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UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND

Programme Committee

REPORT OF THE MEETING OF THE MEDICAL SUB-COMMITTEE

HELD ON 18 MARCH 1950, PARIS, FRANCE

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REPORT OF THE MEETING OF THE MEDICAL SUB-COMMITTEE

HELD ON 18 MARCH 1950, PARIS, FRANCE

Attendance and Agenda

1. The attendance was as follows:

Chairman: Professor Debré - France
Dr. Rajchman - Poland
Dr. Ustvedt - Denmark (alternate for Dr. Holm)
Secretary: Dr. Boraic (WHO/UNICEF)

Also present:

Lady Allen (Social Affairs, United Nations)
Dr. MacDougall (WHO)
Dr. Bonne (WHO)
Mr. Davidson (Director, European Headquarters, UNICEF)
Dr. Bonnet (JE)
Dr. Gautier (JE)
Dr. Mandé (Assistant Regional Director, JE)
Dr. Sacks (UNICEF/WHO)
Dr. Verhoestraete (UNICEF/WHO)
Dr. Gaud (UNICEF/JE)
Dr. Strunge (Liaison Officer with JE/HQ in Copenhagen)
Mr. Hansen (JE)
Mr. Fraser (UNICEF HQ New York in Copenhagen)
Mr. Walling (JE North Africa)

2. The Agenda of the Sub-Committee as adopted was as follows:

1. Adoption of the Report of the Meeting held on 14 January 1950;
2. Progress Report on BCG Campaigns;
3. Report on the Streptomycin Meeting;
4. Progress Report on Medical Programmes;
5. Progress Report on International Pediatric Congress;
6. Report on the Meeting on Physically Handicapped Children;
7. Clarification of Terms of Reference of the Medical Sub-Committee;
8. Other Business.

3. The Medical Sub-Committee approved the report of the meeting of 14 January 1950 (E/ICEF/R.10) subject to the following two corrections:

Paragraph 22, change last word "government" to Joint Enterprise

Paragraph 23, change last word "government" to Joint Enterprise

PROGRESS REPORT ON BCG CAMPAIGNS

4. The Medical Sub-Committee had before it a Report from the Director of the Joint Enterprise on BCG programmes in Europe, Middle East, Far East, Latin America and North Africa for December 1949 and January 1950. (Annex I).

BCG CAMPAIGNS IN EUROPE

5. Dr. Ustvedt, Director of BCG campaigns in Europe, who had just returned from a field trip, reported on the progress being made in the European countries.

Finland

6. A declaration has been received from the Finnish Government to the effect that the supplies for the continuation of the campaign will be used exclusively for BCG vaccination programmes. On this basis the supplies have been turned over to the Finnish Government.

Poland

7. The mass campaign was completed in December 1949. The Polish Government is undertaking the testing and vaccination of the child population not covered by the campaign and the newborn infants. The Government is also conducting an extensive retesting programme, especially for the groups which had a low percentage of reactors in the summer 1948. It is reported that the campaign is going extremely well. Only 1 Scandinavian Doctor is still in Poland where he will remain until 1 April. A decision has not yet been made as to how much equipment and spare parts should be left in Poland.

/Yugoslavia

Yugoslavia

8. The work was slowed up during the winter by bad road conditions and the cold weather. Bosnia and Macedonia have not yet been covered. It had been hoped to finish the mass campaign in 1950, but it will probably continue during the first few months of 1951. The Joint Enterprise will continue until its obligations have been fulfilled. The vaccinators are exclusively Yugoslav and it is not believed that the withdrawal of the Scandinavian medical personnel has hampered the campaign. The Scandinavian staff of 8 persons still in Yugoslavia consists of administrative personnel and mechanics. An effort is being made to increase the local personnel, and since Yugoslavia expects about 1500 new medical and para-medical graduates during the coming year, many of these could doubtless be trained and used, but a problem exists in the number of vehicles available for transportation.

Greece

9. The progress of the BCG campaign in Greece is satisfactory, considering the difficult geographical and meteorological conditions. Attendance varies greatly by districts, from 70% down to 15% or even lower. A problem has been encountered with the numerous refugees from the northern districts who, returning to their homes, have not been available for test readings and eventual vaccination. The present agreement with Greece expires in June 1950. It is anticipated that a new request will be made by the Government for extension of the agreement. If such an extension is requested, the Joint Enterprise is prepared to undertake and complete the campaign by the end of 1950. As for the continuation of the work after the termination of the mass campaign, this is at present under discussion with the Greek Government. Some doubt was expressed on the possibility of reaching every small island with a vaccination programme. It was proposed that consideration be given by the Joint Enterprise to concentration of funds and personnel to push

/forward the

forward the campaigns in Greece and Yugoslavia, and that efforts be made to meet the serious problem of the continuation of the work after the termination of the Joint Enterprise. It was also noted that the Pasteur Institute in Athens is producing the vaccine and has requested the inspection from WHO. The trial period of the vaccine is now proceeding and it is expected that soon the campaign will be continued by using the locally manufactured vaccine.

Austria

10. The BCG campaign in Austria is progressing in a comparatively modest but technically satisfactory scale and the quality of the work is good. The mass campaign will be completed at the end of school year with a target to be reached of approximately 1 million. The low number of persons tested, especially of those below school age and in the 14 to 18 age group, is due to the fact that written consent of the parents must first be obtained. It was pointed out that, while in many countries the passive consent of the parents is necessary, Austria is the only country where the testing or vaccination may not be performed unless a form so authorizing has first been signed by the parents. It was agreed that an effort, perhaps informal, would be made to have this obstacle removed.

Italy

11. The previous discussion of the Medical Sub-Committee was recalled and it was considered that the trial and demonstration campaign had been completed as of the end of March and the work would be taken over by the Italian Government. From the end of March to the middle or end of May, the local teams will carry on in Liguria. The Scandinavian team working in Liguria will have completed their demonstration campaign at the end of March. The Joint Enterprise team in Sicily has completed its work and was withdrawn. It may, therefore, be considered that the demonstration campaign has been completed and that the work of the Joint Enterprise in Italy is

at an end. The medical equipment and supplies are to be left in Italy until the end of the school year for the completion of the campaign noted above. The Medical Sub-Committee recommended that any eventual request of supplies coming from the Italian Government should be referred to UNICEF for consideration.

Malta

12. The agreement was signed in February 1950 at the Colonial Office in London. The campaign has started and the cooperative attitude of the authorities ensures the success of the campaigns. No figures are as yet available.

Total Tested and Vaccinated in Europe

13. The Report included a summary of the figures from the eight European countries in which BCG programmes are proceeding, the totals showing that, up to 31 January 1950, 16,449,256 persons have been tested, 6,380,961 were reactors, and 8,093,536 have been vaccinated.

MIDDLE EAST

14. Dr. Ustvedt reported on the most recent development in the BCG campaigns in the Middle East.

Lebanon

15. The agreement expires on 15 March, the plan being that the Joint Enterprise will withdraw from Lebanon as of that approximate date. The work is being carried out from 7 centres in Beirut, with one team working in the schools. One Scandinavian team was transferred to the Lebanese programme after completion of the campaign among Arab refugees.

Israel

16. The progress of the BCG campaign in Israel is satisfactory. The work is being carried forward in Jerusalem and in a transit camp for new immigrants. Permanent centres for vaccination have been established in Jerusalem, Haifa and Tel Aviv.

/The local

The local authorities are taking over the programme, but wish to retain the Scandinavian personnel for the present time.

Egypt

17. The work in Egypt has been progressing slowly being more successful in the South than in the large cities of the Nile Delta. In the South the working attitude of the personnel is good. A very low percentage of reactors has been obtained raising the question as to the technical validity of the continuance of the mass campaign. In Cairo, there are some extremely difficult problems including a well organized press campaign against BCG vaccination. The Sub-Committee thoroughly discussed the possibility of a campaign under such circumstances and noted that the agreement with the Egyptian Government was for a demonstration mass campaign and for a period of one year. The Sub-Committee viewed the situation with some concern and suggested that a communication be directed to Dr. Holm voicing its anxiety and requesting that a report be made to the next meeting of the Medical Sub-Committee so that a decision on future work may be reached.

Arab Refugees

18. The BCG campaign among the Arab Refugees, finished at the end of 1949, is considered as having been successfully completed. 286,773 persons were tested, of whom 35,010 were positive and 201,235 vaccinated. Retestings were effected in January 1950, the percentage of positive reactors being 94 to 96%. The recommendation made by the Medical Sub-Committee at its last meeting to include the age groups of 18 to 30 has been carried out in the later part of the campaign.

Syria

19. The campaign began in Syria on 27 February, with very good preparations and local cooperation.

ASIA

20. Dr. Ustvedt continued his report with comment on recent developments in the three countries of the Far East in which BCG campaigns are taking place.

India

21. Dr. Ustvedt has just returned from a visit to India and reported that the campaign had been making considerable progress. The training of local teams is being continued as planned, 60 Indian teams having already been trained. 22 Scandinavian vaccinators are participating and it has been agreed that, on the expiration of the agreement on 1 April 1950, 3 Scandinavian teams will remain for the rest of the year. Dr. Ustvedt noted that there was considerable variations from province to province on the successful operations of the campaign. Under the circumstances, the Medical Sub-Committee agreed that the approach of BCG work in India was correct and that it should be carried forward, concentrating at present in those regions offering the best possibilities of success. Dr. Ustvedt believed that a successful BCG campaign required the fulfillment of the following 4 conditions: 1) that a substantial portion of the population in a given area be tested and vaccinated if necessary; 2) that local vaccinators be trained and be paid enough to carry on the work; 3) that a leader be on the spot to see that the work is carried out and 4) that approved techniques and methods be applied. He further pointed out that the campaign in India had been successful and that the work is of extreme importance in spite of the small number tested and vaccinated. He said that the BCG campaign is an important part of the tuberculosis control programme and that it was money well spent.

Pakistan

22. The campaign has served to introduce BCG vaccination as part of the tuberculosis control and the campaign is going on satisfactorily. In East Pakistan, the

/campaign is

Morocco

28. The campaign in Morocco is progressing satisfactorily, with good cooperation on the part of the local officials and increased confidence on the part of the Arab population. 702,000 persons had been tested and 418,000 vaccinated up to 31 January 1950. Dr. Gaud stated that the BCG producing center at Rabat awaits only the approval of the vaccine by WHO in order to begin regular production.

Algeria

29. The work in Algeria is progressing fairly satisfactorily. As of 31 January 1950, 55,772 persons had been tested and 22,887 vaccinated.

Tunisia

30. The situation of the BCG campaign in Tunisia has greatly improved and the attendance is larger, due to efficient help from the local authorities, who have been favorably impressed by the early stages of the work. The vaccinating teams, which had worked in the southern part of the country until 15 January, have moved toward the northern part and are now working at Sfax. 63,639 persons were tested and 43,408 vaccinated up to 31 January 1950. The meeting stressed the importance of adapting the organization and methods of a BCG campaign to local conditions and the necessity of enlisting the understanding cooperation of both the civil and the religious authorities.

31. The Sub-Committee emphasized the value of making known in other countries the good results accomplished in North Africa where the BCG campaigns have been successful, as it was the case in Czechoslovakia and Poland for Europe. It suggested that visits of doctors or interested authorities might be arranged in North Africa.

GENERAL QUESTIONS RELATING TO BCG CAMPAIGNS

32. The Medical Sub-Committee stressed the importance of obtaining as quickly as possible, epidemiologic information on the BCG campaigns. It was especially pointed out that even only approximate figures on the percentage of reactors by age and

/racial

campaign is experiencing some difficulties. The agreement terminates on 1 August and the Government would like the teams to continue for the second part of 1950. The BCG laboratory in Karachi is operating and Dr. Lindt is looking into the situation of the potency of the vaccine.

Ceylon

23. The possibility of establishing a BCG training centre in Colombo is being studied.

Summary of Countries of the Middle East and Asia

24. The report showed a total of 984,395 persons tested in these countries, 355,828 reactors and 449,339 vaccinated.

LATIN AMERICA

Ecuador

25. The mass campaign in Ecuador, in accordance with the draft agreement and plans now being completed, will begin in June 1950 and last for one year. The number of persons to be tested is estimated at 1.1 million. The 13 vaccination teams will be of mixed national and international personnel, and, during the campaign, doctors and nurses from other South American countries will be invited for training in the technique and organization of BCG mass campaigns.

Mexico

26. According to the draft agreement, the Joint Enterprise will operate in Mexico for one year, during which approximately 1 million persons will be tested. The programme will also include pilot work on the vaccine produced in the Mexico City BCG laboratory. The Mexican Government will provide 11 teams. Dr. Levine will be Chief of Mission in Mexico.

NORTH AFRICA

27. Dr. Gaud reported on recent progress in the BCG campaigns in Morocco, Algeria and Tunisia.

Morocco

social groups for each country would be a tremendous value for all countries co-operating in the campaigns.

33. The Medical Sub-Committee noted that a further study would be made on a) the efficacy of the vaccine under various conditions of temperature, transportation, duration, etc., b) statistics on morbidity and mortality from tuberculosis; c) the local production and the control of vaccine and d) the organization and training of local teams. These questions should be thoroughly explored. It was noted that the Research Office in Copenhagen was now concentrating on tuberculin sensitivity and the result of vaccination under different conditions.

34. The question of the preparatory work to be undertaken by WHO after the withdrawal of the Joint Enterprise was discussed. It was noted that the WHO was thoroughly exploring this question and was making early preparation for possible assumption of the responsibilities.

35. The Medical Sub-Committee discussed the importance of the widest possible publicity to be given to the extensive work done in all areas of the world where campaigns are carried out. It noted that a detailed statement on the campaigns should be prepared to explain to professional colleagues the scientific basis for the undertaking of the mass campaigns and the results which had been achieved in various parts of the world. In this connection, the Medical Sub-Committee re-emphasized the assistance which could be given by the Tuberculosis Research Office to the evaluation of the Joint Enterprise activity.

36. The Medical Sub-Committee requested that earliest attention be given to the preparation of the report submitted at the Copenhagen Conference in September. It further requested that WHO prepare a general statement on BCG campaigns from a medical standpoint of the results obtained for publication and discussion at the Pediatric Congress to be held in Zurich.

TECHNICAL CONFERENCE ON EUROPEAN STREPTOMYCIN PROGRAMMES
CARRIED OUT WITH ASSISTANCE OF UNICEF

37. The Medical Sub-Committee had before it summaries of the results of the meeting on streptomycin held on 8 and 9 February in cooperation with WHO (Annex II). It was reported that the documentation and the discussion had resulted in a mutual exchange of information of very great value, it had also shown that the streptomycin distributed by UNICEF had been of inestimable value in saving children's lives.

Three resolutions were adopted by the Streptomycin Meeting, relating to:

a) organization, b) posology and, c) presentation of the results, copies of which are attached to this report.

38. After discussion, the Medical Sub-Committee decided that the widest possible distribution would be made of the results of the meeting as soon as possible by the following methods: a) the WHO will send immediately to the medical and para-medical press; b) UNICEF will publish the complete papers in their original languages, the question of translation to be examined by the Secretary.

PROGRESS REPORT ON UNICEF MEDICAL SUPPLY ASSISTANCE IN EUROPE

39. The Medical Sub-Committee had before it a Progress Note on Medical Programmes, January-March 1950 supplementing the full report presented at its last meeting (E/ICEF/R.10/Annex V). The Administration recalled that it had been decided at the last meeting that the report on medical supply assistance would be more fully examined at this present meeting. A brief progress note on the changes which have occurred since the last meeting was also presented (Annex III). After some discussion, the Committee took note of the report.

PROGRESS NOTE ON SELECTION OF INTERNATIONAL PEDIATRICS CONGRESS FELLOWS

40. The Medical Sub-Committee had before it a report on International Pediatrics Congress Fellows (Annex IV). In addition to the information contained in his prepared report, Dr. Verhoestraete pointed out that nearly all the European countries

/have already

have already accepted the invitation to send participants and some have requested additional places. Should the quota for Latin America and Asia not be filled, vacancies will be reassigned to European candidates.

GENEVA MEETING ON PHYSICALLY HANDICAPPED CHILDREN

41. A report was presented on the Meeting of Rehabilitation of the Physically Handicapped including the Blind, held in Geneva on 27 February to 3 March 1950 (Annex V) under the auspices of the Division of Social Affairs. It was reported that the discussion had covered questions of technique and coordination of rehabilitation activities of the respective specialized agencies and of the Division of Social Activities of the United Nations. It was recommended in Geneva that as soon as possible a technical working group of the Administrative Committee on Coordination should be set up in order to plan a coordinated programme in the field of rehabilitation, and matters concerning handicapped children until such time as the United Nations set up permanent machinery to deal with the continuing needs of children. The Sub-Committee approved the idea of a Coordinating Committee, recalling that the Social Commission of the United Nations had also discussed the matter, and suggested that the International Children's Centre in Paris might be useful in that connection. The representative of the Social Affairs Department of the United Nations endorsed the report presented and pointed out that, if UNICEF could allocate funds for the purpose, it would bring together the Specialized Agencies for an overall consideration of the problems of handicapped children and UNICEF would thereby focus world attention on the educational social and health needs of this group of children.

TERMS OF REFERENCE OF THE MEDICAL SUB-COMMITTEE

42. A draft Memorandum presented by the Administration and amended by the Medical Sub-Committee was approved in the following text, subject to future action by the Executive Board:

The Medical Sub-Committee recommends to the Programme Committee that its terms of reference be somewhat more clearly defined in view of the decision of the Executive Board at its meeting on March 7, 1950, which it is believed arose out of misunderstandings in relation to its actual functions. In view of the recognition by the JCEP that it should not be concerned with the Joint Enterprise which was the concern of the Medical Sub-Committee, it is evident that a specific continuing responsibility remains to the Medical Sub-Committee. It accordingly proposes the following clarification of its terms of reference:

"The Medical Sub-Committee shall continue its present responsibilities in relation to all BCG campaigns conducted by the Joint Enterprise and shall, in addition, be at the disposal of other organs of UNICEF for such advice with regard to other medical programmes as they may be called upon from time to time to provide."

Next Meeting of Medical Sub-Committee

43. It was agreed that the next meeting of the Medical Sub-Committee will be held either on Saturday, 29 April or Saturday, 6 May, according to the date on which it will be possible for Dr. Holm to attend.

ANNEX I

REPORT FOR DECEMBER, 1949 AND JANUARY, 1950 ON THE BCG PROGRAMME
FROM THE DIRECTOR OF THE JOINT ENTERPRISE TO THE MEDICAL SUB-COMMITTEE

Position as at 1st. January, 1950

A. EUROPEAN COUNTRIES

1. FINLAND

The handing over to the Finnish authorities of supplies for the continuation of the campaign will take place as soon as a declaration has been received from Finland to the effect that the supplies will be used exclusively for BCG-vaccinations.

2. POLAND

Estimated number to be tested: 6 million.

MONTH	NO. TESTED	NO. OF REACTORS	NO. VACCINATED
December, 49:	161,028	89,935	69,728
January, 50:	9,256	4,358	3,159
Total July 1948 - January, 1950:	5,493,303	2,502,176	2,525,077

Number of vaccinators: Appr. 60 Polish, 1 Scandinavian.

Development of programme: The Polish personnel is now working entirely on their own and the Scandinavian doctor, who will remain in Poland until April 1, has devoted most of his time in assisting the local authorities to straighten out administrative and organisational difficulties in connection with the taking over by the Polish authorities. The number of tested are not expected to reach as high figures as in the mass campaign, but the districts where attendance was low are being gone over again. The Polish personnel is well trained and several inspections in the field have proved that the technique is always correct.

Medical and other equipment: The question as to how much equipment and spare parts should be left in the country is still being negotiated.

3. YUGOSLAVIA

Estimated number to be tested: 4 million.

MONTH	NO. TESTED	NO. OF REACTORS	NO. VACCINATED
December, 49:	108,053	42,469	51,128
January, 50:	65,004	18,328	36,088
Total August 1948 - January, 1950:	1,910,031	663,580	1,004,048

Number of/....

Number of vaccinators: Approx. 50 Yugoslavians. - The Scandinavian staff, 8 persons, consists of administrative personnel and 3 mechanics.

Supplies: Vehicles: 3 Sedans, 29 Panel Vans and 3 Jeeps.

Development of programme: The local personnel is working quite independently without the assistance of imported medical personnel. Due to cold weather and bad road conditions in January the number of tested and vaccinated persons was considerably lower in that month.

4. GREECE

Estimated number to be tested: 2-3 million.

MONTH	NO. TESTED	NO. OF REACTORS	NO. VACCINATED
December, 49:	36,797	7,686	25,326
January, 50:	50,457	11,535	33,351
Total October 1948 - January, 1950:	732,527	176,116	481,740

Number of vaccinators: 17 Scandinavian and 15 Greek.

Supplies: Vehicles : 2 Sedans, 15 Panel Vans.

Development of programme: Considering the very difficult geographical and meteorological conditions the work performed has been satisfactory, and in most places local authorities show a great positive interest in the work.

5. AUSTRIA

Estimated number to be tested: Appr. 2 million.

MONTH	NO. TESTED	NO. OF REACTORS	NO. VACCINATED
December, 49:	49,516	10,334	33,343
January, 50:	37,517	8,619	22,972
Total up to January, 50:	434,859	87,634	297,227

Number of vaccinators: 9 Scandinavian, 43 Austrian.

Supplies: Number of vehicles: 2 Sedans, 7 Panel Vans, 1 Steyr Car, 7 Jeeps.

Development of programme: The work is progressing satisfactorily except for Vienna where progress is rather slow. Co-operation with the population and the Occupation Powers has been good.

Re-testings have taken place in different parts of the country, but only sporadic statistics are available as yet.

6. ITALY/....

ITALY

MONTH	NO. TESTED	NO. OF REACTIONS	NO. VACCINATED
December, '49:	498	133	318
January, '50:	954	90	562

Number of vaccinators: 6 Scandinavian, 8 Italian.

Number of vehicles: 1 Sedan, 3 Panel Vans.

Development of programme: Vaccinations were carried out in the Province of Genoa, and preparations continued in other northern Provinces. Initiating work was started in Sicily.

Number of tested is still low, but the attitude of the authorities has become more active.

7. MALTA

An agreement concerning a mass vaccination campaign in Malta was signed in February. The campaign, commencing on 1st March, will be carried out by one Scandinavian and at least three national teams.

SUMMARY OF EUROPEAN COUNTRIES

Up to 31st January 1950, agreements have been signed with 9 countries. The summary of examinations and vaccinations up to 31st January 1950 is as follows:

	<u>Country</u>	<u>Tested</u>	<u>Reactors</u>	<u>Vaccinated</u>
OUTSIDE ITC	Austria	89,202	18,401	61,826
	Finland	572,000		230,523
	Czechoslovakia	14,558	9,805	4,175
	Yugoslavia	-	-	-
	Greece	33,593	11,619	18,893
	Hungary	1,143,122	847,801	309,538
	Italy	37,851	11,035	22,060
	Poland	785,003	468,167	250,197
	<u>Total</u>	<u>2,675,329</u>	<u>1,366,828</u>	<u>897,212</u>

/ITC.....

	<u>Country</u>	<u>Tested</u>	<u>Reactors</u>	<u>Vaccinated</u>
ITC	Austria	345,657	69,233	235,401
	Finland	750,000	-	362,000
	Czechoslovakia	3,407,318	1,086,851	2,084,271
	Yugoslavia	1,910,031	663,580	1,004,048
	Greece	698,934	184,497	462,847
	Hungary	1,952,024	1,055,611	772,853
	Italy	1,663	352	1,024
	Poland	4,708,300	2,034,009	2,274,880
	Total	13,773,927	5,034,133	7,196,324

	<u>Country</u>	<u>Tested</u>	<u>Reactors</u>	<u>Vaccinated</u>
TOTAL	Austria	434,859	87,634	297,227
	Finland	1,322,000	-	592,523
	Czechoslovakia	3,421,876	1,096,656	2,088,116
	Yugoslavia	1,910,031	663,580	1,004,048
	Greece	732,527	176,116	481,740
	Hungary	3,095,146	1,903,412	1,081,391
	Italy	39,514	11,387	23,084
	Poland	5,493,303	2,502,176	2,525,077
	Total	16,449,256	6,380,961	8,093,536

B. MIDDLE EAST

1. LEBANON

Estimated number to be examined: 400,000

MONTH	NO. TESTED	NO. OF REACTORS	VACCINATED
December, 49:	7,061	822	4,691
January, 50:	14,573	1,505	7,889
Total per			
31st January, 50:	37,473	4,492	25,383

Number of vaccinators: 6 Scandinavian, 10 Lebanese.

Number of vehicles: 4 Panel Vans.

Development of programme: In order to speed up the work one Scandinavian team has been transferred to the Lebanese programme after the completion of the campaign among Arab Refugees. The work is carried out from 7 centres in the town of Beirut and with one team working in the schools. Attendance is very varying among other things also very dependant of present weather conditions.

2. ISRAEL/...

2. ISRAEL

Estimated number to be examined: 400,000

MONTH	NO. TESTED	NO. OF REACTORS	NO. VACCINATED
December, 49:	30,846	8,187	17,598
January, 50:	49,447	9,647	32,384
Total up to 31st January, 50:	108,920	23,250	70,351

Number of vaccinators: 3 Scandinavian, 9 Israelite.

Number of vehicles: 2 Sedans, 2 Panel Vans. - Two additional Panel Vans were ordered in October, 49, but so far delivery has not taken place so it has been necessary occasionally to hire vehicles.

Development of programme: Work was carried out in Haifa, Jerusalem, and a transit and clearing camp for new immigrants. Haifa was completed. Attendance has been very good. Permanent centres for vaccinations have been established in Tel-Aviv, Haifa and Jerusalem/.

3. EGYPT

Number of examinations:

MONTH	TESTED	POSITIVE	VACCINATED
December, 49:	7,771	5,577	1,061
January, 50:	8,810	6,889	1,006

Number of vaccinators: 7 Scandinavian, 12 Egyptian .

Number of vehicles: 2 Sedans, 6 Panel Vans.

Development of programme: In spite of some resistance due to rumours about the fatal effects of vaccination, the work is progressing slowly and steadily. The work and attitude of the locally employed personnel is good. 2 Egyptian teams are working independently. It is expected that as the work expands and the knowledge about it becomes more widely spread among the population, the resistance will cease.

4. ARAB REFUGEES

As previously stated this campaign was finished at the end of December, 1949. The total number tested was 286,773. Of these 35,010 were positive and 201,235 vaccinated.

Re-testings have taken place in January, 50, with very good results, the percentage of positive reactors being 94-96 per .ct.

5. SYRIA/....

5. SYRIA

During January preparations for the campaign were made by the Syrian authorities and the campaign was expected to start in February.

C. FAR EAST1. INDIA

The training of local teams was continued as planned although there are still difficulties in getting sufficient local teams, mainly because of lack of funds for payment of these.

Negotiations with the Public Health Service concerning the continuation of the vaccination programme have been continued and final results are expected to be reached in February, when Dr. Ustvedt will make a trip to India.

Number of examinations:

MONTH	NO. TESTED	POSITIVE	VACCINATED
December, 49:	84,694	33,727	35,813
January, 50 :	81,482	40,037	26,634
Total up to 31st January, 50:	519,776	247,739	181,057

Number of vaccinators: The number of Indian vaccinators is very varying and no figures are available for this period. 22 Scandinavian vaccinators are participating.

Number of vehicles: 2 Sedans, 7 Panel Vans.

2. PAKISTAN

The ITC Mission in Karachi reports that in general the work is progressing better than in the first months of the campaign. In Karachi a plan for future work of the local teams has been worked out. In Dacca a BCG clinic was opened with good attendance of the population. A campaign was started in Lahore.

MONTH	NO. TESTED	NO. OF REACTORS	NO. VACCINATED
December , 49:	14,270	5,287	4,431
January, 50:	15,893	7,159	4,162
Total up to 31st January, 50:	65,014	25,784	19,116

Number of vaccinators: 17 Indian, 8 Scandinavian.

Number of vehicles: 1 Sedan, 4 Carry-Alls.

SUMMARY OF COUNTRIES/.....

SUMMARY OF COMPLETED OUTSIDE EUROPE

Country	Tested	Reactors	Vaccinated
India	519,776	217,739	181,057
Ceylon	25,308	16,338	3,228
Pakistan	65,014	28,784	19,116
Israel	108,920	23,258	70,351
Egypt	16,581	12,466	2,067
Lebanon	37,473	4,492	25,383
Arab Refugees	211,323	25,751	148,137
Total	984,395	355,828	449,539

D. NORTH AFRICA

1. MOROCCO

Estimated number to be tested: 3, 5 million.

MONTH	NO. TESTED	VACCINATED
December, 49:	98,000	59,000
January, 50:	58,000	38,000
Total up to		
31st January, 50:	702,000	418,000

Number of vaccinators: 4 international and 4 Moroccan teams, each consisting of one doctor and four nurses.

Number of vehicles: 3 Sedans, 15 Panel Vans, 1 Truck.

Development of programme: The co-operation of local officials has improved considerably so that work is now progressing under much better conditions than at the beginning of the campaign.

2. TUNISIA

Estimated number to be tested: 1, 5 million.

MONTH	NO. TESTED	VACCINATED
December 49:	16,340	11,683
January, 50:	23,000	16,625
Total up to		
31st January, 50:	63,639	43,408

Number of vaccinators/.....

Number of vaccinators: Two international and one Tunisian teams. Additional local teams are being trained.

Number of vehicles: 2 Sedans, 3 Panel Vans, 1 Truck.

Development of programme: In spite of considerable difficulties a change for the better has been noticeable during January, as far as attendance is concerned. This is due to very efficient help from the aids and the local officials. Relations with the Government are excellent.

3. ALGERIA

Estimated number to be examined: 4.5 million.

MONTH	NO. TESTED	VACCINATED
December, 49:	16,092	6,718
January, 50 :	31,052	16,169
Total up to		
31st January, 50:	55,772	22,887

Number of vaccinators: 3 French teams, each consisting of one doctor and two nurses, 1 team consisting of one European doctor, one European nurse and 3 local nurses.

Number of vehicles: 3 Sedans, 13 Panel Vans.

Development of programme: Work is progressing rather satisfactorily although more speed in administrative arrangements is desirable.

E. LATIN AMERICA

Negotiations were conducted with the Public Health Services in Mexico and Ecuador, and plans discussed with the Governments of these two countries. No agreement has been signed as yet, but drafts were left with the Governments for their signature.

In Mexico the programme will consist of pilot work on the vaccine produced in the Mexico City BCG laboratory and an over-all vaccination campaign in the country. It is estimated that a number of appr. 1 million will be tested during the one year the Joint Enterprise will be working in the country. The Government will furnish 11 teams, consisting of 3 doctors, 12 senior nurses and 20 junior nurses, and the Joint Enterprise will furnish, besides a Chief of Mission, two teams for six months; one consisting of 1 doctor and 2 nurses, and one of 1 doctor and 1 nurse.

Work is scheduled to start in April, 1950, in any case the pilot work.

In Ecuador/.....

In Ecuador plan and draft agreement were made for a mass vaccination campaign. The number of persons to be tested is estimated at 1, 1 million. The campaign is scheduled to start approximately in June, 1950, and last for one year. 13 teams, 7 national and 4 international will be working. The vaccination teams will be mixed, i.e. they will have the same number of national and international teams. The Central Office will be in Guayaquil. All teams will be concentrated in a specific area at the same time, and they will afterwards be transferred to other districts until the vaccinations are completed in the whole country.

In the beginning vaccine will be delivered from the BCG laboratory in Mexico, until the Ecuadorian laboratory is able to produce vaccine in accordance with the exigencies of the WHO. Doctors and nurses from other South American countries will be received in Ecuador for training in the technique and organization of BCG mass campaigns.

R.211 3.50

Copenhagen, Denmark

10th March, 1950

ANNEX II

TECHNICAL CONFERENCE ON EUROPEAN STREPTOMYCIN PROGRAMMES
CARRIED OUT WITH THE ASSISTANCE OF UNICEF

HELD IN COOPERATION WITH WHO
In Paris, 8-9 February, 1950

WORKING PARTY REPORT ON PROBLEM OF ORGANIZATION

The work of the conference has shown that important results have been reached and united action in this field has contributed to deeper knowledge in this branch and enabled us to save the lives of many children.

In conclusion it is strongly recommended that UNICEF should continue its supply of streptomycin.

The Working Party discussed the problems involved in the implementation of the UNICEF/WHO streptomycin receiving programmes according to the categories set forth below:

1. Indications for use of UNICEF/WHO streptomycin

The Working Party recommends that UNICEF supplies of streptomycin be used primarily in cases of tuberculous meningitis and military tuberculosis and primary infections in infants when generalization may be imminent, but that the types of cases suitable for treatment are those enumerated in the report of the Sub-Committee on Streptomycin of the WHO (see 3rd. Report of the Expert Committee on Tuberculosis - September/October 1948).

2. Organization of Centres and Sub-Centres

The Working Party considered the question of streptomycin centres and branches and recommends that centres or units should be established where and when possible with branches where and when available but that the primary consideration is the maintaining of the standards in all aspects of streptomycin therapy including the services of specialists in the different techniques. It is extremely desirable that there should be the closest co-operation of work between the centres in each country and indeed that there should be the closest co-operation between the centres in different countries. Experience in certain centres has shown that there have been many difficulties in getting patients in need of treatment to the appropriate branch or centre and the committee recommends that this matter be given careful consideration by UNICEF and WHO.

3. Reporting

The Working Party gave consideration to the question of reporting on the cases treated with UNICEF streptomycin supplies and they were of the opinion:

(a) that quarterly reports/.....

- (a) that quarterly reports should be submitted to Headquarters giving the total cases under treatment for the period in question outlining
- (1) those under treatment at the beginning of the period
 - (2) those who died during the period
 - (3) treatment terminated during the period
 - (4) treatment commenced during the period
 - (5) total under treatment at the end of the period.

The simple classification recommended being: meningitis, miliary tuberculosis with meningitis, miliary without meningitis, pulmonary cases and other forms.

- (b) With regard to individual case reports which could be used for the purposes of scientific investigation, it was considered that the "statement on the presentation of results of streptomycin treatment in tuberculous meningitis" could form the basis of reporting which would enable a more detailed study to be made of the results of treatment in each country.

4. Personnel

The Working Party urged those governments who have not yet made use of the facilities of fellowships in streptomycin therapy to do so, as emphasized in the communications of WHO and UNICEF in December 1948.

5. The Efficacy of the Drug

It has been noted that there have been variations in the efficacy and toxicity of the drug and it is recommended that countries observing such variations should report the matter at once to Headquarters with the necessary details.

6. Equipment

As the Working Party has emphasized the need for highest standards for early diagnosis and treatment it is extremely desirable that countries lacking these facilities should be assisted by WHO/UNICEF in obtaining them. This applies particularly to laboratory and other diagnostic supplies.

7. Literature

The Working Party recommends that the supply of relative literature on antibiotics in tuberculosis should be encouraged and expanded and made available for the number of personnel especially engaged in this work in the various countries.

8. Future Programmes

The Working Party has already placed emphasis on the importance of each receiving country adhering as far as possible to standards previously laid down with regard to diagnosis and treatment. It is assumed that countries will conform to these recommendations. The Working Party therefore recommends that supplies of streptomycin and other remedies for combined therapy should continue to be furnished on this basis.

The Working Party/....

The Working Party strongly favours that still closer contact should be made between workers of participating and other countries in the international field on anti-biotics and chemotherapy of tuberculosis.

The Working Party recommends that the suggestions on "Presentation of the results of streptomycin treatment in tuberculous meningitis" be accepted and forwarded to WHO for consideration and eventual submission to the expert committees.

CURRENT TREATMENT OF TUBERCULOUS MENINGITIS IN CHILDREN

GENERAL RECOMMENDATIONS

It has now been established that tuberculous meningitis is a curable disease. The sooner the diagnosis is arrived at, the greater the possibility of cure. Consequently, the responsibility of the doctor is very great and every effort should be made to reach an early diagnosis.

This note therefore covers the following two points:

1. General principles of treatment.
2. General principles of child care.

GENERAL PRINCIPLES OF TREATMENT

Streptomycin treatment is the fundamental medication. An introduction into the meningeal spaces is essential in every case.

Intra-muscular administration of streptomycin should be both continuous and prolonged

Continuous: Even very short interruptions should be avoided, at least during the first months of treatment.

The number of injections has been raised by certain authors to 2 daily, apparently without any drawback.

Dose: According to the authors, the dose employed was 20 to 50 mg./kg. per day, the maximum being 60 cg. to 1 g. Under these conditions, younger children will therefore receive a proportionately greater dose than older ones.

Prolonged: Treatment should be continued after complete cure. The majority of authors believe that a prolongation for two months after the return of the cerebro-spinal fluid to normal is sufficient.

Introduction into the meningeal spaces is generally achieved by intra-spinal injection

The dose in intra-spinal injection varies, depending on the author and the

case/.....

case, from 20 to 50 mg. according to age and weight.

Rate: The rate of injection is usually once daily; in certain cases 2 injections daily are prescribed during the first 8 or 10 days or if the disease flares up again. These daily injections are continued for several weeks. Subsequently, the intra-spinal injections may possibly be spaced but intra-spinal administration should not be given up before the cerebro-spinal fluid has returned to normal.

Streptomycin must be applied at the actual focus of infection, so that in cases where the circulation of the cerebro-spinal fluid is bad, introduction high up, i.e. sub-occipital, ventricular, or even following surgical intervention is advisable. In the case of high introduction, the doses are reduced by half.

Combinations with other anti-biotics are recommended.

GENERAL PRINCIPLES OF SUPERVISION

The supervision of children in whom there is reason to suspect incipient tuberculous meningitis (recent infection in quite young children, miliary tuberculosis, etc.) demands lumbar punctures which may have to be repeated and which are, in such cases, without danger.

After a cure has been effected, observation of the cerebro-spinal fluid by lumbar puncture is absolutely indispensable to guard against recurrence or relapses. Generally speaking, the supervision of children who are considered to be cured is indispensable.

PRESENTATION OF THE RESULTS OF
STREPTOMYCIN TREATMENT IN TUBERCULOUS MENINGITIS

M. Daniels

The conference discussed the problem of comparing the results of different treatment techniques, and the statistical presentation of results.

1. They were agreed that it is desirable and necessary to be able to compare the survival rates after different types of treatment, whether applied in the same centre, in different centres of one country, or in different countries. The mortality in tuberculous meningitis has been reduced from 100% , but it is still high. It is obvious that treatment will vary for each patient, but discussions had revealed the many problems of basic technique of treatment which are still unsolved, particularly problems of dosage and duration of intrathecal treatment. It should be possible to draw profitable conclusions from these discussions; no worker believed he had found the ideal technique, and all were willing to learn from the vast experience accumulated among members of this conference by comparing the results of different basic treatments. The question is becoming ever more important, with increasing possibilities of combining streptomycin with other effective drugs.
2. The members of the conference were agreed that, on the material presented at this conference, and on reports published hitherto, it was generally not possible to make the desired comparisons. Survival rates were presented, but in the majority of reports essential information about the groups to which the percentages applied was missing. Among such essential details, one or several of which were not given, were : the method of selection of patients, the age groups, the stage of disease at the start of treatment, the inclusion of cases with military tuberculosis only, the duration of observation.
3. Since the statistical comparison of results is desirable, members of the conference were agreed that certain basic principles should be observed in all reports presenting statistical results. (It was not intended that these principles apply to those general or detailed discussions of clinical and surgical problems, in which presentation of overall statistical results may not be involved).
- A. All cases to which a report applies should have been under potential observation for at least 12 months since the beginning of treatment, i.e. treatment of the last case in the series should have begun not less than 12 months before the date of reporting. The report should give the date of reporting, and the date when treatment of the last patient in the series was started. All patients in whom the treatment under study was started before this date should be included; if any are excluded, then the numbers and the full reasons for exclusion should be given.

B. The nature of the groups of patients should be defined, by giving:

1. The totals involved.
2. The numbers in different age groups (particularly the number of infants or small children).
3. The number of cases at an early, intermediate or advanced stage of disease when treatment was started.
4. The number proved bacteriologically, and the number not proved bacteriologically but in which other proof of tuberculous infection was present. (Every effort should have been made to obtain bacteriological proof).
5. Cases with military tuberculosis alone should not be included in a report on tuberculosis meningitis. Cases developing meningitis during treatment for military tuberculosis should preferably be considered separately from those with meningitis at the start of treatment.

C. If there has been a consistent plan of treatment, it should be clearly defined.

D. Results should be presented by giving the number of survivors at successive intervals after the start of treatment. Thus if the report is concerned with all patients admitted more than 12 months before the date of reporting, the results may be shown at 8 days, 1 month, 3 months, 6 months, 9 months and 1 year after the beginning of treatment for each patient.

Proposed alternative diagrams for graphic presentation of results are appended. They are on the same basis as those used by Bernard and his co-workers (Bull. et Mém. de la Soc. Méd. des Hôp. de Paris, 1949, p. 526), Debré and his co-workers (Archives Françaises de Pédiatrie Tome 6, No. 5., 1949), and McCarthy and Mann, Lancet 1950, i. 341 (Fig. 1). Where a sufficient number had been admitted 18 months or 2 years previous to the date of reporting, this analysis should be presented separately. If numbers are also sufficient to allow analysis in sub-groups, for example by age, this should be done.

NOTE ON THE CHARTS

Whether charts or tables, or both, are used to show the results, the main requirement is that the figures shall show:

1. The total number having a minimum potential observation period of say one year, and
2. of these, the number who were alive one week, one month, etc., after treatment started.

The specimen charts show for instance that of 80 patients admitted before January 1, 1949, and reported on January 1, 1950, 62 (77.5%)

were alive/.....

were alive at the end of the first month of treatment, and 34 (42.5%) at the end of 12 months.

Were results are compared for groups with different techniques of treatment, they can be compared by similar tables or charts of this type, at equivalent periods of time after the start of treatment. The following hypothetical table is given as an example.

		Interval after treatment started						
		0	1 wk	1 mth	3 mths	6 mths	9 mths	12mths
TREATMENT A Started between January 1 and June 30, 1948	No. of survivors	50	46	37	29	23	18	16*
	Percentage	100	92	74	58	46	36	32
TREATMENT B Started between July 1 and Dec. 31, 1948.	No. of survivors	80	73	62	50	41	37	34 ¹ *
	Percentage	100	91	77.5	62.5	51	46	42.5

* 3 more patients died over one year after treatment started

1 more patient died over one year after treatment started

SUBJECTS DISCUSSED

- | | <u>Speaker:</u> |
|---|-----------------------|
| 1 - Diagnosis of tubercular meningitis and miliary tuberculosis in children in the light of present experience | Prof. MOZZICONACCI |
| 2 - Posology in general (doses - repetition of injections, etc.) | Prof. DUBOIS |
| 3 - Method of introduction of antibiotics in tubercular meningitis : | |
| - Spinal | |
| - Sub-occipital | |
| - Ventricular | |
| - Cortical | Prof. COGGHI |
| 4 - Dosage of streptomycin in the body fluids | Prof. DADDI |
| 5 - Neuro-surgical intervention in tubercular meningitis | Dr. SMITH |
| 6 - Study of the spinal fluid during the treatment of tubercular meningitis | Dr. YLPPQ |
| 7 - Ophthalmoscopic examination of the fundus of the eye in cases of tubercular meningitis and miliary tuberculosis | Dr. MONBRUN |
| 8 - Electrocephalography in tubercular meningitis, during the course and after termination of the treatment | Prof. CHAPTAL |
| 9 - Elements of the prognosis of tubercular meningitis | Prof. CHOREMIS |
| 10 - Incidents and accidents in streptomycin therapy | Prof. GIRAUD |
| 11 - The problem of complications in children who have been treated | Dr. DANIELS |
| 12 - Bacteriological data | Prof. CRUICKSHANK |
| 13 - Anatomical findings | Prof. FANCONI |
| 14 - Treatment of miliary tuberculosis | Prof. Etienne BERNARD |
| 15 - Treatment of primary tuberculosis in infants and small children | Dr. WISSLER |
| 16 - Combination with other antibiotics | Dr. LINCOLN |

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ANNEX III

PROGRESS NOTES IN UNICEF MEDICAL SUPPLY ASSISTANCE IN EUROPE

January - March 1950

The Medical Sub-Committee, at its last session, had before it progress notes on UNICEF medical Supply Assistance in Europe (E/ICEF/R.10, Annex V). Since that time, several changes have occurred in the planning phases of these programmes to which we direct your attention.

The accompanying memorandum briefly discusses these changes country by country and by programmes, and will supplement the previous memorandum to the extent to which changes have occurred from January 1950 until 1 March 1950.

AUSTRIAStreptomycin

The streptomycin programme was discussed by a WHO representative with the Austrian Government in the latter part of February. His recommendations, based on discussions with the Government, have not yet been received but indications are that the firm Government proposal will be of smaller dimension than originally envisaged. It is anticipated that the programme will get under way this month, as supplies are already in the country.

Maternal and Child Health

A visit was made in the latter part of February by a representative of WHO/UNICEF to discuss the requests outlined in our previous report. The discussions resulted in proposals from the Government for support for the following types of programmes within the framework of the Joint Committee recommendations (excluding streptomycin mentioned above):

- 1 - Tuberculosis diagnostic laboratories for the up-grading of existing tuberculosis laboratories.
- 2 - Lactarium to help expand the mothers milk services in Austria.
- 3 - Congenital heart disease project, a joint project of the Government and WHO/UNICEF in which WHO will provide a team for demonstration purposes and UNICEF will assist with the essential supplies.
- 4 - Mental Hygiene programme, jointly supported by WHO and UNICEF which will provide for equipment and services to the Austrian Government plan to control epilepsy in children.
- 5 - Handicapped children programme, the after-care and rehabilitation of handicapped children.

The total funds/.....

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The total funds/.....

The total funds available for all of the above projects, including streptomycin is \$100,000

WHO has approved the projects in principle pending receipt of the revised Government request. The revision was made necessary because of the limitation of funds to carry out all aspects of the original request, necessitating curtailment of certain of the above programmes, dropping others from consideration for the time being.

It is expected that the entire programme for Austria, as outlined above, should be finalised within the next month.

BULGARIA

A representative of WHO/UNICEF visited Bulgaria during the month of February to help finalise the programmes for the protection of mother and child.

As result of these discussions, the Government requested for the protection of mother and child: assistance to premature programme, assistance with vaccine production programme and the provision of obstetrical bags for their mid-wifery services. Under the anti-tuberculosis programme, which includes: early detection, epidemiologic follow-up, BCG vaccination, isolation, treatment and social rehabilitation, the request to UNICEF/WHO was for necessary mobile X-ray and laboratory equipment to make this programme possible.

The request is at present with WHO for consideration and indications are that approval will be forthcoming in the near future.

It should be noted here that the request from the Government was seriously handicapped because of the lack of funds. Special requests for laboratory supplies for its epidemiologic stations, vaccine production institutes, tuberculosis laboratory programme and, finally for expansion of the physical rehabilitation programme already being supported by WHO/UNICEF had to be dropped for the time being.

The firm programmes submitted by the Government will easily absorb all the \$130,000 available. It is hoped that new funds will be forthcoming to implement some of the more urgent and worthwhile projects which cannot be undertaken because of the lack of funds.

CZECHOSLOVAKIA

It was noted at the last meeting of the Medical Sub-Committee that the requests of the Czechoslovak Government for assistance to the Maternal and Child Health projects had been under active discussion by the Government's ministries concerned because of the difficulties with funds to carry out all of the projects which were considered as priority items. After considerable discussions, the Government proposed that the funds be utilised as follows:

1- Premature programmes/.....

- 1 - Premature programme which envisages an expansion of the existing premature services in Charles Hospital, Prague to nine other regions. This request was approved by WHO and \$65,000 have been committed.
- 2 - The expansion of the vaccine production to help implement the communicable disease control programme, is considered to be a first priority programme by the Government. \$6,000 was set aside for this programme which the WHO has approved.
- 3 - The remaining funds have been set aside for the prepared infant food project which has been submitted to the Executive Board for its consideration.

There are no longer any funds available in the unprogrammed balance and the requests for assistance to other medical projects have been dropped for the time being.

FINLAND

Months of discussion between the Finnish Government WHO and UNICEF on the Maternal and Child Health programme resulted in a request from the Government for assistance to its rural health centres. The cost of this programme, which had been cut to minimum requirements, will be approximately \$15,000.

The WHO approved the request but funding problems arose which made it impossible to implement this small programme unless new funds become available.

FRANCE

- 1 - Premature programmes. The programmes for the premature centres to be established outside of Paris area have been approved by WHO and \$119,000 have been earmarked for this project and procurement begun.
- 2 - The X-ray equipment programme has now been worked out in detail and approved by the WHO to the extent of \$150,000. The supplies are presently under procurement.
- 3 - The anti-malaria programme has been approved by WHO and supplies have been shipped to Corsica for the continuation of the anti-malaria campaign. The approximate cost is \$15,000.

For the remaining funds, to a total of \$150,000, the following maternal and child health programme has been requested by the Government and is under consideration by WHO.

- 1 - Maternal and Child Health project for Soissons experimental area. The Government proposes to develop together with the Rockefeller Foundation a demonstration project of rural health services. Since this area will also be utilised for training, in the field of maternal and child health services, the Government has earmarked \$25,000 for this project.

- 2 - Production of Gamma Globulin and other blood fractions will be needed for this project - \$30,000 - for the National Institute for blood transfusion in Paris.
- 3 - Mental Health Programme for children including equipment and training of personnel \$30,000
- 4 - School Hygiene \$20,000
have been earmarked for procurement of one audiometer per department to be utilised in school health programmes.
- 5 - Pertussis vaccine production \$ 5,000
- 6 - Laboratory supply programme \$40,000
have been earmarked to strenghten the clinical and research biochemical laboratories of the pediatric department of the University of Paris.

All of these projects fall into categories recommended by the Joint Committee and approval by WHO is expected. Many aspects of these programmes have to be curtailed because of limitation of funds. This is especially true of the projects in rural health demonstration, mental health and the production of gamma globulin.

In the field of rehabilitation, the poliomyelitis programme which we are presently assisting, had envisaged expansion to a total rehabilitation project for the sequelae of this disease. This extension has been dropped for the moment.

In summary, the \$464,000 noted as under technical discussion in our previous memorandum has been reduced to \$150,000 for the maternal and child health programme mentioned above which should be finalised within the next month.

GREECE

The anti-tuberculosis laboratories which have been under technical discussion have now been presented in detail and approved by WHO. Procurement is proceeding.

ITALY

The overall streptomycin programme has been submitted by the Italian Government and approved by the WHO. Due to limitation of funds, the programme must be revised downward, and cannot be implemented until agreement on revision is reached.

New Programmes: The discussions which had been held on the maternal and child health centre programmes were dropped because of the unavailability of funds.

POLAND/.....

FOLAND

Malaria and Fly control programme

This programme has been approved by the WHO and will begin on April 1 as a concentrated attack against insect-borne disease in the endemic regions. Supplies have been procured to the extent of \$15,000.

Vaccine Production

A programme to increase the supply of vaccines and sera for the communicable disease programme had been approved by the WHO. This programme is now being expanded and \$80,000 further funds have been earmarked for new procurement of special supplies.

National Institute of Mother and Child

The Institute has begun operations but only a small quantity of UNICEF supplies have reached the country. As new funds become available, the Government requested that three new sections of the Institute be assisted. The WHO has approved the request and \$33,000 have been firmly earmarked.

There is still a small balance because of savings in other programmes. The Government is considering several requests to complement programmes in the maternal and child health field.

YUGOSLAVIA

Brucellosis:

The Yugoslav Government has indicated that it would like a small amount of laboratory supplies and drugs for the brucellosis endemic area in order to carry out essential investigation. This request is at present under consideration by the WHO.

Tuberculosis:

The tuberculosis programme was discussed with a representative of the Yugoslav Government and with the WHO. The WHO has approved the detailed programme and procurement has been initiated. \$40,000 have been firmly committed.

New requests:

A member of the WHO/UNICEF staff discussed with the Yugoslav Government the programme submitted in December against the \$200,000 then available. The Government has given the following priorities for urgent assistance:

Premature programme : This programme envisages the establishment of two training and demonstration centres for the care of the premature infant. \$21,000 is earmarked for this request.

Blood Plasma/.....

Blood Plasma programme: The Government wishes to set up dried plasma facilities in 2 or 3 large medical centres, in conjunction with the pediatric services. It wishes also to produce serum fractions for communicable disease prophylactic work. \$90,000 has been tentatively estimated as the cost of the combined project.

Production of vaccine and purification of sera: The Institutes of Hygiene are in need of modern equipment for the production of toxoids and vaccines. The Government requests that \$53,000 be set aside for this purpose.

The remaining funds are needed for the improvement of the work of the sanitary epidemiologic stations in the general health programme. Approximately \$12,000 is available for this purpose.

All these requests are presently being studied by WHO and approval is expected in the next few days.

The Government's remaining requirements for assistance to their epidemiological laboratories, physical rehabilitation services, dental health programmes and further assistance to the general health programmes all had to be dropped because of the unavailability of funds.

ANNEX IV

SELECTION OF INTERNATIONAL PEDIATRIC CONGRESS FELLOWS

Action was taken in accordance with the proposals accepted by the last Medical Sub-Committee at its meeting in January with regard to the guiding principles for the selection of candidates to attend the International Pediatric Congress and the activities before and after the Congress.

In agreement with the paper presented at the Medical Sub-Committee, the European Headquarters started the selection in UNICEF assisted countries in Europe and the Middle East. With regard to the Far Eastern countries and the Latin American countries a letter of request was sent to UNICEF Headquarters in New York, asking them to initiate the selection through the UNICEF offices where they are available and through the WHO Regional Offices.

1) To 18 Far Eastern countries and 15 Latin American countries an average of 2 openings per country were offered for pediatricians to attend the activities in Zurich during 10 days and an additional 1 opening per country for pediatricians to attend the activities in Zurich and the Seminar on Social Pediatrics in Geneva organised as part of the overall activities of the Congress with the technical assistance of WHO.

2) EHQ has written to the WHO Regional Office with regard to the selection of candidates in the Middle Eastern countries, with copy of this letter to the UNICEF Mission Chief in Beirut. The possibility was given for 2 participants per country to attend the activities in Zurich and 1 additional participant to attend the activities both in Zurich and in Geneva.

3) In Europe, the respective allocations were offered to all individual countries, either through the Mission Chief or the Governmental authorities. The French Government was also requested to make the necessary selection in Algeria, Morocco and Tunis.

All these countries were urged to inform UNICEF Headquarters in Paris by 15 February, whether their Governments were interested in the proposal. They were also asked to let EHQ have the filled-in questionnaires of candidates not later than 15 April next. In addition, the European countries were asked to give a number of names of possible additional candidates, since it is expected that particularly some of the Far Eastern countries would not accept the full allocations made to them, owing to the fact that there is no coverage for travelling expenses. The available additional names of candidates will enable us to re-allocate immediately the openings which remain unutilised by other countries.

ANNEX V

REPORT ON THE MEETING ON
REHABILITATION OF THE PHYSICALLY HANDICAPPED, INCLUDING THE BLIND
HELD IN GENEVA ON 27 FEBRUARY TO 3 MARCH 1950

The meeting was called for the purpose of having the representatives of the Specialised Agencies consider, together with the Division of Social Activities, proposals for an international programme on the rehabilitation of the disabled.

The object of the meeting was to provide for the implementation by the Secretary-General of the United Nations of two resolutions unanimously adopted by the Social Commission at its Fifth Session in December 1947, concerning respectively the rehabilitation of physically handicapped persons and the rehabilitation of the blind.

Dr. Harold Balme, U.N. consultant on problems of the disabled, took the Chair. Mr. Milhaud acted as representative of the Department of Social Affairs and as Secretary. Mr. R. Berger, U.N. Social Affairs advisor, acted as rapporteur, Lady Allen as U.N. Consultant on Child Welfare and Mr. E. Boulter as U.N. Consultant on Problems of the Blind. There were three representatives of I.L.O., six representatives of W.H.O., two representatives of UNESCO, three representatives of I.R.O. and one representative of UNICEF. After having considered at length the work so far done by the U.N. Division of Social Activities and the Specialised Agencies in the field of rehabilitation of the disabled, the meeting engaged in detailed consideration of the different aspects of the problem.

It was agreed that on the international and national level the problem is to develop a co-ordinated programme embodying all aspects of the service in an orderly and integrated relationship.

Such programme should take into consideration: prevention, the medical phase, the subjects of occupational therapy, physical therapy, manufacture and fitting of prosthetic appliances, welfare services, vocational guidance, training and employment, and the special aspects of rehabilitation for special groups.

In considering these various aspects the meeting discussed those particularly relevant to each of the specialised agencies and the United Nations, and engaged in discussion of services available through these agencies, viz fellowships, consultants, seminars, demonstration or teaching projects and equipment, technical literature and films, publications, monographs and studies and conferences of experts. After this the meeting considered the programme for handicapped children, especially in its relation to programmes of rehabilitation. It was generally agreed that the rehabilitation of handicapped children presented a specific problem because the physical, mental and social aspects of the problem are very closely interrelated

The problem of the handicapped child is a special one as compared with the problem of the handicapped adult. Indeed, with the handicapped adult the question is mainly one of correction of the physical handicap, rehabilitation and the bringing back of the adult as near as possible to his original status and profession

/after correction

after correction of the handicap. With the child, however, not only it is necessary to correct the handicap, but to consider to what extent this handicap will in addition complicate the problem of the normal development of the child to a mature adult life. In view of the urgency, and the increase in the number of physically handicapped children due to the war, the UNICEF representative was asked how much had been done in the UNICEF receiving countries towards solving all these problems.

Considering that on the whole very little assistance has been given and in view of the enormous need in various European countries, the meeting proposed to recommend that the Secretary General of the United Nations ask the Executive Director of UNICEF to consider the setting aside of a specific allocation for co-ordinated programmes for handicapped children to be utilised on request by the UNICEF receiving countries in Europe:

The Meeting was of the opinion that the setting aside of a specific allocation for the European UNICEF receiving countries was essential for the following reasons:

1. One of the essential terms of reference is to give assistance to meet the specific needs created by the war. There is no doubt that in the European UNICEF receiving countries the number of physically and socially handicapped children has been greatly increased by the war and post-war situation and presents a real problem.
2. For programmes such as these to be successful, there must be within the country a basic medical, social and educational organisation. This is found in the European UNICEF receiving countries.
3. So far, the Governments of these countries have had to deal with so many essential urgent needs that they have utilised their allocation for the strengthening of basic health and maternal and child health programmes having a reflexion on the overall child population, without utilising the funds available for the specific needs of the handicapped group.

For these reasons, therefore, the setting aside by UNICEF of a specific allocation for programmes of handicapped children in Europe will encourage these countries to meet in part the urgent needs created by the war conditions.

Special problems relevant to the blind were discussed at length, as well as the ways of co-ordinating services for the blind through the United Nations and Specialised Agencies. UNICEF was again questioned regarding assistance in the form of equipment for programmes for blind and partially blind children, and as such assistance for special equipment is in the Terms of Reference of UNICEF, UNICEF was requested to ask the governments to consider the problems of the blind child in their overall requests for the handicapped child.

/After discussing..

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After discussing the role which the non-governmental agencies can play in assisting programmes for disabled persons, the meeting considered the methods of co-ordination of action in such programmes, and agreed that a technical working group should be appointed by the Administrative Coordinating Committee to plan co-ordinated programmes in the field of rehabilitation. Whereas in view of the already established budgets for action by the various specialised agencies, completely co-ordinated action could only be planned to start in the year 1952, it was agreed by the different agencies that consideration would be given by them as to how in their present programmes they could in the meantime obtain the best results.

The meeting was of the opinion that whatever co-ordinating machinery on technical questions and the forming of composite programmes be set up, such machinery should be established in Europe where the specialised agencies have their headquarters and so have technical personnel available to engage in discussions on co-ordinated programmes.

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