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Within the framework of the JNSP (WHO/UNICEF Joint Nutrition Support Programme), the consultant's task was to assess all aspects of communications required for UNICEF's ORT (oral rehydration therapy) effort. The report analyses whether the locally produced rehydration product was suitable, appropriately packaged, correctly priced, acceptable flavour; all these aspects were also discussed with the manufacturer. Commercial distribution is discussed, and a diagram of the distribution system provided. Involvement of local advertising agencies is considered, and the overall impact of the project.

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SAROJA DOUGLAS

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Saroja Douglas

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FIRST DRAFT
10/17/84

CONSULTANCY REPORT
HAITI JNSP PROGRAM

On Visit From October 8 to October 12, 1984

Richard K. Manoff
Manoff International Inc.
950 Third Avenue
New York, New York 10022
212/758-7710

FIRST DRAFT
10/17/84

INTRODUCTION

Few programs have given as central a role to communications as the JNSP Haiti program in its initial phase to promote ORT. In her preliminary report (Etude sur la Connaissance de la Diarrhee, l'utilisation du Serum Oral et le Role du Programme de Communication), Ginette Desse says it well when she writes: "Le manque de Communication est l'une des raisons les plus frequentes pour lesquelles les malades ne suivent pas les recommandations des professionnels de la sante". (Diarrhee Dialogue 1981).

The task of my consultancy in assessing all aspects of the ORT communications effort required, as it always does, delving into all the other aspects of the program. This is necessary in order properly to evaluate the communications strategies, the target audience and media strategies and their implementaion. Communications, when planned and executed without close integration with the other planning aspects, usually ends up flawed and lacking relevance to the objectives of the program and to the audiences to which it is addressed.

In the case of the ORT program, this is particularly noteworthy because more than education was involved. The central feature of the program was the promotion of the ORS sachet - its distribution, marketing, etc. - in addition to the necessary education of the public through the various channels embracing interpersonal and mass media delivery systems. Thus, the

messages and the media involved in this implementation could only be evaluated through careful reference to these other aspects of the program.

There is no need to assess the organizational and administrative plan. The participation of all important agencies at the national, regional and local levels was well provided for. However, as is usually the case, problems developed in the implementation phase so that pitfalls and obstructions in the flow of operations were created.

This was a short visit from October 8 through 12, 1984 and obviously could not permit a penetrating study. Nevertheless, the overview that it provided was enough to make certain key observations possible.

SOME CRITICAL PROGRAM ISSUES

The key element in the ORT program is obviously Serum Oral - the product devised for mothers of children under five to deal with episodes of diarrhea. Formulating this product, packaging it, pricing it, getting it into distribution and promoting it for maximum consumer awareness and usage are the important aspects on which social marketing observations can be made.

The Product. Serum Oral has not been consumer tested. This raises some serious questions as to whether the product is ideally suited to its potential market. In Haiti, this would seem to be a relatively simple possibility because the product is produced by a local manufacturer, Pharval. In fact, Pharval

has already made changes in the product (probably without benefit of consumer input) changing the bicarbonate formulation to citrate. Even the packaging has been changed to carry instructions in French. Certain very real questions arise:

1. Is the size of the packet suitable to target audience usage? It has obviously been formulated in terms of the amount of fluid necessary to feed the child on a daily basis. But this may not coincide with consumer suitability, either with respect to containers for mixing or those for storing.
2. Is the flavor of the product the most acceptable for the consumer? We must keep in mind that the product will have to satisfy the mother's taste since she is likely to sample the reconstituted solution before she serves it to her infant.
3. Is the packet in the proper language? Why French and not Creole or both?
4. Is the price really right in terms of maximum usage? Everyone seems agreed that the 15 cents retail price is within range of the major target audiences but this has not actually been checked with the consumers themselves in the form of price elasticity tests or even on the basis of direct inquiries.

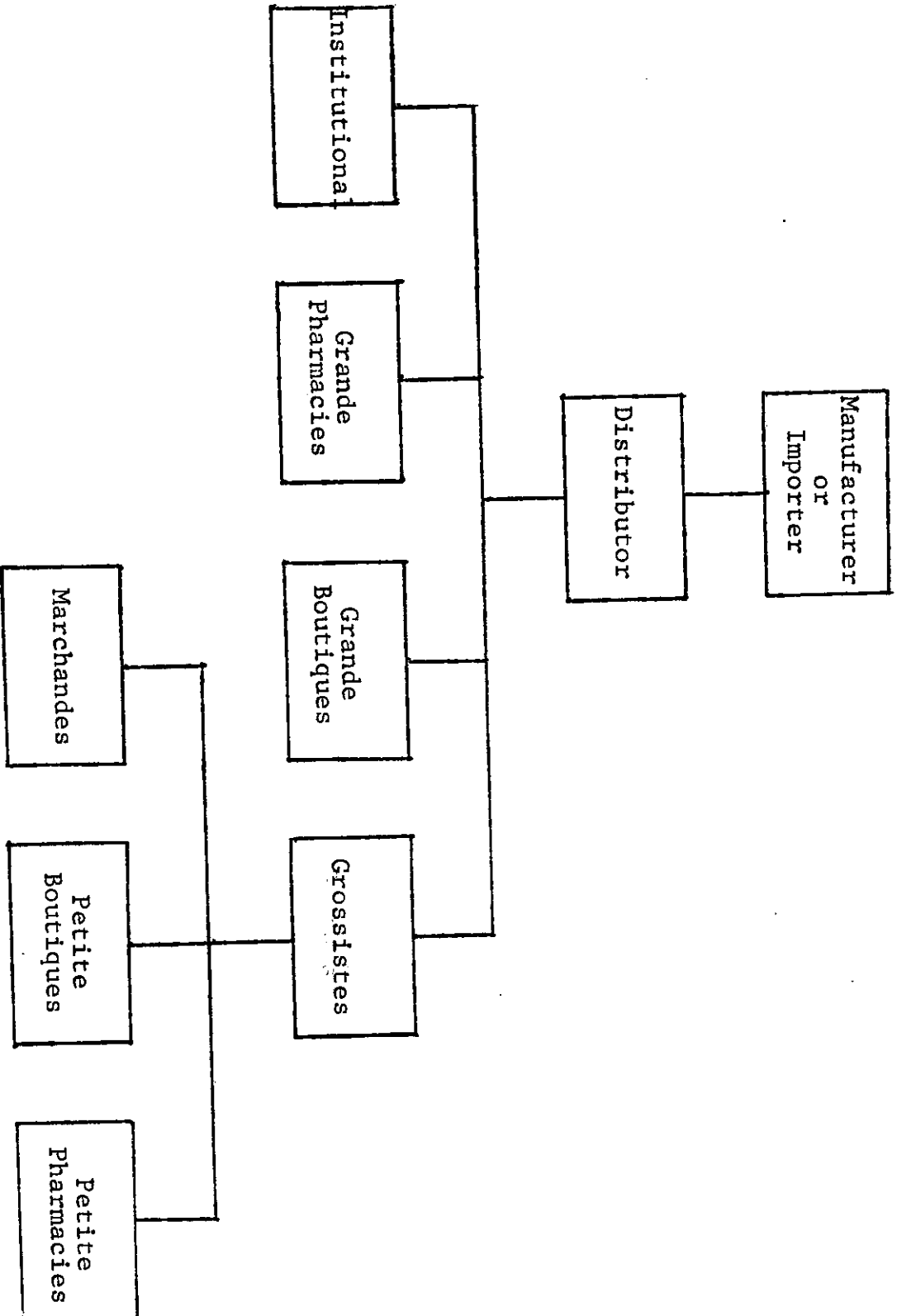
These and other questions about the product are basic and necessary if its ultimate success is to be assured. In fact, Mr. Boulos of Pharval apparently has doubts about the product, for he is coming out with another version of ORS to be called Serolyte and that will reconstitute to only 8 ounces requiring a more suitable container. He is secretive about the container. This product will be obtainable with a doctor's prescription at first but he has every intention eventually to turn it into an over-the-counter (OTC) item. Mr. Boulos indicated that he was going to change the flavor of the product to give it, in his words, "a much better taste." This introduction follows a pattern of using doctors to lend endorsement and to create awareness at least among those who have contact with doctors, presumably in the public or private health sectors. What this underlines, of course, is the importance of tailoring a product for maximum acceptability in the consumer marketplace. Mr. Boulos may not engage in sophisticated social marketing but his business experience on a day-to-day basis provides him with some of the insights that have obviously shaped his thinking. It would be well if the social marketing program were to enjoy the benefit of more formalized product-testing.

Pricing. It is not clear whether a 15-cent retail is the best that can be achieved. It is based on a 10-cent cost from Pharval to the wholesale trade and from it, to the retailer of 12 cents. My impression is that Pharval is taking more than a normal markup, forcing the trade to shave their markups to insure a 15-cent retail. I was not able to check this but my further

impression is that the retail trade would have to work on a mark-up of more than 25% (a 20% profit margin on the selling price). Only a fast-moving product could justify this lower margin and Serum Oral has not yet achieved that status. This may explain why the movement of the product - its reordering and restocking - has slowed considerably in recent months.

Distribution. The strategy is to get Serum Oral into as many distribution points as possible in the formal health system and the commercial sector. The picture of distribution through the commercial sector is best described in the following chart:

COMMERCIAL DISTRIBUTION SYSTEM



Thus, Pharval, in undertaking responsibility for the commercial distribution of Serum Oral, has appointed its subsidiary, Pharmacies Vallieres, for the task. This firm handles all of Pharval's 200 products as well as imported items from Vicks, Beecham, Carter-Wallace, etc. However, its main strength is with the pharmacies and not with the boutiques (general stores selling all items - drugs, foods, soft goods, utensils, etc.). It takes a distributor handling grocery items to obtain maximum distribution through the boutiques of Haiti. There are only 2,000 pharmacies but an estimated 28,000 boutiques.

Most of these boutiques are small requiring the intervention of the grossistes, small wholesalers who work on a narrow margin (perhaps 5 to 10%) and with little pharmacies and most of the boutiques. These boutiques are outside Pharval's strength. This suggests the advisability of another distributor for this important network of outlets. Such a distributor could be the firm owned by the Mevs family, reputed to be the number one wholesaler/distributor in Haiti. They distribute Colgate-Palmolive products and many others and their strength is with the boutiques. The combination of Pharval's Pharmacies Vallieres and the Mevs operation could offer an enhanced opportunity for Serum Oral distribution.

Furthermore, even Pharval's distribution plan for Serum Oral was inadequately carried out. The typical pattern Pharval employs for the introduction of a new item to the boutiques is to bypass the grossistes on the initial distribution and go direct

to be sure that the initial stocking of boutiques is arranged for. The grossistes cannot be relied on to do this for the initial round but Pharval did not employ this tactic in behalf of Serum Oral. The result is that Serum Oral was not given its best push through the commercial sector, an omission that ought to be rectified even at this date.

Interestingly, Mr. Boulos himself estimates a sales potential for Pharval of at least 100,000 packages of Serum Oral a month or 1.2 million a year. At that level, Serum Oral would constitute an important item, falling somewhere in the middle range among the 200 items he handles. According to his admission, his failure to employ aggressive distribution tactics in behalf of Serum Oral was a direct result of his lack of confidence in the communications (i.e. advertising and promotion) program. More on that later.

Distribution through the formal health system was to be made directly from Pharval under the supervision of the DSPP. In addition, AGAPCO was to undertake distribution of the product to its Pharmacies Communitaires. From both sources and with the help of other agents in the community, postes de ventes were to be established wherever possible and given an initial free supply of 50 packets.

This operation was not without some strategic confusion because postes de ventes were also set up in boutiques which would tend to disturb their normal distribution pattern by which such outlets receive their merchandise. This could have discouraged

any effort on the part of grossistes to get behind the product since "the business was taken away from them". This has created restocking problems which is not proceeding well.

Training and Orientation. The DSPP focussed on the decentralization of responsibility with respect to person-to-person communication and resided this responsibility in multi-sectoral health education committees in each of the 15 national health districts. Little is known, however, about the quality of this training and there is reason to believe that it lacked consistency with messages that were being prepared for delivery to the public by other means - i.e. the advertising. Furthermore, training and orientation was not systematically pursued in the non-health sectors and was totally non-existent with respect to the people involved in the distribution of the product through private sector commercial organizations.

Consumer Promotion. There are three main advertising agencies in Port-au-Prince but none is well equipped or staffed. The total advertising volume handled by all three barely exceeds \$1 million according to their own admission. The result is that the professionalism of their approach is severely hampered. It shows up in the advertising they produce though the fault is not entirely theirs.

The DSPP took a very active hand in directing this aspect of the program. Radio spots were prepared, developed and produced by Corbin Advertising but were not placed by them with radio stations. The report is that some 20 cassettes containing the

messages were delivered to the DSPP to disseminate to radio stations. The television commercial was produced at the request of the DSPP by the government television authority with no other direction or coordination. Thus, the messages for radio and television were not coordinated at all. The television message continues to run two or three times a week and, though no one knows for sure, the radio schedule ended some months ago. There is not much to be said for this mass media effort except that none of the disciplines with respect to message development, media planning, etc., was carried out. There is no possibility of establishing precisely what kind of exposure these messages received, for how long and with what frequency. The messages themselves when examined professionally would appear to bear little relevance to the communications requirements. Anecdotal reports are that the messages were very difficult for the target audience to comprehend. Moreover, even if comprehended, I would not credit them with either appropriate content and tonality or motivation and conviction.

In addition to the mass media, leaflets, brochures and posters as well as technical sheets were distributed. Total amounts of these were 370,000 leaflets, 71,000 brochures, 60,000 posters and 2,300 technical sheets. Once again, there is no way of ascertaining the effectiveness of these items or the extent of their distribution or their impact on target audiences. Nevertheless, they cannot be construed as major communications devices considering the nature of the program and the importance of supporting the distribution, promotion and sale of Serum Oral.

The mass media situation in Haiti is simple. There is only one television network operated by the government for about five hours a day. There appear to be some 27 radio stations around the country but no one knows for sure, nor are there any data with respect to coverage, audience habits and the like. Television sets are estimated at about 30,000 almost entirely in the cities with an additional 10,000 sets capable of receiving the five cable channels that are commercially operated by TeleHaiti.

IMPACT ON THE PROGRAM

There is no doubt that a good deal of the merchandise has been moved out into consumer channels, whether in the private or the public sector. As of June of this year more than 875,000 packets have been distributed, 568,600 through government and quasi-governmental channels and 307,000 through private institutions and the commercial sector, pharmacies and others including the postes de ventes.

The trend from the introduction in 1983 until June 1984 is hopeful. In 1983 the total distributed was 457,400 and in the first six months of 1984, 418,200. Considering all the difficulties and the omissions in the distribution and promotion plans, this is encouraging, although an examination of the most recent months, perhaps, may show a slackening of this trend. However, this distribution does not reflect what has happened with consumers - how much of this pipeline filling has actually gone into consumer hands. There is reason to believe that this aspect of the operation may not be as promising as we would hope.

For example, the total number of postes de ventes established up through March of this year was 1,800 but may not represent much potential. Many of them were established with individuals who were given plaques to display at their homes.

In his report on postes de ventes sales, Jean Veillard provides some insight as to what has been happening. For example, in 33 postes de ventes that he surveyed during the August, this year, in the Sanitaire Transversale region, 210 sachets had been sold per month. In the region Sanitaire du Nord, the figure was 170 sachets per month from 31 postes de ventes. If we project these figures, roughly 6 to 7 packets were sold per poste de ventes per month. With roughly 2,000 postes de ventes in all of Haiti at this time, this represents a sale of 12 to 14,000 per month per poste de ventes or an annual total of 168,000 packets. That being the case, then the postes de ventes represent about 20% of the total distributed thus far. This would mean that the balance are within the public health system either in stock or passed through to consumers. This figure represents more than half the total amount of packets of ORS distributed to date (307,000) through private institutions, the commercial sector and postes de ventes, etc., exclusive of those distributed through government channels. If this is valid then the supply distributed through commercial outlets, boutiques, pharmacies, etc., is small and reflects the lack of proper management of the commercial distribution scheme.

This makes the governmental channels of distribution even more important. But the governmental system may not be capable of fulfilling that responsibility since its coverage of the population is "currently estimated at about 20%, or about one PHC 'encounter' per five inhabitants per year." (1) Thus if the public health services are utilized by 20% of the population, it is not very likely that major reliance on this sector will produce the necessary results.

This picture of the situation, however, conflicts with Ginette Desse's preliminary report on public awareness. According to Table II in her report (2), about half the mothers of children under 5 knew about Serum Oral and about half of those had used it at some time. Her sample included mothers in rural zones with health centers, those without health centers and also urban areas in Cap Haitien and Port-au-Prince. Given the number of diarrheal episodes per child - and the estimates range anywhere from 5 to 15 per annum - mothers who use Serum Oral (assuming that they use it regularly) would have consumed a far greater volume of the item than the actual distribution figures indicate, let alone what the much lower retail movement figure would show.

(1) Report: Multisectoral National Programme for the Control of Diarrhoeal Diseases (CDD) and Improvement of Child Nutrition, undated and authors unidentified.

(2) Desse, Ginette. Etude sur la Connaissance de la Diarrhee, utilisation du Serum Oral et le Role du Programme de Communication, undated.

Her report also presents some interesting information on radio and television penetration in these areas and the extent to which awareness of Serum Oral was obtained from these media. Access to radio ranged from 73.3% in Cap Haitien to 43.3% in "rural areas not having a health establishment". But among persons having heard about Serum Oral and with access to radio, the medium was credited as the source by from 90 to 100% of them. Television, as you would expect, was available to as few as 6.7% of the population in rural areas without a health establishment to a high of 43.3% in Port-au-Prince. Awareness of Serum Oral from television was reported by 73 to 84.6% of those who had access to TV.

It is questionable, however, whether even this awareness is the sole result of this campaign. Previous surveys indicate that of "88% of lactating mothers, apparently 50% of mothers interviewed by Pierre-Louis et al in 1981 had heard about Serum Oral".(3) Also in 1982 a DHF/DSPP study revealed that Serum Oral had been utilized in more than one-third of the cases of diarrhea that had occurred during the week preceding the inquiry.(4) So considerable public awareness existed before this latest effort.

(3) Genece, Dr. Eddy: Revue des Enquetes Effectuees en Haiti de 1976-1982 Selon les Donnees Relatives a la Mortalite Infantile, Connaissances, Attitudes et Pratiques vis a vis de la Diarrhee et de L'Alimentation Des Nourrissons, DSPP/MSH/Haiti, June 1983.

(4) Ibid.

In short, the present program, ambitious and ingeniously conceived as it was, developed flaws during the implementation phase: (a) inadequate prosecution of all the opportunities for private sector distribution; (b) inadequate preparation for and use of the mass media in terms of message and media strategy and the disciplines required effectively to carry these out; (c) inadequate auditing of actual consumer pickup of Serum Oral that could be accomplished through a system of in situ panels of stores, postes de ventes, etc., for monitoring consumer pickup of merchandise; (d) a need to evaluate product and pricing strategies for Serum Oral.

FUTURE POSSIBILITIES

It is not too late to convince the DSPP of a need for better management of the project and the inclusion of social marketing disciplines in its planning and execution. On this basis two proposals were made to Dr. Eustache:

1. One is for a three-commun test - to select three communs at three different socioeconomic levels including the lowest. The objective would be better consumer sampling of the product in much the same way that the trade has been sampled thus far. Every means of packet distribution to homes within those communities would be studied, including schools, SNEP, SNEM, the private sector, the postes de ventes, etc. In addition, qualitative research would be required through focus group interviews to establish the basis for message design and media strategy decisions and for training and orientation sessions with all sectors

involved.

A sampling and distribution plan would be designed to put five free packets into the hands of every family with children under 5 using all the distribution channels mentioned, and supporting this distribution with an intensive public education campaign through the mass media and other channels of communication. Then a system of sales audits would monitor program effectiveness. The total cost of this free packet sampling could prove to be less than the costs involved in obtaining consumer trial without sampling. With a national estimate of 500,000 families with children under the age of 5, five free packets for even half these families would total 2.250 million packets or a cost of perhaps \$100,000 to \$125,000. Since sampling shortens the time required to obtain consumer trial, it could lessen the long-term costs involved. Moreover, it would put packets in homes in advance of diarrheal episodes and help to plant the notion that every home should have Serum Oral on hand when diarrhea occurs.

Dr. Eustache has agreed with this plan provided it places no more demand on his limited staff. We have countered with our condition that were this test to prove effective, he would agree to employ the social marketing approach on a national basis. It is understood that the tests would be conducted on a manpower/cost basis that would be projectable to the country as a whole.

2. The second proposal is for employing the social marketing approach for the preparation of forthcoming programs in breast-feeding, immunization and maternal and infant nutrition. He has agreed to this as well in principle.

The UNICEF/WHO USAID group is in general agreement with this and the next step involves scheduling the initiation of this work.

I have promised to discuss this in New York at UNICEF and with my own colleagues so as to work out a timetable. As best we can estimate at this point, we can undertake this assignment starting sometime in January-February with a timetable for both these efforts that would look like this:

Timetable For Sampling
Distribution of ORS Packets

<u>Activity</u>	<u>Activity Weeks</u>	<u>Cumulative Weeks</u>
1. Design social marketing plan	1	1 ✓
2. Design distribution plan	2	3
3. Conduct focus group interviews	2	5
4. Analyze focus group interviews and write report	2	7
5. Design message strategy	1	8 ✓
6. Develop prototype messages	3	11
7. Develop media plan	1	11
8. Pretest messages	2	13
9. Revise messages	1	14
10. Produce messages	4	18
11. Produce informational and point of-sale materials	4	18
12. Ship packets to primary dis- tribution points	1	18
13. Training and orientation meetings	2	20
14. Run public education campaign ✓	6	26
15. Distribute packets to consumers	4	26
16. Conduct evaluation research (sales audits, consumer interviews)	8 ✓	34
17. Prepare final report	4	38

Notes:

1. Certain activities will take place concurrently.
2. Only 6 weeks of public education are proposed for this pilot test in order to accelerate the evaluation. If the program is extended to regional or national scale, the public education campaign should run for at least 6 months.

3. Tracking research, conducted 3 months and 6 months after initial packet distribution, should be conducted to determine the extent to which sampled households used the free packets, and re-purchased packets after the free supply has been used up.

Timetable for Typical Social Marketing Program
(Breastfeeding, Immunization, Maternal and Infant Nutrition)

	<u>Activity</u> <u>Weeks</u>	<u>Cumulative</u> <u>Weeks</u>
<u>Devise Social Marketing Strategy</u>		
1. Consult with authorities	2	2
2. Review available materials	2	2
3. Conduct formative research	4	6
4. Analyze all data, prepare written situation review	3	9
5. Define problems and objectives	2	11
6. Identify target audiences, other strategic components	2	11
7. Formulate strategies	2	11
8. Investigate media, research, production resources	2	11
9. Prepare social marketing plan	2	13
10. Present to authorities and secure approvals	1	14
<u>Implement Social Marketing Strategy</u>		
11. Develop prototype materials	3	17
12. Pretest materials	2	19
13. Revise materials	1	20
14. Present for approval	1	21
15. Produce materials	4	25
16. Prepare media plan	1	25
17. Training & orientation meetings	2	27
18. Run communications campaign	26	53

	<u>Activity</u> <u>Weeks</u>	<u>Cumulative</u> <u>Weeks</u>
<u>Assess Social Marketing Strategy</u>		
19. Develop evaluation protocol	4	53
20. Conduct evaluation research	8	61
21. Prepare final report	4	65

Note: Certain activities will take place concurrently.

This is for discussion purposes only.

* * * * *

Please note the attached appendices to my report.

APPENDIX I

Schedule for Visit of
Richard Manoff, International expert on
Social Marketing

Monday Oct. 8th. Arrival in Port-au-Prince
4:00 p.m. Meeting at UNICEF - Kul C. Gautam
Jon Rohde - MSH
Robert Fisher - OMS

Tuesday Oct. 9th.
8:00 Jon Rohde - MSH
9:00 Dr. Laurent Eustache - DSPP delmas
Dr. Dorothy Blake/Debbie Leroy
11:00 Ginette Dessé
1:00 Jacques Jovin - AGAPCO
3:00 Advertizing Agencies: BAYARD: 2:30
CORBIN: 3:30
TRANSVISION: 5:00

Wednesday Oct. 10th.
9:00 Presentation of Social Marketing
Conference Room of Div. d'Hygiène Familiale et
de Nutrition
11:30 Dr. Fayla Lamothe - Dir. ai. Division d'Hygiène
Familiale et de Nutrition
Dr. Polynice Pierre Louis - Maternal/Family Planning
Dr. Marhone Pierre - Nutritional Surveillance
2:00 Dr. Serge Toureau, Dir. Général DSPP
Dr. Laurent Eustache
Robert Fisher
Kul C. Gautam

Thursday Oct. 11th.
9:00 Dr. Laurent Eustache
11:30 Mr. Jacques Bréham - PubliGestion
3:30 Television Nationale d'Haiti

Friday Oct. 12th.
9:00 Mr. Eric Mevs, Distributor for Colgate-Palmolive
Open
2:00 - 3:00 Departure for New York

THOSE IN ATTENDANCE AT THE PRESENTATION BY
RICHARD K. MANOFF ON SOCIAL MARKETING.

APPENDIX II

Richard Manoff SOCIAL MARKETING

Roger Dominique	TRANVISION	<i>Philippe Baran</i>
Mrs. E. Lataillade	PNUD	<i>Manoff</i>
Mrs. Bayard	Publicgestion	<i>Manoff</i>
Mr. J. Bréham	"	<i>Manoff</i>
Mr. Guy Mayer	DIRP	<i>Manoff</i>
Mrs. A. Arthur	Corbin Advertising	<i>Manoff</i>
Mme. D. Fouchard	CES	<i>Manoff</i>
Mrs. M. Souvenir	DSPP	<i>Manoff</i>
Mr. A. Jasmin	DSPP	<i>Manoff</i>
Mrs. G. Desse	INAGHEI	<i>Manoff</i>
Mrs. C. Augustin	ONAAC	<i>Manoff</i>
Mr. J.R. Vaval	Affaires Sociales	<i>Manoff</i>
Dr. Jules Grand Pierre	Centre de Pédiatrie Sociale	<i>Manoff</i>
Mrs. Jaegr	Fondation M.B. Duvalier	<i>Manoff</i>
Dr. M. Pierre Louis	" "	<i>Manoff</i>
Mr. Raymond Etienne	HAVA Bulletin	<i>Manoff</i>
Dr. H. Teel	I.C.C.	<i>Manoff</i>
Dr. R. Boulos	PRARVAL	<i>Manoff</i>
Dr. J. Rohde	MSH	<i>Manoff</i>
Dr. A. Gédéon	Plan	<i>Manoff</i>
Dr. L. Eustache	DIRECTION D'EDUCATION SANITAIRE ET D'ENTRAINEMENT	
Dr. L. Jasmin	D. H.F.	
Dr. Fayla Lamethe	"	
Dr. P. Pierre Louis	"	
Dr. M. Pierre	"	
Mr. Richard Metcalf	USAID	
Mrs. Sue Gibson	"	
Mr. Jim Allman	"	
Mrs. A. Riley	"	
Mr. G. M'Dermott	"	
Mr. J.C. Fanfan	AOPS	
Dr. R. Mosanto	"	
	"	
Dr. T. Augustin	"	

Manoff

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.....

Mr. Rulx Denis

Radio Nationale

M. Chancel

Mr. Jacques

AGAPCO

[Signature]

Dr. A. Nerée

TNH

[Signature]

Mr. J.L. Toussaint

SNEP

[Signature]

Mr. F. Hypolitte

ONAAC

[Signature]

Dr. Gérard Léon

[Signature]

Mrs. Colette Lespinasse

[Signature]

Mr. Fritz Pierre

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Mr. Ady Jean Gardy

Mr. Smith Berthelus

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Mr. Pierre Raymond Dumas

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Dr. Carlo Désinord

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Mrs. Evelyne Dentica

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Dr. S. Conelle

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