



UNITED NATIONS

**UNITED NATIONS
CHILDREN'S FUND
REPORT OF THE EXECUTIVE BOARD
(1-9 March 1954)**

**ECONOMIC AND SOCIAL COUNCIL
OFFICIAL RECORDS : EIGHTEENTH SESSION**

SUPPLEMENT No. 2A

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UNITED NATIONS CHILDREN'S FUND

Report of the Executive Board (1-9 March 1954)

PART I

ATTENDANCE

1. The Executive Board held its 119th through 125th meetings at the United Nations Headquarters, 1, 3, 5 and 9 March 1954, with the following attendance:

Chairman: Mr. A. R. Lindt (Switzerland)
Mr. G. Galvez, Mr. J. Carasales (Argentina)
Mr. K. G. Brennan (Australia)
Mr. F. Lhoir, Mr. R. Fenaux (Belgium)
Mr. C. de Paiva Leite (Brazil)
Mrs. A. Sinclair (Canada)
Mr. P. Y. Tsao (China)
Mr. J. Rybar (Czechoslovakia)
Mr. P. Concha-Enriquez (Ecuador)
Dr. R. Mande, Mr. G. Amanrich (France)
Mr. S. G. Roussos, Mr. D. Carayannis (Greece)
Mr. B. Rajan (India)
Mr. A. Khalidy, Mr. N. Umari (Iraq)
Mrs. Z. Harman, Mr. Y. Baror (Israel)
Mr. L. Montini, Mr. G. Cigliana (Italy)
Mr. R. Gundersen (Norway)
Mr. V. A. Hamdani (Pakistan)
Mr. J. Calle y Calle (Peru)
Mr. N. Reyes (Philippines)
Mr. T. Khoman, Mr. P. Bunchoem (Thailand)
Mr. V. A. Krivitsky (Union of Soviet Socialist Republics)
Mr. R. C. Barnes (United Kingdom of Great Britain and Northern Ireland)
Dr. M. Eliot, Mr. J. Orlen (United States of America)
Mr. F. Kos (Yugoslavia)

2. Mr. M. Hill, Director of Coordination for Specialized Agencies and Economic and Social Matters represented the Secretary-General at the first part of the 122nd meeting.

3. Miss J. Henderson, Miss D. Kahn and Mr. C. Litteria represented the United Nations Department of Social Affairs.

4. The following representatives of specialized agencies were present at some meetings of the session:
WHO: Mr. M. P. Siegel, Dr. R. L. Coigny, Dr. M. Ingalls, Mrs. S. Meagher
FAO: Dr. S. H. Work, Mrs. A. Sismanidis
UNESCO: Mr. S. V. Arnaldo
ILO: Dr. R. A. Métall

5. The Non-Governmental Organizations Committee on UNICEF was represented by Mr. N. Acton, Chairman. The individual members of the Committee on UNICEF were represented as follows:

All Pakistan Women's Association, Mrs. N. Hamdani
Friends World Committee for Consultation, Mr. J. Judkyn, Mrs. C. Malin
International Alliance of Women, Miss A. Guthrie, Mrs. Woodsmall
International Conference of Catholic Charities, Mr. L. Longarzo
International Federation of Business and Professional Women, Mrs. E. W. Hymer
International Society for the Welfare of Cripples, Mr. N. Acton, Mr. D. Wilson
International Union for Child Welfare, Miss M. A. Dingman
Pan-Pacific Women's Association, Miss J. Schain
Women's International League for Peace and Freedom, Mrs. G. Walser
World Federation of United Nations Associations, Mrs. C. Beresford Fox
World Union of Catholic Women's Organizations, Miss S. Schaefer, Miss A. Zizzamia
World Union for Progressive Judaism, Mr. R. Ronalds

AGENDA

6. The agenda of the session consisted of the following major items:

(a) Reports by Executive Director:

(i) General Progress Report (E/ICEF/248; Add.1; Add.2)

(ii) Expanding UNICEF Aid to Rural Primary School Services (E/ICEF/249)

(iii) UNICEF Aid to Programmes for the Care and Rehabilitation of Handicapped Children (E/ICEF/250)

(b) Report on Activities of Department of Social Affairs in the Field of Family and Child Welfare (E/ICEF/255)

(c) Reports of non-governmental organizations:

- (i) Statement submitted by the Non-Governmental Organizations Committee on UNICEF (E/ICEF/NGO.10)
- (ii) World Federation of United Nations Associations: Seminar on UNICEF, 19-25 October 1953 (E/ICEF/NGO.9)

(d) Report of Programme Committee (E/ICEF/L.588)

(e) Office of the Executive Director

- (i) Communication from Martin Hill on the Office of Executive Director (E/ICEF/L.542)

(f) Other Business

- (i) Recommendation of the Executive Director for the Continuation of the Greeting Card Fund in 1954 (E/ICEF/L.534)
- (ii) Membership on UNICEF/WHO Joint Committee on Health Policy (E/ICEF/258)
- (iii) Annual Conference Pattern of the UNICEF Executive Board and Programme Committee (E/ICEF/259)

7. In connexion with the General Progress Report of the Executive Director the Board also heard statements on regional developments by the UNICEF regional directors and by one area director. These statements were subsequently reproduced as follows: Africa (E/ICEF/252); Asia (E/ICEF/251); Eastern Mediterranean area (E/ICEF/253); and Latin America (E/ICEF/254).

SUMMARY OF PROGRAMME TRENDS¹

Programme action

8. The Executive Board at its present session approved aid totalling \$4,212,500.² Of this amount \$4,139,500 came from new resources and \$73,000 from funds remaining in previous allocations. These allocations are shown in the following summary table:

	\$	Per cent
<i>Long-range</i>		
Africa.....	284,300	7.9
Asia.....	698,800	19.5
Eastern Mediterranean.....	697,700	19.5
Europe.....	354,100	9.9
Latin America.....	1,541,600	43.0
Projects benefiting more than one region.....	5,000	0.2
TOTAL, LONG-RANGE AID.....	\$3,581,500	100.0
<i>Emergencies.....</i>	<i>631,000</i>	
TOTAL, PROJECT AID.....	\$4,212,500	

9. The allocations are summarized below by major type of assistance:

	\$	Per cent
<i>Maternal and Child welfare services and training.....</i>		
	1,042,400	24.7
<i>Mass health campaigns.....</i>		
	1,087,300	25.8
Malaria and typhus control....	(634,300)	(15.1)
Trachoma control.....	(208,000)	(4.9)
BCG anti-TB vaccination.....	(156,100)	(3.7)
Yaws control.....	(69,300)	(1.6)
Environmental sanitation.....	(17,600)	(0.4)
Serum production.....	(2,000)	(0.1)
<i>Child nutrition.....</i>	<i>1,451,800</i>	<i>34.5</i>
Long-range feeding.....	(468,500)	(11.1)
Milk conservation.....	(983,300)	(23.4)
TOTAL, LONG-RANGE AID	\$3,581,500	85.0
<i>Emergencies.....</i>	<i>631,000</i>	<i>15.0</i>
TOTAL, PROJECT AID	\$4,212,500	100.0

10. Long-range aid was voted to 47 countries and territories as follows: Africa 6; Asia 12; Eastern Mediterranean Area 8; Latin America 18. Emergency aid, which constituted 15 per cent of all project aid voted, was for two countries in Asia (India and the Philippines).

11. At the present session Asia received only one-fifth of long-range aid voted, whereas ordinarily it has been receiving about one-half. Many of the projects already in operation in Asia required no, or only small, grants for their continuance at this session and a number of new projects were still in the planning stages.

12. Of the total funds allocated for long-range projects about half was for projects of a type aided for the first time in a given country. By area, the division is as follows percentage-wise:

Per cent of aid approved at present session for long-range projects

	Africa	Asia	Eastern Mediterranean	Europe	Latin America
<i>New projects.....</i>	52	14	72	—	70
<i>Projects expanded or continued.....</i>	48	86	28	100	30
	100	100	100	100	100

13. The largest proportion of expenditures for new projects was in the Eastern Mediterranean area and Latin America. In the Eastern Mediterranean area it was accounted for mainly by a relatively large allocation for a malaria control programme in Iran; in Latin America by milk conservation projects in two countries (Bolivia and Mexico), a number of long-range feeding projects, particularly in Central America and the Caribbean area, and a relatively large maternal and child welfare programme in one country (Mexico).

¹A summary of programme trends and area developments through 1953 is given in the September Executive Board Report (E/ICEF/243; also number E/2518, paras. 11-80).

²Includes freight. See para. 79-80.

14. The number of long-range country projects for which aid was approved totalled 66; 27 were new ones while 39 constituted continuation or expansion of projects for which the Board had previously voted aid. This is shown by area and major type of aid in the following two tabulations:

Number of long-range projects for which aid approved for first time in a country

Area	Total	Maternal and child welfare	Mass health	Nutrition
Africa.....	3	2	1	—
Asia.....	5	1	4	—
Eastern Mediterranean Area..	4	2	2	—
Europe.....	—	—	—	—
Latin America.....	15	2	1	11
TOTAL	27	7	8	11

Number of long-range projects for which aid approved for continuation or expansion

Area	Total	Maternal and child welfare	Mass health	Nutrition
Africa.....	3	—	2	1
Asia.....	12	6	5	1
Eastern Mediterranean Area..	10	3	7	—
Europe.....	4	2	1	1
Latin America.....	10	3	4	3
TOTAL	39	14	19	6

15. The Board at its present session approved UNICEF aid for the first time for an environmental sanitation programme (Burma); the first aid in Africa, South of the Sahara, for maternal and child welfare (Kenya and Uganda); the first aid in the Eastern Mediterranean area for control of trachoma and related eye diseases (Egypt); and the first aid for rural primary school services (Honduras). Malaria control aid was approved for the first time in three countries (Iran, Kenya and Dominica); yaws control for the first time in three countries (Malaya, Fiji and Western Samoa); milk conservation for the first time in two countries (Bolivia and Mexico) and maternal and child welfare services and training aid for the first time to five countries (Ethiopia, Kenya, Haiti, Mexico and Uganda).

16. Projects were approved for four territories which had never before received aid from UNICEF namely: Dominica and St. Vincent in the British West Indies, and Fiji and Western Samoa and the Western Pacific.

Child nutrition

17. Apportionments were made for four milk conservation projects, two of them in countries which had previously received this type of aid (Chile and Yugoslavia) and two of them receiving it for the first time (Bolivia and Mexico). The Board action brings the number of countries receiving milk conservation aid in Latin America to nine. The development of aid to Latin America in this field has been relatively rapid in the last few years, due in considerable part to the fact that a number of countries on this continent produce milk in fairly large quantities. It is expected that more projects could be developed in the future in the Eastern

Mediterranean area (where projects have now been approved for five countries), and in Asia (where there is a project for India, and one, involving soya bean processing, in Indonesia). There is also a possibility of pilot projects being developed in Africa. In Europe, where UNICEF milk conservation aid was first developed, an increasing number of children are receiving milk processed through plants which had been aided by UNICEF. The programmes also have important implications in general, for increasing local production and consumption of safe milk.

18. In Latin America, new long-range feeding programmes were started in nine countries, based upon the use of low-cost milk, and aid was continued for two others. A progress report by the Executive Director on the use of low-cost milk approved for Latin America in September 1953 by the Board (E/ICEF/L.555/Add.1) indicates that the continuity of programmes based upon low-cost milk appears assured in most countries where it has been provided and that the imported milk has had beneficial effects in stimulating milk conservation and maternal and child welfare programmes.

19. In Asia, a review by the Executive Director of experience with long-range feeding programmes (E/ICEF/L.555/Corr.1) shows that at present most countries cannot hope to develop child feeding programmes on a national scale and that efforts must be limited to small local projects.

20. Attention was drawn to the magnitude of the problem existing in Asia because of the basic inadequacy of food. This makes the need for nutrition programmes all the greater. The limitations of national budgets mean that insistence on the eventual assumption of all supplementary child feeding responsibilities by the government would involve commitments far beyond their resources. This would be the case, though to a lesser degree, even where the government was engaged in large scale and systematic plans for increasing food production.

21. The two allocations for emergency feeding made at the current session were to India and the Philippines. The Board was glad to note from the Executive Director's progress report (E/ICEF/L.555; E/ICEF/L.555/Corr.1) on earlier feeding allocations to Asia for emergency situations (India, Japan, Korea, and Pakistan) that the organization of distribution of the emergency allocations is generally good and steadily improving. The system of stockpiling in countries with recurring emergencies, such as India, has proved particularly satisfactory, and enables the government to render assistance within a month or so to the children in the distressed areas.

22. In 1953, UNICEF allocated approximately 100 million pounds of skim milk powder which represents approximately one-quarter of the surplus production in the United States in that year. The Executive Director informed the Board of the expectation, that low cost milk would be available for purchase from the United States through at least 1956 barring the development of a severe drought. He pointed out that milk produced in 1956 could be used through the middle of 1958. This gives the possibility of establishing programmes of four years duration. It makes it appropriate for UNICEF to re-examine the possibilities of the use of skim milk where there are prospects of starting long-term projects by this means, or of securing other

long-term advantages. Specific project recommendations along this line may be brought forward to the September Board session.

23. The Board also noted the view of the Executive Director in his general progress report (E/ICEF/248, paras. 12-13) that while possibilities were being explored with FAO and WHO of assisting countries in other ways than through milk, it would appear that only fish flour (see para. 161) and "vegetable milk" production based upon the soya bean could be undertaken at present.

24. Less general progress is being made in the field of child nutrition than is desired. The great possibilities of agricultural extension and nutrition education seemed hardly to be exploited except where there are community development projects. While the rural primary school services approach (see paras. 34-35) will benefit nutrition, more ways still need to be found by which UNICEF can help the villages themselves feed their children better.

25. In this connexion the Board was glad to note that the Executive Director had undertaken consultations with FAO to secure special consultative services of some outstanding nutritionists to survey the possibilities of securing more effective use of local foods, especially in countries where milk conservation was not feasible, or of limited applicability. The surveys would be aimed at finding programmes of a practical nature, combining the knowledge in Institutes of Nutrition in a number of countries with the experience and findings of agricultural research and extension services.

Mass health campaigns

26. The large number of children being helped by programmes of this type (see paras. 42-52) was a source of gratification to the Board. The Board is nevertheless convinced that much remains to be done in this field. UNICEF aid for malaria and yaws in Africa, south of the Sahara, is only at the initial stage and has not yet been started for tuberculosis control. In Latin America, UNICEF aid for yaws control, has so far been given to only one country (Haiti) although the problem is serious in a number of others.

27. The Board was glad to be informed that WHO has agreed to send two top level consultants to Africa, one in the field of malaria, and the other in yaws and venereal disease control to study on-the-spot the technical and economic possibilities for effective programmes.

28. In addition to approving the first allocation to the Eastern Mediterranean area for control of trachoma and related eye diseases (Egypt) the Board continued aid for a project in Morocco. It also approved a further allocation to China for broadening a project in Taiwan for trachoma control to treat the school population. The Board expressed considerable interest in the encouraging features of the experience thus far in Morocco, including the great interest and active participation of the population. The Board noted that progress in this field would be discussed from a technical point of view at the next session of the UNICEF/WHO Joint Committee on Health Policy, and the hope was expressed that it would be possible in the future for UNICEF to do more to meet the great need in this field.

29. In connexion with BCG anti-tuberculosis campaigns, the Board apportioned funds to reimburse WHO for regional teams for assessment and retesting in Asia

(to work in the WHO Western Pacific area) and the Eastern Mediterranean area. These teams will help plan future campaigns by assessing the incidence patterns in new areas. They will also follow up, through retestings, on the results of mass campaigns already held. The Board had previously approved funds to reimburse WHO for a team in southeast Asia.

Maternal and child welfare

30. Apportionments for maternal and child welfare services and training programmes at the present session totalled one-fourth of all assistance voted. Included in this was the Honduras rural primary school service programme, and two projects of a specialized nature—a handicapped children's programme in Lebanon and a premature care programme in the Philippines. The start on basic rural programmes approved for Africa and elsewhere at this session has been referred to above (para. 15).

31. It is apparent that for some countries there will now be a pause in requests for maternal and child welfare services as the strengthening of existing centers is completed and the slower process begins of training new people and building new centres. The decisions of the Board with regard to policy on payment for local training and supervision (see paras. 71-75 below) are primarily designed to expedite this phase of programme development.

32. Up to the present the count of maternal and child welfare centres to receive UNICEF aid is almost 5,500 as follows:

	Number of centres to receive	
	Equipment	Drugs and diet supplements
Africa.....	20	20
Asia.....	4,284	3,356
Eastern Mediterranean.....	377	763
Europe.....	332	339
Latin America.....	467	870
	5,480	5,348

33. The Board noted that simple reporting systems on the work of centres are being developed, which both fit into customary government procedures and will give a statistical picture of the use of UNICEF supplies, workload, and activities of the centres.

34. The Executive Board had before it a report by the Executive Director on "Expanding UNICEF Aid to Primary School Services" (E/ICEF/249). This report pointed to the possibility of combining into an integrated programme centring around rural schools activities in feeding and vegetable gardens; health, nutrition education, and personal hygiene; environmental sanitation; and orientation of teachers and others as auxiliaries for school services work. Combining several types of aid now provided by UNICEF, a more comprehensive approach such as here envisaged will, it is hoped, increase the effectiveness of each type of aid, and by marshalling community cooperation around the school, encourage better standards of child and community health.

35. The Executive Board welcomed this new approach and noted that the United Nations Department of Social Affairs and the specialized agencies were cooperating in its development. There was a general recognition that not

all the problems which are likely to emerge can yet be clearly foreseen. The Board therefore endorsed the view of the Executive Director that before large programmes are undertaken in any country, useful experience should first be gained on a relatively modest scale. Aid would be given to countries where a sense of community action and other favourable conditions already existed on which to develop this approach. The Board was glad to approve the first aid of this type in an opportunity to Honduras for school health and nutrition (E/ICEF/L.562; see also para. 149).

36. The Executive Board had before it a special progress report by the Executive Director on programmes for handicapped children (E/ICEF/250). The report pointed out that UNICEF aid has helped establish pilot or model projects on the basis of which co-ordinated national programmes are being developed. UNICEF aid had furthered the introduction of modern rehabilitation methods and the training of doctors, nurses, and social workers for this specialized work.

37. The Board noted with interest that the Administration had conferred with the International Society for the Welfare of Cripples concerning ways in which UNICEF aid for handicapped children can be given

CURRENTLY ASSISTED COUNTRIES AND PROGRAMMES

39. The Fund will be aiding projects in 78 countries and territories, by the time all the UNICEF approved programmes are in operation. Counting 14 countries formerly assisted by UNICEF the number of countries and territories assisted by UNICEF totals 92. (See Annex II for a list).

40. The number of programmes UNICEF is assisting currently³ totals 213. Well over half of these (114) are in the field of mass health, the largest numbers being for malaria control (34) and BCG anti-tuberculosis vaccination campaigns (29). Somewhat over one-fifth of the programmes (45) are in the field of maternal and child welfare. In the field of child nutrition UNICEF is aiding 46 programmes, of which 27 are for long-range feeding and 19 for milk and other

more attention within the framework of types of programmes presently being assisted by UNICEF in underdeveloped countries, particularly maternal and child welfare programmes. The problem is to find practical and inexpensive methods of extending aid to the handicapped which are within the economic and personnel resources of the countries to maintain and expand. It welcomed the information that a statement on this question is being prepared by the Society for submission to a future Board session.

Emergency situations

38. Board action to provide emergency aid was voted to two countries; India and the Philippines. The value of UNICEF aid to India in helping meet the need in famine and distress areas has been commented upon in para. 21. The action to meet the distress in the Philippines resulting from an extremely heavy infestation of field rats in the Island of Mindanao came as a result of a request from the government during the course of the Board session, and a recommendation by the Executive Director based upon an on-the-spot survey carried on by a UNICEF representative in the Philippines during the period the Board was meeting.

food processing programmes (See Annex III for a list).

41. The following table summarizes the number of currently assisted countries and projects by areas:

	Number of currently assisted	
	Countries and territories	Projects
Africa.....	15	21
Asia.....	20	67
Eastern Mediterranean Area.....	11	37
Europe.....	5	13
Latin America.....	27	75
	78	213

BENEFICIARIES

42. In 1954 over 14 million children will be vaccinated against tuberculosis in programmes assisted by UNICEF; UNICEF DDT will protect over 8.5 million children and nursing and pregnant mothers against malaria and typhus, UNICEF penicillin will treat over 1.7 million children and mothers for yaws, bejel and syphilis; and UNICEF skim milk will provide daily rations through long-range and emergency feeding programmes to 4.8 million children and mothers.

43. This is shown in the summary tabulation which gives the number of beneficiaries in 1953 and the targets for 1954 in the principal programmes assisted by UNICEF.

	Number of beneficiaries	
	Accomplished 1953	Target 1954
<i>BCG campaigns</i>		
(Children vaccinated).....	9,034,000	14,305,000
<i>Yaws, bejel, syphilis control</i>		
(Children and mothers treated).....	1,019,000	1,763,000
<i>Malaria, typhus control</i>		
(Children and mothers protected with UNICEF DDT).....	9,146,000	8,535,000
<i>Long-range feeding</i>		
(Peak number of children and mothers receiving daily ration).....	505,000	1,076,000
<i>Emergency feeding</i>		
(Peak number of children and mothers receiving daily ration).....	1,273,000	3,733,000

³Programmes in which the UNICEF phase of assistance is still active, or for which an allocation has been made but supplies have not yet been sent. Each type of assistance is counted only once for a particular country, even though there may be several widely separated projects of the same type in the country, as for example, maternal and child welfare, projects in several provinces of states within a federation.

44. It will be noted that these beneficiary figures give the number of *children and pregnant and nursing mothers* (rather than all persons) benefiting; and only those receiving *direct* benefits (i.e., vaccinated rather than tested for BCG; treated rather than examined for yaws, syphilis, and bejel).

45. Not included in the above are the many children and nursing and pregnant mothers who receive benefits (including UNICEF milk and fish-liver oil capsules) from maternal and child welfare centres, clinics, and children's and maternity hospitals aided by UNICEF. Also not included are the many children and mothers who have benefited from UNICEF assistance for milk drying and pasteurization plants, vaccine production plants, and campaigns for the control of communicable diseases such as diphtheria, whooping cough, trachoma, and leprosy.

BCG anti-tuberculosis vaccination campaigns

46. By the end of 1953 more than 60 million children had been tested for tuberculosis and more than 28 million vaccinated in BCG anti-tuberculosis vaccination campaigns assisted by UNICEF.

47. In 1953, approximately 9 million children were vaccinated as against 5 million in 1952. Campaigns were in progress in 1953 in 23 countries.

48. The target for vaccinations in 1954 in 26 countries is 14.3 million children.

Area	Accomplished 1953		Target 1954	
	No. of countries	No. children vaccinated	No. of countries	No. children vaccinated
Asia.....	11	7,657,000	11	10,980,000
Eastern Mediterranean..	6	1,077,000	5	1,340,000
Latin America.....	6	300,000	10	1,985,000
TOTAL	23	9,034,000	26	14,305,000

Yaws, bejel and syphilis control

49. By the end of 1953 an estimated 9 million children and pregnant and nursing mothers were examined and 2.5 million treated in campaigns to control yaws, bejel and syphilis. About an equal number of other persons were examined and treated as "contacts" in the UNICEF-aided programmes, bringing the total number of persons of all ages treated to 5 million out of 18 million tested.

POLICIES ON PROGRAMME AID

55. The Executive Board in October 1953 requested an Ad Hoc Committee to report to the next session on certain policy questions. (E/ICEF/246, para. 17). This followed a recommendation by the Executive Director that it would be desirable to review policies relating to (a) planning projects ahead for longer periods and (b) providing UNICEF payments for certain locally available supplies and services within the framework of existing matching and self-help principles (E/ICEF/236, paras. 17-21).

56. The Committee met during the first week in February 1954 and considered these two questions in detail on the basis of papers presented by the Executive Direc-

tor. In 1953, the number of children and mothers treated exceeded 1 million. The target for treatment in 1954 in 12 countries is 1.7 million children and mothers.

Area	Accomplished 1953		Target 1954	
	No. of countries	No. of children and mothers treated	No. of countries	No. of children and mothers treated
Africa.....	2	80,000	4	587,500
Asia.....	5	373,500	5	731,000
Eastern Mediterranean..	1	50,000	2	45,000
Europe.....	1	22,000	—	—
Latin America.....	1	494,000	1	400,000
	10	1,019,500	12	1,763,500

Malaria and typhus control

51. By the end of 1953 13 million children and pregnant and nursing mothers had been protected with UNICEF DDT in malaria and typhus control programmes. The total number of persons protected with UNICEF DDT in these programmes was 23.5 million.

52. In 1953 the total number of children and mothers protected was over 9 million in 30 countries. The target for 1954 in 30 countries is 8.5 million children and mothers.

Area	Accomplished 1953		Target 1954	
	No. of countries	No. of children and mothers protected	No. of countries	No. of children and mothers protected
Africa.....	4	369,000	8	723,000
Asia.....	4	5,975,000	4	4,250,000
Eastern Mediterranean..	4	531,000	4	1,320,000
Latin America.....	18	2,271,000	14	2,242,000
	30	9,146,000	30	8,535,000

Feeding programmes

53. UNICEF milk and other foods have been distributed to almost 12 million children and pregnant and nursing mothers for various periods of time since 1947.

Long-range feeding

54. In 1953, a peak number of one-half a million children and mothers received daily rations from long-range nutrition programmes in 19 countries; the target for 1954 is over one million, or more than double that of 1953.

tor (E/ICEF/AC.1/1; E/ICEF/AC.2/2). It also considered the question of charging freight costs to country allocations rather than to a general freight allocation (E/ICEF/AC.1/3); (E/ICEF/L.579). The report of the Committee (E/ICEF/L.540) summarizes the views of members of the Committee on various aspects of the questions raised as well as giving the recommendations of the Committee. The Committee's report was referred by the Executive Board to the Programme Committee which recommended Board approval of the report's recommendations, subject to certain clarifying interpretations (E/ICEF/L.588, paras. 4-17). This action was taken by the Board and is included in the description below.

Longer-term planning of projects

57. In UNICEF's first years, programmes being aided were almost exclusively of a short-term relief nature. When UNICEF shifted its emphasis to the needs of children in economically underdeveloped countries the long-term approach began to evolve, since it was clear that the problems of child needs in these countries could only be solved by longer-term plans and programmes.

58. The Board believes that the trend toward longer-term planning should be encouraged. It recognizes that often as a matter of immediate practical action the scope of a project is confined to only part of a problem. A succession of project phases, however, may be envisaged as part of an over-all plan.

59. Within the framework of its general policies, the UNICEF Board considers each project proposal on its own merits. Since there are no formal limits on the period of time for which UNICEF can undertake a financial commitment for a project in a single action, the Board considers that no change in policy is necessary to encourage longer-range projects.

60. Where a proposed UNICEF allocation is for only one stage of a government project it would be desirable that the Board have an opportunity to consider the whole project. If it approves of the project in principle, future requests for continued aid would be given the priority, which under existing Board policy (E/2013, para. 30) is accorded "to help complete or perfect work already undertaken."

61. The Board also recognized that for a few projects an apportionment for a longer-term than the usual two or three years might be of considerable aid to governments in encouraging longer-term planning and more comprehensive projects. In exceptional circumstances the Board, therefore, will consider allocations for periods up to five years, where the government makes corresponding long-term commitments; where past experience of the Fund would indicate that there is a considerable measure of probability that the programme will be successful; and where a longer-term UNICEF commitment would substantially strengthen the programme.

62. These longer-term commitments by UNICEF would ordinarily not be made at the beginning of a project but only after initial operations had established the soundness of the project, and the country's organizational and financial requirements for the programme have been ascertained by experience.

Payment for local training and supervision

(a) General considerations

63. The Executive Board approved in principle the payment, under certain conditions, of some of the local costs for the training of village and district workers, and for supervision. As a matter of basic policy UNICEF aid to countries is predominantly in the form of imported supplies and equipment, with "matching" by the government in the form of costs of local personnel and other services, and locally available supplies. The objective is to encourage governments to start programmes, laying a solid basis at national, provincial and local levels which will enable the countries to carry on entirely by themselves at a later stage. The Board decision is taken in order to provide greater flexibility in strengthening this objective, where necessary, without altering basic UNICEF policy.

64. The consolidation of the mass health campaigns which UNICEF has been aiding will, in the long run, depend on establishment of permanent local health services in rural areas once the mass phase of the campaigns are over. Maternal and child welfare services in rural areas have great potential value in this connexion, because the centres established, and the personnel trained, often help initiate broader public health work, and in any case contribute substantially to strengthening such work.

65. It is at this point that UNICEF aid for an initial period with certain local costs can help assure that the gains made will be extended along logical lines of development. A high proportion of the costs of rural projects consists of local expenses, mainly of personnel. These costs cannot be entirely borne by central governments which are rarely in a position quickly to expand their revenue-gathering capacities. The bulk of the burden must therefore necessarily rest upon the provinces and villages. The benefits of investing in training and supervision are ordinarily less immediately evident than investing in buildings and local staff and supplies, and therefore usually require some time to be demonstrated.

66. The working out of a system of administrative organization and control with responsibilities shared by the various levels of government, from the village up, likewise takes time.

67. The additional form of UNICEF aid, approved by the Board, in effect extends to provincial and village levels the demonstration or initial impetus approach which has been useful on the national level. At the same time it will make possible the more effective use of supplies and equipment provided by UNICEF. Projects coming forward with proposals for this type of aid would not be for the purpose of aiding training and supervision by themselves but only as part of the fulfillment of maternal and child welfare programmes, or other types of aid such as nutrition or environmental sanitation, already approved by the Board.

68. In bringing forward project proposals containing this new form of aid the Executive Director will continue to be guided by the general Board policies concerning government "matching"; the total value of UNICEF aid, including supplies and payment for local training and services will not exceed 50 per cent of the total cost of the project; the payment for local costs will be a small proportion of the total project cost; the aid will be for a limited period of time, and necessary as an integral part of the project; and the projects themselves will be of a relatively substantial character in terms of geographical extent, number of units involved, and long-range nature.

69. Project proposals containing any aid for payment of local training or supervision costs would, as is the case for other types of project proposals, require specific approval by the Executive Board on the basis of their own merits.

70. Certain representatives expressed concern that the policy approved by the Board might be considered to represent a new policy for international organizations within the United Nations. As a consequence the Executive Director was requested to undertake a thorough study of the question of financing local costs from international funds particularly the question of stipends for the training of professional personnel, payment of travel and allowances for local personnel, and the salaries of instructors. The study should pay particular attention to the policy followed in the implementation of other United

Nations programmes, particularly the United Nations technical assistance programme. The Board requested that a report on this study be circulated to the Board at least by the time of the first session at which it will be called upon to approve projects which contain aid for payment of local costs as approved in principle at the current session.

(b) *Stipends for trainees and salaries for instructors*

71. Although auxiliary personnel, such as traditional midwives and nurses aides, represent the greatest need, as far as numbers are concerned, personnel with full professional training form an essential element in any long-term organization to serve rural areas.

72. In April 1952 the Board approved in principle UNICEF aid for training auxiliary personnel in the form of stipends in local currency for instructors and trainees (E/2214, para. 676) and at subsequent sessions it approved such stipends in a number of apportionments for maternal and child welfare programmes. The Board at the current session extended this policy by approving in principle UNICEF aid for stipends in local currency for the full professional training of workers engaged in types of programmes currently approved for UNICEF aid, and salaries for their instructors.

73. The main types of requests foreseen under this type of aid are for the training of public health nurses, health visitors, and midwives, in order to staff rural maternal and child welfare centres. This aid would be for the complete training of such personnel, because there are not available, within the countries, enough nurses or midwives who could be given a supplementary training in public health nursing, domiciliary midwifery, etc., to staff these centres in the number required. Such personnel, when taking up duty in maternal and child welfare centres, would have as an important part of their work the supervision of auxiliary workers. Aid for the basic training of doctors is not included under this decision. Proposals for payment of salaries of instructors would be judged in their direct relationship to the training of personnel to work in UNICEF-aided projects.

(c) *Travel and subsistence allowances for local supervisory personnel*

74. The Board authorized the Executive Director to bring forward requests for travelling and subsistence allowances for national personnel engaged in field supervision of UNICEF-aided programmes, in arrangement with the governments concerned, and to be charged to projects costs. In some cases, the personnel might be

staff already in the Government department dealing with the project; in other cases they might be of a type, so far as possible, which could be transferred to the department when it takes over the supervisory responsibility. In any event the development of plans for the aid including the allowance scale, would be agreed upon in all cases by the Administration and the Government.

75. The situation of most immediate concern to UNICEF and the Governments (particularly in connection with maternal and child welfare centres) is to have additional information on the functioning of projects in rural areas and to help the localities develop them to their maximum potentialities. The Governments, for the most part, have plans for expanding their supervisory systems, but in some instances it may take a year or two to have the costs incorporated in the budgets of the Ministries concerned. UNICEF aid of this type for a particular project is intended to be in effect for only a limited period of time to meet an immediate situation.

(d) *Emergency needs for projects*

76. The Executive Director has authorized Regional Directors to use sums, up to \$1,000 in amount, for essential locally purchasable supplies or services when necessary to keep a going project (either of a long-term or emergency nature) from being seriously hampered or delayed in execution.

77. The method of operation and control of this authority is analogous to that relating to a petty cash fund. The sums expended are charged to the project costs.

78. The Board approved continuation of this practice. It requested the Executive Director to report periodically to the Board on expenditures under this authorization, particularly those of \$500 or over.

(e) *Charging freight to country allocations*

79. The Executive Board approved the charging of freight costs to country allocations in accordance with the method set forth in E/ICEF/L.579 "Recommendation of the Executive Director regarding a Method for Charging Freight Costs to Country Allocations."

80. This change from the previous practice of separating freight costs from country allocations was adopted by the Executive Board in order to avoid a possible understatement of the value of aid provided by UNICEF to countries.

FINANCIAL POSITION

Resources and allocations

81. At the close of the September 1953 Executive Board session the Fund had approximately \$2,743,000 available for allocation. In the approximate six months to the March 1954 session the Fund had received the equivalent of \$3,341,200 as follows: \$2,389,100 in contributions from 26 governments;* approximately \$213,900 in contributions from private sources; and \$738,200 in other income.

To this sum an amount of \$550,500 was added as follows:

*Including contributions announced at the Executive Board session and two contributions each (for 1953 and 1954) from three governments.

	\$
(i) From Greeting Card Fund (see para. 173)....	90,000
(ii) Unused balance from 1953 allocation for administrative and operational services.....	111,045
(iii) Unused balance of allocations for reimbursement to WHO of costs of project personnel (E/ICEF/L.585, para. 7)	349,500 ¹
	\$ 550,545

82. The Executive Board approved by mail poll in December 1953 an emergency allocation of \$132,000

¹Net. The gross amount was \$360,500 of which \$11,000 was used to cover deficits for reimbursement of international project personnel in five countries (see Annex I, Table 2, footnotes (d), (e), (f), (h), and (i)).

to Japan for feeding of children in typhoon stricken and crop failure areas and \$144,000 for freight (E/ICEF/247).

83. The total thus available for allocation by the Executive Board was \$6,358,700 derived as follows:

	\$
Available at the close of September 1954 Executive Board session	2,743,000
New resources	3,341,200
Transfer from Greeting Card Fund and return of unused allocations	550,500
	6,634,700
Less: Emergency allocations to Japan and freight thereon	276,000
	TOTAL \$6,358,700

84. The Board approved allocations out of these funds totalling \$4,319,500⁶ (see paragraph 8) bringing the re-

maining unallocated resources at the end of the session to \$2,219,200.

Financial trends

85. The Executive Board noted that the general trend in support for UNICEF is encouraging. Since the low point of 1950 there has been a steady rise in the number and amount of government contributions; both increasing by over eighty per cent. A report from the Sub-Committee on Fund-Raising of the Programme Committee (E/ICEF/L.577) directed the Board's attention to the fact that the increase in the amount of support had been greatest in North America and that there had been an increase of over 600 per cent in support from Asia since 1950. The Sub-Committee also noted, however, that contributions from certain other areas had failed to keep pace with the over-all increase and therefore required further attention from the fund-raising point of view.

86. The following table shows the trend in government support for UNICEF (with governments grouped into broad geographic regions) for the years 1950-1953.

	1950		1951		1952		1953	
	Amount (\$000)	No. of govts.	Amount (\$000)	No. of govts.	Amount (\$000)	No. of govts.	Amount (\$000)	No. of govts.
Latin America.....	161	5	283	9	412	8	391	11
Asia.....	201	5	1,082	9	1,080	9	1,305	14
Eastern Mediterranean Area and Africa.....	62	5	135	4	59	4	142	7
Europe.....	1,352	11	1,291	9	1,486	14	1,742	19
North America.....	5,301	2	6,220	2	7,177	2	10,322	2
Australasia.....	840	2	840	2	593	2	364	2
TOTAL	7,917	30	9,851	35	10,807	39	14,266	55

87. By the end of the Board session the total number of governments which had contributed to UNICEF

since its inception was 70, a number of them having made six or seven annual contributions.

ALLOCATIONS

General

88. As reported in paragraph 8, the Executive Board approved aid for projects totalling \$4,212,500 of which \$4,139,500 came from new resources. These are described below beginning with paragraph 101. In accordance with the Board decision (paras. 79-80) freight costs are included in the project allocations.

Supplementary allocations for reimbursement to WHO of certain technical assistance costs in 1954

89. The UNICEF Executive Board had previously agreed to the reimbursement to WHO of actual expenditures for certain WHO project personnel in 1954 as an exception. At the current session it approved a supplemental allocation for this purpose totalling \$187,000 (E/ICEF/L.585). Amounts for each of the country projects concerned are charged to the allocation for each country as follows:

Country	Post	Programme	Amount
<i>Africa</i>			
Liberia.....	1 Administrative Officer	Yaws/Malaria	\$10,000
<i>Asia</i>			
Fiji and Western Samoa.....	1 Medical Officer (4 months)	Yaws	5,000
India.....	1 Sr. Medical Officer	MCW	15,000
	1 P.H.Nurse-health educator		
	1 P.H.Nurse-midwife		
	1 Midwife Tutor	BGG	30,000
Regional re-testing team	{ 1 Medical Officer 2 Nurses }		

Country	Post	Programme	Amount
<i>Eastern Mediterranean Area</i>			
Iran.....	1 Administrative Officer		
	1 Transport Officer	BCG	13,000
Iran.....	1 Midwife-Tutor (10 months)	MCW	6,000
Iraq.....	1 Medical Officer		
	2 Nurses	MCW	29,000
Libya.....	1 Nurse tutor	MCW	8,000
Regional re-testing team	{ 1 Medical Adviser 2 Nurses }	BCG	30,000
Regional Adviser		MCW	10,000
<i>Europe</i>			
Austria.....	1 Consultant	Sera and vaccine production	2,000
<i>Latin America</i>			
British Guiana.....	1 Adviser (2 months)	BCG	1,000
Mexico.....	2 Medical Officers	MCW	10,000
Paraguay.....	1 Medical Officer		
	1 Nurse	BCG	17,000
St. Kitts.....	1 Adviser (2 months)	BCG	1,000
			TOTAL \$187,000

90. The allocation is subject to the same conditions which the Board set in the past governing reimbursements to WHO (E/ICEF/227, para. 74; E/ICEF/243, para. 104).

⁶The total of programmes approved amounted to \$4,212,500 as a result of the use of \$73,000 from previously approved allocations.

91. The Board noted that while UNICEF had agreed to reimbursement of WHO project personnel in 1954 as an exception, reimbursement to WHO for regional supervisory staff had not been envisaged. Although it approved in the supplemental allocation an amount of \$10,000 for a WHO Regional Maternal and Child Health Adviser in the Eastern Mediterranean Area to meet the need for a second adviser in that area; the view was expressed that reimbursement of regional staff of another agency could hardly be justified, however useful such staff might be in expediting jointly aided projects.

92. By action in previous sessions the Executive Board had allocated a total of \$1,853,600 to cover the reimbursement to WHO for personnel costs of project personnel in the years up to and including 1953. The net amount of allocations in excess of funds required for services incurred up to 31 December 1953 totalled \$349,500 and was returned to the general resources of the Fund (see para. 81).

Financial relations with WHO 1955*

93. Several projects approved for UNICEF aid at the March 1954 session involve the use of international project personnel, the financing of which is provided in the WHO 1955 Draft Programme and Budget. These projects are listed in E/ICEF/L.586.

94. The Board noted that WHO's ability to finance commitments for Priority I Technical Assistance Projects in 1955 is dependent on its receiving \$3,600,000 of Technical Assistance Funds in that year. All the projects for which personnel is to be financed from Technical Assistance funds are in the Priority I classification.

95. WHO's ability to participate in these projects may be affected by decisions to be taken at the World

*See also Part II of this report on "Financial Relations of UNICEF/WHO".

Health Assembly in May 1954. The Executive Board action extends only to the UNICEF commitments outlined in the project submissions and should not be interpreted in any sense as a recommendation that UNICEF undertake to reimburse any portion of the cost of providing technical personnel which subsequent events might show to exceed WHO's financial resources.

96. Pending the meeting of the World Health Assembly, the Executive Board requested that the Executive Director should take no action in connexion with any of the projects listed above which might jeopardize UNICEF's position if the Assembly were to eliminate any of them from the Organization's 1955 programme. The Executive Director was also requested to withhold action until the next session of the Board on any jointly assisted projects which might be eliminated from WHO's 1955 regular budget or its 1955 technical assistance projects, by the Seventh World Health Assembly to be held in May 1954. The Executive Director should not, however, interrupt planning on current projects, extensions of which have been approved at the current session.

97. Recognizing that the World Health Assembly might take a variety of decisions other than specific inclusion or deletion of projects in the draft programme for 1955 (such as modification or postponement) the Committee intends the word "eliminate" to mean only specific deletion by the World Health Organization.

Fish flour acceptability tests

98. In approving an apportionment of \$5,000 for fish flour acceptability tests to be carried out by FAO (see para. 161.) the Board noted that this constitutes a departure from its principle that the financing of research projects is not properly a function of the Fund. Board approval was on the basis of special conditions which warranted an exception being made, but without prejudice to the principle.

APPORTIONMENTS AND APPROVAL OF PLANS OF OPERATIONS

Summary

99. The apportionments approved by the Executive Board are described in the next section. Listed in summary form, and including freight costs, they are as follows:

E/ICEF/L:		Apportionment	
AFRICA			
549	Belgian Congo and Ruanda Urundi.....	Long-range feeding	\$ 53,700
581	Kenya.....	Maternal and child welfare	74,500
537/Rev. 1		Malaria control	51,700
585	Liberia.....	Yaws/malaria control	12,000
571	Morocco.....	Trachoma control	70,400
538	Uganda.....	Maternal and child welfare	22,000
TOTAL, AFRICA			284,300
ASIA			
523	Afghanistan.....	Malaria control	24,200
569	Burma.....	Maternal and child welfare	43,400
531		Malaria control	62,700
570		Environmental sanitation	17,600
556	China.....	Trachoma control in Taiwan	116,700
575 & 585	Fiji.....	Yaws control	29,200
585	India.....	Maternal and child welfare	15,000
Carried forward....			308,800

			Brought forward . . .	308,800
568	Indonesia	Maternal and child welfare		90,200
526	Malaya	Yaws control		25,300
545	North Borneo	Maternal and child welfare		5,500*
547	Pakistan	Maternal and child welfare (hospital services and training)	27,500	
566		Typhus control	12,100	39,600
567	Philippines	Maternal and child welfare (premature care)	14,300	
553		Long-range feeding	17,400	
585		BCG anti-TB vaccination	2,700 ^f	34,400
525	Thailand	Maternal and child welfare		156,200
575 & Corr.1	Western Samoa	Yaws control		8,800
585	Regional retesting team	BCG anti-TB vaccination		30,000 ^d
		TOTAL, ASIA		698,800
	EASTERN MEDITERRANEAN			
565	Egypt	Trachoma control		20,90
564	Ethiopia	Maternal and child welfare	38,200	
585		BCG anti-TB vaccination	5,000 ^f	43,200
585	Iran	Maternal and child welfare	6,000 ^d	
580 & Corr.1		Malaria control	385,200	
572 & Corr.1		BCG anti-TB vaccination	28,800*	420,000
585	Iraq	Maternal and child welfare		29,300 ^b
539	Lebanon	Maternal and child welfare (handicapped children)	27,500	
576		Malaria control	6,600	34,100
585	Libya	Maternal and child welfare	8,000 ^d	
585		BCG anti-TB vaccination	1,000 ^f	9,000
532	Syria	Malaria control		61,600
578	Turkey	BCG anti-TB vaccination		39,600
585	Regional retesting team	BCG anti-TB vaccination		30,000 ^d
585	Regional adviser	Maternal and child welfare		10,000 ^d
		TOTAL, EASTERN MEDITERRANEAN		697,700
	EUROPE			
585	Austria	Sera and vaccine production		2,000 ^d
574	Italy	Maternal and child welfare (premature care)		44,000
573	Yugoslavia	Maternal and child welfare	154,000	
550		Milk conservation	154,100	308,100
		TOTAL, EUROPE		354,100
	LATIN AMERICA			
548	Bolivia	Milk conservation		179,600
563	Brazil	Maternal and child welfare		66,000
534	British Guiana	Long-range feeding	40,400	
585		BCG anti-TB vaccination	1,000 ^d	41,400
530	Chile	Milk conservation		231,000
535 & Add.1	Colombia	Long-range feeding		49,700 ⁱ
560	Dominica	Malaria control	6,600	
559		Long-range feeding	8,000	14,600
533	El Salvador	Long-range feeding		15,100 ^j
561	Grenada	Long-range feeding		8,000
528	Guatemala	Long-range feeding		20,500
557	Haiti	Maternal and child welfare		5,500
562	Honduras	Maternal and child welfare (school health/nutrition)		52,200
541	Mexico	Maternal and child welfare	120,100 ^k	
524		Milk conservation	418,600	
524		Long-range feeding	114,200	652,900
585	Paraguay	BCG anti-TB vaccination		17,000 ^d
536	St. Kitts	Long-range feeding	37,000	
585		BCG anti-TB vaccination	1,000 ^d	38,000
558	St. Vincent	Long-range feeding		7,500
544	Surinam	Long-range feeding		35,000
529	Trinidad and Tobago	Malaria control	17,600	
546		Long-range feeding	57,000	74,600
552	Uruguay	Maternal and child welfare		33,000
		TOTAL, LATIN AMERICA		1,541,600
	PROGRAMMES BENEFITING MORE THAN ONE REGION			
543 & Add.1	Fish flour testing			5,000
		TOTAL, LONG-RANGE PROGRAMMES		3,581,500

EMERGENCY SITUATIONS

527	India	511,700
587	Philippines.....	119,300
	TOTAL, EMERGENCY SITUATIONS	631,000
	GRAND TOTAL, ALL PROJECT AID	4,212,500

* Liberia: \$2,000 to cover a deficit in funds payable to WHO and \$10,000 for reimbursement to WHO for future costs of project personnel.

^b Morocco: includes \$27,000 from balance of funds previously approved.

^c Fiji: \$5,000 of this amount is for reimbursement to WHO of costs of medical adviser to serve both Fiji and Western Samoa campaigns.

^d For reimbursement to WHO for costs of international project personnel in 1954.

* North Borneo: \$5,000 of this amount is from balance of funds previously approved.

^f To cover deficit in funds payable to WHO for reimburse-

ment of costs of international personnel incurred prior to 1954.

* Iran: \$6,700 of this amount is to cover a deficit in operations in 1952 and 1953, and \$13,000 for reimbursement to WHO for costs of project personnel in 1954.

^a Iraq: \$300 is to cover a deficit in funds payable to WHO and \$29,000 for reimbursement to WHO for costs of project personnel in 1954.

¹ Colombia: includes \$25,000 from the unspent balance of funds previously approved.

¹ El Salvador: includes \$5,000 from the unspent balance of funds previously approved.

* Mexico: includes \$10,000 for reimbursement to WHO for project personnel in 1954.

100. Included in these apportionments is \$73,000 available from previously approved allocations and therefore not requiring new funds. These are as follows: Africa: Liberia—Yaws/Malaria Control, \$2,000; Morocco—Trachoma control, \$27,000; Asia: North Borneo—Maternal and Child Welfare, \$5,000; Philippines—BCG Campaign, \$2,700; Eastern Mediterranean: Ethiopia—BCG Campaign, \$5,000; Iraq—Maternal and Child Welfare, \$300; Libya—BCG Campaign, \$1,000; Latin America: Colombia—Long-Range Feeding \$25,000; El Salvador—Long-Range Feeding \$5,000.

Africa

101. *Belgian Congo and Ruanda-Urundi*

Long-range feeding.....\$53,700 (E/ICEF/L.549)
to provide 120 tons of dried skim and 49 tons of dried whole milk for continuation through 1954 of the nutrition programme for which the Board first approved aid in May 1952 (E/ICEF/R.324) \$48,000 of the new apportionment is for powdered milk, the balance for freight. During 1953 more than 31,000 beneficiaries in the Belgian Congo and 32,500 in Ruanda-Urundi received UNICEF milk rations, under a programme administered by the Territorial Direction of Medical Services with the help of non-governmental organizations through hospitals, dispensaries and mother and child centres. A joint FAO/WHO/UNICEF Mission will study the campaign on the spot during 1954. To the extent of its budgetary possibilities the government will use its own resources to continue free distribution of milk from 1955 on.

102. *Kenya*

Maternal and child welfare..\$74,500 (E/ICEF/L.581)
to provide equipment and transport for 20 new rural health centres; mobile equipment for health education and for training of personnel for the rural health service; and skim milk powder for the treatment of kwashiorkor through hospitals, health centres and dispensaries during 1954-56. The Government's commitments include \$80,000 in capital investment for the construction of 13 additional health centres and grants of £1,000 each to these centres, in addition to annual operating expenses of \$130,000.

103. *Kenya*

Malaria control.....\$51,700 (E/ICEF/L.537/Rev.1)
for a three year project to control seasonal epidemic malaria in the Nandi District and adjoining areas through residual spraying with insecticides. An estimated 55,000 huts are to be sprayed to protect 130,000 persons. 35 team leaders will be trained in the spraying technique in January 1955. Spraying will be carried out in the spring of 1955, and repeated in the springs of 1956 and 1957 with the aim of driving out the insect vector from the area. If these measures are successful, the project is to be the first step in a long-term programme to control epidemic malaria in Kenya. The Government will provide personnel, transport, field and laboratory equipment and protective clothing for the workers at a cost of \$66,600 for the three year period of the project. UNICEF will provide insecticides and 3 vehicles. A previous apportionment from UNICEF is being used for a pilot malaria control campaign in hyperendemic areas of Kenya, Tanganyika and Uganda.

104. *Liberia*

Yaws malaria control.....\$12,000 (E/ICEF/L.585)
for reimbursement to WHO of the cost of maintaining an administrative officer for the combined campaign against yaws and malaria for which the Board first approved aid in April 1952 (E/ICEF/R.302) for penicillin, insecticides, laboratory and field equipment and transport. \$2,000 is included to cover a deficit in funds for reimbursement of costs incurred prior to 1954.

105. *Morocco*

Control of trachoma and associated eye diseases.....
\$70,400 (E/ICEF/L.571)
to extend the campaign for which the Board first approved aid in May 1952 (E/ICEF/R.313). The campaign commenced in 1953 and during the six months epidemic season in the southern territories of Morocco. 114,000 beneficiaries received treatment against conjunctivitis. The results of the campaign were very good and there has been an apparent curb on the incidence of trachoma. Popular interest and participation have increased and organization of the mass campaigns is made easier by the resulting spontaneous publicity. Between December 1953 and March 1954 20,000 children afflicted with trachoma received instillations of ointment three

times daily for a period of 60 days. During 1954, the campaign against conjunctivitis is to be extended to a new district of 138,000 population while the campaign against trachoma will be extended to 40,000 school children in Marrakesh, Casablanca, and other towns. UNICEF will provide 9 additional vehicles, antibiotics, sulphenamides and fly control equipment, while the Government will provide the equivalent of \$275,000 for continuation of the campaign in 1954.

106. Uganda

Maternal and child welfare (training and health education)\$22,000 (E/ICEF/L.538)
to furnish equipment for health education activities and for the training of auxiliary personnel for maternal and child welfare services. A special section for Health Education will be created under the Senior Medical Officer, and health inspectors will be trained as teachers, arranging for group education utilizing visual aids such as film, photographs, models and posters. Two training schools for midwives and a new school for nursing orderlies will be opened in January 1955. Existing schools for hygiene orderlies, health inspectors, medical assistants and nurses will be enlarged. For the three new schools and the enlargement of three existing training institutions the Government will incur capital expense equivalent to \$373,000 and estimates its annual operating expense at \$48,000. WHO will provide advisory services as desired.

Asia

107. Afghanistan

Malaria control\$24,200 (E/ICEF/L.523)
to provide additional DDT, transport and field equipment for the expansion during 1955 of the malaria control campaign for which the Board has previously approved apportionments in 1951, 1952 & 1953. The plan of operations is contained in E/ICEF/R.403. In 1953, the second year of UNICEF assistance, 950,000 persons were protected and an additional 330,000 are expected to be protected in 1954. A further increase of 250,000 to be protected in 1955 would bring the total beneficiaries to 1,530,000 of which the Government's provision of DDT would cover 675,000 and UNICEF the remaining 855,000. The Government's budget for malaria control in 1955 is approximately \$240,000. WHO will continue through 1955 to provide two full-time advisers for the campaign.

108. Burma

Maternal and child welfare . \$43,400 (E/ICEF/L.569)
for equipment and transport to extend the maternal and child welfare programme for which the Board has approved apportionments at previous sessions. The Government's long term aim is to provide 500 maternal and child welfare centres in urban and semi-urban areas and 500 rural health centres, the latter combining general health services with maternal and child welfare services. At the end of 1953, 114 maternal and child welfare centres were in existence and 60 more are to be built in rural areas, the first 100 health centres are to be built in 1954 and 100 a year thereafter, UNICEF has now provided funds to equip 340 centres, to provide drugs and diet supplements and soap through many of these centres, and kits for the use of midwives. UNICEF equipment has been provided for ten training schools for maternity and pediatric wards in 13 hospitals and for children's out-patient departments in 10. School health services and control of congenital syphilis to which UNICEF has provided aid have been integrated with

the maternal and child welfare work. UNICEF has also provided six sets of dental equipment and stipends for six dental hygienists to study in Malaya. Newly approved funds will be used for pediatric and maternity ward equipment for three hospitals, additional transport and teaching equipment for the training programme, extension of dental fellowships and transport, field laboratory and teaching equipment for a maternal and child welfare demonstration area. The Government will establish three new pediatric and maternity wards in district hospitals, maintain transport for the programme and continue the operation of five venereal disease teams. WHO will continue to provide the services of 12 international personnel in 1954 for which budgetary provision amounts to \$81,000.

109. Burma

Malaria control \$62,700 (E/ICEF/L.531)
to continue and expand during 1955 the malaria control programme for which the Board approved aid in September 1953 (E/ICEF/R.462). Beginning in 1951 a WHO-assisted demonstration project demonstrated the DDT residual spraying technique which has been used effectively during the past three years, protecting 1,350,000 people by the end of 1953 with the help of the U.S. Technical Cooperation Administration. In the five year period 1953-1957, the Government with the help of WHO and UNICEF, plans to protect 7,500,000 persons, the total who are exposed to the risk of malaria. The programme for 1954 calls for 33 control units to protect 2,700,000 persons. In 1955 the Government will increase the number of control units to 48 and will utilize the newly approved DDT and sprayers from UNICEF to give protection to 4,800,000 persons. The Government budget for the fiscal year ending September 1955 will include cover for all other expenses of the 1955 campaign.

110. Burma

Environmental sanitation . \$17,600 (E/ICEF/L.570)
to assist the Government in giving practical and theoretical training in environmental sanitation to local health assistants and at the same time to improve environmental sanitation in the training area. At the Aung San Centre near Rangoon two training courses of three months each will train 125 health assistants a year. Trainees will dig 20 wells and 800 bore holes or pit latrines in the first year. In five years the entire training area with a population of 20,000 will be served with clean water and sanitary facilities. Aung San, which is a key centre for maternal and child welfare training, will acquaint maternal and child welfare trainees with the importance of environmental sanitation and gradually integrate all related services into a community health programme. UNICEF will provide a portable well-drilling rig, 20 hand pumps, casing pipe, one truck and health education equipment. With U.S. Technical Cooperation Administration assistance the Government already has in operation ten well-drilling rigs and a Board of Environmental Sanitation has been created which has a three-year programme to dig 6,048 wells, 1,550 of them to be completed by October 1954. The Government has an annual budget of \$80,000 for the operation of the Demonstration Centre. WHO will provide the services of a public health engineer in 1954 and 1955, plus fellowships in public health engineering and in environmental sanitation. WHO will also provide in 1955, subject to the availability of funds, a public health officer with maternal and child welfare experience, a public health nurse and a sanitarian.

111. China

Trachoma control in Taiwan \$116,700 (E/ICEF/L.556)

The pilot project in trachoma control for which the Board approved aid, in April 1952 (E/ICEF/R.329) will now be expanded into a province-wide three-year campaign for trachoma control among school children. An estimated 1,200,000 school children will be examined and treatments provided for 200 to 300,000 cases of conjunctivitis and for 600,000 cases of trachoma. UNICEF will provide antibiotic ointment, sulpha tablets, two station wagons and soap. WHO will provide a consultant and a fellowship in trachoma control. The Government will provide personnel and operating expenses, travelling and transport maintenance costs and miscellaneous requirements of the campaign.

112. Fiji

Yaws control \$29,200 (E/ICEF/L.575)

to provide 50,000 vials of penicillin, one vehicle and miscellaneous supplies for a mass campaign to control yaws. The Government will provide all other supplies and transport required, and all personnel under the direction of a senior medical officer. Field work will be carried out by part time personnel including 60 assistant medical practitioners and 180 assistant nurses who will be organized and trained in teams. The plan envisages treatment of 150,000 people, including an estimated 30,000 infectious cases of yaws. A pilot project will first be carried out by a control team on the island of Vanua Levu during which four supervising AMPS and four assistant nurses will be trained who will then in turn train the staff for the mass campaign. A survey of the entire Fijian population is expected to be accomplished in the first year, and will be followed by mass treatment and a re-survey six months later. Follow-up and further control work will be continued by the Government as an integral part of the work of the permanent rural field medical staff. UNICEF will reimburse WHO for the cost of an adviser for this programme and for yaws control in Western Samoa. The pilot project is scheduled to start in October 1954 and the mass examination and treatment in November 1954.

113. India

Maternal and child welfare . . \$15,000 (E/ICEF/L.585)

for reimbursement to WHO of the balance of costs of a senior medical officer, 3 public health nurses and a midwife tutor in connexion with the 1954 operations of a programme for developing maternal and child welfare services in the State of Travancore Cochin. The Board first approved aid for this project in September 1953 to assist the State in improving and expanding training facilities for nurses and midwives and to improve and expand maternal and child welfare services in rural areas (E/ICEF/R.498).

114. Indonesia

Maternal and child welfare . . \$90,200 (E/ICEF/L.568)

for expansion of the maternal and child welfare programme for which the Board originally approved aid in 1950. The Government's goal is to establish 1,500 maternal and child welfare centres of which 782 were operating at the end of 1953. UNICEF is assisting more than 500 centres with equipment, drugs and milk and has also provided 100 sets of school health equipment, assistance to 35 maternal and child hospitals or wards and to 44 training schools for nurses, midwives or home visitors. UNICEF has also provided dental equipment and fellowships for two dental-nurse teachers and 12 sets of audio-

visual equipment for the health education programme. The newly approved apportionment will be used to provide additional transport, drugs and diet supplements, equipment for training, for two maternity homes, for school health teams and for the health education programme. WHO has a pediatrician and a public health nurse working in the programme. The Government's annual commitment is estimated at \$52,000.

115. Malaya

Yaws control \$25,300 (E/ICEF/L.526)

to provide penicillin, transport and equipment for a mass yaws control campaign to be carried out by two mobile teams in the northeastern states of Trengganu and Kelantan, where there are an estimated 40,000 infectious cases of yaws. A house to house survey and treatment with penicillin will be carried out beginning 1 April 1954 and follow up surveys will be made six months after completion of the mass campaign. The Government has appointed a medical officer to give full time to yaws control work and who will go to Thailand and Indonesia during December 1953 on a WHO fellowship to observe yaws control work. Personnel in hospitals, clinics and dispensaries will be trained by the mobile teams to take over the control of yaws as part of their routine work when the mass campaign is completed. The plan is to examine 360,000 to 480,000 persons in the first three years out of approximately 600,000 at risk. The 28 dispensaries in the two states will examine the balance of the population at risk and maintain control after the mass campaign is completed. UNICEF will provide equipment for the two mobile teams, for 3 laboratories, and for 28 dispensaries and clinics, also penicillin to treat 200,000 persons. Two vehicles provided by UNICEF for the BCG campaign will be assigned to the mobile anti-yaws teams. WHO will provide a short term serologist and the government will provide personnel, transport, and medical supplies not provided by UNICEF.

116. North Borneo

Maternal and child welfare . . \$5,500 (E/ICEF/L.545)

for milk, drugs, diet supplements and soap to improve and expand the services provided by maternal and child welfare centres for which UNICEF has previously provided substantial aid, of which 13,800 remains unspent. The additional aid will be financed out of the unused balance. A WHO senior nurse-educator is at present helping the Government to organize a three year training programme for nurses. WHO is also providing a public health nurse, a pediatrics nurse and a second nurse educator. The Government may make a supplementary request to a later session of the Board, depending on the experience of the next year at which time a plan would be submitted for the Government to assume progressively the responsibility for providing essential consumable supplies.

117. Pakistan

Maternal and child welfare (Hospital services and training) \$27,500 (E/ICEF/L.547)

to provide equipment for a new hospital at Dacca with special facilities for women and children and a permanent training programme for nurses and midwives. The Board has previously approved substantial aid for the maternal and child welfare programme in Pakistan. The newly approved project will be coordinated with the Government's central training scheme. The hospital is to be completed by March 1955 and will provide eventually

350 beds and dispensary, laboratory, X-ray, operation and labour and delivery services, dormitory accommodation, classrooms and a library for the trainees. Twenty-two students will be trained in the first year, 37 in the second and 52 in the third. A nursing home for 120 nurses is planned to be completed in 1957. The Government plans to make a capital investment in the hospital of approximately \$420,000. The Medical Mission Sisters will contribute approximately \$360,000 to capital expenses and will bear the annual operating costs of the hospital and training school estimated at \$60,000.

118. Pakistan

Typhus control \$12,100 (E/ICEF/L.566)
to extend a typhus control programme already in operation for which the Board first approved aid in September 1953, (E/ICEF/R.496). The newly approved funds will provide laboratory equipment and five jeeps with trailers. UNICEF has to date provided 55 short tons of 10 per cent DDT dusting powder and 300 dust guns and five jeeps are on loan to the typhus control project from the BCG programme. Clothing and bedding of all migrants are dusted as soon as possible after they enter the country, and also before they leave in order to prevent the spread of typhus in both Pakistan and Afghanistan. Dusting is carried out twice a year at the time that the tribes move, from October to December, and from March to May. The Government estimates its annual expenditures for the programme at \$33,000, not including DDT from the Newshera plant.

119. Philippines

Maternal and child welfare: (premature infant care)
\$14,300 (E/ICEF/L.567)

to provide equipment and supplies for a domiciliary premature infant care service in Manila in line with the recommendations of the WHO expert consultant who visited Manila at the end of 1953. The city Health Department will establish at the recently built Fabella Health Centre a training programme in home care of premature infants and newborn babies. The doctor and nurse who will direct the training will study in England for six months beginning in April 1954 on fellowships provided by WHO. The Government's expenditure for the project, including staff, supplies, adapting of buildings and other operating expenses are estimated at approximately \$80,000 for the four years covered by the plan.

120. Philippines

Long range feeding \$17,400 (E/ICEF/L.553)

to provide powdered skim milk for continuation of the school feeding programme previously aided by UNICEF. \$5,000 of the new apportionment is for powdered milk, the balance for freight. During the school year 1953-54, 53,000 children receive a daily glass of milk, UNICEF providing 37,000 rations and the Government the balance. UNICEF milk is distributed from lunch counters in 479 schools. The newly approved funds will provide 500,000 pounds of powdered skim milk which together with the Government's provision of 125,000 pounds will furnish rations for 31,250 children for a further school year.

121. Thailand

Maternal and child welfare . \$156,200 (E/ICEF/L.525)
to provide supplies and equipment, milk, diet supplements, soap, midwives kits and training stipends for the further development of rural maternal and child welfare

services for which the Board has previously approved aid to upgrade 40 first class and 322 second class centres. The newly approved funds will provide improvements for the remaining 300 second class centres during 1955. This is the third stage in a national plan to upgrade health services in rural areas where 90 percent of the population lives. WHO is assisting in the training aspects of the programme by appointing a nurse midwife with public health experience, continuing to assist in refresher courses in the Chiangmai training project, and helping with the new school of midwifery to be established in Chiangmai this year. The U.S. Foreign Operations Administration is providing equipment and supplies for general health work and transport for supervisory health staff. The Government's commitments for the extended programme in 1955 will cost approximately 210,000 including repairs to second class health centres, provision of drugs and other expendable supplies and provision of 40 medical officers to serve in the rural health centres.

122. Western Samoa

Yaws control \$8,800 (E/ICEF/L.575)

to provide 15,000 vials of penicillin and miscellaneous supplies for a mass campaign to control yaws. The Government will provide transport and other supplies as required and personnel at an estimated cost for the first year of \$21,000. The plan envisages treatment of 41,500 persons including an estimated 8,300 infectious cases. The WHO medical adviser to the Fiji campaign will serve also as adviser to the Government of Western Samoa. It is proposed that the campaign be conducted by 6 mobile teams of 3 persons each, which would be able to complete the mass campaign within 6 to 9 months.

Eastern Mediterranean

123. Egypt

Control of communicable eye diseases \$20,900
(E/ICEF/L.565)

to provide supplies and equipment and transport for a pilot project for control of communicable eye diseases, including trachoma. The area selected for the demonstration is north of Cairo in the Calioub markaz with a population of 50,000 people. Another part of the Calioub markaz, with a population of 30 to 40,000 will serve as the check area for comparison purposes. Two types of treatment will be used:

(a) Sulphanamide applications to 7,000 children twice a year for three to four day periods to prevent seasonal ophthalmias in pre-school children.

(b) Antibiotic treatment for 7,000 to 8,000 school children three times a day for 60 to 90 days.

A study of the effect of these treatments will be carried out simultaneously and a comparison made within the check area. Attempts will also be made by public education, establishment of village hygiene committees, by improvement of village hygiene, etc. to control the spread of infection by insects. The Government will appoint a medical officer of suitable experience as director of the project and will provide other personnel, premises, equipment and laboratory facilities at a total estimated cost of \$33,000 for the first year. The project is planned to commence in October 1954 and to continue through 1956. WHO will provide at a cost of \$30,000 one ophthalmologist for two years and a public health nurse for two years. WHO will also provide advice in health education, epidemiology, environmental sanitation and statistics.

124. Ethiopia

Maternal and child welfare . . . \$38,200 (E/ICEF/L.564) to provide teaching equipment, drugs and diet supplements, sewing machines, transport and stipends for the training of auxiliary health personnel and equipment for a pediatric hospital ward, for the development of rural health services and the strengthening of existing facilities for care of mothers and children. A public health training centre, including a maternal and child welfare demonstration and training unit, will be established in the town of Gondar in Begemeder Province. Two rural training centres will be established in villages 40 and 80 kilometres from Gondar and as trained personnel becomes available other rural centres will be set up throughout the province of Begemeder and later in other parts of the country. WHO has budgeted \$78,000 for 1954 and 1955 to provide two medical officers, two public health nurses, two junior health officers and a sanitarian for this project. US Foreign Operations Administration is assisting in repair and alteration of the hospital school and in provision of living accommodation for trainees in addition to appointing a public health medical officer, a public health nurse and one laboratory technologist. The Government's capital expenditure in the first year of the project is estimated at \$98,000 and recurrent yearly expenditures are expected to be approximately \$72,000.

125. Iran

Maternal and child welfare . . . \$6,000 (E/ICEF/L.585) to provide a midwife tutor for ten months as recommended by WHO to assist in running a midwifery school in connexion with the Government's programme of maternal and child welfare programmes for which the Board approved aid in October 1952 (E/ICEF/R.363).

126. Iran

Malaria control \$385,200 (E/ICEF/L.580) to provide DDT and vehicles for malaria control operations during 1954 in connexion with the country-wide malaria control programme begun in 1950 and to continue until 1960. This is UNICEF's first contribution to the project. WHO has participated mainly in providing advisory services until now but has budgeted \$41,000 for insect control work in one of the provinces of Iran in 1954. WHO personnel for that project (a medical officer, an entomologist, a public health engineer and a laboratory technician) will be available part time to assist in the malaria control programme. The U.S. Foreign Operations Administration is also cooperating by the provision of vehicles, DDT and technical assistance. The plan for 1954 and for 1955 is to reach 16,000 villages with spraying operations protecting a population of 5,500,000. The Government's commitments for 1954 in connexion with this project are estimated at \$1,095,000.

127. Iran

BCG anti-tuberculosis vaccination \$28,800 (E/ICEF/L.572 & L.585) for supplies and equipment and project personnel to continue through 1954 the BCG vaccination campaign for which the Board first approved funds in April 1951 (E/ICEF/R.161). A part of the new funds (\$6,700) is required to cover a budgetary deficit relating to the operations in 1952 and 1953; \$13,000 is for reimbursement to WHO for the cost of an administrative officer and a transport officer for the campaign; and the bal-

ance (\$8,300) will be used for PPD stock (testing) solution, vaccine for an additional 450,000 beneficiaries, field equipment, five refrigerators for permanent BCG centres and spares and tires for the 11 vehicles already provided by UNICEF. Additional requests may be submitted to the Board at a later date in connexion with plans for establishment of a second group of five permanent BCG centres in 1955. The UNICEF/WHO-assisted BCG campaign started in the larger cities of the country in April 1952; by the end of 1953 a total of 715,000 persons had been tested and 466,000 vaccinated.

128. Iraq

Maternal and child welfare . . . \$29,300 (E/ICEF/L.585) for reimbursement to WHO for the cost of one medical officer and two nurses during 1954 in connexion with the maternal and child welfare services and training programme for which, the Board originally approved funds in April 1953 (E/ICEF/R.419). \$300 of the newly approved funds is required to cover a budgetary deficit in connexion with project personnel for this programme.

129. Lebanon

Maternal and child welfare (care of physically handicapped children) \$27,500 (E/ICEF/L.539) for physiotherapy equipment, tools for a prosthetic workshop and transport for a special school for physically handicapped children. The plan is to establish a model national centre for the rehabilitation of handicapped children which would accommodate about 30 children and would include a school and physiotherapy centre and a workshop for the production of surgical appliances, braces, artificial limbs, etc. The project has been developed with the cooperation of the International Society for the Welfare of Cripples and the International Union for Child Welfare who have worked closely with the Lebanese Union for Child Welfare. The model centre will receive trainees from Lebanon, Syria, Jordan, Iraq and elsewhere who are studying medicine at the American and French Universities in Beirut. Medical supervision and follow up care will be provided by the American University Hospital. The centre will be located at the Cite des Apprentis Libanais, an orphanage about 6 kilometres from Beirut which will provide nursing, teaching and auxiliary staff.

130. Lebanon

Malaria control \$6,600 (E/ICEF/L.576) to provide DDT for continuation in 1954 of the country-wide malaria control campaign for which the Board previously approved funds in October 1952 (E/ICEF/R.355). A WHO Demonstration and Training Team working with the Government of Lebanon from September 1951 through December 1953 has set the lines for the nation-wide campaign. A country-wide survey initiated in December 1953 will be conducted twice for regions of higher endemicity, once for regions with hyperendemicity and occasionally where infections might be suspected. Spraying operations in all malarious areas in the country will protect 135,000 persons by the end of June. A respraying at the end of August will protect 10 to 11,000 persons in an endemic area. Co-ordination with malaria control work in neighbouring countries will be assured by inter-governmental contacts or through the intermediary of the WHO Regional Office. WHO's contribution to the project so far has been \$100,000 in personnel, equipment and insecticides. The Government's budget for malaria control for 1954 is approximately \$31,000.

131. Libya

Maternal and child welfare . . . \$8,000 (E/ICEF/L.585)
to provide a nurse tutor as recommended by WHO to assist in running the rural demonstration and training centre for which the Board in October 1952 approved supplies and equipment and training stipends (E/ICEF/R.378). Previous aid to this programme includes transport and machinery, drugs and diet supplements for 25 health centres throughout the country.

132. Syria

Malaria control \$61,600 (E/ICEF/L.532)
for supplies and equipment to continue and extend through 1954 the malaria control campaign for which UNICEF has previously provided supplies of DDT (E/ICEF/R.325) and E/ICEF/R.458). A demonstration project has been carried out in the Homs area—one of the country's worst foci of infection. WHO has provided technical personnel, laboratory equipment, material for research work, a library, sprayers, transport and insecticides for this demonstration project to date and during 1954 has budgeted funds to continue the advisory services. In another area of Syria WHO is providing \$44,203 in 1954 for a bilharzia/malaria project including provision of a sanitarium for malaria control activities. The Government's commitments for malaria control amounted to approximately \$113,000 in 1953 and are expected to reach \$150,000 in 1954.

133. Turkey

BCG anti-tuberculosis vaccination campaign . . . \$39,600
(E/ICEF/L.578)

for equipment and supplies to continue and expand in 1954 and 1955 the mass BCG anti-tuberculosis vaccination campaign for which UNICEF has previously provided aid (E/ICEF/R.158 and E/ICEF/R.221). The mass campaign began in January 1953 and by the end of 1953 a total of 1,640,000 persons had been tested. It is anticipated that four more years will be required to complete the mass programme for which the total goal is to test 12 million persons out of the total of 20 million population in the country. The planned organization of the campaign comprises 80 teams which will work progressively from the western provinces to the central and eastern provinces. UNICEF which has previously provided 22 jeeps and 4 station wagons for this programme will now provide an additional 11 vehicles as well as further field equipment and some minor items to assist the Government in carrying out this plan. The Government's commitments are estimated at about \$400,000 each year for 1954 and 1955. WHO is providing a trained nurse for this project against UNICEF reimbursement and will continue to give technical guidance and evaluation to the project.

Europe

134. Austria

Sera and vaccine production . . . \$2,000 (E/ICEF/L.585)
to reimburse the WHO for the cost of continuing the services of an expert in Austria to advise on production and standardization of diphtheria, pertussis and tetanus vaccine at the State Serum Institute to which UNICEF has provided equipment. Funds previously approved for this project provided equipment, international personnel and fellowships. The general objectives of the programme are to improve the production of sera and vaccines to combat childhood diseases; to extend vaccina-

tion operations to cover all Austrian children; to integrate vaccination services with the permanent public health organization of the country and to coordinate provincial and federal vaccination programmes.

135. Italy

Maternal and child welfare (care of premature infants)
\$44,000 (E/ICEF/L.574)

to assist the Government in extending its national programme for the care of premature infants for which UNICEF has previously provided equipment for seven centres which have been set up at Milan, Genoa, Florence, Naples and Rome. Eight doctors and ten nurses received training in the care of premature infants at the International Children's Centre in Paris from May to July 1952 under the joint auspices of the ICC, WHO and UNICEF and are now assigned to the seven premature centres. UNICEF will now provide 76 incubators for eight additional centres. Medical and nursing staff trained in 1952 at the ICC in Paris are now training personnel for the new centres by demonstrating modern techniques and equipment at the pilot centres which are already in operation. In addition two doctors have been studying in Paris in connexion with the 1953 course on prematurity offered by the ICC. The new centres will in turn become secondary training centres for a wider circle of personnel in hospitals and clinics and small maternity centres. The Government's commitments for this programme in 1953 are estimated at \$50,760 not counting the average daily cost of care for each premature of an additional 3 to 4,000 lire. The Commissariat of Hygiene will budget \$60,000 to \$70,000 for this project in 1954.

136. Yugoslavia

Maternal and child welfare . \$154,000 (E/ICEF/L.573)
to assist the Government in expansion of its national network of maternal and child welfare services for which UNICEF has previously approved substantial aid. The plan approved by the Board in September 1952 (E/ICEF/R.381) was for Phase I of this programme. Funds now approved will assist the Government in Phase II by providing equipment for 2 demonstration centres, 30 public health centres, 120 health stations and for nursery and midwifery schools and 60 milk kitchens, also books and literature, dried milk and diet supplements. Subject to availability of funds WHO will provide consultants in public health nursing, visiting experts to assist in a course in social pediatrics, and fellowships for two nurse tutors and for two public health nurses to study abroad. The Government's commitment for the establishment and operation of the centres and stations to which UNICEF is giving help is estimated at \$6,360,000.

137. Yugoslavia

Milk conservation \$154,100 (E/ICEF/L.550)
to furnish equipment for two additional dairy plants to be located at Zemun and Kragujevac, and equipment for packing of dried milk at the Osijek and Zupanje dried milk plants already equipped by UNICEF. Under previous allocations UNICEF assistance has gone to three dry milk plants, 9 central dairies, 2 laboratories, 61 milk collecting centres and to special refrigerating centres at Belgrade. By the end of 1953 two of the milk drying plants and five of the dairies were in operation and 150,000 children were receiving free milk—either pasteurized fluid milk or dried whole milk. An estimated 70 or 80 per cent of the pasteurized milk from these

plants is for mothers and children. As part of a new ten year plan the Government envisages 20 or 30 dairy installations in smaller cities and UNICEF aid may be sought for these smaller installations in future.

Latin America

138. Bolivia

Milk conservation \$179,600 (E/ICEF/L.548) to provide equipment and technical services for a milk plant to be established at Cochabamba and for three fellowships for senior staff. The plant will handle 25,000 litres of raw milk daily and produce not less than 250 tons of dried skim milk powder a year which the Government will purchase and use for a child feeding programme. Pasteurized milk and other milk products will be processed for commercial sale. The Government will provide land, buildings and services for the new plant as well as bottling equipment, and working capital which will be paid out of US counterpart funds to a total of approximately \$525,000. U.S. aid will also be used for additional equipment requiring foreign currency. Construction of the plant is scheduled to begin in November 1954 and operation of the plant is foreseen for September 1955 with distribution of free milk powder to commence in November 1955.

139. Brazil

Maternal and child welfare . . \$66,000 (E/ICEF/L.563) to provide clinical equipment, instruments and scales, etc. for maternal and child welfare centres which are now ready to open or to enlarge their services. A total of 363 maternities and child care clinics are included in the Government's programme to which UNICEF has previously provided aid (E/ICEF/R.9 and R.242). The total budget of the National Department of the Child has been increased from \$800,000 in 1950 to \$2,188,000 in 1954.

140. British Guiana

BCG anti-TB vaccination . . . \$1,000 (E/ICEF/L.585) for reimbursement to WHO for the cost of maintaining a BCG adviser in 1954.

141. British Guiana

Long range feeding \$40,400 (E/ICEF/L.534) to provide skim milk powder and fish liver oil capsules for a two year feeding programme for school children at a cost of \$14,000, the balance of the apportionment being for freight. The plan is to provide malnourished school children with a mid-morning snack of a glass of milk and biscuits with a vitamin capsule on alternate days. Selection of approximately 16,000 beneficiaries will be made by health officers, and the programme will be administered cooperatively by the Departments of Education and of Health Services.

142. Chile

Milk conservation \$231,000 (E/ICEF/L.530) to provide equipment for a milk drying plant to be located in Chillan. Similar equipment provided by UNICEF under an apportionment approved in November 1950 (E/ICEF/R.90) has been installed in San Fernando and will be in operation later this year. The new plant at Chillan will help to meet the special problem of a rapidly industrialized community whose population has increased 25% in the past 12 years causing a grave shortage of food supplies. Establishment of a UNICEF assisted milk drying plant near the City of Chillan fits into the general development plan of the

"Plan Chillan". In three years the output of the plant will be 1,000 tons of dry skim milk powder, which will be distributed by the Government to approximately 90,000 needy mothers and children, chiefly in Southern Chile, with priority to the industrial areas of the Province of Concepcion. A survey to determine the suitability of this area for a milk drying plant was made by a joint: FAO/UNICEF mission. The Government's commitment in land, construction, services, equipment, etc. is estimated at \$362,000 which does not include the cost of purchase, transportation and distribution of milk, nor the over-all operating expenses. Construction is to begin in October 1954, installation of equipment is foreseen for August 1955 and the plant is to start operations in October 1955.

143. Colombia

Long range feeding \$49,700 (E/ICEF/L.535 & Add. 1) to provide dried milk and fish liver oil capsules for expansion of the child feeding programme in Bogotá, Colombia for one year at a cost of \$25,000, the balance of the apportionment being for freight. This is the first UNICEF aid of this type to Colombia. Distribution will be made to 30,000 school children through school lunch rooms and to 20,000 pregnant and nursing mothers through health centres and milk distribution centres. The Government has requested FAO to assist in reorganization of the school lunch rooms. The Municipality of Bogotá will provide in its budget for 1954 a sum equivalent to \$560,000 for the continuation and expansion of its feeding services, and specifically to finance the school lunch programme and feeding services of the health centres and to provide locally available foods.

144. Dominica

Malaria control \$6,600 (E/ICEF/L.560) to provide DDT, sprayers and one vehicle for an island-wide malaria control campaign for a two year period after which the control programme will be maintained as a permanent feature of the health department's work. WHO will award two fellowships for the training of national personnel. In addition WHO technical personnel currently participating in the Regional Insect Control Programme in the Caribbean area will be assigned to the campaign in Dominica for such periods as required for satisfactory development of the project. The Government has budgeted \$14,000 for local personnel, premises, and supplies and equipment. Operations are expected to begin in August, 1954.

145. Dominica

Long range feeding \$8,000 (E/ICEF/L.559) to provide dried skim milk at a cost of \$3,000 for a feeding programme for mothers, pre-school and school children. The balance of the apportionment is for freight. 5,000 school children will receive a glass of reconstituted milk on each school day, while dried milk rations will be distributed to 2,000 pre-school children and to mothers for each day of the year. The programme is to be administered by the Senior Medical Officer in co-operation with the Education Office, with help from personnel in schools, clinics and health centres. The Government will explore ways in which continuation of the programme can be assured when UNICEF aid is no longer available.

146. El Salvador

Long range feeding \$15,100 (E/ICEF/L.533) to provide dried skim milk at a cost of \$5,000 for continuation for 18 months of the feeding programme for

which UNICEF previously voted aid in 1949 and 1950. The balance of the apportionment is for freight. At present the feeding programme is reaching 30,000 beneficiaries through 368 distribution centres, primarily in rural areas. The newly approved funds will provide milk for some 27,000 school children, 2,000 pre-school children and 330 pregnant women until the end of 1955. A milk drying plant for which the Board approved funds in September 1953 is expected to go into operation in the Department of San Miguel toward the end of 1955. FAO will continue to provide expert nutritional advice to the Government. At an estimated cost of \$52,000 the Government will provide whole milk, beef and margarine for the feeding programme for the period until the milk drying plan goes into operation and will later take over the entire feeding programme.

147. Grenada

Long range feeding \$8,000 (E/ICEF/L.561)

to provide dried skim milk for 8,000 beneficiaries for a two year feeding programme at a cost of \$3,000, the balance being for freight. The present school feeding programme which provided 60,000 school lunches to needy children in 1953 will be reorganized under the joint direction of the Division of Medical Services and the Division of Education with technical assistance of the Nutritionist for the Windward Islands. Distribution of UNICEF milk will be made to 5,000 school children through 42 schools and to 2,000 pre-school children and 1,000 pregnant and nursing mothers through infant welfare clinics and health centres. The Government has now appointed a full time School Nutrition Officer to assist in organizing and implementing this programme. Biscuits, chocolate and possibly a fruit will be added to the school feeding to replace the present school lunch which has consisted largely of carbohydrates.

148. Guatemala

Long range feeding \$20,500 (E/ICEF/L.528)

to provide dried milk at a cost of \$7,000 for continuation for two years of the present feeding programme for which the Board has previously approved aid. The balance of the apportionment is for freight. UNICEF feeding assistance to Guatemala began in 1949 and reached a peak level with 50,000 beneficiaries in April 1951. The most recent apportionment was approved in September 1953 and provided milk sufficient for 12,000 beneficiaries. The Government plans now to enlarge and reorganize the child feeding programme and is exploring possibilities for other protein rich foods. The new UNICEF apportionment will make it possible to distribute skim milk to 29,000 children: 11,000 through the rural nuclear school system; 15,000 through the Asociacion de Comederos and Guarderias Infantiles and 3,000 in the Indian region schools. The ministries of Public Health, Economy and Education will provide funds for this programme totalling \$119,000 for the two year period.

149. Haiti

Maternal and child welfare training \$5,500
(E/ICEF/L.557)

to assist training courses for lay midwives in rural areas of the country by the provision of 300 simple midwives kits and basic training equipment for six courses. With a view to improving pre-natal and delivery services, the Government has plans for a large scale training of midwives throughout the country. A pilot course to improve

the competence of lay midwives which was held late in 1953, will serve as the pattern for 20 courses of six months duration to be held at selected locations throughout the country. Emphasis in these courses is upon the teaching of practices which will reduce infant mortality due to tetanus and mortality among mothers due to various unhygienic practices. The Government will provide all premises and personnel for the courses.

150. Honduras

Maternal and child welfare (school health and nutrition)
\$52,200 (E/ICEF/L.562)

for dried milk and other supplies and equipment costing \$40,000 to assist in the expansion of health and nutrition services in the rural primary schools. The balance of the apportionment is for freight. The Government's over-all plan includes the improvement of sanitary conditions of the school, health education, establishment of good school gardens, improvement of nutritional knowledge and standards, and marshalling of community cooperation around the school. A committee, comprising representatives of national and international governmental agencies and private organizations is being established to aid the Government. The School Nutrition Service with three zone offices will be the central executive organ of the programme, and two supervising teachers will be assigned to each zone. A Model Demonstration Unit will be established at Tierra Colorada which will serve as a practical training ground for auxiliary personnel for the programme. The programme for the first two years will cover 100 schools with an estimated 10,000 school children, also 2,000 pre-school children and 4,000 mothers. Each school will receive from UNICEF a first aid kit, a weighing scale, drinking cups, a kerosene stove and aluminium pot, sewing machine and kits, soap and washbasins, 4 latrine covers, 4,000 pounds of dried skim milk, 15,000 fish liver oil capsules and a hand pump for the school well. Zone and supervisory staff will be provided with transport and with a mimeograph machine.

151. Mexico

Maternal and child welfare . \$120,100 (E/ICEF/L.541)

for equipment and supplies for eight regional mother and child welfare networks of which four are under the direction of State Rural Cooperative Medical Services and four under State Directorates of Coordinated Health and Welfare Services. These net works will provide preventive and curative services for mothers and children, training courses for mother and children, training courses for lay midwives, health education and related community services. The rudiments of such services exist in some places but staffing and equipment are poor and services extremely limited. The present plan is to be the first phase of a wider maternal and child welfare development. UNICEF is providing training and basic equipment and drugs and diet supplements for 100 centres; also sewing machines for mothers clubs in 70 communal centres, 20 station wagons, 50 bicycles, \$26,000 worth of equipment for maternities and funds for reimbursement to WHO of the cost of two international consultants to assist in starting the programme. The Government has budgeted approximately \$94,000 for this programme for 1954 not including the normal budgets of existing health centres and funds expected from the Servicio Cooperativo and the Rural Social Welfare Department.

152. *Mexico*

Milk conservation and long-range feeding. . . . \$532,800
(E/ICEF/L.524)

to provide equipment for a milk drying plant, fellowships for three senior plant staff personnel and supplies for the first two years of a feeding programme at a cost of \$443,000, the balance of the apportionment being for freight. A milk drying plant with 6,000 litre hourly capacity will be established in the state of Michoacán and 1,721 tons of skim milk powder produced annually in this plant will be used by the Ministry of Health in a child feeding programme which will ultimately benefit 235,000 children. The plant is to be completed by May 1955 and operation is expected to start by the end of 1955. Meanwhile UNICEF's provision of dried skim milk will assist the Government to start feeding programmes in ten states where in 1954 100,000 school children will receive UNICEF milk plus bread and fruit provided by the Government. An additional 50,000 children will receive milk through kindergartens and 10,000 through maternal and child welfare centres. The total of 160,000 beneficiaries will be increased to 210,000 in 1955. FAO will work with the Government to co-ordinate the milk improvement programme in the area. The Government's commitments for building and installations and connected costs will be \$425,000.

153. *Paraguay*

Maternal and child welfare. . . \$17,000 (E/ICEF/L.585)
for reimbursement to WHO of the costs for a medical officer and a nurse in 1954 in connexion with the maternal and child welfare programme for which the Board previously approved funds in June 1950 (E/ICEF/1737, page 22) and in October 1952 (E/ICEF/R.376).

154. *St. Kitts*

BCG anti-TB vaccination. . . . \$1,000 (E/ICEF/L.585)
for reimbursement to WHO for cost of maintaining BCG adviser in 1954.

155. *St. Kitts*

Long range feeding. \$37,000 (E/ICEF/L.536)
to provide dried skim milk at a cost of \$6,000 for a two year feeding programme for 13,500 children and 1,000 mothers in the islands of St. Kitts, Nevis and Anguila. The balance of the apportionment is for freight. Distribution to 5,500 school children will be through the schools for 200 days a year while distribution to 8,000 pre-school children and 1,000 mothers will be made through health centres where the mother will be given two weeks' supply of skim milk powder for home preparation. The Government has an elaborate plan for nutrition education through press, radio, film, poster, food demonstration plots, and home visits by public health nurses. Two or more public health nurses will be sent for training to the Nutrition Workshop in Puerto Rico. The Government is encouraging wider use of ground nuts, peas and beans, green vegetables, vitaminization of margarine, parboiling of rice and in general the increased use of local foods and greater home production of food. The Government's commitments in connexion with the project are estimated at \$40,000 for the two year period.

156. *St. Vincent*

Long range feeding. \$7,500 (E/ICEF/L.558)
to provide dried skim milk at a cost of \$2,500 for a two year feeding programme for 5,000 school children, 1,000 pre-school children and 1,000 mothers to be distributed

through schools, clinics and day nurseries. The balance of the apportionment is for freight. The Government will provide biscuits for distribution to the school children with the daily milk ration.

157. *Surinam*

Long range feeding. \$35,000 (E/ICEF/L.544)
to provide dried skim milk at a cost of \$6,000 for a two year feeding programme for 15,000 school children, 1,000 pre-school children, 400 children in a vacation colony and 2,000 nursing and expectant mothers. The balance of the apportionment is for freight. Distribution in schools will be carried out by teachers under the supervision of health officers. Mothers and pre-school children will receive milk through maternal and child health centres in rations to last for ten days to two weeks. The Government began in 1946 to subsidize the school feeding programme and it is their hope to continue the programme on a permanent basis after UNICEF assistance is completed.

158. *Trinidad and Tobago*

Malaria control. \$17,600 (E/ICEF/L.529)
for insecticides to assist the Government in continuing during 1954 the insect control programme for which UNICEF previously approved aid in October 1952. With the help of DDT, vehicles, sprayers and other field equipment from UNICEF, approximately 600,000 were protected in 1953. The entire population of 651,000 will be protected in 1954, after which the operation will be continued through Government financing. Benefits of the campaign are already greater than at first envisaged: in the island ward of Tobago, formerly highly malarious, with an average mortality of 20 cases per annum prior to taking of control measures in 1948, there have been no recorded deaths from malaria within the last two years. The cost to the Government of maintaining the control work is estimated at 29 cents (U.S.) per person. The Government's total expenditure on the programmes for 1953 and 1954 is approximately \$469,315.

159. *Trinidad and Tobago*

Long range feeding. \$57,000 (E/ICEF/L.546)
to provide dried skim milk at a cost of \$9,000 for a two-year feeding programme for 25,000 school children, 3,000 pre-school children and 2,000 mothers. The balance of the apportionment is for freight. The Government will provide food yeast to be distributed to school children in the milk or in biscuits or soup. Distribution to mothers and pre-school children will be made through the Child Welfare League clinics which are staffed by Government health visitors and district nurses. Medical officers and health visitors will check periodically on the nutritional and physical status of children. In addition to the costs of the food yeast and of personnel participating in the programme, the Government expects to expend \$10,000 for warehousing, transport and distribution of the milk during the two year programme.

160. *Uruguay*

Maternal and child welfare. . \$33,000 (E/ICEF/L.552)
to provide supplies, equipment and transportation for rural health centres and maternal and child welfare clinics, including equipment for basic training of nurses, auxiliaries and midwives, and equipment for the health education department. The Government has the following aims: to strengthen maternal and child welfare serv-

ices by establishing MCW centres in connexion with hospitals in the capitals of the departments of Durazno, Paysandu, Rivera, Salto and Tacuarembó; to extend maternal and child welfare services into the rural areas of these five departments, creating 15 auxiliary centres in outlying villages; to train midwives, health visitors and auxiliary personnel to expand maternal and child welfare services throughout the country; and to carry out a nation-wide health education programme, and to extend the social security structure.

The Government will provide \$33,000 annually for personnel, transportation and travel expenses, and up to \$40,000 annually for maintenance and expendables for the various rural health centres to be developed under this programme.

Programmes benefiting more than one region

161.

Fish flour acceptability tests \$5,000
(E/ICEF/L.543 and L.543/Add.1)

to finance tests of the acceptability of fish flour in certain countries where the conditions seem favourable for the local production and use of fish flour. The tests will be arranged by FAO which has already made tests of this type in cooperation with the Government of Chile. It is foreseen that the tests may be started during the next year in two to four countries in Latin America, a similar number in Asia, and possibly one country in Africa. In general it is foreseen that the tests will be conducted with an average of 300 children in each country over a period of a year. Approximately 10 grams of fish flour would be included in the daily ration for each child.

162. *India*

Emergency feeding \$511,700 (E/ICEF/L.527)

to provide 3,000 tons of rice for emergency feeding in famine areas, scarcity areas or those suffering from natural disasters. \$46,700 of the apportionment is for freight. The Executive Board's decision in October 1952 made it possible to hold reserves of UNICEF food stocks in India so that emergency aid can be promptly given when the aid is most needed. The 2,200 tons of rice voted for India in March 1953 has been distributed and almost consumed in Bombay, Madras, Andhra and Travancore/Cochin. The newly approved aid is to maintain a supply line for similar emergency situations. Central and State Governments in famine and distress areas will make expenditures greatly exceeding the amount of UNICEF aid.

163. *Philippines*

Emergency feeding \$119,300 (E/ICEF/L.587)

to provide 500 tons of rice, 500,000 pounds of skim milk powder and 3 million fish liver oil capsules for emergency feeding in Mindanao where infestation of field rats has caused crop loss of up to 90 per cent in some areas. \$21,300 of the new apportionment is for freight. The Government will provide a minimum of 500 tons of rice for this programme and will bear all expenses of moving, storing and distributing UNICEF supplies. The total of UNICEF and Government aid will provide daily rations to mothers and children for 90 days as follows: 12 ounces of rice to 30,000, 40 grams of milk to 63,000 and 1 fish liver oil capsule to 33,300.

MISCELLANEOUS QUESTIONS

Relations with non-governmental organizations

164. The Executive Board received a report from the Non-Governmental Organization Committee on UNICEF on its activities since the last Board session, and its plans for the future (E/ICEF/NGO.10). It was glad to note that the membership of the Committee continues to grow; that member organizations regarded their activities to increase public understanding and support of UNICEF as a matter of continuing priority; and that the Committee is developing new ways for the study of questions relating to UNICEF work particularly appropriate for voluntary effort.

165. The Board expressed its appreciation of the work performed by the NGO Committee which was increasingly becoming a source of strength to the Fund.

166. The Executive Board also received with appreciation a report of the World Federation of United Nations Organizations on a Seminar it held on UNICEF in Paris in October 1953 (E/ICEF/NGO.9). The Board noted with interest that the success of the seminar has led WFUNA to consider including similar seminars in its annual programme.

Policy on aid for environmental sanitation

167. The Executive Board had before it a "Note by the Executive Director on Environmental Sanitation:

Interpretation of Policy" (E/ICEF/R.521). Appended to this document was a request from the Greek Government for aid in developing a village water supply system. The Executive Director did not believe the aid requested conformed fully to the conditions approved by the Executive Board on the basis of criteria laid down by the UNICEF/WHO Joint Committee on Health Policy.

168. The Executive Board proposed that further negotiations take place between the Administration and the Government of Greece, with a view to bringing forward revised plans for the proposed project, which would be in conformity with the criteria laid down by the JCHP. Alternatively, if this proved impractical, it hoped that another project meeting similar needs could be developed in conformity with the JCHP criteria. This recommendation was assented to by the Representative of Greece.

Progress of the Calcutta Training Centre

169. The Board had before it an "Information Note by the Executive Director on the Calcutta Training Centre" (E/ICEF/L.551).

170. It was felt by the Administration that notwithstanding the delays in completing the project, considerable effort had been put into it by the Government of India and WHO. The delays were partly due to legal issues relating to acquisition of land which were outside

the control of the authorities responsible for carrying through the project. Concern was expressed regarding the small number of students admitted to the courses inaugurated in mid-1953. It was felt that the Centre will offer valuable possibilities for training in the future. The Executive Board requested the Administration to report on the progress of the project at each session of the Board.

UNICEF/WHO Joint Committee on Health Policy

171. The Chairman appointed as alternate UNICEF Board representatives on the UNICEF/WHO Joint Committee on Health Policy Mr. G. Galvez (Argentina), Mr. N. Reyes (Philippines) and Mrs. A. Sinclair (Canada). The UNICEF representation is thus as follows:

Members

Mr. A. R. Lindt (Chairman of Board)
 Mr. B. Rajan (Chairman, Programme Committee)
 Professor R. Debre (France)
 Dr. M. Eliot (United States)
 Mr. L. Montini (Italy)

Alternates

Mr. G. Galvez (Argentina)
 Mr. R. Pleic (Yugoslavia)
 Mr. N. Reyes (Philippines)
 Mrs. A. Sinclair (Canada)

Greeting Card Fund for 1954

172. The Board noted that, while not all financial returns have as yet been received, it is estimated that the surplus of income over expenditure in the 1953 Greeting Card project will be approximately \$95,000 (E/ICEF/L.584). Some 2 million cards were sold, of which 1.3 million were in the United States and the remainder in a number of other countries.

173. The Executive Board authorized the Executive Director to transfer from Greeting Card Fund account to the general resources of UNICEF the sum of \$90,000 as follows:

- (i) The remaining net surplus of the 1952 project amounting to \$67,609.07; and
- (ii) The sum of \$22,390.93 out of the proceeds of the 1953 project.

174. In view of the success of the 1953 project from both the public information and financial points of view the Board approved a greeting card project for 1954.

175. It authorized for the 1954 project the establishment of a Working Capital consisting of the balance

of the net surplus of the 1953 project (including additional proceeds from the sale of "Note" cards). Should any funds be required from outside resources for working capital to finance the 1954 projects, such funds are to be repaid out of the first proceeds of the sale of cards.

Office of the Executive Director

176. The Secretary-General had requested inclusion on the agenda of an item on the office of the Executive Director (E/ICEF/L.542) to provide an opportunity for the Board to request consultation, if it so desired, concerning continuation in office of Mr. Pate. The Secretary-General for his part was not proposing to make any change in the temporary indefinite contract under which Mr. Pate was serving. Consultation with the Board was, in fact, not required, since the General Assembly Resolution continuing UNICEF indefinitely (Resolution 802 VIII) made no change in the status or composition of the Executive Board.

177. In a closed meeting on 9 March warm tribute was paid from all sides to the work of Mr. Pate, and general satisfaction was expressed that the UNICEF Administration would continue under his outstanding leadership.

Late circulation of documents

178. The Board requested the Executive Director to make every effort to circulate documents to the Board not later than three weeks before the opening date of a Board session as provided for in the Rules of Procedure (E/ICEF/177, Rule 3). It recognized, however, that since proposals relating to project aid involved the co-operation of the requesting government and the specialized agency giving technical approval to the project, a certain degree of flexibility would be necessary. This would ordinarily not be the case in connexion with new policy proposals, (for which governments especially needed ample prior time for consideration) and progress reports.

Annual conference pattern

179. The Executive Board adopted the following annual conference pattern for the Board and the Programme Committee, upon recommendation of the Executive Director in agreement with the Department of Conferences and General Services (E/ICEF/259).

<i>Date of beginning of Sessions</i>	<i>Period of time scheduled</i>
First Monday in March.....	8 working days
Thursday following the first Tuesday in September	8 working days

ALLOCATION TABLES

TABLE 1

UNICEF allocations approved by Executive Board in March 1954 and cumulative through March 1954
(in United States dollars)

(1)	Action taken by Board in March 1954					
	Allocations cumulative 1947/53 (2)	Allocations to cover			Redistribution of freight allocation to 31 December 1953 ^b (6)	Allocations cumulative through March 1954 ^a (7)
		Long-range aid ^d (3)	Emergencies ^d (4)	Allocations returned ^a (5)		
I. Africa.....	1,930,700	284,300	—	63,700	280,200	2,431,500
II. Asia.....	28,710,450	698,800	631,000	228,900	3,691,900	33,503,250
III. Eastern Mediterranean.....	20,023,800	697,700	—	61,500	2,636,200	23,296,200
IV. Europe.....	89,858,200	354,100	—	7,000	10,808,200	101,013,500
V. Latin America.....	9,133,500	1,541,600	—	51,200	1,420,500	12,044,400
VI. Assistance benefiting more than one region.....	2,623,200	5,000	—	10,200	—	2,618,000
TOTAL (I-VI)	152,279,850	3,581,500	631,000	422,500	18,837,000	174,906,850
VII. Other assistance						
Freight.....	19,037,000	—	—	—	(18,837,000)	200,000 ^a
Operational services.....	1,536,380	—	—	17,140	—	1,519,240
VIII. Administration.....	14,366,060	—	—	93,880	—	14,272,180
TOTAL (VII-VIII)	34,939,440	—	—	111,020	(18,837,000)	15,991,420
GRAND TOTALS	187,219,290	4,212,500	—	533,520	—	190,898,270
I. Africa						
Bechuanaland.....	35,000	—	—	—	8,900	43,900
Belgian Congo and Ruanda-Urundi	183,000	53,700	—	4,000	28,100	260,800
French Equatorial Africa.....	150,000	—	—	—	32,100	182,100
French West Africa, Cameroons and Togoland.....	370,000	—	—	—	55,600	425,600
Kenya.....	—	126,200	—	—	—	126,200
Kenya, Tanganyika and Uganda..	25,000	—	—	—	6,400	31,400
Liberia.....	100,000	12,000	—	—	14,900	126,900
Mauritius.....	10,000	—	—	—	2,100	12,100
Morocco.....	531,600	70,400	—	50,000	41,100	593,100
Nigeria.....	318,000	—	—	—	72,500	390,500
Tunisia.....	208,100	—	—	9,700	18,500	216,900
Uganda.....	—	22,000	—	—	—	22,000
AREA TOTALS	1,930,700	284,300	—	63,700	280,200	2,431,500
II. Asia						
Afghanistan.....	421,200	24,200	—	—	57,800	503,200
Brunei.....	34,200	—	—	1,500	1,000	33,700
Burma.....	994,850	123,700	—	7,000	143,100	1,254,650
Cambodia.....	52,000	—	—	17,900	3,900	38,000
Ceylon.....	694,900	—	—	—	101,600	796,500
China—Mainland.....	3,253,700	—	—	—	191,900	3,445,600
—Taiwan.....	390,000	116,700	—	13,300	50,300	543,700
Fiji.....	—	29,200	—	—	—	29,200
Hongkong.....	207,200	—	—	1,200	28,900	234,900
India.....	9,284,100	15,000	511,700	87,000	1,245,900	10,969,700
Indonesia.....	3,453,300	90,200	—	3,000	567,600	4,108,100
Japan.....	866,000	—	—	—	133,800	999,800
Korea.....	2,155,000	—	—	—	307,800	2,462,800
Malaya.....	233,300	25,300	—	—	24,200	282,800
North Borneo.....	83,400	5,500	—	5,000	9,300	93,200
Pakistan.....	2,873,200	39,600	—	42,500	351,700	3,222,000
Philippines.....	1,641,300	34,400	119,300	—	225,800	2,020,800
Sarawak.....	81,700	—	—	500	6,900	88,100
Singapore.....	50,400	—	—	—	5,200	55,600
Thailand.....	1,453,800	156,200	—	21,000	215,600	1,804,600

TABLE 1 (continued)

(1)	Action taken by Board in March 1954					
	Allocations cumulative 1947/53 (2)	Allocations to cover			Redistribution of freight allocation to 31 December 1953 ^b (6)	Allocations cumulative through March 1954 ^a (7)
		Long-range aid ^d (3)	Emergencies ^d (4)	Allocations returned ^a (5)		
Viet-Nam	143,000	—	—	29,000	19,600	133,600
Western Samoa	—	8,800	—	—	—	8,800
Regional BCG Re-Testing Team . .	30,000	30,000	—	—	—	60,000
Indo-China (unapportioned)	313,900	—	—	—	—	313,900
AREA TOTALS	28,710,450	698,800	631,000	228,900	3,691,900	33,503,250
III. Eastern Mediterranean						
Aden	13,000	—	—	2,100	1,300	12,200
Egypt	1,202,000	20,900	—	9,900	178,300	1,391,300
Ethiopia	77,000	43,200	—	—	2,600	122,800
Iran	703,000	420,000	—	—	125,500	1,248,500
Iraq	725,300	29,300	—	16,600	125,500	863,500
Israel	959,000	—	—	1,100	152,200	1,110,100
Jordan	609,000	—	—	4,600	105,600	710,000
Lebanon	56,100	34,100	—	—	5,300	95,500
Libya	194,000	9,000	—	11,000	21,000	213,000
Sudan	43,000	—	—	4,000	6,100	45,100
Syria	250,700	61,600	—	8,000	35,300	339,600
Turkey	455,000	39,600	—	4,200	82,700	573,100
Palestine Refugees	14,726,700	—	—	—	1,794,800	16,521,500
Regional Statistician	10,000	—	—	—	—	10,000
BCG re-testing team	—	30,000	—	—	—	30,000
Regional MCH Advisor	—	10,000	—	—	—	10,000
AREA TOTALS	20,023,800	697,700	—	61,500	2,636,200	23,296,200
IV. Europe						
Albania	289,500	—	—	—	35,100	324,600
Austria	6,231,400	2,000	—	6,900	750,500	6,977,000
Bulgaria	4,920,500	—	—	—	595,500	5,516,000
Czechoslovakia	5,039,600	—	—	—	583,500	5,623,100
Finland	1,653,600	—	—	—	192,300	1,845,900
France	2,467,200	—	—	100	265,800	2,732,900
Germany	2,710,900	—	—	—	320,600	3,031,500
Greece	8,759,300	—	—	—	1,060,400	9,819,700
Hungary	1,826,600	—	—	—	213,000	2,039,600
Italy	16,883,400	44,000	—	—	2,085,600	19,013,000
Malta	169,000	—	—	—	19,600	188,600
Poland	16,964,300	—	—	—	1,998,200	18,962,500
Portugal	50,000	—	—	—	12,800	62,800
Romania	6,414,600	—	—	—	776,600	7,191,200
Yugoslavia	15,478,300	308,100	—	—	1,898,700	17,685,100
AREA TOTALS	89,858,200	354,100	—	7,000	10,808,200	101,013,500
V. Latin America						
Bolivia	239,500	179,600	—	—	40,200	459,300
Brazil	2,349,000	66,000	—	—	419,100	2,834,100
British Guiana	18,500	41,400	—	2,000	2,600	60,500
British Honduras	70,000	—	—	—	8,400	78,400
Chile	736,500	231,000	—	—	120,100	1,087,600
Colombia	373,000	49,700	—	25,000	58,800	456,500
Costa Rica	382,000	—	—	1,200	61,600	442,400
Dominica	—	14,600	—	—	—	14,600
Dominican Republic	135,000	—	—	—	30,400	165,400
Ecuador	874,400	—	—	1,700	93,600	966,300
El Salvador	551,000	15,100	—	5,900	85,500	645,700
Grenada	27,600	8,000	—	—	3,100	38,700
Guatemala	250,500	20,500	—	—	33,600	304,600
Haiti	745,000	5,500	—	—	107,300	857,800
Honduras	372,500	52,200	—	—	62,400	487,100
Jamaica	147,900	—	—	1,200	18,500	165,200
Mexico	257,800	652,900	—	—	51,100	961,800
Nicaragua	434,000	—	—	—	54,800	488,800
Panama	131,500	—	—	—	16,800	148,300
Paraguay	194,500	17,000	—	12,000	27,300	226,800
Peru	652,400	—	—	—	98,400	750,800
St. Kitts	5,500	38,000	—	1,000	500	43,000

TABLE 1 (continued)

(1)	Action taken by Board in March 1954					
	Allocations cumulative 1947/53 (2)	Allocations to cover			Redistribution of freight allocation to 31 December 1953 ^b (6)	Allocations cumulative through March 1954 ^c (7)
		Long-range aid ^d (3)	Emergencies ^d (4)	Allocations returned ^a (5)		
St. Lucia.....	25,000	—	—	—	3,700	28,700
St. Vincent.....	—	7,500	—	—	—	7,500
Surinam.....	37,000	35,000	—	—	4,500	76,500
Trinidad and Tobago.....	81,400	74,600	—	1,200	11,100	165,900
Uruguay.....	42,000	33,000	—	—	7,100	82,100
AREA TOTALS	9,133,500	1,541,600	—	51,200	1,420,500	12,044,400
VI. Assistance benefiting more than one region						
Group training courses.....	590,000	—	—	—	—	590,000
WHO regional advisers and Skive project.....	71,700	—	—	10,200	—	61,500
International Children's Centre...	1,961,500	—	—	—	—	1,961,500
Fish flour acceptability tests.....	—	5,000	—	—	—	5,000
TOTALS	2,623,200	5,000	—	10,200	—	2,618,000

^a Consists of funds returned from previous allocations:
 Project personnel..... \$360,500
 Cost of plans of operations approved for use of funds previously allocated to country (this figure is included in the total of allocations in column 3)..... 62,000
 TOTAL \$422,500

^b See Board decision concerning freight allocations, paras. 79-80 of this report.

^c Equals sums of columns 2 plus 3 plus 4 plus 6 minus 5.

^d Includes freight.

• Provision for insurance.

TABLE 2

UNICEF allocations* and plan of operations approved for long-range programmes in March 1954 by types of programmes
(in U.S. dollars)

	Maternal and Child Welfare			Mass Health Programmes				Child Nutrition		Freight (12)	Grand total (13)		
	Maternal and child welfare centres (1)	School services (2)	Other maternal and child welfare projects ^a (3)	Sub-total (4)	Combating insect borne diseases ^b (5)	Control of yaws (6)	BCG anti-tuberculosis vaccination campaigns (7)	Control of other communicable diseases ^c (8)	Sub-total (9)			Long-range feeding assistance (10)	Milk and other food processing (11)
I. Africa													
Belgian Congo and Ruanda-Urundi.....	—	—	—	—	—	—	—	—	—	—	—	53,700	
Kenya.....	51,100	—	13,900	65,000	47,000	—	—	—	47,000	48,000	—	126,200	
Liberia.....	—	—	—	—	6,000 ^d	—	—	—	12,000	—	—	12,000	
Morocco.....	—	—	—	—	—	6,000 ^d	64,000	—	64,000	—	—	70,400	
Uganda.....	—	—	20,000	20,000	—	—	—	—	—	—	—	22,000	
AREA TOTALS	51,100	—	33,900	85,000	53,000	6,000	64,000	—	123,000	48,000	—	284,300	
II. Asia													
Afghanistan.....	—	—	—	—	22,000	—	—	—	22,000	—	—	24,200	
Burma.....	—	—	40,000	40,000	57,000	—	16,000	—	73,000	—	—	123,700	
China-Taiwan.....	—	—	—	—	—	—	106,000	—	106,000	—	—	116,700	
Fiji.....	—	—	—	—	—	27,000	—	—	27,000	—	—	29,200	
India.....	15,000	—	—	15,000	—	—	—	—	—	—	—	15,000	
Indonesia.....	40,000	4,000	38,000	82,000	—	—	—	—	—	—	—	90,200	
Malaya.....	—	—	—	—	—	23,000	—	—	23,000	—	—	25,300	
North Borneo.....	5,000	—	—	5,000	—	—	—	—	—	—	—	5,500	
Pakistan.....	—	—	25,000	25,000	11,000	—	—	—	11,000	—	—	39,600	
Philippines.....	—	—	13,000	13,000	—	—	2,700 ^e	—	2,700	5,000	—	34,400	
Thailand.....	130,600	—	5,400	136,000	—	—	—	—	—	—	—	156,200	
Western Samoa.....	—	—	—	—	—	8,000	—	—	8,000	—	—	8,800	
Regional retesting team— Western Pacific.....	—	—	—	—	—	—	—	—	30,000	—	—	30,000	
AREA TOTALS	190,600	4,000	121,400	316,000	90,000	58,000	32,700	122,000	302,700	5,000	—	698,800	
III. Eastern Mediterranean													
Egypt.....	—	—	25,000	25,000	—	—	—	19,000	19,000	—	—	20,900	
Ethiopia.....	10,000	—	6,000	35,000	350,000	—	5,000 ^f	—	5,000	—	—	43,200	
Iran.....	—	—	—	6,000	—	—	28,000 ^g	—	378,000	—	—	420,000	
Iraq.....	29,300 ^h	—	—	29,300	6,000	—	—	—	—	—	—	29,300	
Lebanon.....	—	—	25,000	25,000	—	—	—	—	—	—	—	34,100	
Libya.....	—	—	8,000	8,000	—	—	—	—	6,000	—	—	9,000	
Syria.....	—	—	—	—	56,000	—	1,000 ⁱ	—	1,000	—	—	61,600	
Turkey.....	—	—	—	—	—	—	—	—	56,000	—	—	39,600	
Regional retesting team.....	—	—	—	—	—	—	—	—	36,000	—	—	30,000	
Regional MCH Adviser.....	—	—	10,000	10,000	—	—	—	—	30,000	—	—	10,000	
AREA TOTALS	39,300	—	74,000	113,300	412,000	—	100,000	19,000	531,000	—	—	697,700	

TABLE 3

**UNICEF approved assistance by area and type of programme
1947 through March 1954**
(in thousands of dollars)

	1947-1950						1951-March 1954						Grand total		
	Africa	Asia	Eastern Mediterranean	Europe	Latin America	For more than one region	Sub-total	Africa	Asia	Eastern Mediterranean	Europe	Latin America		For more than one region	Sub-total
A. LONG-RANGE AID															
I. Maternal and Child Welfare	—	3,770.6	54.0	2,417.6	696.8	1,540.0	8,479.0	85.0	5,133.4	922.7	793.9	748.6	945.0	8,628.6	
II. Mass health															
(i) Combating insect-borne diseases.....	—	249.3	—	613.8	742.2	—	1,605.3	573.0	1,660.9	663.0	—	1,149.3	—	4,046.2	
(ii) Production: insecticides.....	—	—	—	—	—	—	—	—	750.0	250.0	—	—	—	1,000.0	
antibiotics.....	—	850.0	—	—	—	—	850.0	—	—	—	92.3	285.0	—	377.3	
sera and vaccine.....	—	—	—	592.2	—	—	592.2	—	35.0	—	72.1	60.0	—	167.1	
(iii) Control of bejel, yaws, VD.....	—	1,697.6	123.3	862.0	320.0	—	3,002.9	344.0	1,285.5	74.0	52.1	260.0	—	2,015.6	
(iv) BCG anti-tuberculosis vaccination.....	378.7	625.5	383.8	1,766.1	342.2	48.4	3,544.7	—	1,759.7	820.1	4.3	397.6	33.8	3,015.5	
(v) Tuberculosis control.....	—	913.2	—	1,947.4	82.5	6.5	2,949.6	—	105.3	—	13.3	92.9	—	211.5	
(vi) Anti-trachoma work.....	—	—	—	—	—	—	—	262.3	120.0	19.0	—	—	—	401.3	
(vii) Control of other communicable diseases.....	—	33.0	—	270.4	234.7	—	538.1	103.0	23.4	40.0	1.9	30.4	—	198.7	
SUB-TOTAL, MASS HEALTH	378.7	4,368.6	507.1	6,051.9	1,721.6	54.9	13,082.8	1,282.3	5,739.8	1,866.1	236.0	2,275.2	33.8	11,433.2	
III. Child nutrition															
(i) Long-range feeding.....	—	1,156.0	—	—	635.4	—	1,791.4	377.0	192.4	291.2	440.0	1,010.8	5.0	2,316.4	
(ii) Food conservation.....	—	—	—	3,813.8	135.0	—	3,948.8	—	415.0	1,157.0	1,056.0	2,173.0	10.0	4,811.0	
SUB-TOTAL, CHILD NUTRITION	—	1,156.0	—	3,813.8	770.4	—	5,740.2	377.0	607.4	1,448.2	1,496.0	3,183.8	15.0	7,127.4	
TOTAL, LONG-RANGE AID	378.7	9,295.2	561.1	12,283.3	3,188.8	1,594.9	27,302.0	1,744.3	11,480.6	4,237.0	2,525.9	6,207.6	993.8	27,189.2	

B. EMERGENCY AID															
I. Feeding.....	—	1,469.1	9,084.3	65,526.4	140.9	—	76,820.7	—	3,371.6	3,801.6	990.0	550.0	—	8,713.2	85,533.9
II. Raw materials (clothing, shoes, blankets, etc.).....	—	764.6	432.7	6,339.7	79.4	—	7,616.4	—	1,056.2	338.7	421.7	—	—	1,816.6	9,433.0
III. Miscellaneous.....	—	189.0	792.5	2,005.7	13.6	—	3,000.8	—	128.8	757.9	13.6	7.8	—	908.1	3,908.9
TOTAL, EMERGENCY AID	—	2,422.7	10,909.5	73,871.8	233.9	—	87,437.9	—	4,556.6	4,898.2	1,425.3	557.8	—	11,437.9	98,875.8
SUB-TOTAL	378.7	11,717.9	11,470.6	86,155.1	3,422.7	1,594.9	114,739.9	1,744.3	16,037.2	9,135.2	3,951.2	6,765.4	993.8	38,627.1	153,367.0
C. FREIGHT DISTRIBUTION.....															
TOTAL, LONG-RANGE AND EMERGENCY AID	—	1,628.3	1,514.9	10,371.4	540.0	—	14,054.6	308.5	2,206.7	1,174.7	468.9	1,238.6	—	5,397.4	19,452.0
TOTAL, LONG-RANGE AND EMERGENCY AID	378.7	13,346.2	12,985.5	96,526.5	3,962.7	1,594.9	128,794.5	2,052.8	18,243.9	10,309.9	4,420.1	8,004.0	993.8	44,024.5	172,819.0
												Unprogrammed.....	2,088.0*		
												Insurance Reserve.....	200.0		
												Operational Services.....	1,519.2		
												Administration.....	14,272.1		
												TOTAL ALLOCATION.	190,898.3		

*Unprogrammed:

Asia.....	1,913,200
Eastern Mediterranean.....	800
Europe.....	67,000
Latin America.....	77,700
More than one region.....	29,300
Total.....	\$2,088,000

COUNTRIES AND TERRITORIES CURRENTLY ASSISTED BY UNICEF

(Total: 78)

AFRICA (15)			EUROPE (5)		
Bechuanaland	Kenya	Ruanda-Urundi	Austria	Italy	Yugoslavia
Belgian Congo	Liberia	Tanganyika	Greece	Portugal	
French Cameroons	Mauritius	Tunisia			
French Equatorial Africa	Morocco	Uganda			
French Togoland	Nigeria				
French West Africa					
ASIA (20)			LATIN AMERICA (27)		
Afghanistan	India	Philippines	Bolivia	Ecuador	Panama
Burma	Indonesia	Sarawak	Brazil	El Salvador	Paraguay
Cambodia	Japan	Singapore	British Guiana	Grenada	Peru
Ceylon	Korea	Thailand	British Honduras	Guatemala	St. Kitts
China	Malaya	Viet-Nam	Chile	Haiti	St. Lucia
Fiji ^b	North Borneo	Western Samoa ^b	Colombia	Honduras	St. Vincent ^b
Hong Kong	Pakistan		Costa Rica	Jamaica	Surinam
			Dominica ^b	Mexico	Trinidad and Tobago
			Dominican Republic	Nicaragua	Uruguay
EASTERN MEDITERRANEAN (11)			<p>* "Currently Assisted" Programmes are counted as those which the UNICEF phase of assistance is still active, or for which an allocation has been approved but supplies have not yet been sent. The count does not include the Palestine Refugee Programme which is also currently receiving aid from UNICEF.</p> <p>Formerly assisted countries and territories total 14 as follows: Africa: Algeria, Tangiers; Asia: Brunei; Eastern Mediterranean: Aden; Europe: Albania, Bulgaria, Czechoslovakia, Finland, France, Germany, Hungary, Malta, Poland, Romania.</p> <p>^b Assistance approved for the first time in March 1954.</p>		
Egypt	Israel	Sudan			
Ethiopia	Jordan	Syria			
Iran	Lebanon	Turkey			
Iraq	Libya				

ANNEX III
PROGRAMMES CURRENTLY ASSISTED^a BY UNICEFTABLE 1
Summary count by type and geographic area

Type of programme	Africa	Asia	Eastern Mediterranean	Europe	Latin America	Total
I. Maternal and child welfare.....	2	17	10	5	11	45
II. Mass health						
(a) <i>Control of insect-borne diseases</i>						
Malaria.....	8	5	5	—	16	34
Typhus.....	—	2	—	—	2	4
TOTAL	8	7	5	—	18	38
(b) <i>Control of tuberculosis</i>						
BCG Vaccination.....	—	11	7	—	11	29
Other TB Control.....	—	7	—	—	1	8
TOTAL	—	18	7	—	12	37
(c) <i>Treponemal disease control</i>						
Yaws.....	3	7	—	—	1	11
Syphilis.....	1	2	—	1	—	4
Bejel.....	—	—	1	—	—	1
TOTAL	4	9	1	1	1	16
(d) <i>Control of other diseases</i>						
Diphtheria, whooping cough, etc.....	1	—	—	—	1	2
Trachoma.....	2	1	1	—	—	4
Mycosis.....	—	—	1	—	—	1
Leprosy.....	1	—	—	—	—	1
TOTAL	4	1	2	—	1	8
(e) <i>Environmental sanitation</i>	—	1	—	—	—	1
(f) <i>Local production</i>						
DDT.....	—	3	1	—	—	4
Penicillin.....	—	1	—	1	1	3
Sera and vaccine.....	—	2	—	2	2	6
Plasma and gamma globulin.....	—	—	—	1	—	1
TOTAL	—	6	1	4	3	14
TOTAL, MASS HEALTH	16	42	16	5	35	114

TABLE 1 (continued)

Type of programme	Africa	Asia	Eastern Mediterranean	Europe	Latin America	Total
III. NUTRITION						
Long-range feeding.....	3	1	3	—	20	27
Milk and other food conservation.....	—	2	5	3	9	19
TOTAL	3	3	8	3	29	46
IV. Emergency aid.....	—	5	3	—	—	8
GRAND TOTAL, CURRENT PROGRAMMES	21	67	37	13	75	213

* Programmes in which the UNICEF phase of assistance is still active, or for which an allocation has been made but supplies have not been sent. Each type of assistance is counted only once for a particular country, even though there may be several

widely separated projects of the same type in the country, as for example, maternal and child welfare projects in several provinces or States within a federation.

ANNEX III

TABLE 2

List of currently assisted countries classified by major type of assistance

I. MATERNAL AND CHILD WELFARE (45) ^a			ASIA (5)		
AFRICA (2)			Afghanistan	Ceylon	Pakistan
Kenya			Burma	India	
Uganda					
ASIA (17)			EASTERN MEDITERRANEAN (5)		
Afghanistan	India	Philippines ^o	Egypt	Iraq	Syria
Burma	Indonesia	Sarawak	Iran	Lebanon	
Cambodia	Japan ^b	Singapore			
Ceylon	Malaya	Thailand			
China (Province of Taiwan)	North Borneo	Viet-Nam			
Hong Kong	Pakistan				
EASTERN MEDITERRANEAN (10)			LATIN AMERICA (16)		
Egypt	Israel ^b	Syria	Bolivia	Grenada	Paraguay
Ethiopia	Jordan	Turkey	Colombia	Haiti	Peru
Iran	Lebanon ^b		Costa Rica	Honduras	St. Lucia
Iraq	Libya		Dominica	Jamaica	Surinam
			Dominican Republic	Mexico	Trinidad and Tobago
			El Salvador		
EUROPE (5)			Typhus control (4)		
Austria ^b	Italy ^{b, c}	Yugoslavia ^{b, o}	ASIA (2)		
Greece ^b	Portugal		Afghanistan		LATIN AMERICA (2)
LATIN AMERICA (11)			Pakistan		Bolivia
Bolivia	Haiti	Paraguay			Peru
Brazil	Honduras	Peru	(b) CONTROL OF TUBERCULOSIS (37)		
Chile ^e	Mexico	Uruguay	BCG vaccination (29)		
Ecuador	Panama		ASIA (11)		
II. MASS HEALTH (114)			Burma	Hong Kong	Pakistan
(a) CONTROL OF INSECT BORNE DISEASES (38)			Cambodia	India	Philippines
Malaria control (34)			Ceylon	Indonesia	Thailand
AFRICA (8)			China (Province of Taiwan) ^d		Viet-Nam
Cameroons	Liberia	Togoland	EASTERN MEDITERRANEAN (7)		
French West Africa	Nigeria	Uganda	Ethiopia	Jordan	Sudan
Kenya	Tanganyika		Iran	Libya	Turkey
			Iraq		

^a Including aid to maternal and child welfare centres, training, hospital services for mothers and children, school health, health education, dental care, care of handicapped, care of premature infants and curative treatment (as for syphilis and trachoma) where such treatment is provided through the maternal and child welfare programme.

Programmes for care of the handicapped child are currently aided in the following countries: Japan, Israel, Lebanon, Austria, Greece, Italy, Yugoslavia.

Programmes for the care of the premature infant are currently aided in the following countries: Philippines, Italy, Yugoslavia, Chile.

^b Includes aid to handicapped children.

^c Includes aid for care of premature infants.

^d Aid for BCG vaccination and other tuberculosis control are provided under same allocation.

	LATIN AMERICA (11)			Penicillin (3)	
British Guiana	Costa Rica	St. Kitts	ASIA (1)	EUROPE (1)	LATIN AMERICA (1)
British Honduras	Ecuador	Trinidad and	India	Yugoslavia	Chile
Chile	Grenada	Tobago			
Colombia	Paraguay	Uruguay*			
			<i>Sera and vaccine (6)</i>		
	ASIA (7)		ASIA (2)		
	India	Philippines	China (Province of Taiwan) (diphtheria/whooping cough/ tetanus)		
Burma	Pakistan	Thailand	Pakistan (diphtheria)		
Ceylon			EUROPE (2)		
China (Province of Taiwan) ^d			Austria (diphtheria/whooping cough/tetanus)		
	LATIN AMERICA (1)		Yugoslavia (diphtheria/whooping cough/tetanus)		
Trinidad and Tobago			LATIN AMERICA (2)		
			Colombia (diphtheria/whooping cough/smallpox)		
(c) TREPONEMAL DISEASE CONTROL (16)			Peru (diphtheria/whooping cough) ^j		
<i>Yaws (11)</i>	AFRICA (3)		<i>Plasma and gamma globulin production (1)</i>		
	Liberia	Nigeria	Yugoslavia		
			EUROPE (1)		
Bechuanaland	ASIA (7)				
	Malaya ^f	Thailand			
Fiji	Philippines	Western Samoa			
India					
Indonesia ^f	LATIN AMERICA (1)				
Haiti ^f			III. NUTRITION (46)		
			<i>Long-range feeding (27)</i>		
			AFRICA (3)		
<i>Syphilis (4)</i>			Belgian Congo		
	AFRICA (1)	ASIA (2)*	EUROPE (1)	French Equatorial Africa	
Morocco	China (Province of Taiwan)	India	Yugoslavia	ASIA (1)	
				Philippines	
<i>Bejel (1)</i>				EASTERN MEDITERRANEAN (3)	
Syria	EASTERN MEDITERRANEAN (1)		Iran	Iraq	Turkey
				LATIN AMERICA (20)	
(d) CONTROL OF OTHER DISEASES (8)			Bolivia	Ecuador	Paraguay
<i>Diphtheria, whooping cough etc. (2)</i>			Brazil	El Salvador	Peru
	AFRICA (1)	LATIN AMERICA (1)	British Guiana	Grenada	St. Kitts
Mauritius (whooping cough)	Peru (diphtheria, whooping cough) ^h		Chile	Guatemala	St. Vincent
			Colombia	Honduras	Surinam
<i>Trachoma (4)</i> ⁱ			Costa Rica	Mexico	Trinidad and Tobago
	AFRICA (2)	ASIA (1)	Dominica	Panama	
Morocco	China (Province of Taiwan)				
Tunisia					
<i>Mycosis (1)</i>			<i>Milk conservation (19)</i>		
			ASIA (2)		
			India		
			Indonesia (soya milk processing)		
			EASTERN MEDITERRANEAN (5)		
<i>Leprosy (1)</i>			Egypt	Iraq	Turkey
			Iran	Israel	
				EUROPE (3)	
			Greece	Italy	Yugoslavia
				LATIN AMERICA (9)	
			Bolivia	Costa Rica	Honduras
			Brazil	Ecuador	Mexico
			Chile	El Salvador	Nicaragua
(e) ENVIRONMENTAL SANITATION (1)			IV. EMERGENCY AID (8)		
<i>DDT (4)</i>			ASIA (5)		
			India		
			Japan		
			Korea		
			Pakistan		
			PHILIPPINES		
			EASTERN MEDITERRANEAN (3)		
			Egypt		
			Jordan		
			Palestine refugees		

* UNICEF assistance is for BCG production laboratory only.

^f Programmes also include some syphilis control work.

^g In addition, Afghanistan, Burma and Pakistan have received some assistance for syphilis control as part of a maternal and child welfare allocation.

^h Peru is also receiving sera and vaccine production equipment.

ⁱ In addition, Yugoslavia is receiving assistance for trachoma control under a maternal and child welfare allocation.

^j UNICEF provides supplies for immunization campaigns in addition to vaccine production equipment.

TABLE 3

List of current programmes assisted in each country

AFRICA			
<i>Bechuanaland</i>	<i>Morocco</i>	DDT production	<i>Singapore</i>
Yaws control	Syphilis control	Diphtheria vaccine production	Maternal and child welfare
<i>Belgian Congo</i>	Trachoma control	Emergency aid	<i>Thailand</i>
Long-range feeding (anti-kwashiorkor)	<i>Nigeria</i>	<i>Philippines</i>	Maternal and child welfare
<i>Cameroons</i>	Malaria control	Maternal and Child Welfare ^b	BCG vaccination
Malaria control	Yaws control	BCG vaccination	Tuberculosis control
<i>French Equatorial Africa</i>	Leprosy control	Tuberculosis control	Yaws control
Long-range feeding (anti-kwashiorkor)	<i>Ruanda-Urundi</i>	Yaws/syphilis control	<i>Viet-Nam</i>
<i>French West Africa</i>	Long-range feeding (anti-kwashiorkor)	Long-range feeding	Maternal and child welfare
Malaria control	<i>Tanganyika</i>	Emergency feeding	BCG vaccination
<i>Kenya</i>	Malaria control	<i>Sarawak</i>	<i>Western Samoa</i>
Maternal and child welfare	<i>Togoland</i>	Maternal and child welfare	Yaws control
Malaria control	Malaria control		
<i>Liberia</i>	<i>Tunisia</i>	EASTERN MEDITERRANEAN	
Malaria control	Trachoma control	<i>Egypt</i>	<i>Jordan</i>
Yaws control	<i>Uganda</i>	Maternal and child welfare	Maternal and child welfare
<i>Mauritius</i>	Maternal and child welfare	Malaria control	BCG vaccination
Whooping-cough vaccination campaign	Malaria control	DDT production	Emergency aid
		Trachoma control	<i>Lebanon</i>
		Milk conservation	Maternal and child welfare ^a
		Emergency aid	Malaria control
		<i>Ethiopia</i>	<i>Libya</i>
		Maternal and child welfare	Maternal and child welfare
		BCG vaccination	BCG vaccination
		<i>Iran</i>	<i>Sudan</i>
		Maternal and child welfare	BCG vaccination
		Malaria control	<i>Syria</i>
		BCG vaccination	Maternal and child welfare
		Long-range feeding	Malaria control
		Milk conservation	Bejel control
		<i>Iraq</i>	Mycosis control
		Maternal and child welfare	<i>Turkey</i>
		Malaria control	Maternal and child welfare
		BCG vaccination	BCG vaccination
		Long-range feeding	Long-range feeding
		Milk conservation	Milk conservation
		<i>Israel</i>	<i>Palestine refugee children and mothers</i>
		Maternal and child welfare	Emergency aid
		Milk conservation	
			EUROPE
		<i>Austria</i>	<i>Portugal</i>
		Maternal and child welfare ^a	Maternal and child welfare
		Diphtheria/whooping cough/tetanus vaccine production	<i>Yugoslavia</i>
		<i>Greece</i>	Maternal and child welfare ^{a, b}
		Maternal and child welfare ^a	Syphilis control
		Milk conservation	Penicillin production
		<i>Italy</i>	Plasma and gamma globulin production
		Maternal and child welfare ^{a, b}	Diphtheria/whooping cough/tetanus vaccine production
		Milk conservation	Milk conservation

LATIN AMERICA

<i>Bolivia</i>			<i>Guatemala</i>		<i>Peru</i>
Maternal and child welfare			Long-range feeding		Maternal and child welfare
Malaria control	<i>Costa Rica</i>			<i>Haiti</i>	Malaria control
Typhus control	Malaria control			Maternal and child welfare	Typhus control
Long-range feeding	BCG vaccination			Malaria control	Diphtheria/whooping cough vaccine production
Milk conservation	Long-range feeding			Yaws/syphilis control	Diphtheria/whooping cough immunization
	Milk conservation		<i>Honduras</i>		Long-range feeding
<i>Brazil</i>			Maternal and child welfare		
Maternal and child welfare	<i>Dominica</i>		Malaria control		<i>St. Kitts</i>
Long-range feeding	Malaria control		Long-range feeding		BCG vaccination
Milk conservation	Long-range feeding		Milk conservation		Long-range feeding
			<i>Jamaica</i>		
<i>British Guiana</i>	<i>Dominican Republic</i>		Malaria control		<i>St. Lucia</i>
BCG vaccination	Malaria control				Malaria control
Long-range feeding			<i>Mexico</i>		
			Maternal and child welfare		<i>St. Vincent</i>
<i>British Honduras</i>	<i>Ecuador</i>		Malaria control		Long-range feeding
BCG vaccination	Maternal and child welfare		Long-range feeding		
	BCG vaccination		Milk conservation		<i>Surinam</i>
<i>Chile</i>	Long-range feeding				Malaria control
Maternal and child welfare ^b	Milk conservation		<i>Nicaragua</i>		Long-range feeding
BCG vaccination			Milk conservation		
Penicillin production	<i>El Salvador</i>				<i>Trinidad and Tobago</i>
	Malaria control		<i>Panama</i>		Malaria control
<i>Colombia</i>	Long-range feeding		Long-range feeding		BCG vaccination
Malaria control	Milk conservation				Tuberculosis control
BCG vaccination			<i>Paraguay</i>		Long-range feeding
Diphtheria/whooping cough/Smallpox vaccine production	<i>Grenada</i>		Maternal and child welfare		<i>Uruguay</i>
Long-range feeding	Malaria control		Malaria control		Maternal and child welfare
	BCG vaccination		BCG vaccination		BCG vaccination ^d
	Long-range feeding		Long-range feeding		

^aIncludes aid to handicapped children.

^bIncludes aid for care of premature infants.

^cAid for BCG and for other TB control are provided under the same allocation.

^dUNICEF assistance is for a BCG production laboratory only

PART II

Financial Relations of UNICEF/WHO

1. Through the courtesy of the Director-General of the World Health Organization, a copy of the report of the Executive Board of the WHO, on its Thirteenth Session (Part II "Report on the Proposed Programme and Budget Estimates for 1955", *WHO Off. Rec.* No. 53) was made available to the UNICEF Executive Board, which also had the benefit of additional information in a statement from the Assistant Director-General of WHO in charge of Administration and Finance (Reproduced in Annex A).

2. The UNICEF Board noted that the 1955 WHO Programme and Budget Estimates proposed by the Director-General include provision for WHO to meet all the costs of technical personnel in 1955 for projects foreseen as being jointly assisted by UNICEF and WHO. It noted also the statement by the Director-General in his Introduction to the proposed Budget that:

"WHO must not again be put into a position, as it has been twice already, of having to ask the UNICEF Executive Board for additional allocations to cover personnel costs for joint WHO/UNICEF projects. In the future, it must be able to take on the full responsibility for employment of technical personnel needed for joint activities, as provided for in an agreement between the two organizations which was endorsed by the Fifth World Health Assembly." (*WHO Off. Rec.* No. 50 Page x).

3. If the World Health Assembly were to approve the Programme and Budget Estimates submitted by the Director-General of WHO, there would be no problem for UNICEF. The Executive Board of WHO, however, has expressed the view that the proposed programme of WHO for 1955 would be seriously impaired by any significant reduction in the Director-General's proposal, unless, *inter alia*, "the UNICEF Executive Board agrees to reimburse WHO for the technical personnel assigned to UNICEF/WHO projects" (*WHO Off. Rec.* No. 53, para. 92).

4. The attention of the UNICEF Executive Board was also directed to the fact that the WHO Board, after studying the proposals of the Director-General, has made a number of other comments on UNICEF/WHO financial relationships and suggested a number of considerations on this question for presentation to the Seventh World Health Assembly when it meets in May 1954.

5. It is in connexion with these comments and considerations that the UNICEF Executive Board believes it desirable for the Health Assembly also to have before it the views of the UNICEF Executive Board. These views are summarized under (A), (B) & (C) below.

A

6. The UNICEF Executive Board believes that it is important that the division of responsibilities between

UNICEF and WHO include a clear-cut financial as well as functional division. The functional division should correspond to the character of each organization and the type of assistance it has been created to render. The financial responsibilities should correspond to the functional tasks which each organization assumes.

7. This position was elaborated by a number of representatives in the Executive Board and Programme Committee discussions. The various points which emerged during this elaboration may be summarized as follows:

(i) All international organizations have distinctive functions, and governments contribute to them so that they may perform these functions. Contributions of governments to one international organization should not, therefore, become indirect subsidies to another international organization, also depending on governmental contributions.

(ii) The division of functions between agencies should not be altered by changes in their resources. In fact, UNICEF resources have been insufficient to meet its target programme of allocations. UNICEF income in 1953 was sixty per cent lower than in 1949.

(iii) An agency's budget should reflect the agency's view of the priority to be attached to each field of activity. It should not be influenced by the extraneous consideration that another agency might furnish funds in order to prevent projects, in which there is joint interest, from being discontinued or retarded.

(iv) Functional supervision normally accompanies financial responsibility. Because UNICEF has not exercised functional supervision of international technical project personnel, its assumption of financial responsibility is open to objection in principle.

B

8. As is pointed out by the WHO Executive Board in paragraph 32 of its Report, the framework of co-operation between WHO and UNICEF was established in 1949 on the basis of recommendations by the UNICEF/WHO Joint Committee on Health Policy. However, the UNICEF Executive Board considers that the relationships between the two bodies established in 1949 should be interpreted in the light of parallel decisions subsequently taken by both organizations within the framework of the 1949 agreement. The essence of these decisions, from the standpoint of basic principle in financial relationships, is that WHO finances the international project personnel, and UNICEF finances the supplies, equipment, and other services required in projects assisted by both agencies. Although the UNICEF Executive Board had recently agreed to reimburse WHO for the cost of certain international project personnel, this was understood by the UNICEF Board as a means of providing WHO with temporary financial assistance, and not as a precedent for modifying the agreed division of financial responsibility between the two agencies.

ANNEX A

Statement of Assistant Director-General in Charge of Administration and Finance of the World Health Organization at UNICEF Executive Board Meeting 5 March 1954

Mr. Chairman,
The Director-General of the World Health Organization has asked me to express his regrets that he is unable personally to attend this meeting of the UNICEF Executive Board. He would

9. In this connexion the Board had before it a "Note" prepared by the Chairman of the Executive Board on "Financial Relations of WHO and UNICEF" which it unanimously endorsed (E/ICEF/257.Rev.1). This statement is reproduced as Annex B.

C

10. The Board noted paragraph 52 of the WHO Board Report (*WHO Off. Rec.* No. 53) which states:

"... The Board considered the situation created by the unwillingness expressed by some members of the UNICEF Executive Board to accept recurring requests from WHO for funds to pay for technical project personnel which WHO provides but is unable to finance. The Board generally considered that the entire question of UNICEF/WHO relations might well be re-examined, in view of the change (by action of the United Nations General Assembly) in the status of UNICEF from an emergency status to that of an indefinite term and in view of the increased resources which UNICEF has available for work in the field of child health."

11. The UNICEF Board feels it desirable to place on record the fact that the unwillingness to which the WHO Executive Board refers was unanimously shared by the UNICEF Executive Board.

12. The United Nations General Assembly decision continuing UNICEF indefinitely involved no change in the functions of UNICEF and the UNICEF Board feels that of itself, the General Assembly decision does not make it necessary to revise the principles governing the existing relationship between the two organizations. The level of contributions to UNICEF has been referred to in paragraph 7(ii) above.

CONDITIONS GOVERNING APPROVAL OF PROJECTS JOINTLY ASSISTED BY WHO AND UNICEF

13. Several projects approved for UNICEF aid at the UNICEF Board session in March 1954 involve the use of international project personnel, the financing of which is provided in the WHO 1955 Draft Programme and Budget.

14. The UNICEF Board's allocations for these projects extend only to the UNICEF commitments outlined in the project submissions and should not be interpreted in any sense as implying a commitment to reimburse any portion of the cost of providing international technical personnel which subsequent events might show to exceed WHO's financial resources.

15. The Executive Director was directed by the Executive Board to withhold action until the next Board session on any jointly assisted projects which might be deleted from the proposed 1955 WHO budget.

wish me to advise this Board that WHO is appreciative of the continued cooperation of our two organizations and the close relationships which have been developed with regard to the important work in which we both are interested, WHO has

always considered that the continuation of UNICEF and its increased financial resources were essential to the overall programmes designed to improve the health of children and mothers. The joint efforts of the two organizations have clearly demonstrated the usefulness of this work and the enthusiasm with which governments continue to request the assistance of both organizations attests to the effectiveness of our joint health programmes.

WHO has been faced with substantial financial difficulties during the past as well as for this current year. This Executive Board is well aware of the problems which our Organization has encountered and the methods found to meet these financial deficiencies. Due to the generosity of the UNICEF Executive Board and their recognition of the problem with which we were faced, UNICEF funds have been provided to allow WHO to continue to provide the technical personnel required on both continuing projects as well as some new projects which UNICEF wished to have implemented.

In previous sessions of the UNICEF Executive Board, representatives of my Organization have been present in order to provide information concerning the technical aspects of the health programmes which were submitted for the approval of the UNICEF Board. At the same time, we have explained, at your request, the nature of our financial problems so that you would have a comprehensive understanding of these problems as they relate to the ability of WHO to provide for the financing of the technical staff required on joint projects.

As this Board is aware, the principles governing the working relationship and co-operation between our two organizations, which have been confirmed by our respective legislative bodies, provide, among other things, for WHO to provide the financing for the necessary technical staff on joint projects, it being provided further that, should WHO's financial resources be insufficient, UNICEF would undertake to provide the financing of such technical staff to the extent that the health projects approved by UNICEF exceed the financial provision which WHO can make. The Fifth World Health Assembly, at its meeting in 1952, confirmed the principles governing the relationships between the two organizations and approved the principle that WHO should assume, subject to the limitations of its financial resources, the responsibility for the employment of the technical personnel needed for joint activities to be initiated in the future. It is this policy which the Director-General has endeavoured to implement by making provision in his proposed programme and budget estimates for 1955, either under the Regular or under Technical Assistance Funds, for WHO to provide for the financing of its responsibilities to the extent that they were known at the time the proposals were formulated. It is clear that any proposals for projects, which have been developed subsequent to that time, are not provided for in these proposals.

At previous sessions of the UNICEF Executive Board, particularly at your session in March 1953, it was stated by both the Director-General as well as myself that it was the clear intention of WHO to take such steps as were possible to provide for the necessary financing for joint projects. As I am sure you understand, it has not been possible for us to take this step to the extent which we ourselves have desired until the preparation of the proposals for the 1955 programme and budget. This results from the budget cycle followed by our Organization whereby our annual programmes and the resultant budget estimates are developed approximately eighteen months prior to the beginning of the year in which these plans are expected to be implemented.

In developing our annual programme and budget estimates for 1955, we have, to the best of our ability, taken into account the planning of projects at the request of governments which were known to both organizations, up to the latest possible date. The excellent co-operation in effect in our respective field offices has made it possible to develop worthwhile and effective health programmes for children and mothers and to formulate these plans sufficiently in advance to enable a high standard of technical development. As is evident in such matters as this, it is never possible to make complete provision for everything which might evolve since our planning takes place so far in

advance of the year for which the plans are designed. Any requests from governments which were not foreseen eighteen months prior to the beginning of the year 1955 would clearly not be included in our proposals. The difference in the budget cycle between the two organizations therefore can create some disparity as between what is included in the WHO's proposed programme and budget for a given year and what may, in fact, develop before the beginning of or even during that year on the UNICEF side to meet unforeseen requests from governments for urgent health programmes. Since our Organization has no means by which it can make provision for such contingencies on a lump sum and unidentified basis, it should be recognized that requests for assistance such as these will always represent financial considerations to be dealt with in some way, unless it is agreed that the projects will not be initiated as early as may be requested. The only method by which we can envisage that this difference in timing can be met would be for UNICEF to provide the funds necessary to cover the cost of the technical staff required on joint health programmes, until the beginning of the year for which provision can be recommended to be included in WHO's own budgetary resources. It is, of course, the responsibility of the World Health Assembly, at its annual meeting, to consider and approve the annual regular budget of WHO.

The 1955 Programme. I feel sure that the members of this Board will be interested in knowing what provisions have, in fact, been made in the Director-General's proposals for 1955. To do this, I should like to review in summary form the approximate amounts which are included in the proposals which will be submitted to the Seventh World Health Assembly when it convenes in May of this year. While these figures are subject to some correction, I believe they are sufficiently accurate to indicate the importance which WHO gives to the joint health programmes relating primarily to children and mothers.

The total estimated amount provided for projects of assistance to governments is as follows: (to the nearest thousand):

Regular Budget	\$3,750,000
Technical Assistance	2,739,000
	<u>TOTAL \$6,489,000</u>

The estimates under technical assistance are based on the assumption that WHO will have available from the Special Account the sum of \$3,600,000, which is based on a total availability for projects of \$18 million and which represents the pro-rata share which WHO has been receiving. No one at this stage can foresee whether this assumption is either optimistic or pessimistic. We have considered that it represents a reasonably conservative figure on which to base our programme planning for 1955 under the Expanded Programme of Technical Assistance.

Within these totals, the estimated amounts which are clearly identifiable as representing the cost of financing WHO's responsibilities on joint projects in that year are as follows:

Regular Budget	\$705,000, or 18.79 per cent
Technical Assistance	937,000, or 34.23 per cent
	<u>TOTAL \$1,642,000, or 25.31 per cent</u>

In addition to these figures, there are other expenses for which provision is made under both our Regular and Technical Assistance Funds which I have omitted from these percentage calculations because it would not be correct to use these as a percentage of the total amount expended for projects. These estimated amounts include the following:

	\$
The cost of the liaison staff with UNICEF..	36,000
The cost of Regional Advisers who devote the majority of their time to the development and implementation of joint programmes..	336,000
The cost of the Tuberculosis Research Office..	230,000

Thus, to the figures which I have previously cited as representing the direct cost of projects, there should be added the amount of approximately \$600,000, making a total of \$2,242,000.

In addition to these amounts, there is included in our 1955 budget estimates provision for some new projects which are new both to WHO as well as to UNICEF. While there can be no assurance that the UNICEF Executive Board will consider these projects eligible for UNICEF assistance, the following represent the estimated amounts for projects which we would envisage as being of the type in which UNICEF has previously had an interest and in which UNICEF are likely to consider participating:

Regular Budget	\$355,000
Technical Assistance	594,000
	TOTAL \$949,000

Adding these amounts to the amounts referred to earlier in this statement as the cost to WHO of its participation in joint projects, you would have the following estimated amounts and percentages:

Regular Budget	\$1,060,000, or 28 per cent
Technical Assistance	1,531,000, or 55 per cent
	TOTAL \$2,591,000, or 39 per cent

The 1954 Programmes. The members of the UNICEF Executive Board will be interested also to know what the position is with regard to the current year 1954. In summary, the approximate amounts and percentages in which you will be interested are as follows for 1954:

The total amount expected to be expended on all projects by WHO under its Regular Budget is \$2,415,000; under Technical Assistance, the assured amount is \$1,935,000, which I shall refer to as Category A. If we receive additional allocations as is being planned but for which there remains no assurance, the figure would be \$2,735,000, which I shall refer to as Category B. The corresponding totals being \$4,350,000 for Category A and \$5,150,000 for Category B. The estimated amounts presently planned to be expended on joint projects and their percentages are as follows:

Regular Budget	\$ 143,000, or 5.93 per cent
Technical Assistance	\$1,306,000, or 67.4 per cent of Category A and 47.4 per cent of Category B.

The total of \$1,449,000 represents for Category A 33.31 per cent and for Category B, 28.14 per cent.

As was the case for 1955, there are additional sums in 1954 which are used by WHO under both Regular and Technical Assistance Funds for costs other than the direct project costs which are estimated as follows:

	\$
The Liaison Office with UNICEF.....	28,000
Regional Advisers	371,000
Tuberculosis Research Office.....	230,000, or a total of just under \$630,000, which amount, when added to the direct project costs, equals \$2,079,000. Similarly, the 1954 planned programmes include some projects to be initiated this year which the UNICEF Executive Board may consider eligible for assistance from UNICEF but which have not yet been approved by the UNICEF Executive Board. The estimated amounts involved in these projects are:

Regular Budget	\$242,000
Technical Assistance	415,000
	TOTAL \$658,000

Taking these estimates into account, together with the project costs for those projects already approved, you have the following estimated totals and percentages:

Regular Budget	\$ 386,000 or 15.9 per cent
Technical Assistance	\$1,721,000 or 88.9 per cent of Category A and 62.9 per cent of Category B.
	TOTAL \$2,107,000 or 48 per cent of Category A and 40 per cent of Category B.

Mr. Chairman, you will recall that at the meeting of this Board last September there was a request from the Director-

General of WHO that UNICEF underwrite the cost for about sixteen additional projects already in operation. While no decision was taken on this request, it was recognized that it might be necessary to put forward a request to the Board at its next session or by a mail poll in the interim, if it finally appeared that all other possibilities for financing the personnel were exhausted. The Director-General of the World Health Organization has now had an opportunity to consider all of the resources available to us, as compared to our needs, and considering his reluctance to submit an additional request to UNICEF, has found it possible to make some adjustments and exercise his emergency authority so as to meet our requirements in such a manner as to make it unnecessary for us to request this financing from UNICEF. Apart from the requests at present before the Board for items not foreseen last September, we do not expect to request additional funds in 1954 to cover projects approved up to this time by the UNICEF Executive Board.

Mr. Chairman, the Executive Director of UNICEF has, in document E/ICEF/L.554, provided the UNICEF Executive Board with some comments concerning the Report of the WHO Executive Board at its thirteenth session. The WHO Executive Board's report consists of its comments on the Director-General's proposed programme and budget estimates for 1955. The members of the UNICEF Executive Board have also been furnished with a copy of the printed report, which was referred to in your document and which is now contained in *WHO Official Record*, No. 53. May I ask the indulgence of you, sir, and the members of the Board to refer to some specific paragraphs as contained in the Report of our Executive Board, which refer to matters of interest to the UNICEF Board.

As an introduction to this, I believe it useful to refer to the responsibility of the WHO Executive Board as provided for in article 55 of the WHO Constitution, which reads as follows:

"The Director-General shall prepare and submit to the Board the annual budget estimates of the Organization. The Board shall consider and submit to the Health Assembly such budget estimates, together with any recommendations the Board may deem advisable."

In addition, I think it useful to refer to the resolution of the Fifth World Health Assembly, which directs the Board in exercising its responsibility under article 55 of the WHO Constitution to include consideration of the following, which is contained in paragraph 38 on pages 10 and 11 of *WHO Official Record*, No. 53:

- "(1) Whether the budget estimates are adequate to enable the World Health Organization to carry out its constitutional functions in the light of the current stage of its development;
- "(2) Whether the annual programme follows the general programme of work approved by the Health Assembly;
- "(3) Whether the programme envisaged can be carried out during the budget year; and
- "(4) The broad financial implications of the budget estimates, with a general statement on which any such considerations are based."

May I invite the attention of the UNICEF Board to the statement contained in paragraph 39 in which the Board expressed the opinion that

"the budget estimates are adequate to enable the Organization to carry out its constitutional functions satisfactorily in the light of the current stage of its development", and further in paragraph 40,

"the Board satisfied itself that it follows the general programme of work covering the period 1953-56 approved by the Fifth World Health Assembly in resolution WHA5.25. It is also of the opinion that, subject to the availability of sufficient funds, the proposed programme can be carried out during 1955."

Other provisions which are of particular interest to this consideration are those contained in paragraphs 51, 52, 53, 54, and 55. I need not take the time of the Board to read all of these

paragraphs. I would only wish to refer to paragraph 53, which reads as follows:

"It is therefore recommended that the Seventh World Health Assembly should re-examine existing relationships and financial arrangements between the two organizations. With appropriate policy guidance from the Health Assembly, the Executive Board would be prepared to undertake such negotiations as might be required with the UNICEF Executive Board."

Paragraphs 79 and 80 are also to be considered and I would read some of the pertinent provisions of those two paragraphs, which are as follows: part of paragraph 79 provides,

"The Board found the programme proposed by the Director-General to be well-conceived, fully within the competence of the Organization to carry out creditably and effectively within the budget year", and, the first portion of paragraph 80 reads: "The Board hoped that the Health Assembly would be able to provide the funds necessary to finance the total programme as proposed by the Director-General."

The UNICEF Board will also be interested in the conclusions as contained on page 23, paragraphs 92 and 93.

Mr. Chairman, as I am sure you will have observed, the WHO Executive Board have studied in detail the proposals submitted by the Director-General, have submitted their comments for the use of the Seventh Health Assembly when it meets next May, and have invited the attention of the Assembly to a number of

considerations which have an important bearing on the financial implications of the Director-General's proposals. They did not make any specific or firm recommendation other than to request that the Health Assembly give consideration to the points being raised and specifically that they re-examine the existing relationships and financial arrangements between the two organizations. The WHO Executive Board considered that the entire question of UNICEF/WHO relations might well be re-examined in view of the change in the status of UNICEF from an emergency status to that of an indefinite term and in view of the increased resources which UNICEF has available for work in the field of child health. It would seem that the possibility is now open for both organizations to assist governments in their planning of long term projects which can contribute so much to the health needs of children and mothers. The WHO Executive Board were objectively endeavouring to find a constructive method to facilitate the taking of such steps as are feasible in order to assure that every practicable effort is being made to devote in an effective manner such resources as are available for the purpose of improving the health of children and mothers.

Mr. Chairman, I am very grateful, indeed, to have this opportunity of emphasizing once more the genuine interest of my Organization in furthering the cooperative relationships between our two organizations. Should you or any member of the Board wish any additional information, I shall be happy to provide it to the best of my ability.

Thank you.

ANNEX B

Statement adopted by Executive Board on financial relations of WHO and UNICEF, March 1954

1. The decisions of the WHO and UNICEF Boards and of the World Health Assembly on financial and other aspects of UNICEF/WHO relationships are available to the UNICEF Executive Board in Annex I of Part II of the WHO Executive Board Reports (*WHO Off. Rec.* No. 53, January-February 1954). The purpose of this note is to call particular attention to certain aspects of UNICEF/WHO financial relationships.

2. As is indicated by the Executive Board of WHO in paragraph 32 of its report, the framework of cooperation between WHO and UNICEF was established in 1949 on the basis of recommendations of the Joint Committee on Health Policy which were subsequently approved by the World Health Assembly and the UNICEF Executive Board. The recommendation of the JCHP contains the following paragraphs:

(d) "UNICEF's role in health programmes is, in accordance with its charter, to furnish, under its agreements with governments, the required supplies and services, and through its staff to observe that the principles of the Executive Board are maintained in their utilization.

(e) WHO's role in carrying out the foregoing arrangements is subject to the provisions of its Constitution and the limitations of its resources, but beyond this it will provide the services which will be reimbursed by UNICEF." (Quoted on Page 27, *WHO Off. Rec.* No. 53)

The WHO Executive Board in its report on its thirteenth session has interpreted the final sentence of paragraph (e) as follows:

"UNICEF . . . undertakes to reimburse such portion of the cost of providing technical personnel as exceeds the limitations of WHO's financial resources, as well as providing supplies and other services" (*WHO Off. Rec.* No. 53 para. 32)

3. It would appear however that the UNICEF Executive Board considers that the relationships between the two bodies established in 1949 should be interpreted in the light of parallel decisions subsequently taken by both organizations within the framework of the 1949 agreement.

4. After the approval of the recommendations made by the JCHP in 1949, it was the practice for WHO to set out personnel and fellowship costs at the time it gave its technical approval to projects. The sums involved were included in the project submissions put before the Executive Board of UNICEF by the Executive Director, and became part of the UNICEF allocation.

5. At the session of the UNICEF Executive Board in November 1950, the Director-General of WHO informed the UNICEF Board that he hoped that WHO would be able to finance project personnel for new health projects (other than BCG programmes) to be undertaken in 1951, and that for 1952 he was including provision in the WHO Budget for all international staff required for existing or envisaged projects (other than BCG) assisted by UNICEF (E/ICEF/159, paras. 18 & 20). The UNICEF Board Report in November 1950 states in this connexion:

"It was in the light of this arrangement that a number of apportionments approved by the Board exclude international technical personnel and fellowships provided for in the plan of operations. These are being referred to WHO by the Governments concerned for consideration of financing under its expanded technical assistance programme" (E/ICEF/159, para. 18)

6. The statement of the Director-General of WHO to the UNICEF Board was approved by the WHO Executive Board as a statement of policy in January/February 1951 (Res. EB 7/R.60, quoted on page 30, *WHO Off. Rec.* No. 53). It was subsequently implemented in the WHO Budgets approved by the World Health Assembly.

7. As a result, from its November 1950 session onwards, the UNICEF Executive Board made no financial provision for project personnel except in the case of technical personnel needed for BCG campaigns. The Governments concerned requested this aid directly from WHO.

8. In April 1952 the JCHP "noted that the international field personnel in BCG campaigns still remained the financial respon-

ability of UNICEF; it suggested that consideration be given to the possibility of WHO taking over this responsibility" (Fifth Session, JCHP, E/ICEF/192, para. 11)

9. The Executive Board of UNICEF meeting later that month considered this suggestion of the JCHP and its conclusions, stated in its Report are as follows :

"The Board believes that there is no important difference in principle between financing for international field personnel in BCG, including field statisticians, and the financing of international field personnel for other types of health programmes assisted by UNICEF, which WHO has assumed out of expanded technical assistance funds. The Board, therefore, requested the Executive Director to discuss with the Director-General of WHO the assumption by WHO of these costs, and to report back on these discussions to its next session" (E/ICEF/198, para. 635)

10. In May 1952 the Fifth World Health Assembly expressed its satisfaction with the development of cooperative programmes between the two agencies and adopted a resolution (WHA.5.71) approving:

"The principle that WHO should assume, subject to the limitation of its financial resources, the responsibility for the employment of the technical personnel needed for joint activities to be initiated in the future" (Quoted on page 31, WHO Off. Rec. No. 53)

11. Following the action of the JCHP and the UNICEF Board regarding BCG project personnel quoted in paras. 8 and 9 above, the Executive Director of UNICEF engaged in an exchange of correspondence with the Director-General of WHO. The Director-General of WHO in a letter dated 26 June 1952 agreed, subject to the amount of technical assistance funds to be made available, that WHO would assume the cost of all international BCG personnel as from 1 January 1954, and of all personnel for new BCG projects in 1952 and 1953 as well as additional personnel required in existing BCG projects where the cost of these exceeded the amounts already allocated by the UNICEF Board for 1952 and 1953 (E/ICEF/205, paras. 185-186).

12. Thereafter in all recommendations submitted to the Board whether for BCG or other programmes, no provision was included for project personnel.

13. It would seem that the principles of co-operation established between the two bodies in 1949 should be interpreted in the light of the developments recorded in paras. 4-12.

14. In March 1953, the UNICEF Board agreed to reimburse WHO the cost of certain project personnel. However, the Board did not regard this action as having been taken in pursuance of an undertaking such as that referred to in the report of the Executive Board of WHO; nor does it appear that the request from WHO was based on the existence of such an undertaking. The following passage appears in the UNICEF Executive Board's report:

"The request is considered by WHO as a means of obtaining temporary financial assistance for its 1953 financial period. It is not to be considered as a precedent for weakening the agreed division of responsibility between UNICEF and WHO under which UNICEF finances the supplies and equipment and WHO finances the international project personnel required." (E/ICEF/227, para. 73b)

15. In approving a ceiling allocation to WHO (of \$288,000) for reimbursement of 1953 costs of project personnel, the Board made it clear that:

(a) It did not regard this allocation as constituting a precedent for future action on its part: and

(b) It hoped that the agreed relationships between UNICEF and WHO¹ would be restored as early as possible (E/ICEF/227, para. 74)

16. The same issue arose in September 1953 when additional WHO requests were circulated to the UNICEF Board (E/ICEF/R.509/Corr.1, R. 509/Add.1) At that time the Board approved allocations (totalling \$637,000) for reimbursement to WHO for project personnel. The Board made these additional allocations subject to the conditions approved at the March session (E/ICEF/243, para. 104)

17. The WHO representative at the same time reiterated the desire of the Director General of WHO to return to the agreed financial relationship of the two organisations as soon as possible (E/ICEF/243, para. 110).

¹ See last sentence of quotation in preceding paragraph.

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