be given to adopt existing machinery to the preparation of infant foods for free distribution. This would be part of a growing nutrition service for infant welfare and would involve public health nursing, health education and follow-up. The Government has requested an expert in the field of production methods which is under consideration by the Administration.

The Government is planning to expand its premature service to centres outside of Prague and to expand the existing centres in Prague for teaching purposes, especially for nursing personnel. The Government would like assistance in the provision of the necessary incubators, supplies for preservation of breast milk and so on to implement this programme.

Expansion of the communicable disease control programmes are now under way in Czechoslovakia. Mass vaccination against diphtheria and pertussis is being planned for early 1950. The Government would like assistance in the provision of supplies to expand existing laboratories and especially to consider the possibility of provision of combined pertussis diphtheria vaccines as recommended by the Expert Committee of WHO.

All these requests are still very much under discussion. The funds available are quite limited (\$122,000) and could not possibly provide for all these requests. The Interministerial Committee of the Czechoslovakia Government is at present weighing priorities and will be coming forward with firm requests and plans of operations in the very near future.

SUMMARY OF PROGRAMMES NOW GIVEN ASSISTANCE OR UNDER DISCUSSION - CZECHOSLOVAKIA

Programme	Plans of Operations received	WHO Approval	Funds committed or earmarked	Under Procurement (approx.)	Supplies shipped (approx.)	Under technical discussion (approx.)
Streptomycin	Jan 1949	Jan 1949	\$ 75,000	\$ 15,000	\$ 60,000	-
Anti-VD						
a. Slovakia	Jan 1949	Jan 1949	36,000	21,000	15,000	-
b. Bohemia and Moravia	Sept 1949	Sept 1949	93,000	63,000	30,000	-
Anti-tuberculosis	Oct 1949	Nov 1949	95,000	90,000	5,000	-
<u>New Programmes :</u>						
Prematurity						
Breast Milk Bank	-	-	122,000	-	-	122,000
Combined toxoids						
Prepared Infants Foods						
Totals			\$421,000	\$189,000	\$110,000	\$122,000

✓ Bulk of these supplies should be shipped in February - March.

FINLAND

Streptomycin Programme

In April 1949, the Government of Finland submitted a plan of operation to undertake a streptomycin programme for its tubercular children. This programme was to have 50 beds in Helsinki as a main centre, distributed among 4 hospitals and an additional 50 beds in 3 sub-centres. The plan was approved by the WHO and 4 kilos of streptomycin per month have been shipped to the country since July 1948.

The programme adequately began operating in August with 40 patients under treatment, after several modifications had been made by the Government.

In agreement with WHO, a fellowship of one month's duration was granted to an assistant of the Helsinki Centre. He has spent the month of March at Prof. Debres' clinic in Paris.

A preliminary report from the Government indicated that the centres needed to prolong operations until at least June 1950 in order that gains which had been made in organizing the programme should not be lost because of lack of the drug. The Government requested that a further allocation of 4 kilos per month be made up to that date.

The WHO, after careful examination of the preliminary reports, gave its approval to the request. The total amount of funds earmarked for this purpose is \$40,000. The supplies have been dispatched regularly.

Anti-VD

VD control has existed in Finland for more than 100 years. Consistent statistics comprising the whole country date from 1923. The VD control programme in Finland is based upon a special law in effect since 1939 which provides for free examination and treatment, compulsory notification and compulsory treatment, contact tracing and educational work on VD. Treatment is effected through 36 hospitals out-patients department, and in rural areas through the services of the 347 health officers. There are 5 VD departments in hospitals and six laboratories for serological examinations.

The Government reports that the number of reported untreated cases of acquired syphilis in Finland, which varied in the last 3 pre-war years from 1000-1500, has increased during the war to almost 7,000, and although there is a decline in the incidence in the post-war years, congenital syphilis still presents a very pressing problem in Finland. The war time VD peak has resulted in a large number of latent untreated syphilis cases, especially among the women.

Out of 975,000 female blood donors, 1.4% gave a positive or doubtful Kahn reaction. Similarly 1% of the pregnant women examined in 1946 had positive serological tests for syphilis.

/To combat congenita

To combat congenital syphilis, the Finnish health authorities wish to submit to a blood test all pregnant women and treat with penicillin those affected with the disease. For such an activity, Finland already possesses a suitable network in her maternity and child health services. In 1946, 90% of all pregnant women visited these centres and blood tests were taken of about 50%. To extend the facilities for serological tests to all pregnant women and for the treatment of an estimated 1,000 women affected with the disease and some 200 cases of congenital syphilis, the Government has requested UNICEF to provide the necessary amount of penicillin (2100 vials) and laboratory equipment. In addition, they requested literature and training facilities. WHO has approved the programme and necessary funds, namely \$6,500 for penicillin and \$5,000 for laboratory equipment, were allocated by the Executive Board. In November 1948, WHO has cooperated with the Finnish health authorities in the elaboration of the plan and has agreed to provide literature and to make arrangement for training.

On recommendation of WHO, an additional request of \$4,000 for further laboratory equipment was approved, by the Executive Board in July 1949, from the two million dollar special allocation. A further amount of \$3,500 for X-Ray films and one vehicle was also taken out of the country's block allocation.

In May, Dr. Mahoney of WHO visited Finland and had consultations with the Finnish Health authorities. He also delivered a series of lectures.

Up to the end of September the programme could not develop in full swing. The main cause of this delay was the late arrival of the laboratory equipment. It is, however, anticipated that the campaign can now go ahead without hindrance. Up to late September, 200 pregnant women and a number of children with congenital syphilis have been treated.

WHO/UNICEF assistance has stimulated a national campaign against syphilis and the Government is now very eager to continue with the campaign during 1950. Some penicillin has been saved from the 1949 campaign, mainly due to reduction in the dosage for treatment. The Government has requested UNICEF to supplement this by providing further penicillin and laboratory equipment for approximately \$15,000 to make the continuation of the campaign possible throughout 1950. This request is being studied by UNICEF and WHO.

Anti-TB

A new TB law came into force in Finland early in 1949. The country has been divided into 18 TB districts (with each 150-450,000 inhabitants) with provision in each for preventive measures and treatment of tuberculosis. The main emphasis in preventive work is centered on BCG vaccination and mass miniature radiographs. The programme would call for screening of practically the total population over 15 years of age within two or three years. For this purpose it would be necessary to install in each district 1 or 2 mass miniature radiography units. The mass BCG campaign has been finished but vaccination will still continue intensively on all new-born, pre-school children, children entering and leaving elementary school and on all conscripts.

/The Finnish Government

The Finnish Government has requested UNICEF to supply 10 to 15 X-Ray machines for mass screening. This request has been studied by WHO and approved in principle. The amount involved is approximately \$50,000.

Campaign against Summer Diarrhoea

In some towns and densely populated areas in Finland, summer diarrhoea has reached in the last years almost epidemic proportions. It was rated highest among the causes of mortality which have increased by 50-100 per cent in comparison with previous years. In spite of bacteriological research, the origin of the disease could not be ascertained. However, as the handling of fresh cow's milk leaves much to be desired, it was proposed to make, in certain areas, a special study on infant diarrhoea by substituting fresh milk by milk powder. For this special study which lasted two months, from July-September 1949, UNICEF was approached and provided the milk powder and local funds.

The Medical Sub-Committee approved the above plan with some reluctance, as it is not in line with UNICEF policy to assist such specialized programmes. However, as both the milk and the money for financing the project were locally available and after WHO had considered the project favorably, this was approved by the Administration.

The plan was to feed about 1000 artificially fed infants in Helsinki and 3 other towns with one type of milk only - namely powdered milk. The work controlled by public health nurses will be under the supervision of a pediatrician in each town.

During the months of July and August, 3,758 infants, divided into 3 groups, were closely followed. Out of 1,256 breast-fed infants, 57 or 4.55 per cent had diarrhoea. From 1,294 infants fed with fresh cow's milk, 233 or 19.8 per cent had diarrhoea, whereas out of 1,208 using dried milk only 104 or 8.65% were taken ill. The superiority of dried whole milk over "consumption" milk was clearly demonstrated. The Finnish health authorities have expressed their desire to repeat this experiment on a larger scale to include as well as whole milk other milk products and to be combined with bacteriological analysis.

Protection of Mother and Child

For maternal and child services in three provinces, the need of 3 cars for supervision, consultation and teaching purposes were felt to be very urgent. This request was met by UNICEF after WHO approval had been secured. The amount involved is \$6,000 and the cars are under procurement.

SUMMARY OF PROGRAMMES NOW GIVEN ASSISTANCE OR UNDER DISCUSSION - FINLAND

Programme	Plans of operations received	WHO Approval	Funds committed or earmarked	Under Procurement (approx.)	Supplies shipped (approx.)	Under technical discussion (approx.)
Streptomycin	April 1949	June 1949	\$ 40,000	\$ 18,000	\$ 22,000	-
Anti V.D.	Sept 1948	Sept 1948	20,000	6,000	14,000	-
Summer diarrhoea	Feb 1949		3,500	-	3,500	
Maternal and Child Health	Aug 1949	Sept 1949	6,000	6,000	-	-
New Projects (TB, VD, MCH)	Oct 1949	-	80,000	-	-	80,000
TOTALS			149,000	30,000	39,500	80,000

FRANCE

I. Maternal and Child Programmes.

Following the decisions of the Executive Board of UNICEF to utilize part of the unprogrammed balances in the French allocation for the establishment of a medical programme, a plan was presented by the French Government. The details of this plan were worked out in intimate consultation between the French Government, the Medical Division of UNICEF and the WHO. The plan as presented was in the scope of maternal and child health services, and it envisages procurement of equipment for three programmes, namely:

- A. Equipment for the implementation of the national programme for combatting death due to prematurity.
- B. Equipment for the implementation of anti-poliomyelitis centres.
- C. X-Ray equipment for use in the maternal and child health centres and public health centres.

A. Premature Programme

With the lowering of the infant mortality in France to a level of around 50 per 1000, the Ministry of Health of France has been faced with the increased importance of the neonatal mortality and has given special consideration to this problem. Since the mortality by prematurity in this country is responsible for more than 30% of the neonatal mortality, the Ministry of Health decided to establish a national programme to cope with the problem and requested UNICEF assistance to enable the implementation of the programme.

The premature programme in France has a special importance since France is the first country in Europe that has engaged in a country-wide programme in this field. The assistance requested from UNICEF has therefore considerable importance. Not only will it enable the implementation of the programme in France, but also the experience gained in this country will set a useful example for other countries which might engage in similar programmes.

The establishment of a programme for care of prematures is basically dependant on the fulfillment of three basic needs:

1. The availability of adequate hospital facilities set up as special centres or as separate units connected with maternities or pediatric departments.
2. The availability of trained medical and paramedical personnel of high quality and in sufficient number.
3. The availability of suitable modern equipment.

/The Ministry

The Ministry of Health has given all consideration to the question of hospital facilities and qualified personnel, whereas it has relied on UNICEF assistance for the procurement of specialized equipment.

1. Paris centres. In order to fulfill this programme in France, the first premature units were set up in Paris and one of them - located at the Ecole de Puericulture - has been set up as a teaching and demonstration centre for pediatricians, and for nurses to be trained in methods of premature care. In addition, this centre is also functioning as a centre where research with regard to prematurity is being carried out.

In addition to this teaching centre, Paris is also equipping two of its biggest maternities with a separate unit which will only take care of prematures born in these maternities.

2. Other Centres. The logical expansion of the premature programme is the equipping of centres in the other cities where there is a medical teaching centre. The additional aid is therefore given by UNICEF for the equipping of premature centres in the 8 other university cities and in 9 cities where there is a medical school. As a rule, in each of these cities one premature centre is being set up in the biggest maternity to take care of prematures born in the maternity and another premature unit is being set up in connection with the pediatric department which will take care of prematures born, outside the maternity, in the city and in the surrounding area.

In this way, a number of geographical areas of France will have in their main city proper premature care. It is envisaged that once these premature centres will be well established, they will take over for the respective area, the training personnel, which is now in the first stage centralized in Paris.

In order to complete the geographical distribution of premature care in the areas where no universities or medical schools are in existence, UNICEF is giving aid for the equipping of premature units in some of the "Department" centres and in a few cities of second importance where special facilities are available to justify the request.

UNICEF is giving assistance in this programme by procuring the equipment which is at present time not available in France.

1. In each of the centres UNICEF provides 60% of the bed facilities under the form of incubators. The other 40% representing bassinets are provided by France. The incubators are of two types: A completely air-conditioned incubator is provided for the care of prematures of a birth weight of 1500 kilogrammes and lower: a simpler type of incubator is provided for the prematures of a higher birth weight.
2. For the transportation of the prematures to the centre a number of portable incubators is provided according to the size and the importance of the area for which the centre is set up.
3. In addition, the larger maternities where premature centres are set up are provided with a recussitator to combat the effects of asphyxia in the new-born as

/well as

well as in the premature.

The larger pediatric departments which are setting up a premature centre receive likewise bronchoscopic apparatus for treatment of special conditions of asphyxia in the infant and in the premature.

4. The training centre of the Ecole de Puericulture in Paris has in addition received a limited amount of special laboratory equipment for the purpose of research work in the field of prematurity.

At the present time procurement is being made for the premature centres in the Paris area which will receive 102 incubators (of which 20 are of the completely air-conditioned type), 22 portable incubators, 8 bronchoscopes and 3 resuscitators.

For 45 additional premature centres WHO has given approval for the procurement of 404 incubators (of which 79 are of the completely air-conditioned type), 105 portable incubators, 30 bronchoscopes and 15 resuscitators.

Further requests for a limited number of additional centres are at the present time under consideration.

Originally, an amount of \$379,000 was set aside for the premature programmes in France. However, a number of months were necessary for the working out of the details of the programme in the various areas, to which WHO had to give its approval. Since that time the prices of the equipment have diminished considerably. A fairly large amount of the money allocated for this programme will therefore remain unused and is being considered for other programmes in France. These new projects are under discussion between the French government, WHO and UNICEF.

B. Polio-myelitis Programme.

The French Government has requested UNICEF assistance for the equipment of special centres established for the muscular re-education and rehabilitation of children after the acute treatment phase.

This programme was established with very great care and is to be considered as a programme for handicapped children and their re-education, as approved by the Joint Committee on Health Policies UNICEF/WHO. The most interesting aspect in this French programme is that it is using the muscular re-education and rehabilitation of these children in connection with their professional training whenever this is possible. The WHO has approved the detailed programme as it was presented by the Ministry of Health of France. The equipment requested for the 7 centres of rehabilitation amounts to \$50,000 and is under procurement.

C. X-Ray Equipment Programme.

A programme for the procurement of X-Ray equipment to be used in Maternal and Child Health centres of Public Health centres for routine X-Ray work in these centres, with special emphasis on the screening of suspect cases of tuberculosis, was approved by WHO in principle. A sum of \$150,000 was set aside for this programme. The Ministry of Health has recently forwarded the detailed plan for

/procurement of

procurement of X-Ray apparatus in 52 centres. In a preliminary discussion, WHO had made some comments for further discussion between the Medical Division of UNICEF and the Ministry of Health, which are expected to result in the very near future in the final approval by WHO of the detailed programme.

This programme for assistance is established with a view to enabling the maternal and child health centres or public health centres in rural areas to carry out the X-Ray examinations connected with their work. A most important and specific aspect of the programme is the use of the maternal and child health centres and public health centres in these areas for the first screening of suspect cases of tuberculosis, which will eventually be sent to the specialized tuberculosis dispensaries for complete examination and follow-up.

The X-Ray equipment given by UNICEF will in this way strengthen considerably the French programme of control of tuberculosis in areas which are at the present time difficult to reach.

It is envisaged that the implementation of the detailed programme will involve a somewhat larger expense than the amount originally set aside. However, the additional expense will easily be covered by the money left unused in the premature programme allocation.

II. Anti-Malaria Programme

The French Government has established an anti-malaria campaign in the island of Corsica since 1948. This programme has been established as a three-year plan for the eradication of malaria in this region. The campaign had so far been very successful. However, the French Government has difficulties, at the present time, to continue the campaign owing to lack of DDT and other supplies.

In addition, in view of the resistance of the flies to DDT after the first year of treatment, the French Government is in great need of the procurement of octachlor for further eradication of flies which are responsible for the transmission of infectious gastro-intestinal disease in infants. In view of this, the French Government requested assistance from UNICEF on December 16, 1949, in order to procure 13 tons of DDT and 3 tons of octachlor, in the value of \$15,000.

The plan has been sent to the WHO for its approval, since it comes under the category of programmes which were accepted for implementation by UNICEF by the Joint Committee on Health Policies UNICEF/WHO.

When approved, the programme will be procured with funds from the excess money from the premature programme under the French Medical equipment allocation.

SUMMARY OF PROGRAMMES NOW GIVEN ASSISTANCE OR UNDER DISCUSSION - FRANCE

Programme	Plans of Operations Received.	WHO Approval	Funds Committed or Earmarked	Under Procurement (approx.)	Supplies Shipped (approx.)	Under Technical Discussion (approx.)
Premature Programme		*	379,000**			
Paris Centres	6.49	6.49*		45,000	20,000	314,000
Other Centres	12.49	1.50*				
Remaining Centres						
Poliomyelitis	10.49	10.49*	50,000	50,000		
X-Ray Equipment	12.49		150,000			150,000
Malaria	12.49					(15,000)***
TOTALS			579,000	95,000	20,000	464,000

* The approval in principle of the overall premature programme, the poliomyelitis programme and the x-ray equipment programme was given by WHO on the 9th June 1949. Upon receipt of each separate detailed part of the premature programme and of the detailed plan of the poliomyelitis and x-ray equipment programmes, WHO approved the programme for these details, as marked in column three.

** The amount of money earmarked for the premature programmes will be in excess of the requests, due to considerable lowering of the price of incubators in the last months. The money will, however, be used for adjustments in the cost of other programmes and for new requests.

*** These funds to come from savings in Premature Programme.

GERMANY

Streptomycin Programme

In view of the approval by the Executive Board of the procurement of streptomycin in accordance with the policy laid down by the Joint Committee on Health Policies UNICEF/WHO, the local German authorities expressed their desire to receive UNICEF assistance for the procurement of streptomycin, to be used in centres for treatment of tuberculosis in children.

After extensive discussion between the Occupation and Local authorities, the German authorities submitted a programme to be financed from the unprogrammed balance in the UNICEF allocation.

The request includes the following programmes for the various zones:

1. British Zone

A request was made for a 6 months streptomycin programme in a main centre at the University Children's Clinic in Dusseldorf and in 16 Sub-centres in the Zone, for a total of 210 beds for tubercular children, representing an amount of 10 kilos of streptomycin per month.

2. U.S. Zone

A request was made for a 6 months' streptomycin programme with a main centre at the University Children's Clinic in Munich and 6 Sub-centres in the Zone, for a total of 180 beds for tubercular children, representing an amount of 5 kilos of streptomycin per month. In addition, a request was made for the training of 5 doctors in streptomycin therapy techniques.

3. Berlin

A request was made for the establishment of one main centre at the TB Hospital in Heckenshorn and for 2 Sub-centres, for a total of 100 beds for tubercular children, representing 3 kilos of streptomycin per month.

Following the approval by WHO in October 1949 of these programmes, the funds necessary for their implementation were approved by the Executive Board of UNICEF in November 1949.

The Executive Board has also approved, in principle, pending the signing of an agreement with the appropriate authorities and the approval of the programme by WHO, the allocation of funds for a streptomycin programme in the Soviet Zone.

Total funds ear-marked amount to \$68,000 for the period covering November 30, 1949, to the end of April 1950.

The programme began officially on November 1, and is operating satisfactorily. Sufficient supplies to meet the needs to the end of February have been procured to the extent of \$30,000 with the remainder under procurement.

WHO plans to send a representative to Germany to visit the centres and to evaluate the work performed.

GREECE

Streptomycin Programme

The Government of Greece submitted a plan of operation to care for their large number of tubercular children by streptomycin therapy. Fifty beds were set up at the "Agia-Sophia" Children's Hospital in Athens and twenty beds at the P. and A. Kyriakos Indigent Children's Clinic.

The programme was approved by the WHO and an allocation of 3 kilos of streptomycin per month was made as from 1 July. In the period July-September, 54 patients were under continuous treatment. Early in November a WHO consultant visited the country. Although his report has not yet come to hand, it is understood that he made recommendations for enlarging the number of sub-centres and commented on the available laboratory facilities. The amount set aside for this programme is \$11,000. A further allocation of funds is under consideration to carry the programme through June 1950, and to increase the number of sub-centres.

Anti-VD Programme

Early in 1948, the Greek Government informed UNICEF and WHO that syphilis did not constitute a first priority problem and the health authorities did not feel that a national campaign was indicated. Consultation visits by two WHO venerologists were carried out with the Greek Health Administration regarding its interest in a venereal disease control programme. The WHO proposed that a sample survey be attempted to obtain an estimate of the extent of the problem, as a preliminary to possible further programme proposals in which WHO and UNICEF might participate. Although the Health Authorities agreed to the usefulness of such a survey, they thought it impossible to undertake a systematic survey for various technical reasons.

In September, the WHO venerologist discussed with the Ministry of Health plans to set up a limited campaign, confining itself primarily to the diagnosis, treatment and serologic follow-up at certain key polyclinics and a concentration by the Ministry of Health on the follow-up and treatment of pregnant women and children. The detailed plans of the Ministry were received in October 1949, and it was estimated that 1500 pregnant women and 1500 children could be reached by the campaign. The WHO approved the request and \$10,000 have been allocated to this project. Penicillin has been procured and is being shipped to supplement the programme at the earliest possible date.

Anti-TB Campaign

The Greek Government has been working intimately with the WHO for some time on an anti-tuberculosis campaign. On the basis of the Joint Committee action at its April 1949 session, the Government discussed with WHO the best possible utilization of funds. It was felt by the competent Government authorities that the strengthening and modernization of diagnostic laboratory facilities would be a major contribution to the government effort. Accordingly, in September, the government requested that a WHO technical expert on laboratory problems should visit Greece to survey the existing facilities. It was further requested that the representative help make detailed plans on future development and extension of laboratory facilities, made

/necessary by

necessary by expanded tuberculosis control programmes. Unfortunately, the WHO consultant could not visit Greece until November 1949. His report is not yet available, but according to informal reports, the problems were thoroughly explored and plans made for implementation.

The Government is working out detailed requests based on the discussions with WHO. Ten thousand dollars have been earmarked for this project pending receipt of the detailed plans.

The Government, in conjunction with its streptomycin work, wished to strengthen the laboratories for diagnostic and follow-up work. The WHO recommended and supported this request and in August 1949, \$1,200 were made available. The supplies have been procured and are being shipped.

In order to strengthen its diagnostic services, the Government requested that 3 tomographic units be made available for three hospitals in Athens, Salonika and the Peloponese. This request was justified on the basis that this diagnostic tool was not available in any public institution in Greece, despite the fact that a great deal of thoracic surgery was being undertaken. The WHO approved the request and procurement has been initiated. The request has been estimated at \$25,000.

SUMMARY OF PROGRAMMES NOW GIVEN ASSISTANCE OR UNDER DISCUSSION - GREECE

Programme	Plans of Operations Received	WHO Approval	Funds Committed or Earmarked	Under Procurement (approx.)	Supplies Shipped (approx.)	Under Technical Discussion (approx.)
Anti-V.D.	October 1949	November 1949	\$10,000	\$10,000		
Streptomycin	March 1949	April 1949	26,000	-	\$11,000	\$15,000
Streptomycin Lab.	May 1949	June 1949	1,200	1,000	200	
Anti-T.B. Laboratories	July 1949	-	10,000			10,000
Anti-T.B. Tomographs	July 21, 1949	Oct. 1949	25,000	25,000		
			\$ 72,200	\$ 36,000	\$11,200	\$ 25,000

HUNGARY

Streptomycin

The Hungarian Government submitted in November 1948 a plan of operations which included 50 beds in the Budapest Central Clinic and 100 beds distributed in 4 sub-centres in other parts of the country. The Hungarian Health authorities accepted the conditions stipulated by the WHO Expert Group on Streptomycin.

The main centre was visited in November 1948 and approved by the WHO. An allocation of 5 kilos a month for 6 months, valued at \$25,000 was made. Shipments began in January 1949 and continued through June. The programme was gradually expanded by the Government. Reports received from the Government indicated that approximately 160 patients were under continuous treatment.

When it was decided to discontinue UNICEF operations in Hungary, it was felt that shipments of streptomycin should continue for those children already under treatment. Streptomycin was provided for the children under treatment until the end of 1949 - the total quantity shipped was 42 kilos at an approximate value of \$28,000.

Anti-VD Programme

From its earliest stages the Hungarian anti-venereal programme was developed in conjunction with the WHO. The programme is more a large scale demonstration than a mass campaign, as is the case in most UNICEF assisted countries. It was estimated by Hungarian experts that by the end of the war the number of VD cases had reached approximately half a million as compared to 58,000 cases registered in 1938. As a result of immediate measures undertaken by the Health authorities, it is estimated that the number of venereal cases had dropped in the three post-war years to 300,000 - 350,000 cases.

In 1947, pre-marital serological examination for syphilis was made compulsory. Of the persons tested 2.5 to 3.5 per cent were positive. The number of syphilitic pregnant women is, therefore, estimated at approximately 5,100 and the number of infants born with symptoms of congenital syphilis is estimated at about 1,500 per year.

There are 9,000 doctors for a population of 9,000,000 and the facilities for VD treatment comprises 25 VD clinics, 508 Preventive Health Centres, 1,420 Public Health Officers.

The VD control plan in Hungary is being modified to make provision for implementation of an overall campaign to include mass screening by a simplified serological test, contact tracing, free treatment of syphilitic patients, intensification of propaganda, etc.

The programme was approved by the Executive Board in November 1948 to the extent of \$35,000 for 12,000 vials of penicillin and \$5,000 for laboratory equipment.

/Professor Thomas of

Professor Thomas of WHO visited Hungary before the programme started. He had consultations with the appropriate authorities on the methods of treatment.

The action was developing satisfactorily. The Government reported that after the first 2 months 13,931 serological tests had been made and 764 cases of syphilis ascertained. Up to the end of June, 982 pregnant women and children had been treated.

Soap provided by UNICEF is being distributed by the Government to expectant mothers in order to encourage them to report to the dispensaries where full medical examination is given, including a serological test for syphilis.

In view of the request of the Hungarian Government that the Mission be withdrawn, and the consequent decision of the Executive Board only 4,000 vials of penicillin have been shipped. The major part of the laboratory equipment was delivered before the discontinuation of the programme and the remainder still outstanding is under delivery. The total expense for this project is \$22,000.

Anti-Malaria and Fly-Control

The Hungarian Government submitted in December 1948 a plan for an anti-malaria campaign in 1949 and requested the technical assistance of a WHO expert. Professor Sissiroli visited the country in March 1949 and as a result of his visit the plans for the campaign were finalized. Assistance was requested from UNICEF for DDT sprayers, drugs, laboratory supplies and vehicles to the estimated amount of \$76,000.

Three endemic areas were sprayed in the north-eastern and south-western part of Hungary covering a territory of over 7,000 sq. kms. with a population of 500,000. Stables, sties and the entire indoor surface of all homes were sprayed. In order to evaluate the effect of this measure upon the general infant mortality a comparative statistical study was made in seven villages of a sprayed area and in eleven villages of a non-sprayed area.

The campaign is under the control of the Department of Parasitology of the National Institute of Hygiene with 500 special workers in the field. The estimated expenditure of the Hungarian Government was at 1,000,000 Forints.

UNICEF has supplied most of the requested items to the amount of \$76,000 and preliminary observations indicated that the campaign has been very successful.

TB Diagnostics

In connection with the BCG campaign and within the framework of the national plan to combat tuberculosis, Hungary has been divided into 14 TB regions of 300-600,000 population; each of these regions to have a central TB institute with all diagnostic facilities and 1 or 2 mobile diagnostic units equipped with mass radio-fluorographic machines. The plan calls for the screening of the whole population every 2 years with the aim to do this once a year in the future. To carry out this plan an additional 25 photofluorographic units with spare parts and films are needed.

/The request

The request for this equipment was submitted to UNICEF in April 1949. The tentatively estimated cost was \$500,000. The plan was sent to WHO for technical consideration. By the end of May the Government submitted a revised programme which was also sent to WHO. It was WHO's opinion that while the principle of assisting Hungary with anti-TB equipment is approved, the actual request could be technically approved only after further discussions had taken place on the question of the necessary laboratories, personnel, follow-up and the equipment already available in the country. It was felt that since the representative of the Ministry of Welfare (the Vice-Minister of Health) was coming to Rome for the WHO Assembly this would provide the opportunity to discuss the details of the problems involved in the programme. This discussion took place in June-July in Rome between Dr. Simonovits of the Ministry of Welfare and Dr. McDougall of WHO. Dr. Borcic was also present at some of the meetings. WHO stated its position that the application for a tuberculosis programme for Hungary merited entire positive consideration and that WHO's technical approval was answered in principle. However, certain of the technical details and the question of the quantity of equipment necessitated a meeting of technical people, either on the spot, or in Geneva. Dr. Simonovits agreed to discuss the matter with his government and to inform UNICEF and WHO as to when and where such technical discussions could take place. Since July no response has been received from the Hungarian Government. The question therefore remains open and no further action has been taken either by WHO or by UNICEF.

In September the UNICEF Mission to Hungary was withdrawn at the request of the Government. The Executive Board subsequently decided to transfer the unspent balance of funds allocated to Hungary to the general reserve. The Executive Board noted that the Hungarian Government was free to apply for new allocations if it so decided. In December 1949, the Government submitted a new request for medical programmes which included 49 complete x-ray machines with spare parts, films and 10 tomographs, 40 kilos of streptomycin, 8000 vials of penicillin of 3 million units each, and equipment for a virus research laboratory for poliomyelitis and influenza. This request was submitted to WHO for technical consideration.

A very approximate estimate of this request is about \$600,000.

SUMMARY OF PROGRAMMES NOW GIVEN ASSISTANCE OR UNDER DISCUSSION - HUNGARY

Programme	Plans of Operations Received	WHO Approval	Funds Committed or Earmarked	Under Procurement (approx.)	Supplies Shipped (approx.)	Under Technical Discussion (approx.)
Streptomycin	November 1948	Dec. 1948	\$28,000	-	\$23,000	-
V.D.	September 1948	Sept. 1948	22,000	-	22,000	-
Malaria	December 1948	Jan. 1949	76,000	-	76,000	-
T.B.	1) May 1949 *	-	-	-	-	-
	2) Dec. 1949	-	-	-	-	-
New Projects	December 1949	-	-	-	-	600,000
TOTALS				\$ 126,000	\$126,000	

* The project was under technical discussion between WHO and the Government. In view of the discontinuation of the programme in Hungary the Government has submitted a new request in December, 1949.

ITALY

Streptomycin Programme

The Ministry of Health of the Italian Government held exploratory discussions with WHO and UNICEF in September 1949 on the possibilities of inaugurating a streptomycin programme for children suffering from tuberculosis.

In November, the first official request was received. The Government had organised a fifty bed centre at the University Clinic in Florence directed by Professor Cocchi and wished to begin the programme as early as possible. The WHO approved the request for 1,000 grammes a month and procurement and shipment are under way. Several other centres are now being elaborated and further requests are anticipated in the very near future. \$15,000 have been ear-marked to implement this programme.

The Ministry of Health has indicated its wish to participate in the forthcoming streptomycin meetings.

Anti-VD Demonstration

It has been estimated that there are a total of one million cases of syphilis in Italy and that the disease is responsible for 70,000 deaths a year, exclusive of infant mortality, premature birth, etc. The disease, although it decreased between 1938-1945, has increased progressively since that time. The Government has attacked the problem with various measures including free dispensaries, free treatment of infected persons in special treatment centres and free distribution of drugs.

In May, 1948 examination for pre-natal syphilis was undertaken in a systematic way among women at maternal and infant welfare centres of the OMNI (National Office for the Protection of Mothers and Infants) in Naples. This was a small scale demonstration project undertaken by the Italian Government with a small amount of penicillin supplied by UNICEF. In cases where serological reactions were positive and where a diagnosis of syphilis was made, pregnant women and children were treated with penicillin.

According to a report written by Dr. Monacelli, Director of the "Dermato-syphilitic Clinic" up to the end of June 269 pregnant women were treated comprising 238 with penicillin therapy and 31 with chemo-therapy. The results of this type of penicillin therapy were so encouraging, that requests were made to discuss a large scale project.

In October 1948, the Italian Government requested assistance from UNICEF and WHO in the form of penicillin and expert consultation for the purpose of expanding the demonstration to other Italian towns showing an increase in syphilis.

Following a decision made by the Joint Committee on Health Policy at its meeting of July 1948 (JCI/FISE-CMS/1), the Italian Government's request was transmitted to the WHO Expert Committee on venereal diseases. The latter, at its second meeting on 25 October 1948 (WHO/VD/12) declared that it was ready to start investigation in Italy in order to study the measures to be taken for the combatting of syphilis in pregnant mothers and children. On the recommendation of the WHO Expert Committee, an investigation was made.

/During the months

During the months of November and December, a WHO expert consultant went to Italy (WHO/VD/14) and, together with the representatives of the Italian health authorities studied the conditions in which the proposed programme could be organised. In December, the Italian Government forwarded a draft plan prepared in consultation with WHO, for the systematic casefinding and penicillin treatment of approximately 15,000 pregnant women and 30,000 syphilitic children up to the age of 12 years in Rome, Naples, Palermo, Catania and Messina.

In February 1949, the Executive Board approved an allocation for this project amounting to nearly 34,000 vials of penicillin and \$5,000 for essential laboratory equipment (E/1144, 18 February, page 11).

WHO had undertaken to provide personnel for technical advice, fellowships and literature. The Italian Government was expected to spend over one million dollars on the programme.

In April 1949, Prof. Thomas of WHO visited Italy and gave a series of lectures on penicillin treatment in syphilis.

During June and July 1949, the WHO expert consultant made another visit to Italy for the purpose of clearly defining the conditions under which the demonstration would be carried out and to assist with technical organisation and initiation of the projects.

The WHO report (WHO/VD/42) has already been circulated to members of the Medical Sub-Committee. The major approaches of the campaign were:-

- a) The coordination and immediate implementation of the campaign as described in the above document.
- b) The systematic serologic examination of pregnant mothers and children.
- c) The contact tracing of sources of infection and their treatment.
- d) The issuing to serologic laboratories of standard Kahn antigen prepared by the Institute of Serotherapy in Naples.
- e) Exchange of sera between laboratories to assure the uniformity.
- f) To assure the free distribution of penicillin.
- g) Free hospitalisation for the treatment of pregnant syphilitic women.

The expanded demonstration projects began in July 1949 in the towns of Rome, Naples, Palermo, Messina, Catania and Agrigento along the lines worked out by the Italian Government and the WHO.

Ten thousand vials of penicillin have been shipped into Italy for the implementation of this campaign. The necessary laboratory supplies have also been shipped. It is expected that the WHO consultant will visit Italy early in 1950 to evaluate results of the campaign and to begin broadening the demonstration areas. The total funds at present ear-marked are \$103,000.

New Programmes

The Italian Government has for some time been interested in assistance to medical projects. Because of priorities given to other forms of aid and the limitation of funds, no positive action could be taken. Recently, the Government has queried UNICEF and WHO on the possibility of assistance to maternal and child health centres. These centres are primarily in Southern Italy where the infant mortality rates are excessively high and where there is a need for intensifying public health activity. The Government's request indicated that if this type of assistance could be granted, then the details could be worked out with WHO/UNICEF along the lines recommended by the WHO consultant during a visit in 1949. Exploratory discussions are continuing on this project, and \$100,000 have been temporarily ear-marked.

POLAND

Streptomycin Programme

The Ministry of Health of the Polish Government had for some time been issuing small amounts of streptomycin to selected hospitals for the treatment of special types of tuberculosis. This programme was rather limited because of the small amount of the drug available. When the possibility for assistance from UNICEF became known, the Polish Government welcomed the offer and immediately made plans to set up main streptomycin centres at the University in Warsaw and a branch sub-centre in Lodz. One hundred beds were secured at the Olin sanatorium for the observation of convalescents and the control of relapsing cases. The plan was submitted in February 1949, and was found by WHO to be in accordance with the recommendations of the Expert Committee, and approved.

An allocation of 5 kilos of streptomycin monthly was made available to the streptomycin centres. There was, unfortunately, a winter epidemic in Warsaw in 1949, which made it necessary to abandon the original plan for Warsaw and establish the main centre in Poznan.

In June, the special consultant for the WHO visited Poland to exchange information on the approaches to anti-biotic therapy, to assess the results of the programme and to discuss the organisational problems. He found that there were approximately 130 children under treatment in the main centre in Poznan with diagnosis, in the main, of tuberculous meningitis, military tuberculosis and primary tuberculosis. At the branch centre in the children's clinic at Lodz, there were approximately 64 children under treatment with the same general diagnosis. At the children's clinic at a small sub-centre, just outside of Lodz, approximately 60 children were under treatment mostly with primary tuberculosis. The consultant commented favourably on the technical aspects of the work being performed. He made several recommendations which were forwarded to the Government by the WHO. The Ministry of Health decided in July to increase the number of sub-centres and to reconstitute the centre in Warsaw. These plans of operation were submitted at the end of August to the WHO which approved an increase to 10,000 vials per month on the basis of the report of their special consultant.

The latest report received indicated that for the months of July, August and September, 438 children were under constant treatment. In September, the rate of shipment of the drug had increased and the Government had instituted its plan for enlargement. Special centres at Krakow, Gdansk and Warsaw are now in operation and special sanatoria, for each of these centres, are being utilised for convalescent observations. The Government has indicated that it would like to continue the programme through June 1950 and this request has been approved by the WHO. To date there have been allocated \$75,000 which ensures the continuation of the programme through April 15th at the rate of 10,000 vials per month in 1950.

UNICEF has shipped 84,000 vials of this drug into Poland. Workers in streptomycin have participated in the recent discussions on tuberculosis which was held in Czechoslovakia.

/The Ministry of Health has

The Ministry of Health has also indicated its readiness to participate in the forthcoming streptomycin conference.

Anti-venereal disease control programme

In late 1947, the Polish Government had already been planning an extension and intensification of its venereal disease control activities. The Government had been investigating the extent of the problem and noted that the problem of venereal disease was to receive priority attention because the Ministry had found that there was a serious recrudescence of Venereal disease as an aftermath of war. Its plans of operations and proposals were submitted to UNICEF and WHO. The WHO Expert Committee in January 1948 noted that:

"The Committee wishes to express its approval of the plan as follows:
A mass attack on syphilis on a nation-wide scale with penicillin has, to the knowledge of the Committee, so far not been attempted anywhere in the world.

It is the opinion of the Committee that the plan, as presented by the Polish Ministry of Health, appears to be a well-rounded and well-planned method for the control of syphilis in that country. The principles which are embodied in the plan should serve as an effective means of combating a similar situation in other countries."

The plan was approved by the Medical Sub-Committee and recommended by the Programme Committee of UNICEF. In September 1948, the Executive Board approved the plans and the first shipments of penicillin were made into the country in October. The main elements of the programmes consisted of:

- 1) Estimation of the extent of the Venereal Disease problem by survey techniques;
- 2) attack on the early infectious individual;
- 3) epidemiologic contact tracing, case finding and past treatment follow-up;
- 4) serologic testing of all pregnant mothers;
- 5) organisation of a network of treatment centres;
- 6) free treatment with modern, rapid techniques;
- 7) health education;
- 8) re-survey of sample populations;
- 9) special efforts to be made on behalf of children.

The whole structure aimed at the eradication of venereal disease.

The second phase of the programme plans mass serologic screening, expansion of treatment facilities for latent cases etc..

/It was estimated that

It was estimated that nearly 40,000 children and pregnant mothers would require treatment during the mass campaign. The laboratories would need strengthening and physicians would have to be trained for the newer approaches in this unprecedented imaginative campaign.

The Executive Board of UNICEF approved an allocation of \$384,200 to provide 71,000 vials of penicillin and \$25,000 for essential laboratory equipment. This amount was later reduced, due to the readjustment of penicillin price, to \$233,200. The estimated cost to the Polish Government in equipment, supplies and organisation was well over five times that allocated by UNICEF.

The programme has developed since its inception at a remarkable level. In its report on the second session (WHO/VD/12) the WHO Expert Committee on Venereal Disease commented as follows on the progress of the campaign: "The Expert Committee expresses its commendation of the progress made since the Polish anti-syphilis plan was put into operation at the beginning of the year. The treatment of 43,000 cases of syphilis and 27,000 cases of gonorrhoea represents a public health achievement." In his report to the Medical Sub-Committee on 30 May 1949, Dr. Guthe of WHO noted that up to that time 30,000 mothers and children had been treated for venereal disease. He stressed the importance of the growing conviction among Polish medical workers that penicillin alone in the treatment of pre-natal and congenital syphilis is the treatment of choice.

Commenting on the report of the results obtained during the campaign, Dr. Guthe expressed his conviction that Poland, on the overall programme, had done a most outstanding job; training of medical and paramedical personnel having been a key factor of the success of the campaign. By the end of May, there were 13 provincial venereal disease control centres, 275 county centres, 32 municipal centres, 10 stations. Almost 3,000 hospital beds are set aside for venereal disease patients, five hundred and seventy three physicians are engaged in the programme.

In a further communication from WHO in June 1949, it was stressed that the health education and medical education of both physicians and public health nurses was proceeding extremely well. It looked likely that the goal of 2,000,000 people serologically screened was well within reach. It was noted that a downward trend in the incidence of fresh syphilis was apparent after less than one year of the campaign. The WHO urged that the programme be given every possible assistance.

By the end of June, 71,000 vials of penicillin had been delivered to Poland. At that time, the WHO had recommended that in order to continue the campaign for UNICEF beneficiaries in 1949, 15,700 more vials of penicillin would be needed. In August, the Government pointed out that no more penicillin was available and requested urgently that further shipments be made. Immediate steps were taken to send in the required quantity of 15,700 vials. To date the Polish Government has received 86,700 vials of penicillin. The Executive Board, at its last session, reallocated unspent balances in the anti-venereal disease funds and the cost of the 15,700 vials was charged to the country's unprogrammed balance. The Government has reported that in the first quarter 1949, 7,000 mothers and children were treated and more than 5,000 in the second quarter of 1949. Reports have been requested evaluating the programme for the remainder of 1949 but none has been received at the time of writing.

/The laboratory

The laboratory supplies requested under the \$25,000 allocation have almost completely been shipped and are now being utilised. WHO, in September 1949, stressed the importance of the provision of larger amounts of laboratory supplies. The Government had requested, and the WHO supported, that further laboratory supplies be granted from the special allocation to make more effective the serologic follow-up necessary after penicillin therapy. The Executive Board decision did not provide an allocation of funds for this request. Necessary funds are now being made available out of the unprogrammed balance.

The Government had informed UNICEF, in September 1949, that a venereal disease Research Institute was being organised, in conjunction with the mass campaign, to carry out research in the clinical and public health aspects of venereal disease problems. The Institute would further be used as a training centre for venereal disease control personnel in co-operation with WHO. In September 1949, 6 countries had sent medical officers to Poland for special training. A much larger programme of training for Eastern Europe is envisaged early this year in co-operation with WHO. The entire Institute plan was developed with WHO participation and is actively supported. A sum of \$20,000 is being earmarked from unprogrammed balance to implement this programme.

Maternal and Child Health Programme

In June 1949, the Polish Government submitted plans for an overall attack on infant mortality and the protection of the health of mothers. The detailed plans were submitted to the members of the Medical Sub-Committee as part of the working paper on medical projects. The main elements of the projects involved:

- a) the establishment of a special department under the Ministry of Health, coordinating all maternal and child health services;
- b) the expansion and organisation of child health services with special concentration in rural and semi-rural areas for special infant, pre-school and school health services;
- c) the coordination of services with other aspects of general public health programmes;
- d) the training of medical and para-medical personnel in all aspects of maternal and child health.

The detailed plans of the government are contained in the documents cited above and in the document submitted to the Programme Committee and Executive Board (E/ICEF/W 83). It should be emphasised that the effort in putting these plans into operation constitutes a major task on the part of the Polish Government. The specific areas in which UNICEF was asked to assist were a) Equipment for vaccine production; b) equipment for a National Institute of Mother and Child; c) transportation for rural maternal and child health teams.

Under a), the Government proposed to extend the facilities of the National Institute of Hygiene and to increase the capacity to produce especially diphtheria and pertussis toxoids. They pointed out:

/this is essential

this is essential if the expanded vaccination programmes are to be implemented. The cost of this request is approximately \$20,000.

Under b), the National Institute of Mother and Child is intended primarily as a training centre in clinical and preventive services. It will also serve as an experimental centre in preventive and social pediatrics, coordinate research services throughout the country and act as a centre for health education. Detailed plans accompanying the request, pointed out that while it would not be possible to erect the necessary buildings until 1950, that many of the services will be concentrated in existing teaching installations in Warsaw. Due to the limitations of UNICEF funds, the Government limited its request at that time to setting up a demonstration and teaching section in the field of care of premature infant. This request involves equipment for incubator care, modern resuscitation equipment, diagnostic and therapeutic supplies. This service will be used to train nursing personnel as well as physicians in the organisation and care of prematures. The cost of this request to UNICEF is estimated at \$37,000. It was hoped at that time that as further funds became available that other sections of the Institute could be assisted with supplies.

Under c), the Government was aware of the problem of the acute shortage of medical personnel due primarily to losses incurred during the war. While the Polish Government is doing its utmost to speed medical and nursing education, it is imperative to find an immediate solution to the provision of services for rural areas. To this purpose, it is planned to set up 260 county centres, up to March 1950, in which are located 3,000 communes and 26,000 villages. Each area of 80,000 people will have a general health centre with a special maternal and child health section. Teams from these centres will make regular visits to small rural stations to conduct pre-natal, infant and well-baby clinics.

In order to make this plan feasible, the Government has allocated funds and has begun training personnel. UNICEF is requested to provide the necessary transportation for the mobile teams. The sum earmarked for this request was \$500,000.

In view of the extent and importance of the above programmes, the WHO requested that a representative of the Government come to Paris or Geneva to discuss the programme. Accordingly, the representative of the Polish Government arrived in August, at which time, technical discussions took place in Geneva and Paris with the relevant sections of WHO. On the basis of these discussions, a document was submitted to UNICEF and WHO clarifying several aspects of the problems.

WHO, after careful consideration of the problem, gave its approval in principle, to the projects. The WHO noted, however, that while the plan was very comprehensive, it would take many years to complete. If, however, sufficient staff could be trained over the years, it was noted, the benefit to mothers and children would be enormous. In regard to the transportation for health teams, the WHO appreciated the importance of this type of assistance, but felt that it could take no responsi-

/bility for approving

bility for approving this type of purchase and asked UNICEF to take full responsibility for approval of transportation equipment. The WHO gave its approval to the National Institute and the vaccine production request and indicated its desire to be of assistance in any way possible. The WHO stressed its readiness to help promote the rural maternal and child health plan and to give any assistance requested by the Polish Government.

The request of the Polish Government for transportation equipment was submitted to the Programme Committee and the Executive Board. The Executive Board, at its November meeting, approved the provision of transportation for the type of programme outlined by the Polish Government. Procurement is under way for 250 cars of which 25 have already been shipped. The Government has informed UNICEF that 70 centres of the type planned are already in operation awaiting transportation.

The National Institute has been organised and the funds allocated by the Government. The building and physical plant for the premature section has been set up. UNICEF is procuring the necessary supplies for this unit. As further funds became available, the Government requested that equipment for the nutrition, cardiologic and x-ray sections of the Institute be procured by UNICEF. The WHO approved this request and a supplementary \$100,000 have been earmarked from unprogrammed balances. Procurement has now been initiated.

The supplies for the increase in vaccine production are also under procurement.

The total funds, therefore, for all approved Maternal and Child Health projects is approximately \$658,000.

Anti-Tuberculosis Campaign

In June 1949, the Polish Government sent to UNICEF its plans to enlarge the scope of preventive service in tuberculosis as a logical supplementation to the successful campaign with BCG.

The mass campaign with BCG will have reached nearly 5 million children by the end of 1949. Concomitantly, the planning and organisation of follow up services against tuberculosis have been proceeding.

The Government's plan was submitted as part of the working papers to the Medical Sub-Committee at its meeting held in July, 1949.

The request was submitted to the WHO for their consideration. WHO recorded their desire to discuss the details of the programme with the representatives of the Polish Government. A representative of the Ministry of Health arrived in Geneva in August and participated in detailed discussions with the WHO on all phases of the programme.

At the end of the discussions, the Polish representative amplified and clarified certain technical aspects of the proposed anti-tuberculosis programme. The statement noted that the goal of the programme would be a total positive preventive programme including mass detection of early tuberculosis, x-ray follow-up, laboratory control, early treatment, utilisation of ambulatory methods, isolation and the continuation

of the BCG programme. In order to implement these objectives, many activities were being undertaken. Among the priority problems is the establishment of 317 county health centres with an adequate staff, x-ray facilities, laboratory supplies for diagnostic work and a car for case-finding and mobility of personnel. The Government noted that it has been and is training physicians, nurses, x-ray technicians and engineers for the staffing of these centres. Because of the extent of the problem, the Polish representative reported that the Government wished to attack all fronts simultaneously in a sustained effort and gave the problem a high priority. A large majority of the equipment and supplies would be furnished by the Polish Government. UNICEF was asked to supplement the Government's effort with x-ray diagnostic equipment for 140 centres. The cost of this equipment, including spare parts is estimated at \$450,000.

The Government also requested that supplies be given for expanding the diagnostic laboratories of the streptomycin centres. This request was thoroughly discussed with the WHO streptomycin consultant during his visit to Poland and was estimated at \$10,000.

Finally, the Government requested that consideration be given to strengthening the diagnostic and therapeutic services of five teaching hospitals with bronchoscopic instruments. These instruments were to be used as part of a training programme. The estimated cost was placed at \$15,000.

The WHO, on 14 September 1949, replied approving the requests for diagnostic equipment and for laboratory supplies for the streptomycin centres. The WHO made certain observations on the question of x-ray equipment. The Organisation noted its agreement that the plan was very comprehensive and agreed that to carry it out, radiographic equipment should be available in the centres. The Organisation pointed out, however, that the magnitude of the task, especially in regard to the training of technical and nursing personnel is great. Moreover, there would appear to be certain limitations to the effectiveness of the programme in that no mention is made of an adequate laboratory service to be associated with the x-ray diagnostic service. In the view of WHO, unless personnel and laboratory services were certain to be available, there would be no object to increasing the radiologic resources to the extent desired by the Polish Government. Also, it was further noted, that parallel progress in laboratory facilities for diagnostic purposes should be made, if the best use of x-ray facilities are to be undertaken. There would be an enormous load not only on the laboratory facilities, but also on treatment centres, with the kind of programme outlined. In addition, the problem of maintaining and servicing the installations would in itself be enormous. Finally, the increased personnel and facilities needed to diagnose and care for 'open cases' represents a terrific task.

In view of all these considerations, the WHO believed that the Polish Government's programme as outlined was good though not complete. It noted that the Polish representative was aware of these facts and stated that adequate provision was being made to meet all the points raised. WHO agreed to request for additional x-ray apparatus provided that the Polish Government is prepared to build up a thorough laboratory service which is an integral part of any x-ray service including a well developed plan of open cases. WHO also noted its readiness to assist with personnel, the promotion of new units and the training of personnel.

/The UNICEF, at the

The UNICEF, at the end of September, requested from the WHO a classification of its position and specifically whether WHO approved the provision of the x-ray equipment. The WHO replied, on the 5th of October, that since the Polish Government had assured the WHO that the collateral services referred to in the original communication would be supplied by the Government, that the WHO would fully approve the total additional x-ray equipment requested by the Polish Government. It also noted that it would be glad to co-operate with the Government in the implementation of the excellent plan set out by the tuberculosis experts in Poland. The WHO again reiterated its willingness to send, at the request of the Government, an x-ray engineer and a consultant in laboratory techniques to assist in promotion of new units and the training of personnel.

On the basis of these decisions, UNICEF is going forward with the procurement of the requested supplies. The amount which has been earmarked is \$450,000 for x-ray equipment, \$15,000 for diagnostic equipment and, \$10,000 for laboratory supplies for follow-up of streptomycin treated patients. The WHO also sent an x-ray engineer to UNICEF in order to facilitate the technical aspects of the problem of procurement.

The Government has been informed of the reaction of WHO specially stressing the importance of the laboratory facilities and personnel. The Government has also been informed of the desire of WHO to give every possible assistance to help implement the programme.

New Programmes

The Government's interest in medical programmes has been sustained since the early days of the Funds operation. Because of the limitation of funds, many projects had to be dropped. As funds are now becoming available, and in accordance with the recommendations of the Expert Committees of the WHO, the Government has requested assistance in various projects listed below:

- 1) A programme designed to expand and improve school health services was presented by the Polish Government. Toward this end, supplies and equipment were requested in order to utilise para-medical personnel in screening examinations in schools. The request was approved by the WHO and procurement is going forward to the extent of \$110,000.
- 2) Equipment and supplies have been requested to produce vitamin D2 on a limited basis. The WHO approved this request which is programmed at \$3,000.
- 3) The Polish Government is now distributing fresh and powdered milk to health stations for infant feeding. The storage of the milk has become a serious problem. The Government requested refrigeration equipment in order to be able to adequately store the milk at existing feeding points. The request is programmed at \$50,000 and designed to assist only the largest milk distribution points for infants. This request was approved by UNICEF and procurement is going forward.

/4) Several other

- 4) Several other requests are at present under discussion. These relate to supplies for control of malaria and fly-borne disease; mobile dental units for rural areas, vitamins for distribution to well baby clinics and further equipment for vaccine production. Because of the limitation of funds, these requests are being held in abeyance pending the determination of priorities and discussions of technical aspects of the programmes with the Government. The WHO has already given approval to the requests for vitamin C, supplies for control of malaria and fly-borne disease and mobile dental units as being in accordance with the principles of the Expert Committee on Maternal and Child Health.

SUMMARY OF PROGRAMMES NOW GIVEN ASSISTANCE OR UNDER DISCUSSION - POLAND

Programme	Plans of operations received	WHO Approval	Funds committed or earmarked	Under Procurement (approx.)	Supplies shipped (approx.)	Under technical discussion (approx.)
Anti-V.D.	June 1948	Aug 1948	\$ 323,200	\$ 23,000	\$ 300,200	-
Streptomycin	Feb 1949	Feb 1949	75,000	15,000	60,000	-
Tuberculosis Diagnostic	June 1949	Sept 1949	475,000	470,000	5,000	-
Maternal and Child Health	June 1949	Sept 1949	658,000	583,000	75,000	-
New Programmes :						
Vitamin 2 Production	Oct 1949	Nov 1949	3,000	3,000		
Refrigerators	"	"	50,000	50,000		
School Health	"	Nov 1949	110,000	110,000		
(Anti-Insect)	"	Dec 1949				
(Vitamins)	"	Nov 1949				
(Mobile Dental)	"	Nov 1949	50,000			\$ 50,000
TOTAL			\$1,744,200	\$1,254,000	\$ 440,200	\$ 50,000

* Includes 208,000 from special allocation, 45,000 for penicillin, 25,000 for laboratory equipment and 20,000 for V.D. Institute and special training supplies.
 ** Decision on bulk of equipment to be made this week and shipments begin in January.
 *** Bulk of funds in transport equipment.

ROMANIA

Streptomycin

In December 1948 the Romanian Government had submitted a plan for a large centre in Bucarest of 75 beds in the newly created Central Institute of Phthysiology and 2 sub-centres at Cluj and Iassy. The programme was gradually expanded to 2 other sub-centres in Bucarest and 2 in other parts of the country. The Government is supplementing the quantities provided by UNICEF with streptomycin supplied from its own limited resources. A special commission to regulate the distribution of streptomycin was set up.

Plans of operation were approved by the WHO and an allocation was made to guarantee the shipment of 5 kilos per month for this programme. The programme started on February 1, 1949. The Government had been gradually amplifying the programme with more beds in sub-centres in order to ensure availability of beds to children. Reports indicate that 316 patients were under treatment up to the end of June. In June 1949 the Government requested an increase in the amount of streptomycin to 10 kilos per month which has been approved by WHO and this enlarged programme was scheduled to begin in December. A further request was recently received for an increase of the monthly allocation, to provide for an increase of beds in 6 new sub-centres, amounting to a total of 831 for Romania. Due to the withdrawal of the UNICEF Mission and the consequent shipments to Romania the approved quantity of 10 kilos per month was reduced to the original 5 kilos per month. In accordance with the decisions of the Programme Committee this quantity will continue to be shipped into Romania until June 30, 1950, in order to ensure the continuation of the treatment of all cases admitted and to provide for eventual relapses.

The total programme from February 1, 1949, until June 1950 calls for 90 kilos of streptomycin at an estimated cost of \$55,000. By the end of 1949 up to 85 kilos were shipped to Romania. The balance of 5 kilos will be sent in during January.

In all stages of this programme the authorities have expressed their high appreciation for the assistance given.

Anti-Malaria and Fly Control

The Romanian Government stated that malaria is a serious health problem with its social and economical implications. Morbidity varies from year to year and from region to region, with parasite index in pre-epidemic season up to 38%.

Malaria control started in 1946-47, at that time limited only to areas where morbidity was over 50%. In 1948, an anti-malaria network composed of 42 centres and stations carried out a larger campaign of diagnosis, treatment and desanophilisation. 320,000 cases were spotted which represented more than 50% of the estimated cases in Romania. 240 localities were desanophilized. This resulted in an appreciable reduction in malaria morbidity and concomittantly in infant mortality.

According to the project, the number of centres in 1949 is to be increased to 70 and the plan is to find infected cases and provide them with treatment.

/Prophylactic measures

Prophylactic measures will be extended to 400,000 pregnant mothers and children under 5 in the malaria zones. Desanophilization will be carried out in at least 500 localities and particular attention will also be paid to destroying flies in order to reduce the gastro-intestinal infections which will result in decrease of infant mortality.

For the implementation of the campaign for 1949, the Government has requested UNICEF in December, 1948, to assist them with equipment, DDT, transportation and drugs amounting to a total value of \$179,000.

In March 1949, the Government requested an additional 40 tons of DDT as it felt confident that, with the organizational structure available, it would be possible to cover a greater area than was earlier envisaged. This request was followed with a more detailed statement on the 27 areas to be sprayed, the method to be used and the organizational set-up for the different aspects of the campaign.

After approval for the 1949 programme was received from WHO, procurement was effected. The most essential supplies reached the country with a slight delay.

After the preparatory work was finished, the campaign started in early April and was in full swing by the month of May. The spraying campaign was completed according to programme in August and has been considered as very successful. Besides DDT, the Romanian health authorities have used home-produced Gamexan for spraying. Our Mission has reported striking differences in incidence of malaria between villages which had been sprayed and those where no residual spraying had been carried out. The inhabitants of the malarial areas have expressed their gratitude and satisfaction of the results of this campaign. Detailed maps available at local health centres, which were seen by our field worker, indicated that the population living in the poorer sections of towns and villages are mostly exposed to the disease. No final report has yet been received from the Government.

In addition to typical malarial zones, fly control was programmed in over 20 larger towns. Six and one half tons of DDT were released for spraying primarily markets, restaurants, food stores and other permanent reservoirs of flies during the hot season.

Anti-Diphtheria Campaign

The anti-diphtheria and anti-scarlet fever vaccination during the war years 1942-1946 has been carried out only sporadically in isolated cases, without coordinated plan and without any possibility of controlling the results. The lack of personnel during the war and immediate postwar period and the impossibility for the Contăcuzino Institute to prepare the necessary quantity of anatoxine have hindered vaccination. As the incidence of diphtheria has increased considerably and taken epidemic forms, the Romanian Government was planning a large vaccination campaign for the spring and autumn of 1949. The quantity of vaccine produced in the country was not sufficient to carry out a campaign which was to include all children who, due to the war, have not been vaccinated. The Romanian health authorities have, therefore, requested UNICEF to supply the necessary quantities of toxoids and anti-diphtheric serum necessary for an overall campaign. The total value of this programme was \$57,000.

/The toxoid supplied

The toxoid supplied by UNICEF was planned to be used in Moldavia and part of Valachia in a spring campaign, whereas the locally produced vaccine was to be applied to all other regions in autumn.

The Government has informed our Mission that, due to the late arrival of the vaccine, the original plan had to be altered and antitoxin supplied by UNICEF will be used for the campaign in autumn. It appears that the campaign has been fully carried out though we have not received any final report.

Anti-TB Campaign

Romania was one of the few countries where the BCG vaccination was practiced extensively. Up to 1947 a total of about one million persons were vaccinated. Since 1948 the campaign was intensified and the method of vaccination limited almost exclusively to the multi-puncture type. It was for the reason of retaining this method that the Government could not participate in the Joint Enterprise BCG Scheme. The Government had, however, expressed its willingness to cooperate in this international scheme by:

- 1) establishing a pilot station for BCG in Bucarest for experimental studies with intradermal methods,
- 2) using the same kind of tuberculin.
- 3) endeavouring to use the same type of record cards,
- 4) exchanging information on progress made and results obtained.

The campaign was to extend to 1 million vaccinated children in 1949 and to 2 million in 1950.

For this campaign the Government requested assistance in asparagine, syringes, needles and vehicles. The Medical Sub-Committee expressed its opinion to the effect that, although the Romanian Government could not be included in the Joint Enterprise campaigns, due to the decision for a uniform method of application the effort is certainly worth while and it is recommended to grant the Government the supplies requested. The supplies and vehicles amounting to a total value of \$41,3 were procured and were delivered in the course of the first half of 1949.

Pellagra

As a result of a very serious famine condition in 1945 to 1947 and because of the exaggerated deficiencies in diet this disease has become very widespread, especially in Moldavia along the Prut river. Both hail and drought had played havoc with crops during every season for a period of three years, with the result that not only was there a shortage of grain cereals, but also of the foods containing pellagra-prevention factors. Early in 1948, an unusually high number of people were affected with pellagra, estimated to approximately 200,000 cases of which 90,000 were children between the age of 0-18.

To improve the diet of the people in this region, the Government has opened a

/large number of

large number of canteens which provided supplementary meals and niacin to the affected population. At the request of the Romanian Government, UNICEF has undertaken to provide milk, fats and meat as a further supplement to mothers and children. On recommendation of Dr. Latsky (FAO), 42 tons of yeast food (*tortula utilis*) have been provided by UNICEF as an additional rich source of the vitamin B complex to supplement this diet and 800 kilos of nicotinic acid for treatment.

This campaign was financed out of a special allocation voted by the Board for the summer camp programme and for the assistance of especially needy children.

The campaign started in June 1948 and, prior to its initiation, a census on the pellagra cases was taken which registered 79,933 cases. Further investigations brought this figure to 112,973 as per 1 July. In the campaign, 1,340 doctors have participated in the detection of the disease. The morbidity degree varied from 5% to 40% according to different districts.

Mobile dispensaries have been working in the field, engaged in training personnel detection and treatment of cases and making investigations especially in the social aspect of the disease during the campaign. In addition to the 2 pellagra hospitals with 150 beds, the rural general hospitals reserved 10 to 15 beds for pellagra cases.

For the evidence and follow-up of individuals and families, cards were filled in and the extension of the disease and the degree of endemicity were registered. Such an extensive campaign was conducted for the first time and aimed at the detection, treatment, hospitalization, and organization of centres and at the permanent education for an improvement in the diet. 338 canteens in 38 districts took care of 24,772 pellagra cases. The greatest number of canteens were in Jambrita, Iasi, Tecuci, Tutova, Cevuclui and Valca. Some of the canteens remained open until the end of September, while others, where stock permitted, kept on until December. 20,000 posters and 10,000 booklets were distributed popularizing knowledge of the disease and its prevention. The nicotinic acid which was received towards the end of December had been made up into 4 million tablets and distributed in 34 districts to a total of 130,000 persons. It was used for treatment and for prevention of the disease. The *tortula utilis* arrived too late to be used in the 1948 campaign. The Government has stated that it will not request further assistance in that campaign for 1949 as pellagra was no longer such an acute problem and will be dealt with by the Government in accordance with their long term health policy. The total expense for this programme amounted to \$47,000.

New Requests

In November 1949 the Government submitted new requests for assistance in:

1) Equipment for the new Hospital Centre in connection with the "Institute of Scientific Research for Mother and Child Welfare" comprising a 50-bed premature unit, a 50-bed newborn unit and a 100-bed children's unit (1-3 years), a unit for radiology and physio-therapy, a milk kitchen, laboratories (bacteriological, physiological, biochemical, chemical and pathological), mechanical laundry and 6 vehicles.

2) DDT laboratory supplies, vehicles and drugs for malaria campaign in 1950.

/3) equipment, x-ray machine

- 3) equipment, X-ray machine, etc. for:
 - a) TB sanatorium for small children,
 - b) one sanatorium for osteo-articular TB (50 beds),
 - c) 10 TB dispensaries,
 - d) 5 mobile teams
- 4) equipment for the infant surgery section in the State Hospital No.4 in Sibiu.
- 5) Equipment for 20 dental clinics for school children.
- 6) 100 tons of Eledon "Nestle" for children with gastro-intestinal disturbances.
- 7) Penicillin, syringes, needles, 10 mobile laboratories and 10 trucks for antisyphillis campaign for about 60,000 pregnant women, nursing mothers and children and for 40,000 contagious cases.

Preliminary discussions with WHO were conducted in December but further justification and elaboration of individual projects appeared to be necessary.

SUMMARY OF PROGRAMMES NOW GIVEN ASSISTANCE OR UNDER
DISCUSSION

<u>Programme</u>	<u>Plans of Operations Received</u>	<u>WHO Approval</u>	<u>Funds committed or earmarked.</u>	<u>Under Procurement (approx.)</u>	<u>Supplies shipped (approx.)</u>	<u>Under technical discussion (approx.)</u>
Streptomycin	December 1948	Jan. 1949	\$55,000	-	\$55,000	-
Asclaria	"	Feb. 1949	180,000	7,000	172,000	1,000*
Diphtheria	Nov. 1948	Nov. 1948	57,000	-	57,000	-
IB-DOG	Nov. 1948	Jan. 1949	41,300	-	41,300	-
Pellagra	Aug. 1947	FAO	47,000	-	47,000	-
New Programmes	Nov. 1949	-	850,000	-	-	850,000**
TOTALS			1,230,300	7,000	372,300	851,000

*Funds earmarked for fellowships. No application received.

**Discussions suspended due to the decisions of the Executive Board.

YUGOSLAVIA

Streptomycin Programme

After the Executive Board of UNICEF had approved the principle of providing streptomycin, a request was received from the Yugoslav Government for assistance in developing such a programme. The health authorities noted their willingness to accept the recommendations of the Expert Committee on streptomycin and to establish centres to implement the programme.

The Yugoslav Government plan envisaged 70 beds in Belgrade and 75 in various sub-centres throughout the Federal Republics. A streptomycin committee was formed which included the chiefs of the larger centres, with a task to give scientific guidance and evaluation of the programme. Detailed instructions were sent to all centres concerning the use of the drug. After the visit of a WHO Liaison Officer, and submission to WHO, the programme was approved for implementation.

In January, the first shipment of streptomycin to Yugoslavia was effected and since a regular flow of 5 kilos monthly was sent to the country. In May, the Government requested an increase in allocation of the streptomycin to 10 kilos a month. The plan envisaged an increase in the number of beds to 300 in Yugoslavia. It was thought advisable at the same time to increase the number of centres, owing to the difficult communications and the necessity to ensure earliest hospitalization of the cases after a diagnosis was made. The surprisingly high number of young persons suffering from primary TB and the high number of young children with tubercular meningitis and generalised tuberculosis made such an increase in the allocation very desirable. The WHO approved this request on the basis of the Government request and since July, 10 kilos were shipped monthly into the country.

Dr. Wissler of WHO visited Yugoslavia in July and found the general management of the programme satisfactory. He noted that the conditions under which the work was being carried on was very far from favourable. There were, he felt, insufficient doctors, nursing staff, a shortage of beds and a lack of necessities such as x-ray films, bedding, etc. This report has been submitted in extense to the Medical Sub-Committee and to the Yugoslav Government workers. The Government has now requested a continuation of the supply of streptomycin for the first six months of 1950 and this request was supported by WHO and is being implemented by UNICEF.

The first treatment record for the 5 months up to the end of May indicated that the number of children under treatment was increased from the initial figure of 56 in early January to 154 at the end of May. A total of 391 children were under treatment during that period. Further reports are expected to be presented at the streptomycin meeting to be held in February 1950.

In October, the Government requested x-ray films for scientific follow-up of tubercular children treated with UNICEF streptomycin, based on Dr. Wissler's recommendation. WHO's approval was secured and procurement initiated.

/The funds earmarked

The funds earmarked through June 1950 are \$85,000. This amount should be sufficient to carry the programme through June 1950, and to ensure sufficient streptomycin for continuation of treatment of relapsing cases after that date. To date, the country has received 80 kilos of streptomycin and 30 kilos will be shipped during this month for the period of January through March.

It is hoped that after June 1950 the government will be able from its own resources to continue the programme. Otherwise, outside assistance must be found.

Anti-VD Programme

The Yugoslav Government has warmly welcomed the UNICEF offer to assist in a national campaign since they were aware of the seriousness and extent of the venereal disease problem they were facing. Preparations were made by the Government to expand venereal disease services much before UNICEF's assistance was possible. The lack of equipment and non-availability of penicillin with the consequent necessity to treat syphilis with Arsenic and Bismuth alone, diminished the chances for a large-scale successful programme.

The VD situation in Yugoslavia is divided into two main epidemiologic problems, i.e., endemic syphilis which is transmitted, by and large, extra-genitally, and sporadic syphilis or sexually transmitted syphilis. The former, which represents the greater problem is concentrated mainly in the Republic of Bosnia and Herzegovina and adjacent districts of Serbia where it is estimated that about 100,000 people were afflicted. In certain villages the percentage of afflicted persons runs to 50-60 per cent of the population. It was ascertained that 68% of new infections occurred among mothers and children; the infection of pregnant mothers resulting in high infant mortality. Up to 1941, 57,000 cases of endemic syphilis were registered with an increase during the war years of approximately 43,000. There is no comparable pre-war data regarding sporadic syphilis, but on the basis of 20,000 fresh infections in 1947, it is estimated that during the war 104,000 persons contracted syphilis.

UNICEF has been requested to supply, besides the most necessary laboratory equipment, penicillin for the treatment of 78,000 cases, of which some 53,000 are mothers and children under 18 in the endemic areas, 6,037 cases of sporadic syphilis in expectant mothers and 1,200 cases of congenital syphilis. The plan was worked out in closest cooperation with, and actively supported by WHO. The Executive Board met this request by approving first a partial allocation covering approximately half of the request and at a later meeting, when the programme was progressing, a further allocation was decided upon to enable carrying through the whole campaign.

The plan of operations in the campaign against sporadic syphilis in its first stage, provided for free and compulsory treatment of patients in the infectious stage, treatment of all cases of congenital syphilis, of all cases of infected expectant mothers, contact tracing, serologic follow-up and control of prostitution, a campaign against alcoholism, compulsory serological test of expectant mothers, anti-VD propaganda and courses for medical and auxiliary personnel. These measures

/are to be followed

are to be followed by a second phase which will seek to treat all cases of syphilis, including non-infectious cases, to increase the number of anti-VD institutions, to improve reports and statistics, to inform the public on early diagnosis and treatment and to improve social services connected with anti-VD institutions. The programme is directed by the Ministries of Health in each republic under the supervision of the Federal Committee for Health and executed through the network of anti-VD institutions which, at the start of the campaign consisted of a central VD dispensary in each republic, 25 VD dispensaries throughout the Federal Republic, 139 VD departments in hospitals and with the assistance of the district health officers.

The campaign in the endemic area is conducted by the existing institutions in the regions concerned with the help of 40 field teams. The campaign, including registration of endemic food and of infected families, serological examination of the population, treatment of positive cases, health education and sanitary measures, establishing a regular monthly reporting system, legislation measures is developing in 3 consecutive phases. In the first phase - to last approximately one year - the serological examination and treatment will be completed starting in regions with extensive foci and finishing up in regions bordering endemic areas. The second phase will aim at stabilisation of the achieved results by systematic control and treatment of relapses, while the third phase assumed to last three years will continue with follow-up and make final serological examinations.

The Federal Committee for Public Health has provided penicillin for the treatment of patients non-UNICEF cases in the endemic areas.

The campaign regarding both endemic and sporadic syphilis was started in March and was developing very satisfactorily especially in endemic areas where the main emphasis was laid by the government. The first shipment of procaine penicillin arrived in Yugoslavia in February and since then the amounts regularly required have been provided. Some difficulties in the anticipated development of the campaign were encountered by the country due to the late arrival of laboratory equipment and transportation.

Prof. Thomas of WHO visited the country early in April. He held discussions with the leading syphilologists in the country, gave lectures on modern syphilis therapy and spent one week in the endemic area. He commented favourably on the organisation and development of the campaign.

The chief of the Federal anti-VD service reported that until the end of May, 102,385 serological estimations were performed, among them 13,290 positive and indefinite findings corresponding to 12.9 per cent contamination in the inspected areas. Up to the same period, 5,217 cases have been treated, 36,865 injections of 300,000 units of penicillin given. Over 96% of the persons treated completed their series of injections in due time and without interruption.

The penicillin treatment of syphilis in pregnancy and congenital syphilis in cases of sporadic infection began at the end of May in Serbia and Croatia and in June in the remaining republics. No formal report has yet been received as to the number of cases treated and on the progress of the action.

/It is known, however

It is known, however, that the programme is just beginning to expand in the manner envisaged. The WHO is working closely with the Government in an effort to speed-up the attack on an admittedly more difficult epidemiologic and administrative problem. Recently, the chief of the VD services toured the United States, under WHO sponsorship, to exchange information with the experts in the field. The Yugoslav Government is negotiating with the WHO for an epidemiologist to help implement the programme.

To date, \$281,750 have been allocated to this programme of which \$231,750 is for penicillin and \$50,000 for essential laboratory supplies. 66,000 vials have already been shipped with the remainder to be shipped before March. The Government is now estimating its needs for penicillin to June 1950 in order to carry out the programme. \$30,000 worth of laboratory supplies have already been shipped, the remainder mostly involving mobile laboratory supplies for the endemic areas and assistance to the central diagnostic clinics, is under procurement. The WHO has carefully worked out all the requests with the Government and is assisting from its own resources with literature, fellowships, educational material, etc.

Anti-Malaria and Fly Control Project

Malaria, in Yugoslavia, remains a serious problem despite the efforts to combat it between the two World Wars. Some districts were among the most malarious regions in Europe. Due to the absence of any organised projects during the war, the incidence has increased even further. In 1945/46 there was a serious outbreak affecting by 1946 nearly 1,000,000 persons.

DDT supplied by UNRRA was first used in 1946 and was extensively applied as a residual spray in 1947 and 1948. In addition, DDT was employed as a larvicide by manual and air-spraying of infested centres. 1,500 tons of DDT were used in 1947/48 for these campaigns. As a result of these and other measures, a very sharp decline of malaria has been reported with only 8,000 for 1948. At the same time, an incidental decline in the fly-population has been reflected in a conspicuous drop in the morbidity/mortality rate in children.

During the last three years, a malaria control programme has been organised and strengthened. Under the supervision of the Ministries of Health of the six republics anti-malarial stations were using the services of 1500 doctors, entomologists and other technical workers. Intensive health education and propaganda have resulted in a significant contribution by voluntary labour from the local population in helping to carry out the work.

Complete lack of transportation facilities has hindered very decisively the execution of the campaign and the entomological evaluation of the results hitherto obtained and also resulted in a wasteful expenditure of DDT. Furthermore, UNRRA stocks of DDT have been almost exhausted and the remaining small stocks of DDT emulsion were believed to have deteriorated to a great extent. So as to be able to continue its plans of operations for the malaria and fly control programme, the government requested the assistance of UNICEF in the form of DDT, solvents, sprayers, drugs and transportation. The request of the government was screened and approved

/by WHO as being

by WHO as being in accordance with the Expert Committee's recommendations, and procurement initiated. Unfortunately, some of the essential solvents did not arrive in the country until the end of May and the supplies could therefore not be used as extensively as planned. UNICEF supplies have, however, been used in Macedonia and Southern Serbia in areas where malaria is endemic and where 310 permanent and 270 seasonal sprayers have treated 17,500,000 sq. m. of surface. In this area, the number of microscopically proved positive cases were only 1/10 of the number found in 1948, thus confirming the effectiveness of the campaign. UNICEF supplies were also used in other parts of the country where the sanitary and epidemiological stations conducted demonstration projects with types of supplies used for the first time in Yugoslavia.

Three WHO experts spent some time in the country. They attended the annual meeting of the malariologists and lectured on recent improvements in the field of malaria control. After studying the problem for some weeks, they commented on the Yugoslav anti-malaria organisation and made recommendations, which would, in their opinion, save labour and material without affecting the success of the work.

Although final reports have not yet been received, it seems very likely that a substantial part of the supplies provided this year by UNICEF will remain to be used in the campaign next spring.

Plans have already been developed for the 1950 season which will require all that has been shipped by UNICEF and much larger quantities which will have to be provided from the government's own resources.

UNICEF supplies for the 1949-1950 activity amounted to \$260,000 of which \$81,000 for DDT, \$16,000 for equipment and \$76,000 for diagnostic and therapeutic supplies and \$88,000 for transportation. All of the above, except 16 station wagons are in the country. No other supplies, except the station wagons, will be shipped in 1950. Here we find an example of vital UNICEF assistance in a difficult period and the gradual take-over of responsibility by the government. The WHO has requested an evaluation of the programme through 1949 which is now being compiled by the government. UNICEF also helped support a fellowship for one physician who studied with Professor Missirali.

Anti-Mycosis Campaign

Mycotic diseases of the skull existed to a somewhat smaller extent in Yugoslavia before the last war. As a result of the war, the incidence has considerably increased and now constitutes a serious health problem.

Energetic measures towards the eradication of mycosis have been undertaken since 1946, particularly in institutions such as creches, orphanages, etc. By therapeutic measures and improvement of hygienic conditions in children's homes, the institutional incidence has considerably decreased by the problem remained unsolved for the remainder of the children due primarily to the lack of equipment, personnel, transportation for extensive field work and lack of facilities to accommodate the large number of affected children.

/A recent survey

A recent survey revealed an incidence of the disease in afflicted districts in Serbia, Macedonia, Bosnia, Hercegovina and Montenegro ranging between 5-7% of the total child population up to the age of puberty. Some districts showed an average inspection rate of 13 per cent and in some schools up to 36 per cent was reported. The total number of children believed to be affected is conservatively estimated at 50,000 or more.

The plan calls for a campaign to be conducted by the republican authorities acting under instructions from the Federal Committee for Health. Five field teams attached to each of the 24 skin disease dispensaries (mycosis centres) will undertake systematic, chemical and microscopic examinations. The treatment will be carried out in the mycosis centres or field therapeutic-prophylactic institutions and will include x-ray therapy, epilation and topical medication. Other measures to be undertaken during the campaign will include intensified propaganda, close cooperation with the Red Cross and the popular organisations, strict health supervision in open and closed children's colonies and in public shops, various courses in different aspects of mycology to be given to doctors and para-medical personnel, etc.

For the implementation of this programme the Government has requested UNICEF to supply x-ray equipment, microscopes and other laboratory equipment, transportation and therapeutic supplies to the extent of \$170,000.

Following the recommendation of the Medical Sub-Committee and the Joint Committee the Executive Board approved the request and after consultations between the government and WHO-UNICEF technical experts, procurement was initiated. It is hoped that the equipment will be shipped to the country in time to begin the mass attack early next spring. The field teams are at present being trained and organised by the Government in readiness for expanding the programme as the supplies arrive.

Anti-T.B. Campaign

The Yugoslav Government has undertaken to expand its tuberculosis services. With the progress of the BCG campaign has come the necessity to follow-up the tuberculin positive children. In first priority, the Government has decided to expand its tuberculosis laboratory diagnostic facilities in Zagreb and Belgrade Central Laboratories. At the same time, it intends to enlarge the number of central and regional dispensaries and set up mobile dispensaries for the expansion of diagnostic facilities. In order to determine and define the extent of the problem, the Government will undertake suitable studies of selected portions of the population. The plan also involves the training of physicians, nurses, bacteriologists and para-medical personnel in order to implement the expanded programme. The entire project is under the direction of the Tuberculosis Section of the Federal Committee of Health which coordinates and assists each of the Federated Republics in carrying out responsibility under the programme.

By and large, material already in the country or provided directly by the Government, will be used in the campaign. UNICEF assistance is requested for a small number of fluoroscopes and especially for the laboratory supplies. The entire request is estimated at \$70,000.

/The WHO has been

The WHO has been in discussion with the Government on this programme since October and has approved the programme in principle. The Government has been preparing its material, with the assistance of a WHO technical engineer, in order to place a firm request. It is expected that the completed plan of operations and the technical details of the requirements will be received within this month, and the programme should be implemented soon after that date.

Control of Children's Communicable Diseases and General Health Programme.

The statement of the Yugoslav Authorities on communicable diseases has already been submitted to the Medical Sub-Committee. The paper gives an outline of the necessary measures to be undertaken to improve the child health services and the measures to be undertaken for their control. It includes: uniform directions for operational plans throughout the whole territory of the Federal Republics, to make available and train a sufficient number of assistant medical personnel, establishment of new institutions and strengthening of services working presently, to organise special teams of physicians and para-medical personnel, to combat communicable diseases and organise the preventive tasks to ensure early diagnostic and prompt hospitalisation. The plan of operation calls for the establishment of 34 centres for the control of communicable diseases in larger sanitary-epidemiological institutions with one field team in each consisting of a doctor and a nurse who will undertake the necessary preventive and therapeutic measures in the field. For the realisation of this campaign, the Yugoslav Government has requested UNICEF to provide the most necessary transportation means, cars or bicycles for field work and ambulances for the transportation of the sick to therapeutic centres.

In order to combat the high childhood morbidity/mortality rate, the Government of Yugoslavia is expanding the network of children's dispensaries and health institutions. The greatest obstacle is, at present, the shortage of medical personnel. To increase the efficiency of the activities of the children's dispensaries by introducing a visiting service, the Government has requested UNICEF to supply the 3 central dispensaries with one car each and some bicycles to enable teams to reach rural areas to conduct investigations in the field, to study the etiology of the high morbidity and mortality in certain areas and to organise basic health services for the protection of the children.

Special emphasis is being given to the problems of the diseases dysenteries, diphtheria, measles and pertussis. Towards this end, mass immunisations will be carried out against the preventable diseases and health education will be vigorously expanded.

The government request, including materials and supplies for basic sanitation improvement, medical supplies and transportation equipment is valued at \$515,000.

The WHO approved this programme in June 1949 and UNICEF is now procuring the necessary supplies.

/Brucellosis

Brucellosis

Brucellosis has been, since the war, a problem in the western part of Yugoslavia, where the disease has spread from Italy during the war. Conservative therapeutic measures have so far not met with much success. The Government has requested, therefore, that UNICEF provide small amounts of aureomycin and chloromycetin which are presently produced only in the United States and have been reported to give very satisfactory results. WHO is considering this request in the light of the recommendations of experts in this field. Total cost approximately \$10,000.

New Requests

Recently, with the possibility of funds becoming available, the government requests consideration of assistance to expanding laboratory facilities for production of diphtheria and pertussis vaccine. The possibility of a combined vaccine for these two diseases is envisaged and workers have already been trained in England on the newest techniques in this field.

Preliminary discussions are under way with the Yugoslav Government on assistance to other aspects of their effort in behalf of mothers and children. The government gives high priority to the expansion of the vaccine laboratories noted above. Other assistance in the communicable disease control programme relates to the necessity for plasma and immune globulin. The Government is interested in the possibility of local production of these essential supplies. Expansion of other laboratory facilities and especially mobile laboratories is also considered essential.

The Government also wishes to expand its work in prematurity and physical rehabilitation services if funds are available.

The total of all requests presently being discussed will come to approximately \$200,000.

SUMMARY OF PROGRAMMES NOW GIVEN ASSISTANCE OR UNDER DISCUSSION - YUGOSLAVIA

Programme	Plans of Operations Received	WHO Approval	Funds Committed or Earmarked	Under Procurement (approx)	Supplies Shipped (approx)	Under Technical Discussion (approx.)
Anti-V.D.	November, 1948	Dec. 1948	\$324,750	\$16,000	\$298,750	\$10,000
Streptomycin	November, 1948	Yes	85,000	25,000	60,000	-
Anti-Mycosis	19 Feb. 1949	(Joint Committee) May 1949	170,000 (June 1949)	145,000**	25,000	-
General Health	18 April 1949	24 May, 1949	515,000	265,000***	200,000	50,000
Tuberculosis Programme	Tentative Request June 30, 1949	In principle July, 1949.	70,000	-	-	70,000
Brucellosis	October 1949	In principle November 1949	10,000	-	-	10,000
Malaria	October 1948	October 1948	262,000	42,000	220,000	-
New Programme (Promaturity (Vaccine (Production (Plasma (Preservation, etc.	Tentative Requests Dec., 1949	Under Discussion	200,000	-	-	200,000

TOTALS \$ 1,635,750 \$ 493,000 \$ 803,750 \$ 240,000

* In two separate Board actions.
 ** Mostly superficial x-ray machines being procured this month.
 *** Mostly transport equipment now being procured.

STATUS OF ANTI-TUBERCULOSIS PROGRAMMES
ASIA AND THE FAR EAST

Programmes Approved

<u>Philippines</u>	\$100,000
Equipment for TB Training Centre (Books, films, projector, etc.)	\$20,000
Equipment for TB Control Demonstration Centre, X-ray supplies	40,000
Supplies and Equipment for BCG Production	30,000
Consultant and Travel Grant	10,000

This programme was approved on 8 December. Supplies will be procured when WHO approval has been received except those for BCG Production which have yet to be developed by a visiting expert.

Programmes Under Discussion

<u>Ceylon</u>	-	A Diagnostic Laboratory and a Mobile Mass Radiography Unit is requested and appropriate foreign personnel to operate the programme during the initial stages.	\$ 50,000
<u>India</u>	-	Final plans for a TB Control Programme centered on 5 cities are awaited.	556,000
<u>Pakistan</u>	-	TB Control Demonstration and Training Centre for training Doctors, Nurses and Technicians to operate a clinic, dispensary and diagnostic laboratory. Supplies to include static and mobile X-ray units and a BCG Production laboratory.	141,000
<u>Hongkong</u>	-	A TB Control Project is under discussion as a possible use for the unprogrammed balance of	38,500