INTERNATIONAL CHILDREN'S EMERGENCY FUND
PROGRAMME COMMITTEE

Report of the Sub-Committee on Medical Projects

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* Annex 6 - "Communication from Chief of ICEF Mission in Italy regarding a demonstration in Naples for treatment of syphilis" will be issued as E/ICEF/43/Add.1.
INTERNATIONAL CHILDREN'S EMERGENCY FUND
PROGRAMME COMMITTEE

REPORT OF THE SUB-COMMITTEE ON MEDICAL PROJECTS*
Meetings Held on 21 January and 7 February 1948 at the
European Headquarters, UNICEF, Paris

I. At its session of October 1947 (E/590, page 12, paragraph 35) "The Executive Board has approved the earmarking of $500,000 out of its present resources for medical supplies and technical services. The Board has adopted the policy that medical supplies provided by the Fund shall be principally of the type which will assist governments in developing projects of immediate importance and immediate value in rehabilitating the health of children and preventing disease. Because of recent developments in medical science which make possible the prevention of tuberculosis in children and the complete eradication of venereal disease in children and pregnant mothers, priority is to be given in providing medical supplies and services to governments which wish to develop projects in these fields."

II. At its session of December 2nd, 1947, the Board also examined the question of "Allocations for Medical Projects" (E/590/Add.1, paragraph 8). The Board agreed that the plans concerning medical supplies, as approved at the previous session of the Board (E/590, paragraph 35) should be at the highest possible technical level, calling for a total collaboration with the Interim Commission of the WHO and specialized experts in the various countries concerned. This collaboration is needed, not only in view of the complex technical problems to be solved, but also to provide the ICEF with a solid basis to determine up to what point the proposed projects will fit into the ICEF programme and the amount of assistance to be given (particularly as regards medical supplies). The Committee welcomed the news that a series of consultations was contemplated between the ICEF technical experts, the WHO interim Commission and the technical experts of the various countries concerned, including Denmark. In view of the importance of the Programme Committee and the Board having before them the clearest possible picture of the values, implications, and problems related to ICEF allocation of medical supplies to assist government programmes, the Committee has established a Sub-Committee on medical projects to advise the Administration and the Programme Committee. The Sub-Committee consists of the representative of France as chairman, the representative of Poland, and associated with them such representative as the member of the Board for Denmark may designate.

* Original French translated at Paris Headquarters, UNICEF.
III. The Sub-Committee mentioned in the above paragraph convened in Paris on January 21st and February 7th, 1948, Professor Robert Debre, delegate for France, being chairman and including Dr. Johannes Holm, delegate for Denmark and Dr. L. Rajchman, delegate for Poland. In order to facilitate the work of the Sub-Committee, and in accordance with the principles set forth in paragraph 8 of the Report of the Board dated December 2nd, 1947, the chairman had convened, on December 15th, a group of experts to examine the problem of vaccination against tuberculosis with the Calmette Bacillus. This group included, besides the chairman and the chairman of the Executive Board of the Fund, Prof. J. Holm, both as chairman of the group of experts nominated by the WHO for the study of tuberculosis and as technical director of the campaign started by the Danish Red Cross in the European countries, with the agreement of the governments of those countries, for BCG vaccination, Dr. MacDougall, tuberculosis expert of the WHO, as well as Professor H. Helmlholz, medical adviser of the Children's Fund in Europe, and Dr. Aujalou, deputy member of the Executive Board of the Fund, who represented the French Ministry of Public Health and Population. The recommendations of this group are annexed to this report (ANNEX 1).

Following that meeting, the Chairman of the Executive Board attended the session of WHO Interim Commission and presented proposals for collaboration between UNICEF, the Danish Red Cross and WHOIC in the matter of BCG vaccination. WHOIC approved the proposals for collaboration as detailed in the resolution of January 29th, 1948, WHOIC/R/44/Rev.3 (ANNEX 2).

IV. On the other hand the Executive Board examined the problem of increasing the number of specialists in the field of child health and welfare (E/590, page 13, paragraphs 37 and 38). Hereunder is the text which relates to it:

"37. The Executive Board is fully cognizant of how the great shortages existing in trained personnel make it difficult to develop adequate national programmes of child health and welfare, even with the help of the fellowship programmes of the Secretariat and the WHO.

38. The Executive Board believes that because of the urgency of the need, additional efforts must be made for increasing the supply of trained personnel for children's work. The Board is hopeful that as contributions to the UNICEF four or five governments of Europe having adequate training facilities will put at the disposal of the Fund these facilities on a sufficiently large scale to assist in training persons from less fortunate countries. The UNICEF also hopes that voluntary national and international organizations and professional associations..."
E/Ici@/...? "'"'"
 Page 4.

The sub-committee also received a communication from Dr. T. Madsen, Chief of the ICEF Mission in Italy, regarding a demonstration in Naples for the treatment of syphilis by penicillin (ANNEX 6).

VII. In view of the above, the Sub-Committee established its agenda as follows:
1. BCG vaccination and other measures for the control of tuberculosis in children and adolescents.
2. V.D. campaign.
3. Assistance for the training of child health and welfare personnel.
4. Other questions.

VIII. BCG and Tuberculosis

In the event of the Fund considering the Danish programme acceptable to the programme of the ICEF, the Danish Government has offered a contribution of two million Danish crowns to the Children's Fund for the continuation and extension of the present Danish Red Cross programme, in collaboration with Sweden and Norway. As soon as this is confirmed and the Danish contribution acquired, it will be possible to make detailed recommendations with regard to the organization of the work.

The Sub-Committee believes that the financial assistance of the Fund should be reserved for countries where the Government decides to carry out a BCG vaccination programme on a very large scale and where it would be applied immediately as an overall prophylactic measure. The Danish programme includes vaccination projects on a large scale in Austria, Bulgaria, Czechoslovakia, Greece, Italy, Poland, Romania and Yugoslavia, according to the possibilities in each of these countries. However, mass vaccinations of all cases with a negative tuberculin reaction was

/only performed
only performed in one country, namely, Hungary, where some two million cases were vaccinated.

The Sub-Committee believed that the work of the Fund should be carried out along the same lines as in Hungary.

The Sub-Committee was advised that Poland had decided to make an application for assistance in this field and that other countries, in which ICAP is operating, were also considering this matter.

In all countries, in which ICAP is assisting, the Scandinavian programme is either in operation or is under preparation. It is clear that the funds anticipated from Denmark and its Scandinavian associates will not be sufficient for the programme envisaged. The Sub-Committee is of the opinion that, in view of the considerable importance of the enterprise, it is essential that the Executive Board allocate a considerable sum from the resources of the Fund for the development of the plan in the above mentioned countries and, on the other hand, for the establishment of a plan in other countries which might apply for aid.

This campaign requires both careful preparation and organization on the highest technical level.

The Sub-Committee, therefore, recommends that Dr. J. Holm, who is in charge of the Danish programmes in the various countries, be entrusted with the technical direction of this campaign.

Furthermore, the Sub-Committee stresses the importance of recommendations, made by a group of experts, that the campaign should be based, in each country, on one single plan, and that one single vaccine should be administered under the same method of application.

The Sub-Committee is of the opinion that the protection of children and adolescents in the different countries requires a methodical application of vaccine for several years, and it is clear that the competent authorities, in these countries, will, themselves, wish to assume all the responsibility for this work in the very near future.

The co-operation of the Fund will, therefore, be limited to a transition period, covering the years 1948 and 1949, and will involve a great deal of work to combat, to the greatest possible extent, the development of the disease in these countries, and the offering of all facilities and all technical experience necessary in order that these operations can be carried out eventually on a national basis.

As a first step in the vaccination campaign it will be necessary to submit approximately fifty million children to a tuberculin test. The experience of the Danes has proved that about one-third of the children have a negative reaction and therefore approximately fifteen
million children and adolescents would have to be vaccinated with the Calmette vaccine.

The experience of the Danes also shows that 200-300 teams, each consisting of one physician, two nurses and two secretaries, could accomplish the work in about 18 months.

The Scandinavians could supply 50-60 teams with considerable experience in this field, but this figure would not be sufficient. This means that the greatest number of the teams must inevitably be recruited in the beneficiary countries, which would facilitate the continuation of the project by the national governments from 1950 onwards.

The details of the campaign in each country should be worked out by a tri-partite agreement in which the Governments interested, the Danish Red Cross and ICEF would participate. Dr. Holm and a technician, who would be the representative of ICEF, would be responsible for the drafting of this agreement.

The importance of the scheme envisaged would pledge the responsible support of the Governments participating, of the Danish Red Cross - and equally of UNICEF. It is for this reason amongst others, that the Sub-Committee has learned with great satisfaction that the Interim Commission of WHO has approved a plan for co-operation, which was submitted by a group of experts who met under its auspices. This plan is being submitted for the approval of the Executive Board. It provides for a monthly meeting, at the European Headquarters of ICEF, of the Sub-Committee on Medical Projects with the Tuberculosis Experts of the WHO Interim Commission and the specialized technicians of the Administration of ICEF. At these monthly meetings the progress of the project in the project in the different countries would be systematically examined.

Every three months a Special Committee, headed by a President, designated by the WEC, and composed of experts on Tuberculosis of WHO, as well as certain members of the first group, would examine all the technical problems resulting from this large enterprise. The Sub-Committee stresses the unique character of documentation of such great importance and it considers that the Executive Board should make an allocation to WHO for the statistical and epidemiological analyses of these important data.

Every six months a meeting would be held between the first two groups and the technical representatives of all the countries, where vaccination is carried out. The actual administration of the whole project, under the technical direction of Dr. Holm, would be entrusted to the Danish Red Cross in Copenhagen, in accordance with detailed

Administrative
Administrative arrangements to be agreed between the administration of ICEF and the Danish Government.

Finally, the Sub-Committee wants to stress the fact that for the countries of Europe, North Africa and the Near East, two centres of production of vaccine will actually be utilized: the centre in Copenhagen and the centre in Paris. The Sub-Committee, therefore, recommends that Pilot Stations (See ANNEX 7) be established at the Institut Pasteur and the Danish Gerotherapeutic Institute in Copenhagen for the necessary control of vaccine used during the different phases of the enterprise.

The Sub-Committee has examined in detail the budget necessary for this project (See ANNEX 8) and it recommends to the Executive Board that an initial sum of three million dollars be allocated, on the understanding that the Executive Board will have to readjust the amount of the funds necessary in the light of a detailed plan and of acquired experience.

IX. The Sub-Committee has taken note of the very great interest the Committee on Venereal Infections of WHOIC has shown with regard to a Polish anti-syphilis plan (ANNEX 5) in which it is stated that a mass attack on syphilis on a nation wide scale, with penicillin, and which has, to the knowledge of the Committee, not been attempted anywhere in the world.

The Sub-Committee was more especially interested in the fact that the Committee on Venereal Infections of WHOIC had stated that the principles, which are embodied in the Polish plan, should serve as an effective means of combating similar situations in other countries. Bearing in mind the urgency of the measure to be taken against the spreading of Venereal Disease, the Sub-Committee recommends that the Executive Board should set aside a budget for the benefit of other countries who would wish to start a similar campaign. It, therefore, recommends the allocation of one million dollars for the purchase of penicillin.

Dr. Luchanek of the Polish Ministry of Health presented to the Sub-Committee relevant data describing the Polish Plan in support of the request of his Government for an allocation of 47152 total dosages of 3,000,000 Units of penicillin needed for the treatment of 34,373 expectant women and nursing mothers, and 5,518 cases of congenital syphilis.

The Sub-Committee, after a full exchange of views, on the general organization of the plan, decided to recommend the allocation of funds necessary to provide the necessary supply of penicillin. In this connection the Sub-Committee advised an examination of the possibility of providing penicillin from Government contributions in kind or in national currency.
The Sub-Committee considers that allocations should be given also to other countries which would adopt, as in the case of Poland, an overall plan of control of syphilis and that these allocations should be used for that part of the plan that is related to children up to eighteen years, with the first emphasis on the prevention of the disease by the treatment of the pregnant mother, and congenital syphilis.

It believes that it is urgent that the Governments of the countries where UNICEF is operating, should be informed that the possibility exists for UNICEF to aid them in any such programme which may be established by them, and recommends that the Governments of the different countries should be notified by letter, as soon as possible, (ANNEX 9).

X. The Sub-Committee has taken note of the programme for training facilities offered by the French Government (ANNEX 10), the details of which were discussed and approved by the Advisory Panel on Training, at its meeting of January 19th and 20th (ANNEX 3).

The Sub-Committee expressed its pleasure at the progress made in the plan of the Courses which will start on April 5th 1948.

The Sub-Committee has also taken note of the training facilities offered by the Don Suisse (ANNEX 11) in matters relating to social pediatrics, and has given advice to the Administration as to the utilization of the facilities offered by Don Suisse following the advice given by the Advisory Medical Panel at the meeting of January 19th and 20th. (ANNEX 3).

It has recommended that the allocation between the countries of the number of fellowships available both in the French and Swiss training programme will be made on the basis of the allocations for food - which are themselves based on a number of factors - and on the losses of the countries concerned in medical personnel.

The Sub-Committee has taken note of the distribution of the allocation to the countries as submitted by the Administration of the Fund and detailed in ANNEX 12.

XI. Conclusions

The Sub-Committee recommends:

1. The allocation of three million dollars for mass vaccination against tuberculosis by means of the BCG vaccine in countries where UNICEF is operating.

2. The allocation of one million dollars, principally for the purchase of penicillin to be used as grants-in-aid to the Governments of countries in which UNICEF is operating, which will undertake an overall campaign for the eradication of syphilis.

/ The Sub-Committee
The Sub-Committee desires to emphasize the necessity for using to the full extent, the ten per cent of the total budget at any time set aside by the Executive Board for medical projects, bearing in mind that every effort should be made to effect purchases of medical supplies out of contributions offered in kind or local currencies by various governments.
ANNEX 1

NOTES AND RECOMMENDATIONS CONCERNING BCG PRESENTED BY
A GROUP OF EXPERTS MEETING AT THE ECOLE DE PUERICULTURE, PARIS
ON DECEMBER 15, 1947, UNDER THE CHAIRESHIP OF PROF. ROBERT DEBRE
CHAIRMAN OF THE MEDICAL SUB-COMMITTEE OF THE EXECUTIVE BOARD
OF THE INTERNATIONAL CHILDREN'S EMERGENCY FUND*

1. PREAMBLE

The principal purpose of the meeting was to examine the relationships
to be established between the Children's Emergency Fund and:

1. the Danish Red Cross which has been very active in organizing
   a remarkable crusade for the widespread use of BCG and, in accord
   with several governments, has been able to organize mass immunizations;
2. the WHO whose Committee on Tuberculosis is particularly interested
   in the problem of immunization with Calmette's vaccine.

Dr. Holm of the Danish Red Cross gave the Committee most detailed
information concerning the work accomplished and the future plans of the
Danish Red Cross and, on the other hand, Dr. McDougall of the WHO, who was
present in a private capacity indicated the importance to WHO of the
questions raised before the Committee and provided detailed information on
a number of points. Dr. Madsen, who represents the Children's Fund in
Rome, showed the difficulties which had been encountered in the course of
a campaign for anti-tubercular immunization in Italy. All of the
information thus furnished was greatly appreciated by the representatives
of the Fund, Dr. Rajchman, Chairman of the Executive Board, Prof. E. Helmholz,
consultant of the Fund, and Prof. Robert Debre, member of the Executive
Board of the Fund, and also by Dr. Aujauleu, representing the French
Ministry of Health and Population.

II. QUESTIONS EXAMINED

It was agreed that the following can be admitted as well-established
premises:

1. the inocuity of BCG;
2. the efficacity of its protection against Tuberculosis;
3. the necessity of rigorous controls during its preparation;
4. the need for technical perfection in its use;
5. the interest given to its widespread use, now made easier by
   the recently popularized method of intracutaneous injection;
6. the difficulty of providing at this time unquestionable
   statistical proof of the efficacity of BCG.

* Original French: translated by New York Headquarters UNICEF

/On these
On these bases the following problems were discussed:

(a) Technique. The vaccine is prepared in large quantities and very satisfactory, at the Pasteur Institute in Paris, where it was first developed, and at the Sero logical Institute of the Danish Government where large quantities are also prepared.

The technique of using these vaccines differs. In the Scandinavian countries intracutaneous injection is recommended. In France the scarification method (method of Rosenthal of Chicago) is preferred. Danish vaccine is generally prepared for intracutaneous injection whereas French vaccine is generally prepared for use by scarification. These two vaccines and the two indicated techniques should be used for the immunization campaign as it continues. It is essential to test by skin reaction (Mantoux reaction) the absence of allergy before vaccination. It is desirable to test the presence of allergy after vaccination. Observation of vaccinated persons is likewise essential.

Only carefully instructed teams can undertake this immunization. Once they have gained experience, they can vaccinate a large number of subjects very rapidly. The experience of the Danish Red Cross indicates that one member of such a team can immunize up to 200 persons per day.

(b) Public education. Mass immunization cannot be undertaken in a country unless the medical profession and public opinion are well informed on this subject. Careful education of doctors and of the public is indispensable if a campaign of immunization is to be extended in certain countries.

(c) Application. It was recognized that in each country in which a campaign of mass immunization is to be undertaken, it is indispensable to follow a single plan and to use a single vaccine and a single method. Moreover, in view of the extension of this campaign in many countries, it is highly recommended that the same method be used for the initial examination and for the observation of subjects after vaccination.

(d) Comparison. It is important to compare the two vaccines as to the speed with which allergy appears, as to its intensity and as to its duration. It is a sort of indirect titration of their action which should be constantly compared. Later, it will likewise be important to study the behaviour of vaccinated persons in each group in relation to the tuberculous infections to which they may be exposed.

To attain
To attain this end, it is proposed, that in collaboration with the two institutes in Paris and Copenhagen, pilot stations be created where children will be vaccinated. In each station, (one in France, the other in Copenhagen) half of them being vaccinated with the one vaccine, the other half with the other. Sensitivity to tuberculin will be determined for all vaccinated persons and their further behaviour will be studied by doctors and social workers. It is unnecessary to stress the great value of the information which such a pilot station can provide both during and after a campaign of immunization. The description of a typical pilot station such as the one foreseen for France and Denmark is annexed to this note. (See Annex 7).

III. ORGANIZATION OF THE WORK.

The Danish Red Cross has been able to organize this work perfectly. It is already under way and will continue to operate in 1948 in agreement with the interested governments, in Austria, Bulgaria, Czechoslovakia, Greece, Hungary, Italy, Poland, Roumania, Yugoslavia, as well as in certain zones of Germany. The Danish Government is reserving its vaccine for use by Scandinavian Red Cross teams instructed by and under the technical direction of the Danish Red Cross. The Danish Government has offered the International Children's Emergency Fund an allocation of a sum of two millions crowns, to be made to the Danish Red Cross, which will permit its present activity to be continued and extended, this on condition that the Children's Fund will accept the anti-tubercular campaign of the Danish Red Cross as being in conformity with the general programme of the Fund.

It is most desirable from every point of view that the Executive Board of the Fund accept that condition and that offer. But the sum provided by the Danish Government is not sufficient to permit the extension of immunization to all of the groups for whom their governments desire it. It is therefore recommended that the Executive Board allocate a considerable sum, say two or three million dollars, for the extension of this work. This credit would be used by the Danish Red Cross during 1948 for the extension of its work in accordance with a general plan worked out between the Medical Sub-Committee of the Executive Board of the Fund and the Danish Red Cross on the one hand and the interested governments on the other. In each country a large number of national teams would be recruited, and these teams would be instructed by the Danish Red Cross. The technical supervision of the whole campaign, that is, the one already under way by the Danish Red Cross, and the new
The campaign provided under the above indicated arrangement, would be in the hands of Dr. J. Holm, who already has the technical supervision of the anti-tubercular work of the Danish Red Cross.

In those countries in which the Danish Red Cross is not working, the Medical Sub-Committee of the Executive Board of the International Children's Emergency Fund will study with the governments the best means of carrying out with the assistance of the Pasteur Institute of Paris, a programme of widespread immunization.

It is evident that the national administrations of the various countries will wish after 1948 to take over responsibility for and supervision of the continuing campaigns of immunization in their own countries. It will therefore be indispensable to provide from the start both technical and material assistance, which the Executive Board should allocate to those countries in order to assure their rapid development of effective vaccines. The sum of $100,000 should be set aside for this purpose.

IV. GENERAL ARRANGEMENTS

In order to co-ordinate work of this nature, it appears desirable that Dr. McDougall, Tuberculosis expert of the WHO, and Dr. B. Borcie, chief medical representative of the WHO to the Fund, collaborate with the Medical Sub-Committee of the Executive Board of the International Children's Emergency Fund, consisting of Prof. Robert Debre, Dr. L. Rajchman for Poland, and Dr. J. Holm for Denmark. Technical supervision would be given to Dr. Holm.

On the other hand, it is recommended that the Committee on Tuberculosis of WHO, under the Chairmanship of Dr. Holm, invite technical representatives of the various countries in which the campaign of immunization is undertaken, to meet every six months with the Medical Sub-Committee of the Fund to exchange views on the method and the progress of the campaign in the various countries.

V. FINAL RECOMMENDATIONS

The Sub-Committee recommends to the Children's Emergency Fund that a campaign of anti-tubercular immunization with Calmette vaccine be undertaken in all countries requesting it. The incidence and seriousness of Tuberculosis among young persons in many countries makes this an urgent task. The Sub-Committee would wish that this work be supervised as indicated under Paragraph IV.

The role of the Fund would consist in extending to other countries the work already begun by the Danish Red Cross, where the governments of those countries request it, and this both in those countries where the Danish Red
Danish Red Cross is already operating and in those in which it is not operating.

The task of the Fund would be to provide a credit of $3,000,000 which would be used through the Danish Red Cross in those countries in which it is working, and through some other means in other countries, to make possible mass immunization, if possible of all children and adolescents who can be vaccinated, principally in the European countries. This priority is due to the existence, as indicated above, of two important centres for the production of a vaccine which requires the greatest care in its preparation and use. Moreover, it is recommended that the Committee on Tuberculosis of the WHO, in collaboration with the Fund, place at the disposal of national health administrations all of the technical information and all of the educational material necessary to this work.

It would be of the greatest value to establish two pilot stations (in France and in Denmark) for a comparative scientific study of the campaign of immunization undertaken with the two vaccines of the Pasteur Institute and of the Serological Institute of the Danish State, by intracutaneous injection and by scarification.

The Committee feels that this campaign of immunization would, aside from its effectiveness in the urgent fight against tuberculosis among children, provide most valuable information for any later action by the WHO and by the various national institutions.
A certain development, notably the French and Swiss Governments, have made grants to ICAP in the form of fellowships. In addition, the proceeds of the United Nations Appeal for Children in Scandinavian countries will be devoted to fellowships for training in EC work to be held in Denmark, and other proposals in the field of fellowships are under consideration.

The allocation between the countries of the fellowship places available will be made on the basis of their allocations for food - which are themselves based on a number of factors - and on the losses of the country concerned in medical personnel. These allocations will be made in the very near future.

The awards will be made by the Governments concerned and will be principally allocated to persons actually responsible for the execution of the ICAP programmes, both central and local. It is estimated that about one third will be non-medical. The administration of the fellowship programme will be the responsibility of the Government awarding the fellowships and of the Government making the offer of fellowships. Since Governments will be responsible for the administration, no question of administration of the fellowships by the Interim Commission arises.

Nevertheless,
Nevertheless, it is clearly desirable that there should be continuous interchange of information and exchange of views between the Interim Commission and ICEF both centrally and locally, and ICEF is very desirous that such exchange of information should take place. No additional expense would accrue to the Interim Commission under these proposals.

(b) BCG Immunization

The proposals elaborated between the Chairman of the Executive Board of the ICEF and the Secretariat of WHO.IC are as follows:

1. facilities should be given for the Tuberculosis Advisor to WHO.IC to attend frequent meetings, perhaps monthly, in Paris, with Dr. Holm and other members of the ICEF medical projects sub-committee in order to consider the progress of the BCG immunization scheme as it develops.

2. meetings, at approximately quarterly intervals, should be held by a panel of WHO.IC Experts on Tuberculosis with special experience of BCG, with the participation of technical representatives of ICEF, to advise on the BCG immunization campaign.

3. a meeting should be held twice yearly between the panel referred to in paragraph 2, technical representatives of ICEF and representatives concerned in the BCG immunization scheme of the countries in which work was being undertaken, in order that periodic comparisons on an international level may be made. These meetings would no doubt coincide with the meetings referred to in paragraph 2 and no extra cost to WHO.IC would be involved.

4. a statistician be appointed to the staff of WHO.IC in order to advise on statistical aspects of the campaign.

5. an office be established in the WHO.IC Secretariat in Geneva for the analysis of the data received from countries in which BCG immunization is being carried on by ICEF, for their assessment, and for the preparation of a final analysis. The chairman of the Executive Board of ICEF is prepared to recommend to his Board that a grant should be made to WHO for this purpose.

The Committee on Relations therefore recommends that the Interim Commission:
TAKES NOTE with satisfaction of the continuous development of effective collaboration with ICNF; agrees that full exchange of information on the respective fellows programs of WHO, IC, and ICNF is desirable; endorses the proposal for advising the ICNF with regard to the BCG Immunization campaign undertaken under the auspices of ICNF; it being clearly understood that the responsibility of the WHO-IC is limited to making recommendations on the medical aspects of the campaign without responsibility for the field work, which responsibility lies with the ICNF and the participating government. Accepts the offer of the Chairman of the Executive Board of ICNF to recommend to his Board that ICNF should provide the funds necessary for statistical analysis; and decides that provision be made for the additional expenditures required, from the Field Services Budget.
Dr. RAJCHMAN opened the meeting by stating that he would take the chair only temporarily pending the election by the Panel of its own Chairman. He further stated that the meeting had been convened by Dr. Stempar, Chairman of the Interim Commission, and himself, Chairman of the ICEF Executive Board, with a view to obtaining for the Executive Board the best possible technical advice with regard to training facilities which would be made available to the Fund. The WHO, which was a permanent organization, was working very closely with the ICEF, which was a temporary organization, in regard to all of the medical aspects of the Fund's work and the Panel had therefore been jointly convened by both organizations.

The terms of reference of the Panel were to advise the Executive Board in connection with the training facilities made available to the Fund. The immediate question before the Board related to offers of training facilities from three governments, the Governments of France, Switzerland and Denmark.

The Panel thereupon proceeded to the election of the Chairman and it was agreed that Prof. DEBRE of France and Prof. FANCHON of Switzerland should alternate as chairman.

After some discussion with regard to the best manner in which the Board might consider the problem before it, the Panel considered the programme of training submitted by the French Government.

1. The French programme was generally divided into eight divisions: prenatal medicine, neonatal medicine, vaccination, food problems, children's psychosomatic problems, architectural work for hospitals and children's homes in its medical and social welfare aspects, demographic problems concerning child anti-TB programmes, infectious diseases (social aspects).

It was stated by Professor Debre that the French programme contemplated the participation of outstanding lecturers from other countries than France, such as the members of the Panel itself. It would be international not only with regard to the students but with respect to the teachers as well. Although some of the subjects might present difficulties for particular categories among the students, it would include such diverse personnel as architects, social workers, medical officers, and hospital administrators, the central idea of the programme was to draw these diverse categories more closely together through an integrated programme of social pediatrics.

* Original French translated at Paris Headquarters, UNICEF
After considerable discussion and with certain revisions in the programme suggested by members of the Panel and accepted by Professor Debre, the Panel approved the French programme as providing facilities and a programme which would constitute a valuable contribution to the Fund's work.

2. Professor Fanconi, Dr. Boeringer and Madame Ueltschi then outlined the facilities which could be provided by the Don Suisse Organization on behalf of Switzerland. They also described the experience which the Swiss Government had had in providing training facilities for students of different countries since the war. The Swiss offer did not contemplate an integrated programme of the type presented by the French but offered training along specific lines for child care personnel. The Don Suisse had provided 250,000 francs for this programme and were prepared to make these facilities available to qualified child care personnel from the different countries assisted by the Fund.

The Panel considered the offer of the Don Suisse and agreed that the facilities offered provided admirable training in fields which were of the greatest importance. It recommended therefore that the Swiss offer be accepted.

3. Dr. Holm then described the training programme in tuberculosis work, which had been going forward in Denmark. He stated that facilities were available for training twenty-five students at one time for a three-months course and that these training facilities were offered to the Fund as a contribution of the Danish Government. He also described some of the work which had been carried on in various countries with tuberculin tests and BCG vaccination.

4. **Other Training**

The Panel noted with interest the statement made by Professor Moncrieff of the United Kingdom and Professor Wallgren of Sweden that their governments might be prepared to make available training facilities if it were clear what specific facilities might be of real assistance to the Fund. Other members of the Panel expressed their appreciation of Professor Moncrieff's and Professor Wallgren's statement and looked forward to the participation of the United Kingdom and Sweden in this as well as other aspects of the Fund's work. It is hoped that other governments could make available training facilities for child care personnel.

Having generally considered the problems which the different countries faced, the Panel is of the opinion that a mass effort must be made by all countries which are in a position to do so to meet the emergency situation.
with which the Fund was concerned. The Panel was of the opinion that a combined international drive to make available, to those who had been cut off from the latest developments in the field of child care, training facilities could, if undertaken vigorously in 1948, be of immense benefit to the children of Europe.
ANNEX 4
REQUEST OF POLISH GOVERNMENT FOR ASSISTANCE IN ANTI-SYPHILIS CAMPAIGN*

NOTE: In the following there are a number of terms which require definition.

Województwo

Poland is divided into sixteen provinces called województwa of which fourteen are relatively large areas containing one or more cities and the remaining are the largest two cities - Warszawa and Łódź - each of which constitutes a województwa in itself. Each województwa has a governor, a part of whose staff is a health officer, a physician who serves part-time and usually has had no formal training in public health methods. This HO may have a venereal disease control officer who will also be a part-time employee.

Powiat

The województwa is divided into counties, called powiats. The Health Centre (referred to in the text as HC) of the powiat is staffed by part-time medical personnel who are also private practitioners. The Consultation Centres (which are referred to in the text as CC) are subdivisions of the HCs, sometimes staffed by specialists but more often by general practitioners. Each powiat is supposed to have a part-time HO who is responsible to the HO of the województwa.

* Original English.
The Programme of Venereal Disease Control in Poland

As Formulated by the Ministry of Health - Warsaw, Poland

The grounds of action.
1. The incidence of the venereal diseases has increased tremendously since the war in comparison with the pre-war period and now the health of the entire population, particularly that of the younger generation, is menaced by venereal disease.
2. The venereal diseases contribute to a decrease of the birth rate and to an increase in the number of stillbirths. The total decrease in live births may be as great as 40,000 to 50,000 per year. The mortality rate, due to syphilis, is about eleven per cent.
3. The efficiency of workers with venereal disease is thirty-six per cent below normal (American Social Hygiene Association).
4. The present methods of venereal disease control have produced no demonstrable result, as witness the continuing high incidence of early syphilis.
5. On the basis of provisional statistics, the number of cases of early syphilis (duration less than three years) is now approximately 150,000 per year.

The plan for control of the venereal diseases consists of a permanent programme and a temporary programme. The permanent programme includes not only the treatment of every venereal disease patient, but the improvement of methods of treatment, the investigation of contacts and the development of better methods of public education concerning the dangers of the venereal diseases. The temporary programme is based upon the application of modern methods of treatment of syphilis to control this, the most dangerous venereal disease, within the period of one year.

The Guiding Principles of the Permanent Programme for Control of the Venereal Diseases.

General Assumption.
1. The basis of venereal disease control is a comprehensive network of medical facilities easily available to everyone and well provided with drugs.
2. The legal basis for venereal disease control consists of laws and regulations of the Ministry of Health (the decree of the 16th April 1946 as well as other orders and announcements of the Minister of Health) the main principle of which is that every citizen affected with venereal disease is obliged to submit to treatment and may, if necessary, be compelled to do so.

/3. An essential
3. An essential feature of venereal disease control is the discovery of sources of infection; directing them to medical facilities for follow-up.

4. Auxiliary measure of venereal disease control are:
   (a) Periodical surveys of persons whose profession renders them susceptible to infection
   (b) Obligatory premarital examination
   (c) Obligatory serological examination of pregnant women
   (d) Training of medical and auxiliary personnel
   (e) Anti-venereal disease propaganda
   (f) Control of prostitution and vagrancy
   (g) Control of alcoholism
   (h) Collection of statistics

THE PERMANENT PROGRAMME

The basic functional units of the entire programme are the Consultation Centres for Skin and Venereal Disease (hereinafter referred to as CC) in the Health Centres (HC) which are distributed throughout the country. Besides the CC's, there is, in each major city, dermatological-venereological hospital clinics co-operating with the CC's.

The whole programme is divided into the following parts:

I. Therapy

II. Preventive and Statistical activities

III. Training

IV. Propaganda

I. THERAPY.

The activities of the Ministry of Health in this field consist of permanent provision of anti-venereal disease drugs to the CC and, if possible, to other medical facilities, i.e.:

(i) Arsenicals
(ii) Bismuth
(iii) Penicillin
(iv) Sulfathiazole
(v) Dithiopropanol (BAL)

For this purpose the Ministry of Health has, at its disposal, anti-venereal disease drugs in the central warehouse. This central warehouse is supplied with drugs by purchase:

(i) Of recent Polish products
(ii) Abroad for import
(iii) In free Polish market.

In connection with this, the Ministry of Health will support, if possible, Polish production of anti-venereal disease drugs by subsidies.
The CC will provide free examination and treatment to every venereal disease patient regardless of his place of residence. Every CC must have all equipment for microscopic examinations, including the dark-field and the simpler serological tests. The Ministry of Health will issue directions for simple methods of microscopic and laboratory examinations and will supply all CC with the necessary equipment and reagents. The establishment of such laboratories will require the training of technical personnel. Until these laboratories are established, the State Institute of Hygiene will serve this purpose.

II. PREVENTIVE AND STATISTICAL ACTIVITIES

The Ministry of Health will superintend the preventive work of the CC. The work, based on existing legal and administrative measures, consists of case finding and reporting and medical control of all who work in conditions tending to the transmission of venereal disease. These tasks are to be carried out by one CC in each powiat which, in addition to its normal therapeutic functions, provides medical care for sources of infection, follows up their treatment and maintains statistics. The CC performs all these functions in the name of the health officer of the powiat and, authorized by the HO, the CC will employ special public health nurses for this work. It is felt that contact investigation should be done by the CC rather than by the HO because the first is a medical facility while the duties of the HO do not include examination and treatment.

The CC of the powiat will be professionally supervised by the CC of the wojewodzta hospital. This centre has all necessary laboratories and together with the venereological section of the hospital will act as a training centre. In university centres, these functions may be carried out by the university dermatological clinics.

In practice, the procedure is to be as follows: every physician, without regard to his place of employment, whether he works in the consultation centre, a social insurance clinic, or is a private practitioner, is required, by order of the Ministry of Health, to determine the source of infection and all other sexual contacts of his patient during the infectious period and to send this information together with a case report to the nearest powiat CC.
NOTIFICATION OF VENEREAL DISEASE - SOURCE OF INFECTION AND CONTACTS.

PLACE.

COUNTY.

PROVINCE.

Date.

On this date, medical examination revealed that:

Name, first name, or symbol.

Sex.

Age.

Marital Status.

Profession.

Place of employment or occupation.

Is suffering from the disease No.

The following persons who have been in contact with patient are suspected to have venereal disease:

1. (Name, first name, address, place of employment or other particulars)

2. As above.

3. As above.

The name and particulars concerning examined patient, who is under my care - are known to me.

Signature of physician.

After receipt of these reports, the powiat's CC requests by letter the person named as source of infection to come to the CC for examination within seven days. When the examination is positive, he is directed to treatment. When he does not respond to the letter the public health nurse is sent to persuade him to come to the CC for examination; if he refuses to be examined, compulsion is to be utilized by the militia.

When a series of case reports indicates mass infection of a group (e.g. hotels, restaurants, etc.) the CC through the HO of the powiat will arrange for the examination of the whole group and arrange for treatment of those diagnosed as cases of venereal disease.

A part of this programme is the preparation of statistics based upon case reports. Such data, collected in an appropriate and efficient manner, may be of great value in the control of venereal disease. They may indicate:

1. The degree of spread throughout the country
2. The incidence in different areas
3. The investigation of conditions which lead to the spread of venereal disease
4. The determination of the amounts of drugs needed in order to plan production and importation of required quantities.

The CC of the powiat collects, according to the regulations of the Ministry, statistical data based on case reports and sends them to the HO of the wojewodztwa. The HO, in turn, transmits the data for his jurisdiction to the Ministry of Health.

/By regulation.
By regulation of the Ministries of Health and Public Administration, those who wish to be married must submit recent medical evidence of freedom from venereal disease including the report of a serological test. This procedure will require the expansion of the facilities of the State Institute of Hygiene.

III. TRAINING

The Ministry of Health organizes in each province (wojewodstwa) periodical one-day training courses in venereal disease for physicians on occasion of each meeting of the HO's of the powiats, or physicians employed in HC's. All other physicians are to be allowed to attend these training courses. It will also be desirable to add venereal disease training to the programmes of other courses, such as those in trachoma, by prolonging these courses one day.

The purpose of Training Courses.

1. To keep therapy on the level of recent advances in the field especially in the rural areas.
2. To clear up questions concerning organization and regulations
3. To train physicians in preventive medicine propaganda and statistics
4. To afford physicians opportunities to ask, complain and express their needs.

These courses are to be taught by specialists and are to be held in each area (wojewodstwa) at least once a year. Each physician employed in a CC is obliged to attend such a course each year.

Programme of the Course.

1. The most common faults in diagnosis of venereal disease - new diagnostic methods (one and a half hours).
2. Modern methods of treatment; the management of complications of treatment (two hours).
3. The control of the venereal disease, legal basis for public health programme, organization or consultation centres and statistics (one hour).
4. The organization of propaganda (one hour).
5. Discussion period (two hours).

After completion of the course, the specialists who conducted the course spends three days in the field. He inspects the greatest possible number of CC's advising on the basis of his specialized knowledge to correct faults and improve the work. Transportation facilities are to be provided by the HO of the powiat. He will be expected to inspect from four to eight CC's.
One course should serve the physicians of five to eight powiats. Thus, there should be fifty courses per year in the entire country. In order to obtain an adequate number of specialist instructors the Ministry of Health will make agreements with the professors of Dermatology who will assign, in turn, their assistants for five days each year. For this purpose the Ministry will subsidize an additional position of assistant in each university clinic. Since there are now six to seven assistants in each of the seven university clinics, it is obvious that there will be available a sufficient number of specialist-instructors.

The fee for this duty: travel expenses, subsistence, fee per hour of lecture, and an additional fee for improvement in the efficiency of CC's.

In order to make these courses easier and more efficient, the Ministry will issue each year regulations for lectures.

In addition to these courses, the Ministry will help to organize and subsidize longer courses for general practitioners and specialists given by the venereological clinics of the universities. Such one to four week courses are a part of the general system of training of physicians.

IV. PROPAGANDA

Propaganda is of the most value in places and among groups which are most frequently exposed to venereal disease because of their mode of life; such as:

1. The army
2. High Schools
3. Universities

Propaganda will consist in:
1. Popular lectures
2. Films and projector slides
3. Posters and pamphlets
4. Anti-alcohol propaganda.

Propaganda may be organized by physicians or, after short training courses, nurses and students in the later years of medical colleges.

The Ministry will aid in the organization of propaganda which may be placed in effect by social societies of different youth and women's organizations.

The Ministry of Health will influence the Ministry of Education to include in the programme of education in high schools and grammar schools information about the dangers of venereal disease, its prevention and cure.

The support of the Ministry will include supervision of all propaganda and the provision of lecturers, publications, posters, slides, films. For this purpose, the Ministry will publish and subsidize adequate propaganda materials.
THE TEMPORARY PROGRAMME - RAPID TREATMENT OF SYPHILIS FOR THE YEAR 1948

Grounds
1. One of the main obstacles to the control of the most dangerous venereal disease - syphilis - was long-term treatment. Frequently the patient discontinued treatment after his lesions disappeared which led to infectious relapse after varying intervals.
2. The period of infectiousness of syphilis - treated by the routine arsenic bismuth methods - lasts one year; the treatment two to three years.
3. The newer methods of treatment with penicillin shorten the infectious stage to two to three weeks and treatment to about two weeks. The possibility of infectious relapse by these methods is not greater than five per cent.
4. The application of modern methods of treatment with penicillin in mass treatment should effect a considerable decrease in the incidence of venereal disease in a relatively short period of time. An adequate supply of drugs is assured through donations and purchases abroad.

The Plan for Mass Treatment
1. Survey of sample populations.
   The purpose is to obtain data concerning incidence and prevalence of syphilis before the beginning of mass treatment, by means of clinical and serological examination of fifteen groups of 1,000 persons each in various parts of the country within a period of two weeks. To do this, it is necessary:
   (a) Select fifteen areas with 1,000 persons each to be examined
   (b) Prepare in these areas the police lists of names of residents
   (c) Appoint teams of physicians and medical aid personnel
   (d) Draft and print forms for reports of the cases of venereal disease which will be found.
   (e) Draft and announce the order of the Minister of Health requiring submission to examination of all persons in selected areas.
   (f) Compute incidence and prevalence rates.
2. The supervision of serological examinations.
   The purpose of supervision of serological examinations is to profit by another important method of case-finding and control of treatment. Supervision will be possible on the basis of a special order of the Minister of Health.
   For adequate supervision it will be necessary:
   (a) For the State Institute of Hygiene to work out and require
a standard method of serological examination for the entire country (i.e. a flocculation test).

(b) To require all laboratories in Poland to accept for examination only such material which is identified by name, address, diagnosis and eventually the treatment schedule of the patient.

(c) To empower the State Institute of Hygiene to control (inspect and check tests) all private laboratories in Poland once a year in order to raise the level of serological efficiency.

(d) To require that every physician send for serological examination a specimen of the blood of every pregnant woman immediately upon the first diagnosis of pregnancy.

(e) To require the clinical and serological examination of all recruits for military service, students and workers, in order to find cases of early syphilis.

(f) To require all laboratories to send copies of all positive serological reports to the HO of the Wojewodstwa.

3. The procedure with the patient.

i. In the plan for rapid treatment, all physicians, including private practitioners, without reference to their places of employment, are to be utilized.

ii. For this purpose the Ministry of Health will issue regulations containing the following essentials:

   Diagnosis of syphilis

   (a) The criterion for the diagnosis of syphilis in the communicable stages shall be the discovery of Trep-pall in the primary lesion or in the condyloma or soropositive serological test in the presence of clinical symptoms.

   (b) Examinations for Trep-pall shall be carried out in the CC of the HC.

   (c) Serological examinations may be done in the CC of the powiat or in the nearest laboratory.

   (d) When the patient does not consent to be examined in the CC, the private physician may make the final diagnosis without confirmation in the CC.

   (e) HC's or CC's which have no microscope may direct the patient to the nearest powiat CC or the nearest laboratory for confirmation of diagnosis.

   Treatment schedule

   The minimum standardized schedule of rapid treatment for syphilis, which is obligatory for all physicians, shall be determined by the Ministry. This schedule will be utilized by every physician in every case.
case of communicable syphilis without regard to whether, or what form, of later treatment may be utilized.

Each case of symptomatic early syphilis (primary or secondary) and each case of asymptomatic early syphilis (up to three years in duration) which has not been treated previously or has received less than one course of arsenic and bismuth and every case of syphilis and pregnancy shall be treated according to the following scheme:

Penicillin in beeswax and oil in ten days, one injection of 300,000 units daily - (total dose 3,000,000 units).

Bismuth subsalicylate in oil intramuscularly in doses of 0.2 grammes of metallic bismuth every three days, i.e. on the first, fourth, seventh and tenth days of treatment.

After the statement of diagnosis, every physician is required:
(a) To send in a special form to the powiat HC the report of the case and the source of infection.
(b) To give the patient a treatment card as shown overleaf
(c) To secure drugs for the patient from the HC or CC
(d) To begin treatment by the standard method.

MOBILE UNITS

Because of the considerable distance of some villages from the HC’s and the difficulties of transportation in some parts of the country, it will be necessary to create mobile units for diagnosis and therapy to enable the population to be treated near their homes.

Each HO of wojewodstwas will have one mobile unit at his disposal, composed of one venereologist (instructor to local physician) one nurse, one nurse’s aid and one driver.

The unit will have one ambulance (or other car) equipped with simple laboratory equipment such as a darkfield microscope and apparatus for clinical examination and treatment.

The tasks of the unit are:
(a) To visit parts of the country where the syphilis rate is high.
(b) To make propaganda to educate the public on the dangers of venereal disease.
(c) To make mass examinations and carry out treatment.
(d) To educate local medical and nursing personnel in venereal disease control
(e) To inspect the HC’s and CC’s where therapy is given.
DISEASE CARD

PLACE .................................. COUNTY .................................. PROVINCE ..................................

NAME AND ADDRESS .................................................................

DISEASE NO: ............

Physicians name and address .........................................................

Date of delivery of card ..............................................................

Serological reaction before treatment .................................................

Treatment and complications .............

CLINICAL AND SEROLOGICAL FOLLOW UP

The result of examination at 1, 2, 3, 6, 9, 12, 18, 24 Months after the end of treatment

SPINAL FLUID EXAMINATION

The result of examination at 1 and 24 Months after treatment

Physician's signature .................................................................

/4. Distribution
4. Distribution of Drugs.
   (a) The Ministry of Health will supply, through the HO of the Wojewodstwa all CC's with penicillin and other anti-syphilitic drugs.
   (b) CC begins treatment upon every case of syphilis diagnosed in the CC or directs him to a hospital when necessary.
   (c) After receipt of a case report, the CC issues to the physician penicillin and other drugs necessary for the standard treatment.
   (d) The patient certifies, by signature, that he has received treatment.

5. Treatment Report.
   (a) Every HC is obliged to send on special forms every three months, reports of treatment and of post-treatment observations.
   (b) The CC sends to the HO of the wojewodstwa a report of treatment and observation.
   (c) The HO of the wojewodstwa maintains files and compiles statistics concerning the results of treatment and contact investigation.
   (d) The Venereal Disease Control Section of the Ministry of Health receives copies of the reports of each HO of the wojewodstwa.
   (e) The VD Control Section computes results of treatment in conference with the Scientific Advisor on Venereal Disease.

6. Propaganda
   Because of the necessity to treat by the rapid method the largest possible number of infectious cases of syphilis, it will be necessary to use all possible means of propaganda. Propaganda:
   (a) warns of dangers of venereal disease;
   (b) stresses the necessity of medical examination upon the slightest suspicion and also the necessity of treatment;
   (c) makes it clear that modern methods considerably shorten treatment but stresses that only systematic post-treatment examination can guarantee cure;
   (d) explains that every patient may have free consultation and treatment in HC or any other public medical facility but that free drugs will be provided to the private physician if the patient prefers such treatment.

Propaganda measures.
Propaganda concerning the programme must reach every citizen even in the most remote places. The following media are to be utilized:
   (a) Posters in the waiting rooms of the HO, railway stations, trams, buses, restaurants, streets, etc.
(b) Articles in newspapers.
(c) Radio.
(d) Films (slogans and eventually a special movie)

7. Repeated survey of sample populations.
After one year from the beginning of rigid treatment, the second survey should be carried out under the same conditions as the first (15,000 persons in fifteen areas). Thus, it will be possible to compare the results of both surveys to determine the results of the rapid treatment programme.
EVALUATION OF THE NUMBER OF SYPHILITIC PREGNANT WOMEN AND NURSING MOTHERS IN POLAND IN 1947.

1. Number of diagnosed and treated syphilitic cases (congenital syphilis excluded) during the second quarter in 1947 70,773
2. Total number of cases during the total year 1947 283,092
3. Number of women affected (following statistics of the Social Security Centres: forty-three per cent) 122,031
4. Number of non-treated cases of syphilis in women during seven years of war (pos.3x7) 654,217
5. Number of women (see above) taking into account the mortality during the war (eighty per cent of the situation in Pos.4) 683,374
6. Birth rate in the ten main cities of Poland in 1946 23,3/1,000
7. Number of families with untreated syphilitic women (Pos.5x2,16) 1,476,087
8. Birth rate in families with untreated syphilitic women 23,3x1,476,087

Amount of penicillin necessary for the plan if a total dosage of 3,000,000 units penicillin is necessary for an adult and 1/2 that amount for a child, - the cost of a total dosage being $7.20. Number of total

1. For 5,518 cases of congenital syphilis Dosages Price
   2759 39726.60

2. For 34,393 cases of pregnant women and nursing mothers
   34393 247628.60

3. For 132,312 cases of early syphilis
   132312 952676.

4. For 50,440 cases of early syphilis without chronic symptoms
   50440 363168.

In Poland, as in the other countries who were touched by the war, there is a considerable increase in the number of cases of venereal disease. This is a very important social problem. In the case of Poland, this increase was the result of a number of migrations of the population and the movement of the front line which passed several times through the country.

The Ministry of Public Health basing its recommendations on compulsory laws in existence has established and decided to fulfil a plan for an overall action against syphilis which is, from the social point of view, the most dangerous venereal disease. It has established a basic plan for the modern and rapid treatment based on the detection on a large scale of the
cases of disease and on their treatment.

The origin of this plan is based on the great concern for children and younger generation and, in this respect, a pre-nuptial serological examination as well as the serological testing of pregnant women has been established. It is clear, however, that the treatment of children affected with syphilis does not solve the problem. It is therefore necessary to treat the pregnant women and the nursing mothers contaminated with syphilis as well as the suspected cases. The programme of the Ministry of Public Health is based on the principle of free treatment of venereal disease providing facilities for modern and rapid treatment.

The treatment with penicillin of gonorrhea and syphilis has left the experimental stage and can boast permanent success of the greatest social importance.

The treatment of syphilis with penicillin, as it is practiced in the United States of America, by shortening the duration of contagiosity by more than nine months, is the basis of the modern treatment of this disease.

This kind of treatment is the basis of the Polish Plan for a campaign against syphilis. This programme was proposed the 14th January 1948 by the delegation of the Ministry of Health at the Meeting of the Committee of experts on venereal infections of WHO I.C. This Committee of experts considered the plan most favourably and passed the following resolution: annex 5.
V. PRESENTATION OF THE POLISH ANT-SYPHILIS PLAN

The Committee takes notice of the anti-syphilis plan of the Polish Ministry of Health, as presented both by the representatives of the Ministry and in the documents made available to the Committee. After considering its technical and other aspects, the Committee wishes to express its approval of the plan as follows:

A mass attack on syphilis on a nation-wide scale with penicillin has, to the knowledge of the Committee, so far not been attempted anywhere in the world.

It is the opinion of the Committee that the plan, as presented by the Polish Ministry of Health, appears to be a well-rounded and well-planned method for the control of syphilis in that country. The principles which are embodied in the plan should serve as an effective means of combating a similar situation in other countries.
The children to be vaccinated are essentially nursing or small babies sent by the Office d'Hygiène (Health Department) of the Seine to the Foster Parents' Service for small children in order to separate them from their tubercular parents and place them in the country under close medical surveillance.

After separation the children will be tested with tuberculin and then vaccinated, some by scarification and some intracutaneously, with vaccine corresponding to the proper method and furnished by the two institutes designated.

After this the children are watched: clinical examination, weighing, etc., radiological examination and especially study of sensitivity to tuberculin (measure of this sensitivity, date of appearance, persistence in the absence of any contact).

Later the children are returned to their families: study of conditions of their contaminating contact is continued.

The children are observed regularly for as long a time as possible.

(study of their sensitivity to tuberculin, clinical study, radiological study).

Necessary Personnel:

1 doctor - Half time
1 nurse - Full time
1 social worker - Full time
1 secretary - Half time

* Original French. Translated at Washington Headquarters, UNICEF.
DENMARK

In Denmark BCG is made only in the State Serum Institute in Copenhagen. Vaccine is prepared and sent out once a week.

Each batch of vaccine is controlled by the three following tests:
1. For sterility
2. For number of viable BCG bacilli per CC
3. For virulence of tubercul bacilli by subcutaneous injection on Guinea-pigs
4. For potency by
   (a) intracutaneous injection on Guinea-pigs
   (b) vaccinations on men

Ad 1) Before a vaccine is sent out it is controlled two days for sterility using
   A. Blood-agar plate
   B. Similiquid agar
   C. Similiquid blood-agar

Ad 2) The number of viable germs per CC of the vaccine is counted by quantitative cultivation on Loewenstein tubes

Ad 3) From each preparation of vaccine a guinea-pig is injected subcutaneously with 5 mm of the BCG culture used. The guinea-pig is kept for one year and then examined carefully on tuberculosis.

Ad 4) For each vaccine prepared two white guinea-pigs are given intracutaneous injections of four dilutions of vaccine, the first corresponding to the dose of vaccine used on men, the others being 1/10, 1/100 and 1/1000 of this dose. The nodules which develop are measured once a week and followed up until they disappear. With the right potency of vaccine there should come definite nodules on the two larger doses and a small nodule on the third dose.

By this test an estimate of the potency can be obtained within two to three weeks.

Ad 4b) The best test of the potency of the vaccine is the vaccination carried out on men, getting records of the size of the local reaction, the number being positive to tuberculin six-eight weeks after vaccination and the duration of the tuberculin sensitivity.

* Original English

/For each person
For each person vaccinated in Denmark a special record is made up. These cards are kept in the local T.B. dispensary. The persons vaccinated are asked to come back to the dispensary six-eight weeks after the vaccination in order to have a T.B. test; at the time the reaction on the side of vaccination is measured and recorded. All later examinations for T.B.- (tuberculin test, X-Ray, etc.) are recorded on the BCG card.

All BCG cards are available for the State Serum Institute. Until a few years ago all the vaccinations made in Denmark were used for the measure of the vaccine of each batch. In the last years only the cards of the dispensaries in Copenhagen are used systematically. (About 500 cards a week)

Exactly the same vaccine as the one sent out from Denmark is used in Denmark, so that from each batch of vaccine we have an average of 2,000 persons vaccinated in Denmark.
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<th>Item</th>
<th>Danish Kronor</th>
<th>U.S. Dollars</th>
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<td>BCG. VACCINE AND TUBERCULIN</td>
<td>5 000 000</td>
<td>262 000</td>
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<td>PURCHASE OF MEDICAL EQUIPMENT</td>
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<td>REGISTRATION AND VACCINATION CARDS</td>
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Reserve in U.S. Dollars
Reserve in Danish Kronor 20%
1 899 000

<table>
<thead>
<tr>
<th></th>
<th>Danish Kronor</th>
<th>U.S. Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserve in Danish Kronor 20%</td>
<td>1 899 000</td>
<td>3 000 000</td>
</tr>
</tbody>
</table>

/HEADINGS
### READINGS

**B.C.G.**  
Vaccine and Tuberculin 50,000,000 at 10 ore each.

It is assumed that there will be 600 vaccinators practising:

- **Cost of 1 kit complete:** K. 300
- **Replacement:** K. 150

\[
\begin{array}{l}
\text{Cost of equipment at (1 station):} \\
\text{K. 2,000} \\
\text{40 stations at K. 2,000 each:} \\
\text{K. 80,000}
\end{array}
\]

**Replacements**

- **Estimated cost of replacements:** K. 400 for 13 weeks
  
\[
\begin{array}{l}
\text{400 x 600 = 240,000} \\
\text{5 weeks:} \\
\text{K. 100,000}
\end{array}
\]

\[
\text{Total: K. 260,000}
\]

**Registration & Vess. cards**

- **Cost of paper:** K. 500
- **Printing:** K. 10,000

\[
\text{Total: K. 10,000}
\]

**Freight**

- **Rail freight 65 oves per kilo (Freight Copenhagen-Budapest)**
  
\[
\begin{array}{l}
\text{K. 2,000 x 65 x 10 = 130,000}
\end{array}
\]

\[
\text{Average Flight - Copenhagen-Frankfurt: K. 2,500}
\]

\[
\text{Total estimated flights per annum: 100}
\]

\[
\begin{array}{l}
\text{K. 2,500 x 100 x 250 = 625,000}
\end{array}
\]

\[
\text{500 km: K. 125,000}
\]

\[
\text{500 km: K. 125,000}
\]

**Total:** K. 625,000

**Purchase of Vehicles**

- **125 Standard Sedan:** K. 1,850
  
\[
\text{Total: K. 1,850}
\]

- **130 Panel Trucks:** K. 1,990
  
\[
\text{Total: K. 1,990}
\]

- **Spare parts:** K. 150
  
\[
\text{Total: K. 150}
\]

\[
\text{Total estimated: K. 6,000,000}
\]

**Buying Costs of Vehicles**

- **350 cars, 50,000 kms. per annum:**
  
\[
\begin{array}{l}
\text{Total kms: 30,000 x 250 = 7,500,000}
\end{array}
\]

- **Coverage is estimated at 5 kms to 1 litre petrol:**
  
\[
\begin{array}{l}
\text{therefore: 2,500,000 x 0.5 = 1,250,000}
\end{array}
\]

\[
\text{Total: K. 1,250,000}
\]

**Maintenance of Vehicle**

- **Oil estimated 200 litres per car per annum at 40 cents USA:**
  
\[
\text{per litre:} \\
\text{K. 20 x 200 x 0.40 = K. 160}
\]

\[
\text{Insurance (3rd party only): K. 600 per car per annum:} \\
\text{K. 25 x 200 x 0.60 = 30,000}
\]

\[
\text{Tyres: 6 tyres per car per annum @ K. 40 each:} \\
\text{K. 250 x 40 x 6 = K. 60,000}
\]

\[
\text{Revulcanising and puncture repairs:} \\
\text{K. 10,000}
\]

\[
\text{Total:} \\
\text{K. 290,000}
\]

- **Carried Forward:**
  
\[
\text{K. 1,330,000}
\]

The requests made herewith are based on existing contracts and compiled from actual relief operations carried out by existing teams.

It is known that 1 syringe will last for one week, 2 ds. platinum needles are used in 13 weeks, 16 steel needles, with sumriens, i.e. cotton wool, scissors, etc.

The total requested is estimated on 50,000,000 being tested and a total of 15,000,000 attending for final vaccination.

rail freight will be used for transporting medicines, supplies and food to teams in the field, and is estimated at 1 kilo per day, per person.

Air freight, Danish Red Cross owns our own aircraft for delivery of vaccines, etc. This makes 1 flight each week. They are to prepare place and step up flights to 4 each two weeks.

Totals estimated are for transportation for 200 teams in 10 European Countries. Prices estimated obtained from General Motors, Copenhagen.

---

**HANS KROHORS**

U.S. DOLLARS

\[
\begin{array}{l}
\text{Total:} \\
\text{K. 1,330,000}
\end{array}
\]

---

**Salaries**
<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Danish Kroner</th>
<th>U.S. Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salaries</strong></td>
<td><strong>Administration</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Senior officers</td>
<td>$25,000 per annum</td>
<td>100,000</td>
<td></td>
</tr>
<tr>
<td>9 Junior clerks</td>
<td>$10,000</td>
<td>40,000</td>
<td></td>
</tr>
<tr>
<td><strong>Transport Section</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Transport clerk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Travel clerk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Procurement clerk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Junior clerk</td>
<td>15,000</td>
<td>55,000</td>
<td></td>
</tr>
<tr>
<td>2 Statistical clerks</td>
<td>10,000</td>
<td>50,000</td>
<td></td>
</tr>
<tr>
<td>2 Accounts Audit clerks</td>
<td>10,000</td>
<td>50,000</td>
<td></td>
</tr>
<tr>
<td><strong>Operational</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Doctors</td>
<td>25,000</td>
<td>75,000</td>
<td></td>
</tr>
<tr>
<td>3 Head Nurses</td>
<td>10,000</td>
<td>30,000</td>
<td></td>
</tr>
<tr>
<td>2 Secretaries</td>
<td>10,000</td>
<td>30,000</td>
<td></td>
</tr>
<tr>
<td>Scandinavian, 200 at K. 10,000 per annum</td>
<td>125,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locally recruited, 800 at $1200 per annum</td>
<td>2,000,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Staff Maintenance</strong></td>
<td>Food</td>
<td>Imported for Scandinavians 75 K. per month, 200 x 12 x 75 = $180,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Imported for locally recruited 125 K. P.M., 800 x 12 x 125 = $1,200,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indigence for Scandinavians $320 per annum, 200 x 360 = $72,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clothing</strong></td>
<td>Scandinavians, 1500 at $6</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Furniture</strong></td>
<td>$25 per month = $300 per year</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Insurances</strong></td>
<td>Danish Premiums K. 500 per annum, 200 x K. 500</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Travel</strong></td>
<td>Copenhagen to</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>200 x 5 x K. 500 = $2,500,000 in Swedish currency</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>75% K. 3,500,000 in U.S. currency = K. 3,750,000 &amp; K. 5,130,000 to the $</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inspector</strong></td>
<td>1 Doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Administrator</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Personnel Welfare Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Janitor</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Estimated expenditure $1,000 per month, each</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Local Transportation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rents &amp; Services</strong></td>
<td>Administration Offices including Light &amp; Heat</td>
<td>K. 30,000</td>
<td>11,000</td>
</tr>
<tr>
<td></td>
<td>Operational 2 Stores</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Garage</td>
<td>K. 45,000</td>
<td></td>
</tr>
<tr>
<td><strong>Field Offices including</strong></td>
<td>40 Stations (5 teams each)</td>
<td>K. 45,000</td>
<td>16,500</td>
</tr>
<tr>
<td></td>
<td>2 Scandinavian &amp; 20 Local</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In order to ensure expediency in carrying out this programme, most of the medical and auxiliary staff has to be recruited locally. This has been proven the only efficient method in practice.

This is based on Danish prices in Kroner.

It is necessary for each member of the team to have 2 suits of medical clothing, 2 suits can be made from 75 yrs. cloth, material being unobtainable in Denmark, it will be necessary to purchase this in U.S.A.

An allowance of $25 per month in local currency for each Scandinavian.

This is based on an average cost of K.500 per Scandinavian in the field per return journey and allows for 2 return journeys and one single four inspectors constantly travelling.

Estimated cost by Local Transport Officer.

Based on present figures in Copenhagen.

These offices in most cases are expected to include living accommodation for the teams.

Carried forward $345,000 2,529,000

Stationery
<table>
<thead>
<tr>
<th>HEADINGS</th>
<th>NARRATIVE JUSTIFICATIONS</th>
<th>DENKIS KRONOR</th>
<th>U.S. DOLLARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stationery &amp;</td>
<td>Purchase of paper................................................................................................. $ 10 000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printing,</td>
<td>Printing................................................................................................................. $ 5 000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posters........</td>
<td>Lectures, Cost of Films shown....$ 5 000................................................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information</td>
<td>Film..................................K. 100 000..................................................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stationery............................K. 50 000................................................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Typewriters</td>
<td>75 typewriters @ $ 240.- each..............................................................................</td>
<td>$ 15 000</td>
<td>$ 95 000</td>
</tr>
<tr>
<td></td>
<td>2 * &quot; main stations .............. 20.....................................................................</td>
<td>$ 15 000</td>
<td>$ 18 000</td>
</tr>
<tr>
<td></td>
<td>&quot; statistics Office............. 15......................................................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture</td>
<td>40 sub stations $ 12 000....................................................................................</td>
<td>$ 60 000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10 main stations $ 48 000 ..................................................................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reserves in U.S. Dollars                                                        Danish Kronor 204</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The amounts requested include for purchase of paper outside Denmark. Lectures (anti-tubercular) Printing, Posters, Films, Cost of Films Shows

This sum includes purchase of office equipment, filing cabinets, etc., also allows for Personnel furniture - Beds, tables, etc.

Brought forward 9 365 000 2 629 000

9 495 000 2 832 000

1 899 000 198 000

1 11 706 000 3 000 000

/ANNEX 9
Sir,

The Executive Board of the United Nations International Children's Emergency Fund has considered that its first task is to assist governments in the provision of food stuffs needed by the children and mothers and which the governments themselves are not in a position to provide. In addition, the Board will undertake certain medical projects which can be applied on a mass scale with a view to the prevention and spread of diseases which most vitally affect the children in the country which the Fund is assisting. Acting upon this policy, the Board has determined to concentrate its efforts in the medical field on the prevention of tuberculosis through the BCG vaccine and through assistance to governments in anti-VD campaigns which may be developed with the co-operation of the Fund.

The Fund has assisted Poland in drawing up a plan to combat syphilis on a mass scale. The plan calls for the treatment of all patients with contagious syphilis with penicillin in beeswax and oil which from recent experience has proven successful in from 90 to 95 percent of the cases. As you may know, the recent use of penicillin in beeswax and oil makes it possible to successfully treat syphilis by seven inter-muscular injections given at twenty-four hour intervals. This plan has been approved by the Special Committee on VD of the Interim Commission of WHO at its recent meeting in Geneva. (See enclosure).

As will be seen from the annexed documents relating to the Polish Plan the organisation of such a campaign would involve a significant effort upon the part of your government. This effort would require a great deal of organisation and involve the expenditure by the government of considerable funds. In order to assist your government, the Fund, should you so desire, is prepared, as in the case of Poland, to provide technical assistance for the development of an overall plan, but the most essential contribution of the Fund will be the provision of penicillin itself.

* Original English

/ The Children's
The Children’s Fund would be glad to consider any application which your government would care to make for assistance in the implementation of an overall plan to combat syphilis, the assistance of the Fund naturally being related to the campaign among children up to 15 years of age, bearing in mind that our first concern is in the prevention of syphilis through the treatment of pregnant women.

Although the Children’s Fund has set aside at present only a small amount of money for medical purposes, it is anticipated that in the near future larger sums will be available so that work along these lines can be carried out in various countries.

The Fund will communicate with you separately with regard to its work in the field of tuberculosis.

At the present time we are preparing to submit to our Executive Board applications for assistance from the Fund for the type of anti-VD campaign described above.

Very truly yours,

[Signature]

[Name]

[Position]

[Organization]

[Address]
The Executive Board of the Fund in the course of a meeting held between 2nd and 7th October, 1947, decided to enter into temporary arrangements with the French Government to utilize the facilities offered as part of its contribution to the Fund for the purpose of "assisting in bringing technical facilities within the reach of doctors and their collaborators in the way of new methods and techniques for carrying out child health projects".

Following this decision, a programme for a course in Social Pediatrics was submitted to the Advisory Medical Panel Meeting held on 19th and 20th January, 1948, which had been convened jointly by Dr. Stampar, President of WHO and by Dr. R. Rechman, Chairman of UNICEF. The experts, Dr. Hirsfeld, Dr. Debre, Dr. Fanconi, Dr. Helmholz, Dr. Moncrieff, Dr. Plum, Dr. Sarvan, Dr. Struthers, and Dr. Wallgren agreed unanimously to set up a course in Social Pediatrics in Paris for the use of fellows accepted by the Executive Board of the Fund and gave their approval to the following programme.

**COURSE IN SOCIAL PEDIATRICS**

**ORGANIZED BY THE UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND**

**IN PARIS**

The training will take place in Paris. It will be practical with visits and training periods in hospitals, outpatient clinics, medico-social centres and institutions for children.

Lectures will take place every morning at 9.00 a.m. in the Lecture Room of the École de Puericulture of the Faculte de Médecine de Paris, 26 Boulevard Brune, Paris. A seminar will follow from 10.00 to 12.00 (noon) under the direction of the Lecturer and the Director of Studies. Lunch will be taken together. Afternoons will generally be devoted to survey visits, in groups, or to individual practical work. Reports on the survey visits and practical work will be made by the fellows. They will be corrected and commented by the Professor and the Director of Studies and discussed in the course of a special meeting which will take place once a week.

A certificate of attendance will be given at the termination of the course which will last four months.

The first course will start on 5th April, 1948 and will be finished at the end of July.

* Original French. Translated at Paris Headquarters, UNICEF.
The training applies to several categories of fellows:
A. Professors (Agreges) and Associate Professors of Faculties of Medicine.
Assistant Doctors in Children's Hospitals
Specialists in Pediatrics (doctors, surgeons and obstetricians in charge of consultation clinics or children's hospitals).
B. Directors of Schools of Puericulture
Directors of Schools for Social Workers
Directors of Schools for Nurses
Directors of Children's Institutions
C. Professors, teachers.
Administrators and Officials dealing with matters related to Mothers and Children.
Health Architects charged with building hospitals or Children's Homes.

I. CURRENT SUBJECTS
A. Medical care - Normal children
   Period prenatal
   " neo-natal
   " from birth to two years
   " from two to six years
   " from six to fifteen years
B. Medical care - Deficient children
   (a) physiologically
   (b) mentally
   (c) socially (illegitimate, delinquent, neglected or abandoned children)
C. The child in the Public Health Unit
D. Present conditions of children in European countries

II. PRE-NATAL PERIOD
1. Deprived condition of the expectant mother
2. Work during pregnancy: medical consequences and social problems.
3. Social Security and Pregnancy
4. Pre-natal clinics and homes for expectant and nursing mothers
5. The problem of abortion (medical and social)
6. Mortality during the gestation period
7. The problem of the mother
8. Visits to Homes for expectant and nursing mothers, Pre-natal clinics

III. NEO-NATAL AND POST-NATAL PERIOD
1. Outline on birth physiology
2. Neo-natal accidents: asphyxia, anoxia
3. Blood incompatibilities (Rhesus factor)
4. Hemorrhagic
III. NEO-NATAL AND POST-NATAL PERIOD (Continued)

4. Hemorrhagic Disease - Avitaminosis K
5. Epidemic diarrhoea of the newborn
6. Medical care of prematurity and debility
7. Medical and social problems re. hospitalization
8. (and sanitary organization)
9. Congenital malformations and neo-natal surgical and orthopedic treatment
10. Visits to obstetrical departments and maternity wards - Apparatus for resuscitation - Blood Bank

IV. VACCINATION

Diphtheria
Tetanus
Whooping cough
Typhoid Fever
Typhus

Visits: Pasteur Institute, Paris. Practical work in hospitals for contagious diseases.

V. FEEDING PROBLEMS

1. Principles - caloric requirements - balance diet
2. "
3. "
4. Nutritional deficiencies in children
5. Breast feeding
6. Artificial feeding
7. Prophylaxis of gastro-intestinal disorders
8. (A
9. (B
10. (C
11. (D

12. Medico-social problems with relation to infant feeding
13. Milk problems from the economical and social point of view (production and distribution)
14. Industrial milk - present problems

Visits: Food Hygiene Institutes, Factories, Dairies, Diet Kitchens, Lactarium.

VI. PSYCHO-SOMATIC PROBLEMS IN CHILDHOOD

1. (Intellectual development
2. (Psychic reactions
3. (Neuro-Muscular development
4. (Habit formation. Adaptation to social life.

/5. (Abnormal
VI. PSYCHO-SOMATIC PROBLEMS IN CHILDHOOD (Continued)

5. Abnormal children
6. Mental tests
7. Vicious and delinquent children
8. The Child in the Home
9. The Educator and child psychology
10. School Medicine
11. Games - Scoutism
12. Organization of recreational time

Visits: Parochial Children Centres
   Children's Courts
   Homes for delinquent children
   Schools, kindergartens, open-air schools,
   Consultation clinics - Medical school supervision
   Centre for Professional Orientation
   Stadiums (Medical Supervision in Sports)

VII. ARCHITECTURAL WORK FOR HOSPITALS AND CHILDREN'S HOMES
1. Day and night nurseries - Day nurseries - kindergartens
2. Hospitals
3. Sanatoria and preventoria
4. Child Health Conference
5. Schools
   Visits to above-mentioned institutions.

VIII. CHILD WELFARE SERVICES
1. Orphans and abandoned children
2. Retarded children
3. Deaf and dumb children - Blind children -
4. Crippled children - epileptic children -

Visits: Kindergartens, Day Nurseries - Breast feeding rooms in factories -
   Day and Night Nurseries - Homes in the country - Institutions
   for Crippled, Blind and Deaf and Dumb Children - Social Security.

IX. DEMOGRAPHIC OUTLINE WITH RELATION TO CHILDREN

Natality
Infant Morbidity and Mortality
Morbidity and Mortality of Children and Adolescents (from one to eighteen years).

Visits: Institut National d'Études Demographiques and Institute of
   Hygiene.

/X. ANTI-T.B.
X. ANTI-T.B. PROGRAMME

Contagion

Heredity and predisposition

Dispensaries - preventoria - sanatoria -

BCG Vaccination

Visits to urban, rural and mountain institutions

Visits to welfare organizations for tuberculous children

Practical work: BCG

XI. SOCIAL ASPECTS OF INFECTIOUS DISEASES

Poliomyelitis

Rheumatism

Paludism

Congenital syphilis

Trachoma

XII. GENETIC IN PEDIATRICS

General theoretical and practical concepts

Visits: Special consultations -

Twin consultations.

XIII. PROPAGANDA ON HEALTH PROBLEMS WITH REGARD TO CHILDHOOD

Outline and demonstration at the Ministry of Health and at the 
"Ecole des Hautes Etudes Sanitaires".

VISITS

The lectures, seminars and practical work will be completed by
field trips outside Paris in order to give the fellows an opportunity to 
become acquainted with institutions in towns and rural areas and also to 
enable them to attend lectures by Professors in other cities and 
countries. These field trips, under the leadership of Professors or 
Directors of Studies are planned as follows:

LONDON  Matters related to Child Feeding.

BRUSSELS  Abnormal and delinquent children - lactarium -

AMSTERDAM  Nutritional deficiencies - Vitamine -

LILLE  Child Welfare Organizations in the Northern area 
of France.

LYONS  Modern welfare institutions for children. Visits 
to mountain sanatoria: Roc de Fiz in the Alps and 
to the Children's Homes in Nogev.

Other survey trips are under consideration. They will be outlined 
in the final programme. All fellows will participate to the field 

studies.
The fellows who belong to different categories will follow a certain number of common courses. Other courses will be reserved for special groups of fellows. Certain subjects will be given in a different way by the Professor when he teaches to doctors or to other participants. Special seminars will also be given for the separate categories.

The Lectures will be given in French with the exception of a few to be given in English. In the latter case a summary will be provided in French.

A typed summary of each Lecture will be given to the participants. The number of participants will amount to one hundred approximately, in the following categories:

- Doctors ........................................ 70
- Directors of Schools for Nurses, Social Workers, of Puericulture .......... 15
- Professors and Educators ....................... 5
- Health Officers ................................. 5
- Health Architects ............................. 8

The participants, who will all be recipients of scholarships, will be appointed by the Executive Board of ICEF after consultations with the proper Governments.
ANNEX 11

TRAINING FACILITIES OFFERED BY THE DON SUISSE*

I. MEDICAL ACTIVITIES

A. Doctors

1. Pediatric refresher course by Dr. Fanconi, Children's Hospital, Zurich to be held on April 4th for a period of one week. 40-50 Pediatricians can be accepted - language German.

2. Training for 10 TB Specialists and 5 Lung Surgeons for a period of 3-6 weeks. Dates for commencing of training to be arranged with the individual services where these people will be trained. - Language German and/or French.

B. Head Nurses

1. Type of education: It is intended to give further training to Hospital Nurses who have already acquired basic training in their special field. Possibilities for training are offered at Hospitals in the following departments: General nursing, operating room, X-Ray department, laboratorium, Obstetrical care, and care of children and cripples. The candidates must specify the type of training in which they have specialized.

Number: 20 Nurses.

Duration of training period: 6 - 8 weeks


Schools for nursing: Geneva, Lausanne, Bern, Zurich, and Basel.

Languages French and/or German.

C. Baby Nurses

Training is considered only for baby nurses who have acquired basic training and assume great responsibilities in the service where they work in their own country.

Type of education: Care of healthy and sick infants

Number: 10

Training possibilities: Nurseries, Baby Well Clinics, Children's Hospitals.

Duration: 6 Months. No date is specified for commencing.

Language: French and/or German.

II. SOCIAL ACTIVITIES

Training is considered for Social Welfare Workers specialized in problems of childhood.

Number: 30 candidates for the French School in Geneva and 30

* Original French. Translated at Paris Headquarters, UNICEF

/for the
for the German School in Zurich.
Duration: 3 months. The courses will start in May or June

III. PÄDAGOGICAL ACTIVITIES

1. Cours de Moniteurs, Geneva. The 7th Course for Educators is in preparation at the moment for approximately 50-60 educators, and will start on the 15th April. The recruiting of candidates is urgent. Sections: Medicine, Hygiene, Education, Psychology, Theatre, Artistic work.
Duration: 9 months
Possibilities: Course in Geneva, conducted by a special committee in French.

2. SEPEG (International Study Weeks for Child Victims of the War)
(a) A course is to be held in French in Lausanne and in German in Zurich in September, 1948 on medico-paedagogical subjects.
Duration: 14 days
(b) Furthermore, medico-paedagogical teams can go into these countries, which request it, and lecture on these subjects in order to promote interest in medico-paedagogical subjects in these various countries.
(Attached is a data of the course).
Apart from the SEPEG Programme all activities must start at the latest before the end of June, as the Don Suisse will cease its operations in June.
Only postgraduate specialized people will be accepted in all these programmes.
INTERNATIONAL STUDY WEEKS FOR CHILD VICTIMS OF THE WAR

SECOND ADVANCE COURSE FOR MEDICO-PEDAGOGICAL STUDENTS

LAUSANNE, 6 - 23 SEPTEMBER, 1947

Plan of Work

A. Courses
   1. Organization, object, means, possibilities of the medico-pedagogical teams.
   2. Methods of assessing intellectual capacity.
   3. Methods of assessing emotional capacity.
   5. Medico-pedagogical clinics.
   6. Special psychopathology of the child victim of the war.
   7. Education of the deficient child
      (a) mentally retarded child
      (b) difficult child
      (c) sensorimotor deficiencies
      (d) delinquent child
   8. The problems of boarding and foster care.

B. Proposed Discussions
   1. The UNESCO at the service of the spiritual reconstruction of EUROPE.
   2. Displaced and uprooted children.
   3. Problems of boarding.
   5. Re-education to the truth.

C. Miscellaneous Meetings

D. Excursions

/ANNEX 12
### ANNEX 12

**RECOMMENDATION OF EXECUTIVE DIRECTOR ON ALLOCATION OF TRAINING FELLOWSHIPS**

**FRENCH PROGRAMME**

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