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UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND

EXECUTIVE BOARD

SUMMARY RECORD OF THE NINETY-NINTH MEETING

Held at Headquarters, New York,
on Tuesday, 7 October 1952, at 2.30 p.m.

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PRESENT:

<u>Chairman:</u>	Mrs. SINCLAIR	Canada
<u>Members:</u>	Mr. BRENNAN	Australia
	Mr. FENAUX	Belgium
	Mr. FLAMMARION COSTA	Brazil
	Mr. CHENG PAONAN	China
	Dr. DAVALOS	Ecuador
	Dr. BUGNARD	France
	Mr. ROUSSOS	Greece
	Mr. RAJAN	India
	Mrs. MARZUKI	Indonesia
	Mr. KHALIDY	Iraq
	Mrs. HARMAN	Israel
	Mr. GIRETTI	Italy
	Mr. SCOTT	New Zealand
	Mr. AREVALO CARRENO	Peru
	Mr. GARCIA	Philippines
	Mr. LINDT	Switzerland
	Mr. DEVAKUL	Thailand
	Mr. KRIVITSKY	Union of Soviet Socialist Republics
	Mr. ANDERSON	United Kingdom of Great Britain and Northern Ireland
	Dr. ELIOT	United States of America
	Mr. RODRIGUEZ FABREGAT	Uruguay
	Mr. PLETIC	Yugoslavia

Representatives of specialized agencies:

Miss RIEGELMAN	International Labour Organisation (ILO)
Mrs. SISMANIDIS	Food and Agriculture Organization (FAO)
Dr. COIGNY)	World Health Organization (WHO)
Mr. WRIGHT)	
Dr. INGALLS)	

Representatives of Non-Governmental Organizations:

Category B:

Mr. LEWIN)	Agudas Israel World Organization
Mr. MUNK)	
Miss GUTHRIE	International Alliance of Women
Miss DINGMAN	International Union of Child Welfare
Miss GAGE-COLEY	International League for Peace and Freedom
Miss SCHAEFER	World Union of International Catholic Women's Organizations

UNICEF Administration:

Mr. PATE	Executive Director
Mr. HEYWARD	Deputy Executive Director
Mr. BORDERS	Chief Executive Officer
Dr. BORCIC	Medical Adviser
Mr. SCHMITTLINGER	Programme Co-ordinator
Mr. SABIN	Co-ordinator, Milk Conservation Programme
Mr. DAVEE	Director, Latin American Regional Office
Mr. EGGER	Director, Africa, Europe and Eastern Mediterranean Regional Office
Mr. KEENEY	Director, Asia Regional Office
Mr. CHARNOW	Secretary of the Board

GENERAL PROGRESS REPORT OF EXECUTIVE DIRECTOR (E/ICEF/205; E/ICEF/205/Add.1, E/ICEF/205/Add.2) (continued)

Progress in the regions (continued)

Latin America

Mr. DAVEE (Director, Latin American Regional Office) gave an account of the progress of the programmes undertaken in Latin America, on which nearly \$7 million had been spent in three years.

UNICEF had spent \$850,000 on the anti-malaria campaign and the Central American Governments had contributed an equal amount as counterpart. The results were on the whole encouraging; malaria had almost disappeared in Managua; the prevalence of endemic diseases in British Honduras had been appreciably reduced; the number of malarial patients hospitalized in San Jose, Costa Rica, had been cut down by more than half. The programmes submitted at the current session for Haiti, Santa Lucia, Surinam, Trinidad and Bolivia were part of the general plan to combat infectious diseases in Latin America.

Mother and child protection had been energetically continued in 1952. Its success depended very largely on the training of social workers and particularly of auxiliary staff to work in rural areas. The attempt to train auxiliary workers in Brazil, particularly in the north-east, was especially noteworthy. Another important programme was that undertaken in Paraguay, affecting almost 70 per cent of the inhabitants: its main feature was the activities of health centres which sought to eradicate diseases by prophylactic measures and vaccination and to improve the inhabitants' health by spreading medical information. UNICEF was also taking part in mother and child protection by supplying the equipment for maternity and children's hospitals; thus, the despatch of the materials requisite for a special children's hospital in Asuncion was being recommended at the current Executive Board session. Finally, the programme for Panama was of particular interest, since its population, three quarters of it rural, remained static owing to the prevalence of infant mortality. Eighty-nine per cent of rural infant mortality was attributable to lack of care. A score of teams would be formed to look after pregnant women and infants, improve child hygiene and in general tackle all the problems of mother and child hygiene and community health conditions.

He went on to sum up the permanent programmes. He first referred to the activities of the laboratory for BCG production in Mexico which supplied vaccines for the domestic services and also sent it to other Latin American countries. Another laboratory, set up at Guayaquil, would soon begin to produce vaccine. The capacity of that in Montevideo would be increased. Thus, there would be means of production in South America sufficient to supply the demand from the countries of that continent.

With regard to milk conservation, a powdered milk factory, the equipment for which was already on the spot, would shortly begin production in Chile. Furthermore, the Administration was submitting to the current session a milk conservation programme for Honduras which was of particular interest since it would provide for permanent free milk distribution to nearly 40,000 inhabitants.

Turning to more general considerations, he emphasized the need to refrain from setting too rigid conditions for carrying out the programmes; for instance, the distribution of milk should not be kept simply to the amounts required by medical prescription; similarly, the mother and child protection programmes could be viewed in relation to the anti-tuberculosis or sanitation campaigns and, as a whole, in relation to the general public health programmes. To allay the misgivings expressed by the Australian and Israel representatives, he stated that it was true that most of the programmes were permanent ones and that the governments were increasingly realizing that they should second UNICEF assistance with their own resources; thus, Brazil had already spent 12 million cruzeiros and the parliament had just voted an additional 10 million cruzeiros for the implementation of UNICEF programmes in Brazil. In Bolivia and in other Latin American countries funds for combatting malaria had more than doubled. Finally there could be no doubt that the milk conservation programmes carried out with UNICEF assistance contributed to those countries' economic development.

From the point of view of international co-operation, UNICEF-assisted campaigns against various evils raised real budgetary or administrative problems for the countries concerned. Mass campaigns could not be undertaken in Latin America as they could in Africa or Asia. True, Latin American communities were not under-developed, but there was a lack of balance between the peoples' standard of living and the funds available to the governments for social activities. Those countries' economy was subject to the influence of world prices and they sorely needed governmental capital. The activities of UNICEF and of specialized agencies such as the WHO and FAO were therefore wholly justified.

The Latin American countries had shown by their contributions that they meant to share in UNICEF activities; Bolivia had during the current year paid 10,000 dollars into the Fund for the year 1951 and a further 10,000 dollars for 1952; Chile had earmarked 45,000 dollars for UNICEF in its 1953 budget as well as 1 million pesos; Peru had earmarked 500,000 soles in its 1953 budget and assurances had been given that the Public Health and Social Protection Fund would itself provide a million soles; Colombia and Paraguay had promised contributions. The Latin American representatives on the Executive Board should try to show the other countries on that continent the value of UNICEF's work and the need to assist it.

Mr. AREVALO CARRENO (Peru) congratulated the Director of the Regional Office on his statement. The way in which UNICEF representatives worked with the competent government services was consonant with the spirit that should permeate campaigns for the improvement of child health. Excellent though UNICEF's work was, however, it should be expanded still further to meet the needs of all peoples.

Mr. FLAMMARION COSTA (Brazil) also congratulated the Director of the Regional Office and the other UNICEF officers on the co-operative spirit in which they had collaborated with the governments.

With regard to the permanent programmes he drew the Executive Board's attention to the need to set up more plant for vaccine and powdered milk production. With regard to vocational training, he pointed out that eleven courses had been organized in Brazil and the Federal Government would devote 500,000 cruzeiros to training social welfare staff. Brazil had also instituted a mass education programme, for which 600,000 cruzeiros had been allocated. Furthermore, Brazil had been enabled to equip ninety-six institutions engaged in mother and child protection with the equipment supplied by UNICEF. Lastly, a milk distribution programme had been started.

Invaluable as UNICEF's assistance had been thus far in all those fields, countries should be encouraged to help themselves. With regard to international collaboration, he referred to the activities of the Pan-American Congress, particularly to its investigations in the Amazon region to discover foods likely to improve child nutrition.

Mr. RODRIGUEZ FABREGAT (Uruguay) had listened with great interest to the statements of the Directors of the Regional Offices explaining the ways in which UNICEF was helping children all over the world. He paid a special tribute to the Director of the Latin-American Regional Office for his understanding of that continent's special problems and the particular situation of its peoples.

UNICEF was doing remarkable work at the present time to protect children, a task which might be numbered among mankind's best achievements. Information should not only be given to the governments of members of the Executive Board, but the work accomplished and the programmes envisaged should be brought to the notice of other governments and to the peoples of all countries as that was a fundamental part of international co-operation.

Taking as an example the anti-malaria campaign in Central America and the Caribbean area, he pointed out that the funds supplied by governments in that area in exchange for UNICEF assistance showed that governments should assume the largest part of the cost of all UNICEF programmes.

In his own country, which had a democratic administrative system based on respect for the social rights of the people, a large part of the budget was allocated to health and maternal and child welfare services in the capital, the large cities and the rural areas. He recalled, in that connexion, that the Inter-American Institute for Child Welfare, which he had helped to found, had just celebrated its twenty-fifth anniversary and was carrying on its humanitarian work under the direction of Dr. Roberto Bera.

Emphasizing that poverty was the worst enemy, he pointed out that while there were vaccines and anti-biotics to combat diseases, no such effective weapons existed to fight against the hardships which prevented children from leading a normal life.

Reviewing the question of relations between UNICEF and the specialized agencies, he agreed that co-operation between WHO, FAO and UNICEF in the field of child welfare had been fruitful, especially in Latin America.

He urged that certain programmes, especially those related to the anti-malaria and anti-tuberculosis campaigns, should be made permanent, and pointed out, in that connexion, that UNICEF was in touch with the BCG laboratory at Montevideo. As the vaccine produced by that laboratory was supplied free of

charge in his country to hospitals and other health services, he asked whether the supplies sent to other countries under the agreement concluded with UNICEF were also free.

Extraordinary progress was being achieved in the treatment of disease and the time might soon come when there would be medicines to conquer all diseases. He hoped that Latin-American countries would benefit from them in the same way as other countries.

As the Director of the Regional Office for Latin America had stated, the countries of that continent were far from being backward; on the contrary, they had a highly-developed culture which owed its originality to the interpenetration of local and Spanish culture, one of the results of which was that there was no race problem in Latin America.

Despite what the Director of the Regional Office had said at the end of his report, he was neither isolated nor uninfluential, since anyone as interested in children as he was was surrounded by friends and must be listened to.

Mr. DAVEE (Director, Latin America Regional Office), replying to the Uruguayan representative's questions, stated that the negotiations with the BCG laboratory in Montevideo were far from having reached a final stage; the question now under consideration was a technical one and within the competence of WHO. It should first be decided whether the vaccine produced by the laboratory met WHO standards.

Relations between UNICEF and the specialized agencies were particularly useful. UNICEF could not undertake a milk conservation programme without the technical assistance of FAO - that had been the case as regards the plant to be set up in Quito. The advice of an FAO expert would be sought before a decision was taken as to the place where the proposed plant in the northern part of Brazil would be set up. Relations between UNICEF and WHO were also excellent. The 1953 budgetary programmes of the two agencies had been co-ordinated and joint programmes had been drawn up at meetings held at Havana.

Dr. ELIOT (United States of America) said that the training of social welfare service personnel was of special interest to the United States delegation as the United States took part in the work of the Inter-American Institute for Child Welfare. With UNICEF's co-operation, six students from Central America had taken part in the Institute's seminars. The Institute possessed a very complete library which could be used by specialists from other countries.

She thought that the statements of the Directors of the Regional Offices should be circulated in some form so that members of the Executive Board and representatives of the specialized agencies might read them before they were discussed. She also asked whether the Administration of UNICEF had taken steps, in countries where missions no longer existed, to assure the international supervision required.

Mr. HEYWARD (Deputy Executive Director), replying to the United States representative, said that the matter particularly concerned European countries, long-term maternal and child welfare programmes and milk conservation programmes. UNICEF was in touch with recipient institutions which requested technical advice and which were visited by UNICEF staff at regular intervals. A similar procedure was in force as regards public health programmes, except that inspection was carried out by WHO staff.

Mr. ANDERSON (United Kingdom) said that UNICEF assistance had helped the development of the public health services in a number of United Kingdom dependent territories in Latin America.

EXPERIENCE WITH UNICEF-ASSISTED CAMPAIGNS AGAINST MALARIA AND OTHER INSECT-BORNE DISEASES (E/ICEF/204, E/ICEF/206)

Dr. COIGNY (World Health Organization) emphasized the importance of the pilot-projects which preceded the large-scale anti-malaria campaigns. The characteristics, habits and seasonal changes of disease-carrying mosquitoes varied according to the area and had to be known before pilot-projects could be carried out. Such a preliminary study might take up to six months. The

epidemiology of the disease, that is to say the type of parasite carried, the seriousness, extent and distribution of the disease should also be studied. The execution of pilot-projects should then enable methods for using insecticides to be perfected, the annual reports of the campaign to be appraised and a larger staff to be trained.

Document E/ICEF/204 referred to the results achieved by the malaria-control demonstration projects undertaken in India, Thailand and Pakistan. From these results it might be anticipated that in ten years' time malaria would have ceased to be a serious problem in the three countries concerned. UNICEF had provided sprayers, supplies and the means of transport necessary for the conduct of these projects, while WHO had paid the salaries of the international team and had supplied the necessary documents and special research material. The governments concerned supplied the local staff and material. The number of persons protected, that is to say living in houses in which DDT spraying had been carried out, was 251,324 in the first year and 870,826 in the second. Those projects had cost at least 14.01 cents per person protected during the first year and 13.3 cents during the second year.

The action taken as regards malaria had resulted in decreasing or in completely suppressing its transmission. In Bengal and Thailand especially, it had been noted that, at the end of two years, the pathogenic agents had been completely destroyed. As to the other insect-borne diseases, there had been considerable decrease in the flea index of rodents in Malnad, in the number of phlebotomus (pathogenic agent of kala-azar) in Bengal, and in sithunculina folicula in Thailand. The anti-malaria campaign had also affected economic development. It had, for example, enabled an extremely fertile region of the Terai to be colonized and the population there had increased from 167,000 in 1948 to 284,248 in 1951. The agricultural output of the area of Bengal sprayed with DDT was about 15 per cent greater than that of the unsprayed area.

The training of local personnel was one of the most important parts of the work of the international team. The Government of Thailand had sent the largest number of people to receive such training, 19 medical officers and 101 assistants. In Bengal, 19 medical officers and 47 assistants had been sent. The Government of Mysore in India sent 6 public health medical officers and 7 assistants.

The bilateral assistance supplied to governments had led to an increase in the material despatched. In Thailand, for example, the assistance provided by the Mutual Security Agency would protect five million persons against malaria in 1956. The five-year plan in India provided for the protection of two million people. In Pakistan 1,300,000 persons had already been protected in 1952 and the furnishing by UNICEF of a ton of DDT for each ton bought by the Government would probably make it possible to develop a programme covering the entire country.

There were as yet no statistical data on maternal and child hygiene but there was every reason to think that in the three years of UNICEF-WHO joint enterprise since 1949, the efforts to control malaria had reduced infant mortality rates and had protected children against one of the diseases which weakened them most.

Turning to the report on malaria control in Central America (E/ICEF/206) he recalled that in March 1950 UNICEF had allocated credits for \$514,000 for that purpose, which had later been increased to \$749,000 and distributed among six countries. The main purpose of those programmes was to eradicate the vector of yellow fever, Aedes aegypti, by using modern insecticides. An effort had also been made to control other insect-borne diseases, to reduce infant morbidity and mortality by destroying the insects, to assess the results of that programme by comparing the morbidity and mortality rates and computing the Aedes aegypti index, to teach local personnel to use modern insecticides and lastly to assist public health ministers in solving their problems in that field.

The public health administration in each country had been in charge of the preparation and execution of the programme, but experts from the WHO/PASB in Guatemala had been responsible for the technical control of those programmes and WHO doctors had visited all the countries in 1950. The programmes could not be compared with those of Asia, where WHO experts had lent their co-operation during the entire programme. In Central America, it had merely

been demonstrated that a certain quantity of DDT enabled the Anopheles to be effectively controlled, and over-all technical co-ordination by experts from the regional office had been ensured.

As there had been no preliminary study of the situation, the results could not be assessed as accurately as in Asia. Nevertheless, it was the population's general opinion that malaria had decreased and in Honduras, for example, the vector had disappeared in areas treated with DDT. Thanks to yellow fever control, an epidemic starting in Costa Rica had been checked. It had become apparent on the other hand, that control of other insect-borne diseases, in particular typhus, and of the domestic fly, would require separate programmes.

Mr. BRENNAN (Australia) asked the WHO representative to explain the tables on spleen rates and infant parasite rates given on page 8 of document E/ICEF/204 and to confirm his statement that in ten years malaria would no longer be a serious problem in those countries.

Dr. COIGNY (World Health Organization) confirmed that statement subject to the proviso that the anti-malaria campaign were continued.

Mr. WRIGHT (World Health Organization) furnished the technical information requested.

Mr. BRENNAN (Australia) asked whether the two documents in question referred to densely populated regions and what proportion of the total superficial area of those regions would be covered by the present and future campaigns.

Mr. WRIGHT (World Health Organization) replied that in Thailand one million persons had already been protected against malaria and that the programme provided for the protection of six million persons. Success would depend on the regular deliveries of supplies, which would make it possible to solve the problem within ten years. In India, ten million persons had already been protected and the future programme was larger than any ever before undertaken. The establishment of DDT factories in India and Pakistan should be of the greatest consequence.

Mr. BRENNAN (Australia) noted with reference to document E/ICEF/204 that paragraphs 6 and 20 referred to square metres and paragraph 19 to square miles; he wondered whether the same unit of measurement could not be used throughout.

Dr. COIGNY (World Health Organization) replied that all measurements should be given in metres and apologized for the typographical error.

Dr. BUGNARD (France) asked whether the small staff available for demonstration projects would be adequate for mass campaigns.

Dr. COIGNY (World Health Organization) replied that the few experts who had taken part in the pilot-projects had been able to train a numerous local staff. Each of those projects had made it possible to pass on information to local experts who would in turn train an even larger staff.

Mr. ANDERSON (United Kingdom) asked why the project mentioned in paragraph 60 of document E/ICEF/204 had been interrupted.

Mr. WRIGHT (World Health Organization) explained that at the end of the two years allowed for the project it had been realized that three years would have been necessary, but it had been too late to make the change. In future, projects of that type would extend over a period of three years.

REPORT ON BCG VACCINATION CAMPAIGNS CARRIED OUT WITH UNICEF ASSISTANCE: MEMORANDUM BY THE DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION (E/ICEF/203)

Dr. INGALLS (World Health Organization) drew attention to the statement in the introductory remarks of the Director-General's report to the effect that the results of BCG programmes could not now be evaluated because all the required statistical data were unobtainable in so short a time and that in order to judge the results of the campaign scientifically several years would be required. It was hoped to achieve that objective later. The memorandum was therefore rather in the nature of a progress report on the BCG programme. The reports of the Directors of regional offices of UNICEF showed that BCG vaccination programmes had been vigorously pursued and expanded.

Mr. Keeny, speaking of programmes in progress in Asia, had stated that BCG vaccination was the surest protection against tuberculosis. Dr. Ingalls added that improved living conditions and nutrition were also of great importance in protecting persons against tuberculosis. Naturally, it would take some time to assess the respective influence of those various factors.

Local teams of technicians were being trained for the implementation of the programmes. The work previously accomplished by a Scandinavian team had been continued by WHO, and from January 1954 that organization would itself remunerate all the staff connected with the programmes.

It would be remembered that WHO also contributed to putting regional laboratories for the manufacture of vaccines into operation; the various transportation difficulties would thus disappear and the vaccines would be fresher. One laboratory was already in operation in Mexico; others would soon be working in Uruguay and Ecuador.

Dr. BORGIC (Chief Medical Adviser) pointed out that changes had been made in the technical processes employed, in particular in protecting vaccines against light and in extending the time for which they could be used; the teams in the field had received the necessary instructions. Henceforth, vaccines would be sent from the laboratories to the local teams every three weeks instead of every week.

The figures given in the memorandum of the Director-General of WHO related to the period ended 30 June 1952; there had been an increase since then.

He stressed again that not all the persons who had been tuberculin tested had completed the test. Some of them failed to come back, so that the results could not be recorded. To date, more than 9,000,000 persons had been tuberculin tested during the WHO-UNICEF campaign, but only some 7,000,000 had completed the test.

Since the beginning of the international anti-tuberculosis campaign, 40,000,000 persons had been tuberculin tested and 17,500,000 had been vaccinated. The addition of the number of persons tested and vaccinated before the international campaign brought up those figures to 50,000,000 and

20,000,000 respectively. A total of \$5,730,000 had been spent for that purpose; about \$3,000,000 of that sum had been spent during the international anti-tuberculosis campaign, and the rest since. The cost of vaccination per person could not be calculated exactly, but it was estimated that the tuberculin test and the vaccination cost about 15 cents per person. BCG vaccination campaigns had been undertaken in 44 countries and had been completed in some, but were continuing in others with international assistance.

As the Director of the Asia Regional Office had said, the largest BCG vaccination campaign was taking place in India. Ten million persons had already been tuberculin tested, and before the end of the year 1,000,000 persons would be tested each month.

As regards the future, the vast campaigns undertaken in India, Pakistan and Ceylon would be continued until the task was completed. In Europe, the countries which had received international assistance for the launching of similar campaigns were continuing them on their own. In the Middle East most of the campaigns had been undertaken with international assistance. In Latin America the campaigns were undertaken by Governments without international assistance, although some of the countries had asked for it.

Lastly, in Africa south of the Sahara the situation was somewhat confused. Campaigns had been undertaken some time before in Northern Africa and others would soon be launched in Libya and Egypt.

He drew attention to a recently published study on BCG vaccination which gave the results of a vaccination campaign among American Indians based on experiments pursued for fifteen years.

The experiments showed that the mortality rate had been 1 per cent among the 1,500 persons vaccinated, whereas the rate had risen to 6 per cent among 1,500 persons not vaccinated.

Finally, whenever technical difficulties or complications arose in connexion with vaccination campaigns, the Tuberculosis Research Office at Copenhagen sent out experts, who made a thorough study of the problems on the spot.

Dr. BUGNARD (France) said that, as the Australian representative had remarked about the anti-malaria campaigns, one of the great merits of UNICEF was that it had carried out the BCG campaigns on such a large scale. It was owing to UNICEF that marked progress had been made in the BCG vaccination technique.

Progress had been made not only in transportation methods but also, as a result of the studies made in Copenhagen and Paris, in dry vaccines, which would facilitate vaccination in tropical areas. From that point of view also, UNICEF was rendering a great service to mankind and to children.

Dr. Bugnard asked whether statistics were being kept of vaccinations at present being carried out and whether an effort was being made to determine the effectiveness of UNICEF's work, at least in some regions.

Dr. BORCIC (Chief Medical Adviser) explained that statistical studies of the BCG vaccination campaigns were carried out by the Tuberculosis Research Office at Copenhagen, which received all the reports. Statistical methods had undergone changes, however, and the system of individual cards had been abolished. Only picked groups numbering from 10 to 50,000 persons received vaccination cards; they would be tested a second time in order that the results of the vaccination could be exactly determined. Statistics were also kept in countries where mass vaccination campaigns had been launched. A study had been initiated in collaboration with the Government of Finland based on the data on tuberculosis available to it; and, finally, statistical studies were being made in various countries of Europe and Asia.

Mr. ANDERSON (United Kingdom) asked whether the campaigns had been limited thus far to a single vaccination per person or whether a second vaccination was contemplated later.

Dr. BORCIC (Chief Medical Adviser) replied that the Skiva Bureau was dealing with that problem. Re-examination of persons who had been vaccinated four or five years previously showed that the degree of allergy and the percentage of positive factors remained very high; it was only after about ten years that they began to drop. Accordingly, a second vaccination could be carried out after ten years.

Mr. RODRIGUEZ FABREGAT (Uruguay) thought it would be very useful for UNICEF's statistical studies to take into consideration the experience of the governments of countries where mass anti-tuberculosis campaigns had been initiated. For example, it would be useful to know the results of the campaigns in Brazil, Argentina and Uruguay.

The CHAIRMAN recalled that the Executive Board had already expressed the view that UNICEF should not itself undertake statistical studies of that kind, but had decided that it would place all the statistical information gathered in the course of its campaigns at the disposal of WHO.

Mr. FLAMARION COSTA, referring to the idea put forward by the representative of Uruguay, wondered whether it would not be useful to study the methods employed in anti-tuberculosis campaigns in the various countries. In Brazil, for example, BCG vaccination was compulsory under the law, and children were vaccinated at birth in maternity hospitals.

Dr. COIGNY (World Health Organization) pointed out that WHO maintained an epidemiological and statistical service which analysed and published the results of all work of that kind.

Mr. RODRIGUEZ FABREGAT (Uruguay) stressed the fact that his suggestion had not referred to statistical data for official archives. It was a matter of analysing the results of campaigns initiated by the governments themselves and adding the resulting data to the statistics UNICEF had on its own campaigns.

The CHAIRMAN requested the Administration of UNICEF and the World Health Organization to take note of that suggestion.

MILK CONSERVATION IN UNDER-DEVELOPED COUNTRIES: A NOTE ON ECONOMIC AND AGRICULTURAL ASPECTS WITH PARTICULAR REFERENCE TO THE EASTERN MEDITERRANEAN AREA (E/ICEF/201)

Mrs. SISMANIDIS (Food and Agriculture Organization) said that her organization was quite satisfied with the steps UNICEF had taken to carry out milk conservation programmes in the under-developed countries in which both organizations were interested. The note prepared by Mr. Edward Capstick (E/ICEF/201), FAO consultant, was therefore merely a summary of the main problems involved.

In many countries where UNICEF had initiated milk conservation programmes, FAO experts were assisting the governments to prepare plans for the effective execution of the programmes. In Costa Rica, where a joint programme was at present being carried out, a nutrition expert was dealing with child feeding and endeavouring to acquaint the population with the nutritive qualities of milk.

FAO was also at present collaborating with WHO on a pamphlet on the milk pasturization problems.

In general, FAO thought that agricultural potentialities in many countries were such that milk consumption by children could be increased.

Mr. SABIN (Co-ordinator, Milk Conservation Programme) said that the UNICEF Administration had been happy to have Mr. Capstick participate in the surveys carried out in the Middle Eastern countries.

The present milk conservation programme consisted of three phases. First, the programme for Europe was to be completed, but before that was done the quality of the milk and the proper carrying out of measures to conserve milk must be assured. Next, the programmes approved at the two preceding sessions of the Executive Board were being put in final form. Finally, new programmes were being drawn up.

Surveys had been made in the Middle East, in particular in Egypt, Turkey and Iraq. In Iraq, experiments had been carried out with a new process for sterilising milk after bottling, which made it possible to conserve milk without refrigeration.

There had been fewer difficulties in the programmes in European countries because of UNRRA's experience there; but in the under-developed areas entirely new problems were arising which made the execution of the programmes a far more complex matter. FAO was well acquainted with those difficulties and was collaborating wholeheartedly with UNICEF in an effort to find a solution.

UNICEF and FAO experts who had had contact with the responsible government officials had been favourably impressed by the importance they attached to the milk conservation programmes.

Dr. ELIOT (United States of America) said that her delegation was intensely interested in the milk conservation programme. She had read with great interest the report of the Director of the Europe and Eastern Mediterranean Regional Office on the drawing up of plans with some governments to study the long-term results of the milk conservation programmes already launched. It was obvious that the Ministry of Public Health in each country should see that the programmes were properly carried out.

She asked what action was being taken by WHO and FAO on that aspect of the problem.

Mrs. SISMANIDIS (Food and Agriculture Organization) said that her organization and WHO were aware of the need for joint action by all interested bodies. It was essential to safeguard the purity of milk, which was an indispensable foodstuff.

Mr. SABIN (Co-ordinator, Milk Conservation Programme) said that UNICEF and WHO were co-operating closely in the matter. UNICEF took a keen interest in the pamphlet on milk pasturization which WHO and FAO were preparing.

It was hoped that a seminar could be organized in 1953 to study the question of training competent personnel. The seminar would last about four weeks and would take up, among other matters, the problem of continuation of the programmes, from the point of view of governments.

Mrs. HARMAN (Israel) pointed out that many of the observations in document E/ICEF/201 did not apply to her country. It was true that supplies of dairy products had not increased in proportion to the growth of the population, but it could not be said that Israel children were under-nourished. Newly arrived immigrants, who had previously not had enough food, received whatever treatment they required when they arrived in Israel.

Mr. PLEIC (Yugoslavia) considered the idea of a seminar excellent. He asked whether any definite plans had been made.

Mr. SABIN (Co-ordinator, Milk Conservation Programme) said that plans could not be drawn up until the organizations concerned had received official requests for such a seminar from at least two or three governments.

The CHAIRMAN pointed out that UNICEF Administration had asked FAO for further information on some of the questions dealt with in document E/ICEF/202. She thought that, in the circumstances, the Executive Board might reserve the right to consider that item again later.

Mr. LINDT (Switzerland), Chairman of the Programme Committee, expressed his keen interest in the FAO memorandum on nutrition. It opened up new prospects for UNICEF and he would examine carefully the additional information which FAO was to supply.

Dr. ELIOT (United States of America) said that the Executive Board should request the Administration actively to continue the work begun on the subject in co-operation with FAO and to consult WHO in order to achieve some practical results as soon as possible.

Mrs. SISMANIDIS (Food and Agriculture Organization) thought it would be helpful if the Executive Board would make known its general opinion on the matters dealt with in document E/ICEF/220 before the FAO meeting at Rome in December 1952.

Dr. BUGNARD (France) considered the document very important for the development of UNICEF's work. Nothing should prevent the Board from giving the approval solicited by FAO, so that the work could be continued without delay.

Generally speaking, and in order to avoid inconveniences of that kind, the Administration should let members of the Executive Board have the relevant documentation earlier.

Mr. ANDERSON (United Kingdom) noted that several delegations had already emphasized that the joint action of UNICEF, FAO and WHO had made it possible to speed up progress in the various fields considerably. It also seemed possible to make a more rapid advance in the matter of infant feeding. The Board should therefore urge FAO to continue its efforts to that end.

He wished to point out, in addition, that an experimental station in Jamaica was engaged in the production of food yeast for use in the Caribbean area. Food yeast was also included in the supplies sent to Korea.

Mr. BRENNAN (Australia) did not think that the Executive Board could take a decision on the FAO memorandum at that juncture, in spite of the wish just expressed by the FAO representative. The document gave no indication as to how much responsibility UNICEF would have for the programmes in question.

The CHAIRMAN thought that the exchange of views that had just taken place already gave FAO some indication of the Executive Board's attitude; the Board seemed desirous of obtaining further information, but nevertheless awaited with keen interest the result of the meeting to be held at Rome in December.

Answering a question from Dr. ELTOR (United States of America), the CHAIRMAN pointed out that when the UNICEF Administration had written to FAO asking for supplementary information, it had thought that it would be able to explore the possibilities of co-operation and had suggested enlisting the assistance of the Working Group on Long-Range Activities for Children.

The Administration would therefore note the favourable remarks of various members of the Board with interest.

Mr. ROUSSOS (Greece) associated himself with the delegations which had praised FAO's work in the matter.

ENVIRONMENTAL SANITATION AND ITS RELATION TO CHILD HEALTH: MEMORANDUM BY THE DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION (E/ICEF/200); RECOMMENDATION OF EXECUTIVE DIRECTOR ON ENVIRONMENTAL SANITATION RELATED TO CHILD WELFARE (E/ICEF/200/Add.1)

Mr. WRIGHT (World Health Organization) said that one of the critical problems of rural areas was environmental sanitation and that young children were the main victims of unhealthy conditions, as shown in document E/ICEF/200 and others. For instance, document E/ICEF/R.348 showed the frequency in Afghanistan of diseases transmitted by water. Document E/ICEF/R.360 revealed that the high infant morbidity and mortality rate in Jordan was attributable to diseases of insanitation, such as gastro-intestinal disorders and communicable diseases. Document E/ICEF/R.370 showed that in India insanitation was one of the main causes of high death rates and low health levels among women and children. But experience showed that the application of very simple health principles produced lasting improvements. Generally speaking, maternal and child health was considered to be closely linked with environmental sanitation programmes. Many WHO helpers were frequently discouraged on seeing their work fail because of insanitary conditions. To remedy that, WHO had drawn up nine projects which were to be put into operation in 1953. Immediate results could be obtained by improving the quality of water supplies and the methods for the disposal of excreta, but the necessary equipment was not available in the countries where these needs were greatest. The figures in the document under

consideration showed that the improvements could be introduced at low cost with the assistance of the United Nations, for the necessary material was very simple. A detailed study of the situation was required first. It was also important to initiate the inhabitants in the principles of hygiene and to develop a sense of mutual assistance among them. Putting the programmes into operation would be a slow process. Results would only be visible in four or five years' time but the work could be started with confidence. WHO advocated the starting of private projects for environmental sanitation in rural areas and proposed that UNICEF should co-operate in the work.

Mr. BRENNAN (Australia) pointed out that environmental sanitation affected not only children but the community as a whole, although it could be said that children were more exposed to diseases and infections arising from insanitary conditions. However, the Australian delegation wished to know whether, in the opinion of WHO, environmental sanitation programmes in areas with maternal and child welfare centres would suffice fully to safeguard the health of mothers and children; it might happen that after the necessary sanitation measures had been taken, other measures would be required if the maternal and child welfare centres were really to fulfil the task which they had originally been given.

Dr. COIGNY (World Health Organization) remarked that all the educational work accomplished in the maternal and child welfare centres might prove to have been in vain if environmental sanitation measures were not taken at the same time.

Dr. ELIOT (United States of America) said that her delegation was keenly interested in the work in that field; it was obvious that the only way to lower the birth rate was to improve environmental hygiene. The United States delegation would therefore give its support in the Programme Committee to appropriate measure for the pursuance of studies in the matter and she hoped that UNICEF and WHO would be able to co-operate usefully in the task.

Dr. BORCIC (Chief Medical Adviser) also said that there could be no real progress in health without the essential sanitation measures. History showed that environmental sanitation had contributed more to the improvement of public health than pharmaceutical products and hospitals. In his own country, the provision of water supplies had had priority over the building of hospitals.

One of the main problems clearly was that of educating the people.

Miss HARMAN (Israel) wished to know whether it was proposed to organize courses or seminars under the direction of international personnel.

Mr. WRIGHT (World Health Organization) also thought that the main need was to educate the peoples concerned, but he did not think that in that case international staff could be used; education must be given by local staff trained, if necessary, by international staff.

Miss HARMAN (Israel) thought that, if environmental sanitation measures were to be taken as part of the organization of the maternal and child welfare centres, there should be one person at each centre responsible mainly for educating the people.

Answering questions from Dr. BUGNARD (France), Mrs. HARMAN (Israel) and Mr. CHENG PAONAN (China), the CHAIRMAN said that, as arranged, the problem of environmental sanitation would be considered by the Programme Committee, but that the Executive Board would have an opportunity of considering it again when the Programme Committee's recommendations came before it.

The meeting rose at 6.45 p.m.