SEVENTH ANNUAL REPORT
OF
THE REGIONAL DIRECTOR
TO THE
REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
## CONTENTS

### PART I - GENERAL

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>THE REGIONAL COMMITTEE</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>REGIONAL OFFICE</td>
<td>4</td>
</tr>
<tr>
<td>3.1</td>
<td>General</td>
<td>4</td>
</tr>
<tr>
<td>3.2</td>
<td>Other matters</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>AGREEMENTS WITH GOVERNMENTS</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>CO-OPERATION WITH THE UNITED NATIONS AND OTHER AGENCIES</td>
<td>5</td>
</tr>
<tr>
<td>5.1</td>
<td>With the United Nations</td>
<td>5</td>
</tr>
<tr>
<td>5.2</td>
<td>With other United Nations Agencies</td>
<td>5</td>
</tr>
<tr>
<td>5.2.1</td>
<td>UNICEF</td>
<td>5</td>
</tr>
<tr>
<td>5.2.2</td>
<td>Technical Assistance Programme</td>
<td>6</td>
</tr>
<tr>
<td>5.2.3</td>
<td>FAO</td>
<td>6</td>
</tr>
<tr>
<td>5.2.4</td>
<td>UNESCO</td>
<td>6</td>
</tr>
<tr>
<td>5.2.5</td>
<td>Other Specialized Agencies</td>
<td>6</td>
</tr>
<tr>
<td>5.3</td>
<td>With bilateral agencies</td>
<td>7</td>
</tr>
<tr>
<td>5.4</td>
<td>With non-governmental organizations</td>
<td>7</td>
</tr>
<tr>
<td>5.5</td>
<td>South Pacific Commission</td>
<td>7</td>
</tr>
<tr>
<td>6</td>
<td>NATIONAL PUBLIC-HEALTH PROGRAMME CO-ORDINATION COMMITTEES</td>
<td>7</td>
</tr>
<tr>
<td>6.1</td>
<td>Cambodia</td>
<td>7</td>
</tr>
<tr>
<td>6.2</td>
<td>China</td>
<td>8</td>
</tr>
<tr>
<td>6.3</td>
<td>Philippines</td>
<td>8</td>
</tr>
<tr>
<td>7</td>
<td>PUBLIC INFORMATION</td>
<td>8</td>
</tr>
<tr>
<td>7.1</td>
<td>General</td>
<td>8</td>
</tr>
<tr>
<td>7.2</td>
<td>World Health Day</td>
<td>9</td>
</tr>
<tr>
<td>7.3</td>
<td>Other publicity</td>
<td>10</td>
</tr>
</tbody>
</table>

### PART II - GENERAL STATEMENT OF ACTIVITIES IN THE REGION

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PUBLIC-HEALTH SERVICES</td>
<td>11</td>
</tr>
<tr>
<td>1.1</td>
<td>Assistance to governments in the developing and strengthening of their health services</td>
<td>11</td>
</tr>
<tr>
<td>1.2</td>
<td>Maternal and Child Health</td>
<td>13</td>
</tr>
<tr>
<td>1.3</td>
<td>Nursing</td>
<td>14</td>
</tr>
<tr>
<td>1.4</td>
<td>Environmental Sanitation</td>
<td>16</td>
</tr>
<tr>
<td>1.5</td>
<td>Health Education</td>
<td>17</td>
</tr>
<tr>
<td>1.6</td>
<td>Mental Health</td>
<td>19</td>
</tr>
</tbody>
</table>

/2 EDUCATION AND TRAINING
## CONTENTS

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
</tr>
<tr>
<td>21</td>
</tr>
<tr>
<td>22</td>
</tr>
<tr>
<td>23</td>
</tr>
<tr>
<td>24</td>
</tr>
<tr>
<td>25</td>
</tr>
<tr>
<td>26</td>
</tr>
<tr>
<td>27</td>
</tr>
<tr>
<td>28</td>
</tr>
<tr>
<td>29</td>
</tr>
</tbody>
</table>

### EDUCATION AND TRAINING

2.1 Assistance to Educational Institutions
2.2 Fellowships
2.3 Educational Meetings

### COMMUNICABLE DISEASES

3.1 Malaria Control
3.2 Tuberculosis and BCG
3.3 Venereal disease and Treponematoses

#### 3.3.1 Yaws
#### 3.3.2 Venereal diseases

### ENDEMO-EPIDEMIC DISEASES

4.1 Arthropod-borne Virus Diseases
4.2 Leprosy
4.3 Poliomyelitis

### PART III - PROJECTS IN OPERATION

1 JULY 1956 - 30 JUNE 1957

### ANNEXES

I
LIST OF REGIONAL OFFICE POSTS

II
CONSULTANTS EMPLOYED DURING THE YEAR

III
PROJECT AND REGIONAL OFFICE INTERNATIONAL STAFF EMPLOYED AS OF 30 JUNE 1957

IV
GEOGRAPHICAL DISTRIBUTION OF INTERNATIONAL STAFF TERMINATED OR TRANSFERRED

V
LIST OF SUPPLEMENTARY AGREEMENTS SIGNED WITH MEMBER COUNTRIES DURING THE PERIOD 1 JULY 1956 TO 30 JUNE 1957

VI
FELLOWSHIP AWARDS IN ACCORDANCE WITH COUNTRY OF ORIGIN AND FIELD OF STUDY

VII
DISTRIBUTION OF VISITS IN ACCORDANCE WITH COUNTRY OF STUDY AND REGIONS

VIII
PLANNING INDIVIDUAL FELLOWSHIPS
PART I - GENERAL

1 INTRODUCTION

One of the main concerns of the Regional Office during the period under review was to determine the most effective way of assisting governments to expand their public-health programmes, at the same time taking into consideration the fact that in some countries expansion was difficult because of the lack of trained staff at all levels. Assistance to governments has, therefore, been focussed to the greatest possible extent on the strengthening of local educational facilities, the provision of fellowships for training abroad, the promotion of better standards in existing schools, and the organization of conferences, seminars and training courses on a regional basis. As a result of participation in such seminars and training courses, governments have been afforded an opportunity to become more conversant with recent advances in existing fields of health activity and have obtained information on newer trends in public health in other countries with a similar degree of development.

Activities have been encouraged in fields of interest to which particular attention has been drawn by the World Health Assembly and the Executive Board. For example, attention has been focussed on methods for the collection and disposal of organic wastes which have been a major public-health problem in countries in Asia for centuries. Long-range national plans, which have been a basic need of some countries for a number of years, have been developed in China and the Philippines and it is hoped that the future will see the development of similar plans in other countries in the Region.

Work has continued in the field of communicable-disease control with steady expansion of programmes in the fields of yaws and malaria control. In the South Pacific area where WHO/UNICEF inter-country yaws projects were commenced two years ago, the results achieved are now being assessed, whereas in other island groups, projects are continuing and are being extended to embrace neighbouring territories. Co-ordination of malaria control work on an inter-country basis has continued satisfactorily and two groups of countries have now formally established inter-country boards. Two governments in the Region have already embarked on eradication programmes.

The consolidation of BCG campaigns in order to ensure their continuation and integration into the permanent public-health services of the countries has received much attention during the year and there has been increased emphasis on overall tuberculosis control projects in which BCG will be an integral part.

The trend towards integrating health programmes for mothers and children into the general health services has become more evident and work in this direction will continue in the years to come. The organization has continued its assistance in programmes of basic nursing, midwifery and auxiliary nursing. Refresher courses and in-service training continue to be an important part of the programme.

Further progress has been made in the field of mental health. A psychiatric nursing consultant visited several of the countries in the Region where she studied programmes in mental health in general and psychiatric nursing in particular, and held discussions with leaders and workers in these fields. The reports prepared...
on these visits will serve as a valuable guide and basis for future planning. Much progress has also been made in the Philippines where a mental health consultant is assisting the Government in establishing a long-term programme.

The policy of the Organization to introduce health education activities into field projects whenever feasible has continued. Attention was given to providing training in health education of the public as part of courses of study for professional and auxiliary personnel. The number of requests from governments for fellowships is slowly increasing.

Effort is being made to collect information on local health conditions so that there is a better understanding of the specific health problems to be solved and that the measures recommended for their solution are suitable for the area concerned. Without accurate local statistical information, however, it is impossible for governments to know where to place emphasis in planning long-term public-health programmes. There is need for more personnel trained in simple statistical methods, competent to recognize and compile data of public-health importance.

The advisory role of WHO field personnel is becoming more clearly understood in the Region and although difficulties are still experienced regarding the provision of adequate counterpart personnel, the idea is gradually taking root that the Organization's personnel are assisting and training national staff in order that the latter, better prepared through the experience gained, can take over the task facing them in their own countries when the international personnel are withdrawn.

The evaluation of projects has become an important regional activity with the recruitment of a statistician and programme evaluator. The Regional Office is now in a position to advise national health administrations on the evaluation of their health projects and to assist WHO field personnel and their national counterparts in this work. The experience gained from such evaluation will form the basis for the expansion of existing programmes and the introduction of new projects.

During the period under review, there have been some modifications to take account of recent developments in the prevention and control of certain diseases but there has been no material change which might necessitate adjustment in the programme of work for a specific period adopted at the sixth session of the Regional Committee.

As far as developments in the future are concerned it is possible that in countries where heavy industry and manufacturing are playing an increasing part in a country's economy, attention will have to be focussed on accident prevention and protection against the hazards resulting from industrial uses of radioactive substances and the safe disposal of radioactive waste products. The use of radio-isotopes for diagnosis and treatment also presents problems, the prevention of which will require special training. The existing resources of various Member Countries will be explored with a view to determining what facilities exist in the Region for such training.

In Part II will be found a general statement of activities in the Region during the period under review, where the points I have mentioned are described in further detail.
The seventh session of the Regional Committee for the Western Pacific was held at the Institute of Hygiene, Manila, from 7 to 13 September 1956. The representative of Cambodia was unable to be present owing to illness, but the meeting was attended by representatives of all other Member States in the Region, and of the Governments of France, the Netherlands, Portugal, the United Kingdom of Great Britain and Northern Ireland, and the United States of America. Representatives of UNICEF, the United Nations Technical Assistance Board, the South Pacific Commission, and nine non-governmental organizations were also present.

The Regional Committee thanked the Government of the Philippines for its offer to provide a site for the Regional Office and 500,000 Philippine pesos towards the cost of the building, on the understanding that WHO would contribute the rest of the estimated cost of 1,000,000 Philippine pesos. The Committee asked that this proposal should be placed on the agendas of the Executive Board's nineteenth session and of the Tenth World Health Assembly so that a final decision might be reached.

The question of area representatives was discussed in some detail and the arrangements made were considered satisfactory, subject to a periodic review of the need for those posts. The Regional Committee noted that more fellowships had been awarded for training in the Region and encouraged efforts to facilitate the training of health personnel in their own countries. The progress made during the year and the emphasis placed on the chief needs of the Region were noted with satisfaction, as were the improvements in the public information service and in co-ordination and working relationships with other international agencies. It was decided to make no recommendation as to the rights and obligations of Associate Members and other territories in the regional organization.

The need was emphasized for close co-ordination of national malaria programmes, particularly between countries with common frontiers, and the Committee recommended that priority should be given to antimalaria projects and that funds from all available sources should be used for that purpose, including the Malaria Eradication Special Account. It supported the proposal to hold an inter-regional malaria training course in Indonesia in 1958 under the Technical Assistance Programme.

In view of the public-health implications of the development of resistance to insecticides and the limited research in this field, the Committee asked the Regional Director to circulate information on such research and recommended the holding of an inter-regional symposium in 1958 to which research workers on insect resistance should be invited.

After a detailed review by a sub-committee, the Committee agreed that the proposals for the programme and budget for the Western Pacific Region for 1958 were well conceived, and confirmed the priorities that should be observed if the effective working budget proposed were reduced. The Committee urged governments in the Region, in the development of their annual country programme of Technical Assistance, to give prominence to health projects necessary to their economic development, and to safeguard continuing projects. It endorsed the request of the South Pacific Commission that the inter-country project and training course in health education be approved by the Technical Assistance Board and the Technical Assistance Committee.

/The subject of...
The subject of the technical discussions was "The Care of the Child from One to Six Years".

It was recommended that the topic for the 1957 technical discussions should be "Leprosy Control" and that the discussions should be preceded by a field visit to observe a leprosy control programme. "Methods and Approaches in the Improvement of Vital and Health Statistics Services in Rural Areas" was provisionally accepted as the subject of the 1958 discussions.

3 THE REGIONAL OFFICE

3.1 General

During the year under review, there have been a number of developments in connection with the establishment of a permanent office for the Regional Office for the Western Pacific in Manila. This, however, has been covered in detail in document WP/RC8/5 and will not be reported on here.

The Regional Office has installed air-conditioning units in its present building which have done a great deal towards making working conditions more bearable and, although they have not been as satisfactory as might be desired, it is believed they have contributed to the comfort and also the efficiency of the staff.

There have been no changes in the staffing pattern since the last meeting of the Committee. As of 1 January 1957, however, the Epidemiological Intelligence Station in Singapore became an integral part of the Regional Office and the Medical Officer in Charge of the Station was also given the duties of area representative.

Replacements of three international posts arrived during the period under review, namely, a public-health administrator, the Nursing Adviser and the Administration and Finance Officer, the former officers for these posts having been transferred to Headquarters, resigned and transferred to the Regional Office for Europe, respectively. The present incumbents of these three posts are all transfers from within the Organization and one, the Nursing Adviser, was promoted from within the Region. The Regional Adviser in Education and Training and the Statistician and Programme Evaluator also assumed their respective posts in the latter part of 1956.

The turnover of local staff has been limited to the resignation of the Personnel Assistant and to the recruitment of two clerk/typists, one accounts clerk and the Public Information Assistant.

On 30 June 1956, there were in the Region 61 project staff, including eight consultants, on 33 projects. The comparative figure on 30 June 1957 was 55 project staff, including six consultants, on 33 projects.

Annexes I-IV give details of staff employed in the Regional Office and in the field, including geographical distribution.

3.2 Other matters

On the basis of a review of salaries and allowances made by the United Nations, in which the heads of the agencies were requested to make /comments, the new ...
comments, the new system of salaries and allowances was approved by the Executive Board and the World Health Assembly and put into effect for Headquarters, regional office staff and other offices on January 1957. It is expected that a number of these changes in allowances will be made effective 1 January 1958 for project staff.

With the return to active status of some of the inactive Members, additional funds were made available early in 1957 which enabled the Regional Office to implement the programmes in the Supplemental budget and, in certain instances, bring forward programmes from the additional list of projects. In round figures, the Western Pacific Region 1957 budget was increased by US $157,500.

4 AGREEMENTS WITH GOVERNMENTS

Thirty supplementary agreements relating to plans of operation for projects were signed during the period under review. Fifteen of these concerned projects for which assistance in the form of equipment and supplies is being given by UNICEF. A list of the agreements is contained in Annex V.

5 CO-OPERATION WITH THE UNITED NATIONS AND OTHER AGENCIES

As in former years a great number of activities have been planned or implemented in co-ordination with international, bilateral and other agencies in countries of the Region.

5.1 With the United Nations

The Regional Office has provided the Trusteeship Council with information on health services in the Trust Territories within the Region, and similar information on non-self-governing territories has also been submitted.

Both in the field and in the regional office, contact is being maintained with local United Nations experts. Particular attention is being paid to the question of community development and the Regional Office will continue to co-operate in this field whenever circumstances permit.

5.2 With other United Nations Agencies

5.2.1 UNICEF

As in previous years, relationships with the Asia Regional Office of UNICEF and with UNICEF country offices in other parts of the Region have been excellent. Discussion and consideration of important problems with key officials of UNICEF have resulted in their being solved to the mutual satisfaction of both organizations. Co-ordinated efforts by the two organizations have also resulted in the arrival on schedule of equipment and supplies for projects jointly assisted by the two organizations.

In one part of the Region, the area representative is also the Acting UNICEF Representative while the area representative in another sector has assisted in the procurement of supplies and equipment for UNICEF-assisted projects.

In Part III will be found details of the different types of programmes receiving supplies and equipment from UNICEF and advisory services from WHO. ...
services from WHO. In addition, during the period under review 16 programmes, in which WHO gave technical advice, have received supplies and equipment from UNICEF.

5.2.2 Technical Assistance Programme

Certain difficulties arose with the introduction of the new programming procedure for activities which could be financed from the United Nations Expanded Programme for Technical and Economic Development of under-developed countries, some of the requesting governments omitting to provide for continuing projects in their country programme requests. These difficulties were, however, resolved and there is now a better and clearer understanding of such procedures. Close contact has been maintained with the Regional Technical Assistance Representative's office in Bangkok and with the Resident Technical Assistance Representative in the Philippines and this has assisted greatly in improved programme co-ordination.

The Regional Office sent an observer to the meeting of Resident Technical Assistance Representatives held in Bangkok in April 1957.

5.2.3 FAO

It is worthy of note that FAO and WHO jointly participated in promoting World Health Day in 1957 when attention was focussed on the theme "food and health".

The Regional Office was represented by an observer at the FAO Technical Meeting on Home Economics held in Tokyo from 5 to 12 October 1956.

5.2.4 UNESCO

Close liaison is being maintained with UNESCO in some of the countries in which UNESCO-sponsored projects are being undertaken. In Cambodia, for example, the nursing-education programme and the rural health demonstration and training project have close connections with the UNESCO activities, while in Viet Nam, joint activities are planned for the future.

In agreement with the Regional Office for South-East Asia, observers were sent to the Joint United Nations-UNESCO Seminar on Urbanization in the ECAFE Region held in Bangkok in August 1956 and to the UNESCO Conference on Science Teaching held in Bangkok in October 1956.

A member of the regional office staff also acted as observer at the First National Seminar on Human Rights (sponsored by the UNESCO National Commission of the Philippines) held in Manila, Philippines, in May 1957.

5.2.5 Other Specialized Agencies

Observers have been sent, in agreement with the Regional Office for South-East Asia, to the ECAFE Working Party on Housing and Building Materials held in Bangkok from July to August 1956 and to the Working Party on Economic Development and Planning held in Bangkok in September 1956.
5.3 With bilateral agencies

Close and cordial relationships have been maintained with the United States International Co-operation Administration (ICA) officials in Cambodia, China, Korea, Laos, the Philippines and Viet Nam. The Regional Office provided interpretation services to ICA in the Philippines during the visit of a group of officials of the Cambodian Public Information Service.

Co-operation with the Rockefeller Foundation, the China Medical Board, Johns Hopkins University and the London School of Hygiene and Tropical Medicine has continued particularly with regard to institutions for the training of local personnel for medical, nursing and auxiliary health services. The Regional Office has also maintained relations with the French Cultural Mission in Cambodia and representatives of the Colombo Plan in Viet Nam. While there is free exchange of information between the various international and bilateral organizations in the area, there is need for a more formal co-ordination within the countries. This can, however, only be undertaken by the governments themselves.

5.4 With non-governmental organizations

The Regional Office sent observers to the World Congress on Physical Education held in Melbourne in November 1956 and to the XIV International Tuberculosis Conference in New Delhi in January 1957.

5.5 South Pacific Commission

The Regional Office is kept informed of the health activities of the South Pacific Commission in territories both through its area representative and by means of the information circulars issued by the Commission. One of the organization's staff acted as WHO observer to the Eighth Meeting of the Research Council held in Noumea in June 1957.

As the machinery for effective co-operation between the Regional Office and the South Pacific Commission has been concluded, a health education training course jointly sponsored by the Organization and the Commission will be held in July 1957. To assist the South Pacific Commission in this project, the Regional Office will provide an organizer, consultants, specialists, and fellowships for candidates selected by the Pacific islands governments, from their locally trained teachers, social workers, and medical, nursing and health inspection personnel.

6 NATIONAL PUBLIC-HEALTH PROGRAMME CO-ORDINATION COMMITTEES

6.1 Cambodia

In Cambodia, an attempt was made to bring about the establishment of a public-health programme committee in order to co-ordinate the aid Cambodia is promised, or receiving, on a bilateral basis from six foreign countries. Discussions on the subject took place between the Regional Public Health Administrator, the Area Representative, the Government and some of the foreign Missions. The matter has not, however, made much progress since the initial talks in January and March.

/6.2 China ...
6.2 China

The Co-ordination Committee on Foreign Aid in Medicine and Health in Taiwan, China, continues to meet regularly once a week and to function very effectively. A member of the WHO field staff attends meetings of this committee as the Regional Director's representative. On the various WHO-supported projects, the Government is also assisted by other agencies, multilateral and bilateral, and the success of this co-operation and the absence of overlapping and duplication is, to a large extent, due to the efforts of the Co-ordination Committee.

6.3 Philippines

During the past year, the Public-Health Programme Co-ordination Committee of the Philippines, which has been in existence since December 1951, has continued an active programme. At the present time the following agencies are members: the Philippine Department of Health, the National Economic Council, WHO, UNICEF, the United States International Co-operation Administration (ICA), and the Technical Assistance Board country mission. During the period under review, ten sub-committees have been actively engaged in numerous activities and recently the terms of reference of the sub-committees have been revised to permit them greater freedom of action. All their activities are reported to the Co-ordination Committee where they are considered and referred with comment to the Secretary of Health. An example of the work of a sub-committee has been the consideration by the Environmental Sanitation Sub-committee of a draft proposal for a long-range programme for environmental sanitation for the Philippines. The proposal, which was prepared by an ad hoc committee established by the Director of the Division of Environmental Sanitation through the Secretary of Health, has been circulated widely to key field personnel and officials in the Department of Health and WHO. Suggestions and recommendations were consolidated by the Sub-committee for study by the Co-ordination Committee, which in turn transmitted its observations on the programme to the Secretary of Health.

7 Public Information

7.1 General

The production of articles and other material on WHO work in the Region was increased during the period under review. These articles were forwarded to the Division of Public Information at Headquarters and are being used to portray the work of WHO in the Western Pacific. A complementary activity, on the other hand, is the dissemination of information about the Organization. The greater bulk of informative material which has been distributed, came from Headquarters, although a considerable amount has also been produced in the Regional Office.

The offices of government liaison men and those of area representatives have been used to a great extent in the distribution of information material. This arrangement has proved to be effective as evidenced by press cuttings received from those offices.

WHO personnel in the field continued to be one good source of material. Visits by the Public Information Officer to the various WHO-assisted field projects have resulted in a greater number of articles and photographs. More and more of these stories depicting the health struggle in human terms, and as seen by the participants in the project, are being printed in headquarters publications and by newspapers and magazines of various countries.
7.2 World Health Day

Reports from countries of the Region indicated a much more spirited observance of World Health Day and an increasing awareness of the relationship between WHO and the respective governments. All the available media of information have been utilized by the respective governments in promoting the theme of World Health Day and in creating wider interest in the health activity of the country.

In Australia, World Health Day started on 5 April with a national broadcast of the message of the Director-General. A subsequent broadcast was made by the Area Representative on the theme of the celebration. The newspapers published articles contained in the World Health Day folder. Health posters displayed in the Area Representative's office were viewed by many visitors. From the comments of the general public, it was evident that WHO and its work are becoming more widely known in Australia.

In French Oceania, 7 April was commemorated with special radio broadcasts, both in French and in Tahitian.

Fiji reported a successful observance of World Health Day. Exhibits on nutrition were put on window display in Suva; radio talks in English, as well as in Fijian and Hindi, were given over the radio networks. In addition, a number of articles supplied by the Regional Office were published in full in the Fiji Times.

In Guam, World Health Day was sponsored jointly by the territorial government's Department of Medical Services and Department of Agriculture. Pamphlets on WHO were distributed in schools and a paper on WHO and the year's theme was prepared and released to the press, radio and television.

In Hong Kong, a programme of five lectures on the World Health Day theme was conducted throughout the month of April, thus bringing about a month's celebration, as it were, of World Health Day. The local newspapers responded well with editorials and cartoons, as well as short comments on the importance of the day. The recorded message of the Director-General was transmitted by Radio Hong Kong over its English and Chinese services.

In New Zealand, material sent by the Public Information Office was widely distributed to the newspapers in the main cities. Many articles were published and considerable publicity resulted from World Health Day.

World Health Day was widely and successfully celebrated in the Philippines. A radio programme built around the theme was sponsored by the Department of Health. Question and answer programmes, interviews and field recordings of health workers on the job, together with symposia on the World Health Day theme with local experts participating were broadcast. Articles on the work of WHO in the Philippines were published in many Manila newspapers. Health personnel delivered lectures in various dialects, while health supplements with features and leading articles in the dialect were published in the different areas. The week-long activities were climaxed with a car parade featuring floats and a programme at the Independence Memorial grandstand at the Luneta. The Regional Director and the Secretary of Health of the Philippines addressed a big crowd after the parade, stressing the importance of the theme. Three divisions...
made up the parade - government, health offices and hospitals; universities and colleges; and medical and allied organizations. Thousands of people also viewed a display of photographic exhibits in connection with the celebration.

In Sarawak, a radio broadcast was made by the Director of Medical Services. The local press published articles on the World Health Day theme.

Activities in Singapore consisted of a radio broadcast by the Minister of Health and the publication of articles on World Health Day in the newspapers.

The Government of Viet Nam reported "the biggest effort yet" to celebrate World Health Day. Speeches were delivered by the Minister of Health and the Vice-President of the Republic. A symposium was conducted during which eight papers were read. The symposium brought together for the first time most of the parties interested in nutrition and health. Health exhibits also represented a considerable advance on the efforts of last year.

7.3 Other publicity

The Public Information Office inaugurated a monthly publication sheet called "FEATURES", containing accounts of various health projects. Three thousand copies of the revised WPRO pamphlet were distributed. The mailing list of WORLD HEALTH (formerly the WHO Newsletter) increased by almost 300.

A total of 232 photographs were taken and forwarded to Headquarters with the corresponding articles. The Public Information Officer covered the Environmental Sanitation Seminar held in Taipei, Taiwan, in October 1956 and the Third Inter-territorial Malaria Conference held in Kuching, Sarawak, in December 1956.
Photographs of WHO-assisted field activities in the Western Pacific

**Tuberculosis**

A phase of the BCG vaccination programme being carried out in Cambodia with WHO/UNICEF aid. In Cambodia, the cooperation of Buddhist priests is essential in all BCG and other mass campaigns.

Children being vaccinated by a Mobile Unit of the WHO/UNICEF-assisted Tuberculosis Control Project of the Government of China (Taiwan).

**Malaria**

A mass BCG vaccination programme has been carried out by the Government of Vietnam with WHO assistance. Several other national BCG vaccination projects in different countries in the Region were similarly aided by WHO.

A Malaria team spraying a long house in Sarawak. WHO is giving assistance in various forms in the field of malaria including fellowships, to the Governments of 13 countries and territories.
The WHO midwifery tutor assigned to the programme being carried out by the Government of Singapore. WHO consultants are giving assistance in maternal and child care in the Federation of Malaya, the Philippines, Cambodia, China (Taiwan) and Vietnam.

One of the yaws teams of the Government of Fiji. A WHO officer aided in carrying out a Yaws Control Pilot Project in Fiji in 1955. The yaws campaign has been extended to Western Samoa, the British Solomon Islands Protectorate and other Pacific islands. WHO has also given aid to the yaws control projects in the Philippines, Laos, the Federation of Malaya and West New Guinea.
WHO is aiding the Rural Health Training Centre, Jitra, Kedah, where assistant health nurses, rural midwives, dispensers, dental assistants and sanitary overseers are trained.

A WHO engineer inspecting a new sewer system installed in Jesselton, North Borneo, by the government with WHO assistance.

A nurse educator provided by WHO for the General Hospital in Singapore lectures to a class of student nurses.

Members of the Schistosomiasis Control Pilot Project surveying a stream in Palo, Leyte, for infected snails.
WHO is assisting the Government of Fiji to expand the Central Medical School at Suva. Two WHO lecturers have been assigned to the school.

Rehabilitation of Crippled Children

The Seishi Ryogo En, founded in 1937, is Japan's first "hospital, school and home" for the rehabilitation of crippled children. With the aid of WHO and UNICEF, it has now become a training and demonstration centre for the entire country and provides guidance and information for 17 similar institutions in Japan.
PART II - GENERAL STATEMENT OF ACTIVITIES IN THE REGION

1 PUBLIC-HEALTH SERVICES

1.1 Assistance to governments in the developing and strengthening of their health services

Within the Region there are groups of countries with different patterns of national health administration, each receptive to the Organization's assistance but requiring a varying emphasis and method of approach.

Assisting health services in non-self-governing territories presents a distinctive administrative problem, while in the Indo-Chinese countries the development and growth of national health services are hampered by shortage of medical manpower, administrative and financial resources. Other countries in the Region require re-orientation of their long established health services to keep them abreast with changing trends in public health. Common to all countries is the vigorous move towards changes and improvements. One of the difficulties facing the Organization, however, is to obtain from governments, information and reports on their public-health planning in order to weld WHO assistance into their national long-term planning. Such information is too frequently not made available to the Organization.

During the year under review, progress was made towards closer co-operation between the national health administrations and the Regional Office. This was achieved through keen participation of the countries in the Regional Committee meeting, through visits by the regional public-health administrators, regional advisers, and by the activities of the area representatives. In several discussions with the national governments, understanding of the Organization's aims was furthered, in relation to the individual national health planning or the development of their short- and long-term programmes. These discussions were implemented in a practical way by assistance in such fields as development of rural health services, training of medical and auxiliary personnel, malaria, tuberculosis, endemo-epidemic diseases, etc.

In Cambodia, the establishment of a rural health training and demonstration centre has been negotiated and the first stage of implementation realized by the provision of a public-health officer. The Cambodian government's decision to develop an "area of concentration" for community development projects will have far-reaching effects on the WHO programmes in that country. It should eventually permit the development and integration of the rural health demonstration and training programme and of the school health programme into a comprehensive community developed programme, as well as encouraging in the school of medicine an orientation of teaching towards local needs. The full implementation of the project is slow due to the lack of national health personnel and limited budget. It is, however, developing in stages which will form a comprehensive pattern of health services in that country when fully implemented.

Of necessity, in several countries, the Organization's assistance cannot include the full range of activities, but is given in specialized fields and forming a pattern which could be integrated into future plans. The real obstacle in many countries is inadequacy of staff and budgetary resources.

/In the first ...
In the first case, the Organization's assistance is concentrated on the support of training centres for medical and auxiliary medical personnel. Marked successes in this field are the sustained assistance to the Royal School of Medicine in Phnom-Penh and the Central Medical School in Suva.

In Taiwan, China, the Government is continuing with its plans to strengthen the Institute of Public Health. It is proposed that a demonstration area be attached to the Institute to provide practical experience for its trainees. The Government has asked WHO for assistance in training instructors to staff the new activity.

In Korea, many key positions in the Ministry of Health and Social Affairs are occupied by young and energetic nationals who have studied abroad, often under WHO auspices. The Government plans to reorganize the Institute of Public Health and to strengthen the urban and rural health demonstration centres which are to be attached to the Institute. WHO has been requested to assist in preparing teachers and provision is being made for fellowships for this purpose. Effective measures are also being taken to upgrade the public-health dispensaries so that eventually 180 of these will continue to serve as public-health centres.

A good example of the application of public-health principles in the approach to a specialized project is the control of schistosomiasis in Leyte. The degree of success achieved in the control of the problem with multiple aetiology is due to the successful co-ordination of research work and experience gained with the activities of the provincial Departments of Health, Education, Agriculture, Public Works and Irrigation. The combined efforts of the various departments, culminating in the creation of a co-ordination committee, will lessen the strain on the public-health services and bring about the realization that health is no longer the concern of a single department.

A remarkable achievement was accomplished in the Philippines by the expansion of public-health services in the periphery, through the creation of a vast network of rural health units and barrio health stations. Although almost implemented, there is a weakness in this activity through the lack of statutory provisions for the proper utilization of sanitary inspectors in the health units. An additional national health effort has been the preparation by the Department of Health of a reorganization plan, emphasizing decentralization and the provision of comprehensive public-health services on a provincial level.

In Viet Nam, the two most important activities during the year have been the developments in the organizational structure of the Ministry of Health and the negotiations between the Government and the United States International Co-operation Administration (ICA) for a rural health services development project.

There will probably be great difficulty in staffing the new ministry departments adequately but if the Ministry develops as envisaged in the new legislation, and is able to provide the necessary leadership, long-term planning for the country's health services will become a real possibility. As this is an extensive and long-range undertaking, it is likely to be implemented in stages as personnel and financial resources become available.

The problems still facing the Organization in this region are the need for closer co-operation with national health administrations, shortage
of medical and ancillary personnel, need for further training, difficulties in assistance due to language differences, lack of candidates with a suitable educational background and lack of sufficiently attractive conditions for the graduates. In certain areas, the absence of a civil service system, lack of security of tenure and the rather low salary scale produce a sizeable turnover in government key personnel. Those who remain often have to resort to private practice after government office hours to supplement their income. As a result, efficiency is not at its optimum, and health programmes consequently suffer. Major trends noticeable in the past in most of the countries of the Region were a growing desire for an increasing number of suitably trained personnel and a preventive approach in the policies of several national health administrations.

1.2 Maternal and Child Health

The Organization has continued to provide assistance to a number of countries for a wide range of activities and training programmes in the field of maternal and child health. In all projects, the need for integrating maternal and child health activities with the general public-health and medical care services for the community has been stressed. There are encouraging signs that national health administrations are becoming increasingly aware of the necessity for planning and developing their maternal and child health programmes along these lines.

UNICEF's contribution to maternal and child health programmes in the Region is a large and significant one, and most projects are jointly assisted. In addition, UNICEF is also providing supplies and equipment to several countries where WHO is not, at the moment, actively participating in the field.

In several countries, including China, the Federation of Malaya and the Philippines, considerable progress has been made in providing comprehensive health services, particularly in the rural areas. While these services are designed to benefit the whole community, a major part of their activities is concerned with maternal and child health.

In Cambodia, the school health programme is receiving strong support from both the Ministry of Health and the Ministry of Education. Emphasis is being given to teacher training and health education and efforts are also being made to improve the sanitation of schools.

In China, the emphasis has been on improving the quality of maternal and child health work by providing in-service training for staff from health stations at the Maternal and Child Health Demonstration Centre in Taichung and by strengthening of supervisory activities. Refresher training courses for private practising midwives have continued and have been extremely well attended. One result noted is the much closer co-operation with health station staff. A consultant has been provided to assist the Government in evaluating the progress made in the overall maternal and child health programme, and to advise on the proposed new Institute of Maternal and Child Health.

The establishment of a section of maternal and child health within the national health administration in Viet Nam is a matter of special interest and will undoubtedly contribute greatly to the development of an effective programme. A Chair of Paediatrics is also to be created in the Faculty of Medicine of the University of Saigon and the Government has requested that the present WHO team should be expanded to include a paediatrician for this post.

/Nutrition problems are ...
Nutrition problems are some of the commonest and most serious public-health problems in many parts of the Region. In countries where there is evidence of poor nutrition among the adult population this is also likely to be an important cause of morbidity and mortality among infants and young children. In addition to the deficiency diseases which they may exhibit, inadequately fed infants are more susceptible to the respiratory and gastrointestinal infections which are the major health hazards in early life in many countries. Much can be done through active nutrition education to improve dietary practices and thus to reduce morbidity and mortality. As yet, the efforts made in this direction cannot be regarded as satisfactory, and more attention must be given to developing teaching programmes adapted to local problems and conditions. An effort is being made to tackle the problem of protein malnutrition among children in the Federation of Malaya. For this purpose two medical consultants, a social anthropologist and a paediatrician, with special experience in tropical nutrition work, were provided by WHO to assist in making preliminary surveys as a basis for developing the programme. In the training centre at Jitra in the Federation of Malaya, where teams of auxiliary health staff are being prepared for work in the integrated rural health programme, most valuable assistance in nutrition education has been given to the Government and WHO staff by an FAO expert who worked there for a few months during her assignment in the Federation.

In conclusion, the need for strengthening and improving paediatric training and education is a matter which deserves careful consideration in many countries. This is a field in which it is suggested that governments might make more use of the assistance available from international agencies.

1.3 Nursing

The main objectives of the nursing projects in the Region are the improvement and development of nursing and midwifery services through assistance in educational programmes for professional and auxiliary personnel. The programmes are concerned with (a) the development of curricula for basic nursing and midwifery, (b) developing and improving the clinical teaching areas in hospitals, health centres and for domiciliary experience, (c) preparation of counterpart personnel for teaching, supervision and administrative responsibilities, and (d) improvement of the quality of nursing practice through refresher and supplementary courses, in-service training and post-basic courses for qualified nurses and midwives.

In several of the programmes national nurses have been prepared to assume responsibility for the programmes and have replaced the international workers. In others there is a gradual shifting of responsibility as counterparts are prepared to take the leadership role.

There is an increased awareness of the need for improving practical experience in the hospital, the health agencies and in the home. Domiciliary experience has been established for midwifery students in most countries, clinical supervision and teaching in the hospital wards is improving with closer co-operation between teaching and service personnel, an effort is being made to integrate the social and preventive aspects of health into the basic curriculum and pre-service and in-service training in health centres for public-health staff is increasing.

Post-basic courses at national level for public-health nurses, midwives, clinical teachers and service personnel have been established in /several countries, ...
several countries, in-service education, refresher courses and assigning local counterparts to work with international nurses have also contributed to the preparation of national nursing staff for positions of responsibility. Fellowships for study have been granted where suitable candidates have been available.

Following requests from four countries for assistance in psychiatric nursing or mental health, a psychiatric nursing consultant was provided by the Organization to advise on programmes for these countries. Very valuable reports were submitted. A psychiatric nurse educator has been assigned to one of the countries and a training programme for psychiatric nurses is being established. There are requests from the other countries for WHO personnel or fellowships.

Teaching materials suited to the particular situation have been produced in several countries through joint effort of national and WHO nurses.

National committees are active in almost every area in which WHO assistance is being given. Through such group activity, national nurses and allied disciplines are planning together in a co-operative effort for better service.

The effects of the Second Nursing Education Seminar held in Fiji have been far-reaching. The participants have testified to its value in relation to their work and their ability to help co-workers, over a thousand copies of the report have been distributed and requests are still being received from nurses around the world. Many suggestions for future seminars and study groups have been received.

The regional nursing adviser and three members of project staff were participants in a study group on curriculum guide for schools of nursing held in Tokyo in March 1957.

A nursing consultant was provided for a three-month period to conduct a study of nursing education in Singapore as a basis for long-term planning to improve nursing education.

There are still many problems which continue to be of major concern in the Region. One of the greatest problems yet to be met is preparation of personnel for positions of leadership. Progress has been made in reaching this objective. However, the supply does not meet the demand and, in countries where nursing has not reached a full professional status, there are few nurses ready for such preparation. There is therefore a very real need for continued assistance in planning and developing educational programmes on the basic and post-basic professional level and the auxiliary level, suited to the educational level and background of the student and planned to prepare personnel for the kind of nursing service their country requires.

These programmes should be recognized as an integral part of the national health services and, as such, should be supported by national administrations through nurse representation at administrative levels, formulation of adequate legislation, appointment of national advisory bodies, allocation of budget, improvement of facilities and a concerted effort for better preparation of staff for teaching, supervisory and administrative functions.
1.4 Environmental Sanitation

The widely varying cultural characteristics and stages of development of Member Countries in the Western Pacific together with the wide spectrum of activities covered by the term environmental sanitation, produce a complexity of problems within this field. Environmental sanitation activities not only overlap other disciplines within public health, but also other activities of governments in addition to those of the public-health administrations. Specifically, national public works agencies usually have a responsibility for planning, operation and maintenance of waterworks and sewerage facilities in countries of the Region. While the primary efforts of this office have been to strengthen health activities within Member Countries and specifically, to strengthen environmental sanitation services, the importance of maintaining relationships and assisting other governmental agencies having functions relating to sanitation has also been borne in mind.

There has been an awareness of the necessity of improving sanitation activities in Member Countries. In some instances, formal environmental sanitation services have been created in countries where none existed previously.

Countries of the Region continued their interest in obtaining practical and economical solutions to problems of disposal of wastes. The WHO Zonal Environmental Sanitation Seminar which had as its subject "The Collection, Disposal and Utilization of Organic Wastes" served as a practical training course and a powerful stimulant to action on these problems. As a direct result of this meeting which was held in Taiwan in October 1956, the Government of China has sponsored a series of national conferences on the subject and has a full-scale composting plant now in operation. Several other plants are in the planning and design stages in Taiwan. The City of Manila, Philippines, is also planning composting activities and the composting plant in Seoul, Korea, is being revised as a result of technical data presented at the seminar. In Japan, where WHO has assisted the national government in the planning, design and operation of both pilot and full-scale high-rate composting plants, the Government is considering proposals for introducing this system into a number of cities.

The planned usage of atomic energy for production of electrical energy, the present and future utilization of radio-isotopes in the field of medicine, biology, agriculture and industry and other peaceful uses of atomic energy have been a matter of some concern to health authorities of Member Countries in respect of the protection of the health of the public and of workers in this field. Specially critical is the need for national legislation to control carefully the conditions under which radioactive material may be produced and utilized. Difficult problems associated with the safe handling and ultimate disposal of radioactive wastes have engaged the attention of environmental sanitation workers in this region. Baseline data on present levels of radioactivity in soil, air and water will be required, in order to assess the nature and intensity of possible future contamination. Technicians with an understanding of the processes involved in production of radioactive material and their usage will be required by governments in order to advise them and to train others within the country in these techniques. Several countries of the Region have enabled government officials to study abroad on these problems, and the Regional Office has been active in assistance in this respect.

The successful completion of WHO assistance to the Government of North Borneo on the study and design of water-borne sewerage systems for /eight urban communities ...
eight urban communities in that country, has resulted in expressions of interest and initiation of similar programmes in other countries of the Region. Assistance is presently being provided to the Government of China on the studies and investigations leading to the design of a water-borne sewerage system for the City of Taipei. There is a growing recognition by governments that the public-health hazards and economic and social difficulties inherent in night soil collection systems lead to the inevitable conclusion that these stop-gap measures will ultimately have to be superseded by water-borne sewerage systems for a permanent solution to problems of excreta collection and disposal.

The continuing burden of diseases associated with faulty food sanitation remains one of the major public-health problems of the Region. Progress in this field has been comparatively modest, but there are indications that these problems will be given increasing emphasis by Member Countries in the next few years.

The pollution of natural bodies of water by municipal and industrial wastes is a major public-health and economic problem in some of the countries of the Region. The Government of Japan has requested and received assistance from this office in planning national water pollution control activities. Assistance has also been provided to the Government of China in planning and organizing water pollution surveys in Taiwan.

The problems associated with rural water supplies will be discussed at the second zonal seminar to be held during the latter part of 1957. It is expected that a widespread exchange of information and dissemination of technical data on programmes for improvement of rural water supplies will take place at this meeting.

This office has been active in the continuous exchange of technical information between Member Countries and from other sources. At the Zone I Seminar on Environmental Sanitation, a resolution passed by the participants requested that this office act as a clearing house for exchange of information on environmental sanitation as between the Member Countries of this region.

It is expected that in future years, WHO will place continued emphasis on stimulating countries to develop national long-range environmental sanitation plans, as well as to strengthen training activities in the field of environmental sanitation. These efforts, together with the assistance which may be offered in solving specific and immediate problems by the use of projects or consultants in individual countries, and by awarding of fellowships, should serve to accelerate the tempo of improvement of the environment in countries of the Western Pacific.

1.5 Health Education of the Public

Efforts have been continued during the year to encourage, support and assist with the strengthening of health education leadership and services in countries throughout the Region. The problem which has received the greatest attention is one of finding ways to incorporate educational principles and practices into the training of various categories of health personnel. One encouraging result of such efforts is the holding of a training course in health education for selected island people in the South Pacific. This course, which is sponsored jointly by the South Pacific Commission and the Western Pacific Region, is being financed from Technical Assistance funds. The trainees /attending the course ...
attending the course will be comprised of assistant medical practitioners (medical assistants), nurses, sanitarians, and teachers, who will be given practical instruction in the basic principles, methods and techniques of health education. No attempt will be made, however, to prepare health educators. A health education specialist has been recruited by the Regional Office for a two-year period to give follow-up guidance to the trainees after the course.

Another accomplishment in health education training is in Viet Nam where an extensive rural health services programme has started. Health education personnel have participated in the design and conduct of the training programme for basic health workers and health education also occupies a prominent place in the training itself. This programme is also an example of technical co-operation between WHO and the United States International Co-operation Administration (ICA) in that the Regional Adviser was invited by the Chief of the Health and Sanitation Division of ICA in Viet Nam on two occasions to consult with his staff on the planning for the health education and training aspects of the programme.

Yet another instance where WHO has given leadership in the training aspect of health education was in the Philippines where the Adviser consulted with a faculty committee of the Institute of Hygiene, University of the Philippines. This committee has planned a nine-month health education course for students with secondary education or its equivalent. This course is designed to meet the requests from neighbouring countries who do not have students with sufficient educational qualifications to take a graduate level course. The preparation of professional health educators is not envisioned, only of health education workers who can work effectively on specific assignments under the direct supervision of a qualified health educator. It is planned that this course will be offered once a year and it is hoped that the initial class will be started in late 1957.

Since the establishment of the graduate course in health education at the Institute of Hygiene, University of the Philippines, early last year, two groups of students have graduated. It is expected that fellowship students from countries in the Region and possibly from the South-East Asia Region will take this course in 1958.

In support of WHO field teams operating in Taiwan who have requested assistance in health education, plans are being made to hold a five-day health education conference for all team members and their counterparts late in 1957. Similar meetings are envisaged in other countries in 1958.

During the reporting period a programme of orientation in health education for the Philippines was prepared for a faculty member of the School of Public Health, University of North Carolina. This person was sent on a three-month travel fellowship to observe public-health administration and health education in four Asian countries. This was part of the faculty enrichment programme for schools of public health sponsored by the Regional Office for the Americas.

The Adviser has continued to give guidance to the health education study which is being conducted in conjunction with the WHO-assisted schistosomiasis control project in Leyte, Philippines. This study is aimed at demonstrating how the basic principles of health education can be applied to the control of a specific disease in a particular Asian country. A baseline study has been completed taking into account some of the sociological, anthropological, and ecological factors...
ecological factors related to the disease and the general health problems of
the people. The Philippine health educator who is assigned to the project by
the Department of Health has started on the main part of the study by organizing
a leadership training conference with project personnel, health education, and
agriculture workers and the people in the barrio being studied.

The Technical Discussions of the Regional Committee Meeting for
the past five years have been developed around the group discussion approach.
At the last session a new educational feature was introduced. It was a dramatic
presentation of a hypothetical situation in a local health district played by a
group of Philippine public-health workers. It brought out the problems and
approaches to the care of the child from one to six, which was the theme of the
Discussions. This presentation was given at the first session and served as a
point of departure for the subsequent group discussions.

The recruitment of qualified health educators for field posts with
WHO in the Region continues to be a difficult problem. It has been suggested
that the Organization might assign a health educator with experience in different
countries to contact a selected group of prospective health educators on a
personal basis. Such an assignment would be for nine to twelve months.

With the increasing interest in health education in the Region,
a diversity of opportunities for leadership, assistance, and co-ordination by
WHO is presented. On the assumption that similar developments are taking place
in other regions, it is felt that there is urgent need for a conference of
regional health education advisers, field personnel, and headquarters staff to
study trends, identify needs, and determine guiding principles for long-range
planning on this field. Since health education has implications for all health
work, such a meeting is seen to have particular merit.

1.6 Mental Health

The situation within the Region as regards mental health can only
be assessed against the background of past recommendations in this field. The
prevention of mental disorders and the promotion of mental health should be the
task of adequately trained public-health workers. In other words, mental health
principles should be welded into public-health practice with the development of
extra-mural psychiatric facilities in the community. It follows that a medico-
socio team should be responsible for all the mental health problems in the country.
In less developed areas, however, the psychiatric hospital is the only place where
systematic mental health work can be undertaken and where possibilities exist for
further education and training.

During the year under review, only slight progress was made in the
field of mental health and this was connected rather with the creation of aware-
ness of the problem than with its implementation. A mental health nursing
consultant visited the Philippines and Singapore. Many problems in the
psychiatric nursing field were identified and recommendations prepared for future
action. The most significant development, however, was the interest and response
of the Government of the Philippines which accepted, as from March 1957, the
services of a WHO mental health expert. Practical expression of the interest
in this complex problem has been the full support given by the Government to the
activities of the expert. Recommendations regarding improvements in conditions
at the Mental Hospital in Manila were to a large extent put into practical
execution. A considerable amount of work has been directed towards the

establishment of a ...
establishment of a section of mental health in the Department of Health, with terms of reference aiming at a preventive, public-health approach to the problem. Realizing that the task of modernizing the country's mental health services is a long-term process, the Government of the Philippines has requested as a high priority the continuation of WHO assistance in this field through 1958.

The fact remains that the development of mental health in the Region is closely related to the shortage of medical and nursing personnel. Also contributing to the problem is the poor quality of the teaching given in many medical schools in this area in psychological medicine and lack of prominence extended to the subject in the curricula of medical and nursing schools. There is also a lack of balance in several countries between public interest in this field and the failure of teaching institutions to provide training of the personnel needed to fill the demand. It is fair to state that in some countries there is a noticeable trend in the right direction, but finding a satisfactory answer to the problem in terms of mental health personnel and modern organization is a long way off.

2 EDUCATION AND TRAINING

2.1 Assistance to Educational Institutions

During the year, the public-health administrators or the Adviser on Education and Training visited all educational institutions where assistance is being given. Details of these projects can be found in the relevant project summaries.

A WHO-sponsored lecturer in social medicine has been assigned to the University of Malaya on the exchange programme between this university and the London School of Hygiene and Tropical Medicine. WHO has been able to send only one fellow from Hong Kong to the 1956-57 course for the Diploma in Public Health. It is hoped that continued support will be given to the course by countries in the Region, particularly those countries without national training facilities. The Regional Committee has, on a number of occasions, emphasized the importance of intra-regional education and training facilities and the course for the Diploma in Public Health at the University of Malaya is particularly commended to its attention.

WHO continues to support the Royal School of Medicine, Cambodia, in the form of lecturers and financial assistance to a proportion of the annual enrolment of Cambodian students. This year, a lecturer of radiology was recruited. Laotian students, four of whom are on WHO fellowships, are also being trained in this school.

Assistance is being given to the National Taiwan University School of Nursing through the appointment of a senior nursing educator. A short-term consultant on nursing will also be provided. Fellowships have been awarded to the staff of this school and to the Institute of Public Health.

The pre-clinical training in the Central Medical School, Suva, has been strengthened by the recruitment of a WHO lecturer in physiology. It is gratifying to report that the Government is further planning to train local students and assistant medical practitioners for junior lectureships in the medical and basic sciences. A second fellowship was awarded by WHO to a student
at the School for overseas study in biology. The China Medical Board has also approved a fellowship for the School for overseas study in anatomy and it is anticipated that they will approve another one in physics. Arrangements for the China Medical Board fellowships are being made through WHO.

WHO is assisting the Institute of Public Health, Tokyo, by furnishing a senior nursing educator, awarding fellowships and providing supplies. A short-term consultant in the training of sanitarians will also be furnished. The Institute has offered its facilities as a training centre and Japanese-speaking fellows from Taiwan have already benefitted from this.

During the year under review, the Institute of Hygiene of the University of the Philippines is being assisted under the exchange programme between the Institute and the Johns Hopkins School of Hygiene and Public Health with a short-term consultant and a lecturer in maternal and child health. A lecturer in biostatistics is also being provided, but he will arrive at a later date. The Institute of Hygiene has established a sanitary engineers' course and a health educators' course which will undoubtedly contribute to the training of WHO fellows from abroad.

2.2 Fellowships

During the period under review, a total of 53 fellowships (including three under Region Undesignated) were awarded by the Regional Office under its regular and technical assistance programmes. This number does not include grants given in application of the principles embodied in resolution WHA6.35 (whereby assistance is given to candidates attending national training courses) nor three special fellowships for study in India awarded on behalf of UNICEF. Second-year and replacement awards have also not been included since these are covered by funds committed the year before. The fellowship months for the 53 fellowships total 450.25.

The distribution of the fellowships according to fields of study and countries of origin is shown in Annex VI.

Of the 53 fellowships, 16 or 30% observed or studied wholly within the Western Pacific Region (intra-regional). Nine studied partly in the Region with visits to other countries outside the Region (inter-regional) forming the remainder of their fellowships. This year's percentage of intra-regional fellowships (30%) compares very favourably with that reported last year (44%) considering the fact that of the total 53 fellowships awarded none was for short group-training participation which made up the bulk of the intra-regional fellowships reported last year, only 19 were individual fellowships, the remainder having been awarded for attendance at short group training courses and for attendance of national candidates at a national training course organized with the help of WHO.

The possibility of more fellows training wholly within the Region is continuously under study and governments are urged to agree to sending their candidates to countries within the Region for study or observation whenever adequate training facilities in the desired field of study are available.

During the period under review, placement for study within the Region was arranged for a number of candidates from outside the Region.

/The distribution of ...
The distribution of fellows from other regions who actually arrived in the Region during the period was as follows: Africa, 3; Eastern Mediterranean, 7; Europe, 1; and South-East Asia, 12. Also, a total of 40 fellows from the Western Pacific undertook training wholly or in part within the Region during the period. Annex VII gives the distribution of visits to this region by countries of study and region of origin. (These include only those who arrived during the period and exclude those who, although continuing their studies during the period, arrived the previous year. One fellow may visit more than one country in the course of a fellowship and the tabulation merely indicates the number of fellows a country has received during the period.)

Of the 53 fellowships awarded, five were for less than three months in duration, nine were from three to six months, 14 were from six to nine months, 23 were from nine to twelve months and two were for more than twelve months.

As in previous years, a small percentage of students suffered from language difficulties, particularly in English comprehension, in spite of screening before departure by their governments. Apart from these exceptions, the majority of the fellows did very well and greatly benefitted from their fellowships.

The setting up of special screening committees to test not only ability to speak, but to comprehend, is again strongly urged.

The attention of the governments is once more called to the diagram representing planning procedures in fellowships (timetable) shown in Annex VIII which must be followed if placement arrangements are to be made and awards issued before the end of the fiscal year. In this connection, I should like to stress the need for applications of candidates proposed for study in schools of public health in the United States of America to be accompanied by complete documentation, i.e., photostat copy of diploma, certified transcript of academic records showing grades and an English proficiency certificate, preferably from the American Embassy in the country of origin, as without these placement cannot be made. Also, for candidates nominated for study in Australia and New Zealand, it is essential that the candidates submit early their chest x-ray films (about 10" x 12") together with a recent medical examination certificate, in order that their applications for entry visas may be considered by the Australian and New Zealand authorities.

I wish to take this opportunity to express my thanks to the host governments and their education and training institutions for their assistance and co-operation in making the fellowship programme a continued success.

2.3 Educational Meetings

The following meetings were held in the year under review:

1. The Refresher Course in Preventive Medicine for Assistant Medical Practitioners, Apia, Western Samoa. (Second course)

2. The Technical Discussions at the seventh session of the Regional Committee, Manila, Philippines.

Details of these meetings may be found in other sections of this report.

In addition to the above, members of the Secretariat attended various educational meetings organized by Headquarters or other regions such as:

1. Meeting of regional maternal and child health advisers, Geneva, Switzerland.
3. WHO Tuberculosis Conference, New Delhi, India.

and by other organizations or countries such as:

1. Meeting of the Antimalaria Co-ordination Board, Saigon, Viet Nam.
2. Third Borneo Inter-territorial Malaria Conference, Kuching, Sarawak.
3. Fourteenth meeting of the International Union against Tuberculosis, New Delhi, India.
4. Australian Paediatrics Association Annual Conference, Melbourne, Australia.

A number of invitations were received for regional office staff to attend national educational meetings. Attendance at such conferences are of great importance to the Secretariat in building up intimate knowledge of the problems confronting Member States which is essential to the giving of efficient service. It would be appreciated if an invitation could be issued by Member States when a visit coincided with such a meeting.

3 COMMUNICABLE DISEASES

3.1 Malaria Control

As in the previous year, technical assistance has been provided to malaria programmes, and governments have been encouraged to intensify their antimalaria programmes with a view to changing their objective from control to eradication. At the same time, governments with malaria problems but without an active antimalaria programme have been encouraged to initiate long-range malaria control campaigns. Fellowships in the field of malaria have been awarded to strengthen malaria services and recent technical information on malaria has been distributed to antimalaria workers in the Region.

Emphasis has been given to inter-country co-ordination and co-operation, specially among countries with common borders. The Antimalaria Co-ordination Board, which was established by the malaria conference in Phnom-Penh in January 1956, held its first meeting in Saigon in November 1956 and was attended by representatives of Burma, Cambodia, Laos, Thailand and Viet Nam, as well as representatives of the United States International Co-operation Administration (ICA) in the last four countries. This board /has recently been ...
has recently been joined by the Federation of Malaya, and plans are being made to hold the second meeting in Bangkok next December. The First Borneo Inter­territorial Malaria Conference held in Kuching in February 1956, was followed by a second meeting in the middle of 1956, a third meeting in December 1956, and a fourth meeting in April 1957. The fifth meeting will be held in Labuan this year. Representatives of Brunei, North Borneo, Sarawak and UNICEF participated in these meetings. These conferences afford an opportunity for neighbouring malaria workers to discuss problems, share experience and co-ordinate plans and operations.

WHO malaria project staff have been assisting the Governments of Cambodia, China, North Borneo and Sarawak. A malaria advisory team was assigned to Taiwan, China, from January to May 1957 to assess the malaria eradication project and provide technical advice. Arrangements have been made for an advisory team to work in the Philippines from June to October 1957 to help assess the malaria programme and advise on technical problems. Technical advice has also been given through the visits of the Regional Malaria Adviser to a number of countries, including the British Solomon Islands Protectorate, West New Guinea, Territory of Papua and New Guinea, Viet Nam and the Philippines.

The assessment of the malaria programme in Taiwan showed that in most parts of that island, malaria transmission has been interrupted after two consecutive annual residual sprayings. There are still some residual foci of transmission, however, and advice has been given to the national staff on the elimination of these foci, as well as in the organization of an effective network of malaria surveillance.

In the Philippines, malaria has ceased to be a major public-health problem in many of the former hyperendemic areas, and efforts are being made by the Government to pursue the eradication of the disease.

It is envisaged to spray all the malarious areas of Cambodia this year. Certain difficulties have been encountered in interrupting malaria transmission among the indigenous population in the mountainous regions of Cambodia, but efforts are being made to solve this problem by supplementing the residual spraying with antimalarial drugs. Arrangements are also being made for the possible use of medicated salt (table salt with antimalarial drugs) to help stop malaria transmission.

The Sarawak malaria project has been expanded to cover the greater part of the malarious population.

The assessment of the North Borneo malaria project showed that one residual spraying alone did not stop malaria transmission and that a slight increase in the tolerance to DDT has developed in the vector species. Careful observations are being carried out and the method of control has been modified by using dieldrin supplemented with antimalarial drugs.

As in the previous years, assistance from UNICEF and ICA has been of considerable help in developing and expanding the antimalaria activities in a number of countries in the Region.
3.2 Tuberculosis and BCG

Tuberculosis campaigns carried out during the year by governments, with the assistance of the Organization, were largely concerned with BCG vaccination. Those in active operation and still receiving international assistance included Cambodia, China, the Philippines, Viet Nam and West New Guinea. The objectives were to test and vaccinate the sections of the population specified in the plans of operations, and it is gratifying to note that the target figures were achieved. The cumulative totals for all campaigns in the Region assisted by WHO and UNICEF were, up to May 1957:1

<table>
<thead>
<tr>
<th>Tested</th>
<th>15 115 231</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccinated</td>
<td>7 061 275</td>
</tr>
</tbody>
</table>

International assistance has ceased in respect of the BCG campaigns in Brunei, the Federation of Malaya, Hong Kong, Sarawak and Singapore, and the work is being carried on by the governments. Regional office staff, however, visited the countries concerned, and the statistics are still sent to the Tuberculosis Research Office in Copenhagen.

The question of consolidating BCG campaigns into the permanent public-health services of the countries continued to receive much attention during the year. A number of pilot projects are in operation to test various approaches, and the matter has been discussed between the governments and the Organization and also at tuberculosis conferences.

The final report of the special BCG assessment team was received during the year and showed that the conversion rates in the mass campaigns were lower than had been hoped, but varied considerably from place to place. The factors concerned with this variation are being studied further.

In late 1956, an independent expert on BCG vaccine production visited three laboratories in the Region and submitted reports.

There has been increasing emphasis on overall tuberculosis control projects in which BCG will be an integral part. The expanding control programme in China has received fellowships, supplies and equipment, a statistician consultant and the continuing services of a senior adviser from the Organization. In Cambodia, the Federation of Malaya, Viet Nam and Western Samoa, among other countries, discussions have taken place concerning the possible role of international personnel, but negotiations are still in the formative stage.

It is the Organization's policy to develop and recommend simple, cheap and effective methods of controlling tuberculosis on a large scale and this approach finds more and more support in Member Countries. There is less emphasis on beds and the construction of costly institutions, and more emphasis on the use of the new drugs to treat large numbers of infectious cases in their own homes. The best drugs to use and the best way of using them are still somewhat in dispute, and these are technical questions on which further research is required.

The Pan-Malayan Tuberculosis Conference held in Singapore in November 1956 was attended by participants from many countries, including a representative from the Regional Office. The WHO Tuberculosis Conference held in New Delhi in January 1957 was also attended by a number of representatives from the Western Pacific Region.

1Except West New Guinea returns which were up to March 1957 only.
3.3 Venereal disease and Treponematoses

3.3.1 Yaws

The activities during the past year were concerned with assisting the governments of yaws endemic areas to survey their yaws problem, encouraging them to undertake appropriate control projects and also helping them to establish, or to continue effectively already established control projects. The immediate objective of these activities is to achieve control of the disease and eventually its eradication and the ultimate objective to win the co-operation and confidence of the people, so that other activities can be undertaken which will gradually bring improved general health to the rural areas.

The yaws control projects in the British Solomon Islands Protectorate, the Federation of Malaya, Laos, the Pacific Island Territories of Fiji, the Philippines, West New Guinea and Western Samoa were continued, and the project in the Gilbert and Ellice Islands Colony was established with international assistance. Negotiations were initiated in connection with possible control projects for Cambodia, the Condominium of the New Hebrides, the Cook Islands and the Kingdom of Tonga.

In the Federation of Malaya, Laos, the Pacific Island Territories and West New Guinea, the field teams were remarkably successful in winning the co-operation of the people and in surveying a high percentage of those available. The immediate results of selective mass treatment in the Federation of Malaya and Laos and of total mass treatment in the other projects have been most satisfactory.

In the course of these campaigns, the field teams have given medical care to the people, some of whom were receiving medical attention in their own village for the first time and others having received such care only very occasionally. The sympathetic handling of the people and the medical care, particularly the dramatic effect of penicillin injections, have contributed definitely to winning the people over to co-operate with other governmental activities. It may be said that the field teams have pioneered with profit to the people and the governments.

In the Philippines, one of the more highly developed of the yaws endemic areas of the Region, the Government greatly expanded the rural health programme which will eventually provide a rural health unit in each municipality of the country. The integration of the yaws control work into the routine work of the rural health programme has progressed, and the rural health units which now account for the major part of the yaws control work offer good prospects for the eventual control of the disease.

Although the mass treatment with penicillin dramatically reduces the prevalence of active cases of the disease, the continued control and eventual eradication of the disease require the correction of defective personal hygiene to stop transmission and the raising of the general standard of living by the development of communications, educational facilities, food production, and economic resources, etc., as well as continued follow-up yaws control efforts and the provision of adequate health services for the rural areas. Although no outstanding developments in the areas mentioned can be expected during the short ...
during the short period that the campaigns have been in operation, there has been general recognition by the governments concerned of the need for continued efforts after the initial mass campaigns and most have demonstrated intensified interest in improving the general health of the rural areas. The development of the rural health programme in the Philippines is an outstanding example of this, and ample evidence was also found that the preceding work of the yaws control teams stimulated the demand for better health services and contributed to the ease with which the rural health units were successfully set up.

With well-established yaws control projects in Thailand and Laos, the question of a control programme in Cambodia has received attention particularly in view of the danger of the reintroduction of infection across the common borders between the countries.

As in previous years the assistance of the United States International Co-operation Administration (ICA) to the project in Laos and of UNICEF to the other yaws control projects in the Region has greatly helped in the development and effective operation of the yaws control projects, for which the several governments were responsible for the major part of their cost.

3.3.2 Venereal diseases

Activities during the year were concerned with giving technical advice and assistance to governments on their venereal-disease problems, with assisting governments in the planning of appropriate control projects and the effective continuation of already established projects.

In Laos the control project has been planned as a part of a joint project which will cover the already established yaws control project and that for providing a health laboratory service for the country. It is expected that the project will commence operations during the latter part of 1957 with the assistance of WHO and of the bilateral agencies.

Technical information continued to be distributed by WHO to countries of the Region. A representative from Japan attended the Study Group on the Brussels Agreement (1924) which was held in Oslo in December 1956. Fellows from Korea and Japan returned to their home countries on completion of their fellowships for advanced studies in public health and venereal-disease control abroad.

The control project in Taiwan, China, continued to receive international assistance. Intensive in-service training of the medical, nursing and other personnel on the project continued and was also given to the same type of personnel in private practice. Two nurses were granted fellowships for advanced study of public-health nursing and venereal-disease control abroad, and two medical officers returned to the project after having successfully gained their Master of Public Health, majoring in venereal-disease control in the United States of America. Much progress was made in raising to a satisfactory level the standard of performance of the facilities for diagnosis and treatment established in the 425 permanent medical and health units participating in the project, which successfully kept up the targets of achievements set for the year.

Progress in the intensified attack on the diseases was made by winning the active co-operation of the Armed Forces who agreed to

/undertake a control ...
undertake a control project of their own, by securing the active co-operation of the maternal and child health project and by the successful combined treatment surveys carried out which included the survey for tuberculosis, leprosy, trachoma, environmental sanitation and the common skin diseases.

A notable change during the year was the recognition that control of the venereal diseases would require the efforts of the health administration over an extended period of time and that the project was essentially not a short-term mass campaign. Much remains to be done particularly in the fields of contact tracing, the control of the disease among the various groups of promiscuous women and health education of the public.

The continued assistance from UNICEF and ICA permitted the continuation and expansion of the project by the Government, which contributed largely in terms of local personnel and services.

4 ENDEMO-EPIDEMIC DISEASES

4.1 Arthropod-borne virus Diseases

This important subject was studied during the fifth session of the Regional Committee in 1954. I am glad to be able to report that a two-week conference of leading virologists in this and other regions will be held in November or December 1957. This conference will take place before or after the Pacific Science Congress during which there will be a session on arthropod-borne viruses. It is hoped that several virologists attending the congress will attend the conference, resulting in considerable savings.

4.2 Leprosy

The increased interest of Member Countries in the control of leprosy by the latest methods, as reported in my previous annual report, has grown considerably in the past year. Leprosy experts from China, Korea, West New Guinea, India and Nigeria have visited countries in the Region, especially Hong Kong, the Federation of Malaya and the Philippines. The Regional Office staff have observed leprosy work in many countries, including China, Hong Kong, Japan, Korea, the Federation of Malaya, the Pacific Island Territories, the Philippines, Sarawak and Singapore. The exchange of technical information between the Regional Office and Member Countries continues to increase and we are indebted specially to the Federation of Malaya, Fiji, Hong Kong, Japan, the Loyalty Islands and the Philippines for technical data received. Co-operation with the Leonard Wood Memorial Foundation has continued.

Although all this means a valuable pooling of technical information, there are still questions which remain to be solved. These include the best measures to ensure that the patients take their drugs and the best drugs to give and the most effective methods of administering them. It is expected that pilot projects, now in operation, will also help to clarify such matters as case-finding, follow-up of infectious cases, the role of segregation and the changes in legislation which are needed in the new situation.

The pilot project in the Philippines, assisted by WHO and UNICEF, has continued and expanded with encouraging results. It is expected that a /leprosy consultant from ...
leprosy consultant from WHO will visit the British Solomon Islands Protectorate very soon to advise on a programme there. Preliminary steps have been taken in China to strengthen the leprosy control programme, and a survey has been carried out in a limited area. Tentative discussions have been held with several governments about possible international assistance in their countries.

Preparations were made during the year and working papers obtained for the technical discussions on leprosy control to be held in connection with the eighth session of the Regional Committee.

4.3 Poliomyelitis Centres

The two regional centres designated by WHO are functioning effectively. The director of one of these centres visited Korea, Hong Kong, Cambodia, Laos and Viet Nam, the Borneo territories and the adjacent country of Thailand in the South-East Asia Region, to collect specimens and to advise on the training of personnel and the establishment of laboratories. Results on the specimens are awaited. The directors of the two centres had a meeting to exchange information and ideas.

It is hoped that a third centre for the South Pacific will soon be designated.

/PART III
PART III - PROJECTS IN OPERATION
1 July 1956 - 30 June 1957

This part of the Report contains a list of projects which were in operation during the whole or part of the period under review. In country projects, the aim given in the list is that of the government in establishing the project, irrespective of the form or extent of WHO's assistance.

In the first column "R" means the regular budget; "TA" means Technical Assistance funds; and "UNICEF" the United Nations Children's Funds. Names of other co-operating agencies are given in parenthesis.

Only projects in which actual field assistance has been provided by WHO are included in the following pages.
Project No.
Source of Funds
Co-operating Agencies
Description
---
Australia 1
R
Fellowships

Other communicable diseases. A four-month fellowship to study tropical medicine and hygiene in the Federation of Malaya, India, Nigeria, Belgian Congo, Kenya, Uganda, Tanganyika, and the Union of South Africa.

Public-health administration. An eight-month fellowship to study public-health administration in the United States of America, Canada, the United Kingdom, Finland and Sweden.

British Solomon Islands Protectorate
Participation in Regional Groups and Courses

See Western Samoa 2.

Inter-country yaws programme

See WPRO 22.

Cambodia 1
TA
Malaria Control (Oct. 1950 - )

Aim of the project. To organize antimalaria services; to demonstrate methods of malaria control, by demonstration and comparison areas; to train personnel.

Assistance provided by WHO in period under review.
(a) A malariologist and a public-health sanitarian.

Probable duration of assistance. Until 1960.

Work accomplished. Good progress was made with the spraying programme, which by the end of May had covered an area with a population of about 300 000. In order to interrupt malaria transmission successfully, the isolated farm huts in which people may spend up to six months a year had to be found and sprayed, as well as houses in the villages. Chloroquine suppression treatment was used as a supplementary measure of protection of the population. The team suspects that malaria is being transmitted by a secondary vector, A. leucosphyrus, in some of the mountainous areas. Work on this problem is being pursued. The possibility of utilizing medicated salt in certain areas is also being explored.

Cambodia 3
R
Nursing Education, Phnom-Penh (Dec. 1951 - )

Aim of the project. To set up a school of nursing in Phnom-Penh; to develop nursing and midwifery training.

/Assistance provided by ...
Assistance provided by WHO in period under review. A senior nurse educator as team leader, two nurse educators (general nursing) and one nurse educator (midwifery).

Probable duration of assistance. Until the end of 1961.

Work accomplished. The curriculum for the two-year nursing course has been revised and WHO staff and counterparts now teach nursing arts and assist with clinical teaching and supervision of all student nurses. Assistance will be given with the establishment of a three-year course at state registration level when the time is appropriate for this step to be taken. A refresher course in ward administration and teaching for chief nurses and midwives was conducted in 1956 and will be repeated. Counterpart personnel are gradually being given positions of greater responsibility, two Cambodian nurses have been appointed assistant directors, one of the School of Nursing and the other of the School of Midwifery.

Assistance in midwifery education continued at the school of midwifery where training courses are also being given for rural midwives. Additional assistance with prenatal and well-baby clinics, improvement of ward techniques and extension of field supervision are planned for the future. UNICEF assistance continues.

The United States International Co-operation Administration (ICA) awarded two fellowships for one year of overseas study in 1956 and two will be awarded by the Asia Foundation for six weeks of observation and practice in Bangkok.

Maternal and Child Health, Phnom-Penh (Jan. 1952 - )

Aim of the project. To teach modern methods of maternal and child care adapted to the country's resources and cultural background; to improve the teaching of obstetrics and child care in the Phnom-Penh schools of nursing and midwifery; to improve the teaching of pediatrics, obstetrics and gynaecology at the Royal School of Medicine; to demonstrate methods of combining curative, preventive and educational health services; to extend maternal and child health (including school health) services and make them part of the country's health services.

Assistance provided by WHO in period under review. A medical officer.

Probable duration of assistance. Until the end of 1959.

Work accomplished. Government staff took over responsibility for the medical and nursing services and the clinical training programmes at the Preah-Ket-Mealea Hospital. Prenatal, post-natal and infant consultation clinics continued as part of /the work of ...
the work of the Satheavong Health Centre, which also did home visiting within a limited area. Assistance was given with in-service staff training and with teaching students attending the centre. A demonstration school health service was established at the Preah Chey Cheisdha School in Phnom-Penh and was used for in-service training of staff for an expanded programme. Activities during the year were concentrated on teacher training and health education.

Royal School of Medicine, Phnom-Penh (July 1953 - )

Aim of the project. To improve the standard of teaching at the Royal School of Medicine to a professional level; to expand present facilities for training hospital assistants.

Assistance provided by WHO in period under review. (a) Three lecturers - in clinical medicine including phthisiology (until January 1957), radiology (from October 1957) and ophthalmology (since January 1956); partial expenses (40%) of all students enrolled in the degree class since October 1955 (20).

Probable duration of assistance. Until the end of 1960.

Work accomplished. The enrolment in the School, excluding PCB (preparatory year) is 15 students in the doctorate and "officier de sante" sections, 39 in the first year, 32 in the second year, 34 in the third year and 17 in the fourth year. Provision of a lecturer in radiology and the sustained efforts of WHO lecturers already in the project contributed to raising the standard of teaching. X-ray facilities at the Phnom-Penh Hospital were increased as a result of improvements in the existing installations effected by the WHO lecturer and by the provision by the Organization of an additional X-ray unit. The greater teaching facilities made available for clinical demonstration and for practical experience of the medical students, provided at the same time more extensive services to the patients. Early in 1957, the Government of Cambodia requested WHO to provide a lecturer in physiology. Suitable candidates for this lecturer, as well as for the replacement of the phthisiologist, were located in co-operation with the medical faculty of Paris and these lecturers will join the school staff as from the next academic year.

BCG Vaccination (Jan. 1955 - Dec. 1956)

Aim of the project. To organize and carry out a mass BCG vaccination programme to give immediate protection to a large section of the community; to lay the foundations for a national BCG vaccination service as part of the tuberculosis control service.

Assistance provided by WHO in period under review. (cost reimbursed by UNICEF) A BCG nurse.

/Probable duration of ...
Probable duration of assistance. UNICEF - Until the end of 1957.

Work accomplished. WHO assistance ended in December 1956 with the withdrawal of the BCG nurse. By that time a national pattern of BCG services had taken definite shape. Under the National Health Administration, the country is divided into four zones each with one team. The Ministry of Public Health co-ordinates the work. Although the volume of work varies with zones, due to density of population and accessibility at certain times of a year, the amount of work done up to the end of May is reflected in the following:

<table>
<thead>
<tr>
<th>Tested</th>
<th>732,815</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccinated</td>
<td>335,006</td>
</tr>
</tbody>
</table>

In evaluating the work done, random sample on retesting shows a conversion rate of over 90% which is very satisfactory.

Cambodia 9
TA (ICA)

**Rural Health Centre**

Aim of the project. To advise the Government in the planning, initiation and implementation of a comprehensive and well-balanced public-health programme at the provincial level; to develop model public-health services in the province of Kandal; to use the facilities of the centre for field training of all categories of medical and health personnel. The operation of the project envisages concerted action with the development of rural communities, agricultural expansion and the UNESCO-assisted fundamental education project in the rural areas.

Assistance provided by WHO in period under review. A public-health officer (from January 1957).


Work accomplished. The plan of operations for this project was signed in May 1957 after considerable discussions of the aims and the plans for the administration of the project. Acceptance of the project reflects the Government's understanding and concern for the development of public-health services at the provincial and rural levels. WHO activities are correlated with the United States International Co-operation Administration (ICA), Cambodia, which is assisting the Government with the construction and supply phase of the project.
Venereal-Disease Control, Taiwan (Aug. 1953 - )

Aim of the project. To train local personnel in case-finding contact investigation, health education and modern methods of diagnosis and treatment; to improve laboratory methods; to establish an island-wide venereal-disease control programme.

Assistance provided by WHO in period under review.
(a) A venereologist; (b) four fellowships, one of six months to study public-health nursing with field experience in venereal-disease work in Japan and Hong Kong, and two twelve-month fellowships to study public health majoring in venereal-disease control, in continuation of studies from a previous period; (c) supplies and equipment.

Probable duration of assistance. Until 1959.

Work accomplished. During the year, continued in-service training of the personnel of the project and constant supervisory field visits yielded gratifying results in raising the standard of the venereal-disease control activities of the 463 health units participating in the project to a satisfactory level.

The routine activities were maintained at a high level and a total of 476,695 patients were examined for the first time for syphilis, 26,939 of them were found to have a reactive blood test. In addition, 24,582 patients were re-examined and 10,214 were found to have a reactive blood test. Seven thousand four hundred seventy-two (7,472) cases of gonorrhoea and 880 cases of other venereal diseases were also diagnosed.

The reference serologic laboratory continued to evaluate the performance of the 21 serologic laboratories of the project and in turn, has been engaged in serologic evaluation study with the Venereal Disease Research Laboratory, Chamblee, United States of America. The health education activities continued and included the distribution of a pamphlet prepared for private practitioners.

Several serologic surveys were carried out among selected population groups, a combined venereal-disease and tuberculosis survey was carried out in Hsi Yu, and a combined public-health survey carried out in Taishan Hsiang included examinations for venereal disease, tuberculosis, leprosy and the common skin diseases, tinea capitis and intestinal parasites.

Co-operation with the maternal and child health project was strengthened and the military authorities were persuaded to undertake a venereal-disease control project of their own, with co-operation in the form of technical assistance and the exchange of epidemiological information.
Maternal and Child Health, Taiwan (Aug. 1952 - )

Aim of the project. To provide an efficient maternal and child health service throughout the island; to train nursing and medical personnel in all branches of public health relating to mother and child; to improve health education.

Assistance provided by WHO in period under review. (a) A nurse educator, and a short-term consultant on maternal and child health; (b) three fellowships, two of twelve months, one for the diploma course in public health majoring in health education, the other for study of midwifery; the third is a continuation of studies from a previous period.

Probable duration of assistance. Until the end of 1959.

Work accomplished. Continued emphasis has been placed on in-service training; courses for medical officers, staff level nurses and midwives in private practice have proceeded satisfactorily. The team participated in a combined health programme carried out on Tsi Yu Island where local staff have been assisted in the establishment of maternal and child health services. Stress is still being laid on the need for more prenatal care.

The consultant assisted in evaluating the overall maternal and child health programme and advised the government on proposals for setting up the new institute of maternal and child health.

Nursing Education, Taiwan (May 1952 - )

Aim of the project. To improve the standard of nursing education and the quality of nursing services by establishing a school of nursing at the University Hospital in Taipei.

Assistance provided by WHO in period under review. (a) A senior nurse educator and two other nursing instructors; (b) two twelve-month fellowships, one to study surgical nursing the other to study paediatric nursing, in continuation of studies from a previous period.

Probable duration of assistance. Until the end of 1960.

Work accomplished. The four-year collegiate programme of nursing commenced in September 1956. The WHO staff are contributing through participation in teaching and demonstration in the clinical areas, by serving on committees which function to analyze problems and institute measures to improve nursing education and nursing service, and through guidance and support of national counterpart personnel.

The WHO senior nurse educator works closely with the Director of the School of Nursing, the University faculty
and the United States International Co-operation Administration (ICA) nursing consultant on matters concerning the collegiate nursing education programme, and contributes to planning nursing education on a national scale through membership on the sub-committee on nursing which has representation from all schools of nursing in Taiwan.

Two of the national counterparts have been awarded fellowships for advanced study abroad.

A senior nurse consultant will join the team for six months in 1957 to advise on the total programme and on plans for the establishment of a division for graduate studies in the University.

**Malaria Eradication, Taiwan (May 1952 - )**

**Aim of the project.** To control malaria, and eventually to eradicate it, throughout the island, by use of residual insecticides.

Assistance provided by WHO in period under review. (a) An entomologist, a public-health engineer, a malaria advisory team composed of a malariologist team leader, an entomologist and two laboratory technicians, a short-term consultant on arthropod-borne diseases; (b) four fellowships, two for twelve months, one for study of tropical medicine and hygiene (including control of malaria and other insect-borne disease), the other for study of epidemiology and control of arthropod-borne virus diseases; the other two are in continuation of studies from a previous period.

**Probable duration of assistance.** Until 1959.

**Work accomplished.** As a result of the visit of the malaria advisory team, it was shown that, in general, two consecutive annual sprayings stopped malaria transmission in Taiwan. There has been considerable reduction in malaria morbidity and residual foci of transmission exist only in some isolated areas. The interruption of residual spraying in all but the areas where transmission still exists has, therefore, been recommended. Before this recommendation can, however, be put into operation, a suitable malaria surveillance programme must be established. A new surveillance programme is now being prepared.

With adequate support - particularly in the operation of a suitable surveillance scheme - malaria should be eradicated in Taiwan within three or four years.

**Trachoma Mass Campaign, Taiwan (Oct. 1954 - )**

**Aim of the project.** To control trachoma in over two million schoolchildren by a mass campaign, and to organize services in schools and health stations.

/Assistance provided by ...
Assistance provided by WHO in period under review. A four-month fellowship in trachomatology for overseas studies.

Probable duration of assistance. Until 1959.

Work accomplished. The control programme in Taiwan is proceeding satisfactorily. All schoolchildren with trachoma have now been treated, those in their last year are to be examined and the small numbers found to be reinfected will receive a final course of treatment. Each September, new entrants are examined at the schools and those found to be suffering from trachoma are treated.

The WHO consultant who visited Taiwan in 1956 recommended that family contacts should also be treated as otherwise it was felt that trachoma among school entrants would always remain the same.

Trials of various treatment schedules with different forms of several antibiotics are in progress in order to find out whether it is practical to treat family contacts at home and which drug and which treatment schedule is most economical and, at the same time, effective. A WHO short-term consultant will visit Taiwan in October 1957 to assess the results of those trials which have been completed. The results and recommendations are of the greatest interest to WHO and UNICEF for the continuation of the project in Taiwan and elsewhere.

Environmental Sanitation, Taiwan (Oct. 1954 - )

Aim of the project. To survey the organization and functions of governmental agencies concerned with environmental sanitation; to assess the chief problems and establish their relative urgency; to carry out a pilot project of modern and economical sanitation procedures; to train personnel.

Assistance provided by WHO in period under review. (a) Two public-health engineers, one short-term consultant; (b) two fellowships, one of four and a half months to study environmental sanitation the other of twelve months to study public-health engineering, in continuation of studies from a previous period; (c) supplies and equipment.

Probable duration of assistance. Until 1959.

Work accomplished. The Taiwan Institute of Environmental Sanitation is now in its second year and has, during the period of its life, made important progress with respect to the stimulation and co-ordination of environmental sanitation activities. The Institute has an ambitious and well-rounded programme covering a number of specialized activities. Noteworthy has been the completion of a demonstration project in a typical rural area where various types of wells, latrines /and other sanitary ...
and other sanitary facilities were installed for the purpose
of determining the best types for use in rural China. The
Institute sponsored three national conferences on problems of
waste disposal, and completed a sampling and analysis of night
soil in the City of Taipei. Assistance is being given to an
experimental composting station and designs and estimates
completed for a composting plant for the city of Taipei.
Activities in food sanitation included surveys of food establish­
ments such as abattoirs, restaurants and food processing plants,
assistance in the planning and operation of courses for food­
handlers and the completion of a draft restaurant sanitation
code. Technical and supervisory services were provided for a
national programme of construction of wells and latrines. The
Institute has also participated in and co-ordinated the activi­
ties of water pollution surveys now in progress. Courses for
sanitarians were revised and have been given continuously by
the Institute. During the period under review, an additional
public-health engineer was provided to lead a team for investi­
gation, surveys and designs of a water-borne sewerage system
for the city of Taipei.

Tuberculosis Control, Taiwan (Sept. 1954 - )

Aim of the project. To expand the tuberculosis control service
and to incorporate in it the BCG work already in operation; to
explore new methods of control of ambulatory cases by chemoth­
ery.

Assistance provided by WHO in period under review.
(a) A medical officer, a tuberculosis statistician; (b) three
fellowships, one of ten months to study tuberculosis nursing,
one of nine months to study bacteriological diagnosis of
 tuberculosis; the third is a continuation of studies from a
previous period; (c) supplies and equipment.

Probable duration of assistance. Until 1959.

Work accomplished. The main tuberculosis centres were
strengthened and new procedures were introduced. The Central
Laboratory was reorganized and serves as a reference centre for
the survey teams. Training courses for provincial doctors and
nurses were begun and plans for a study on ambulatory chemo­
therapy of tuberculosis completed. The mass x-ray survey was
continued and the number of chest clinics, each part of an
existing health centre, was increased. The team participated
in the combined health survey on Hsi-Yu Island, all cases of
tuberculosis found have been placed under treatment. The BCG
laboratory now conforms with all the requirements of the short­
term consultant and comparative studies on four different
strains of vaccine are being carried out. The amount of work
done up to the end of May is reflected in the following:

<table>
<thead>
<tr>
<th>Tested</th>
<th>5 233 506</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccinated</td>
<td>2 970 284</td>
</tr>
</tbody>
</table>

/China 28 ...
China 28
Fellowships
Health statistics. Two six-month fellowships for study of vital and health statistics, one in the Philippines the other in Japan.

Mental health. One twelve-month fellowship to study public health with emphasis in mental health in Japan.

China 29
Fellowships
Food and drug control. A seven-month fellowship for study in the United States of America.

China
Participation in Regional Groups and Courses
See WPRO 13.

Cook Islands
Fellowships
Other communicable diseases. A seven-month fellowship to study tropical medicine and hygiene in the United Kingdom.

Cook Islands
Participation in Regional Groups and Courses
See Western Samoa 2.

Eastern Samoa
Participation in Regional Groups and Courses
See Western Samoa 2.

Federation of Malaya
Nursing Education, Kuala Lumpur, Penang and Ipoh (Perak) (June 1950 -)
Aim of the project. To improve the standard of basic and graduate nursing education and the quality of nursing services; to prepare nurses for administrative and teaching posts; to adapt the nursing-education programme to local resources and needs; to develop a well-organized programme for midwives.

Assistance provided by ...
Assistance provided by WHO in period under review. At Kuala Lumpur - a midwifery tutor; at Penang - a senior nurse educator, a male nurse tutor, a public-health nursing tutor and a clinical nursing tutor; at Ipoh (Perak) - a midwifery tutor.

Probable duration of assistance. Until the end of 1958.

Work accomplished. The WHO public-health nursing tutor conducted the third course for health visitors and has assisted with the integration of the social and preventive aspects of health into the basic nursing course and the ward administration course.

The WHO clinical instructor has given assistance with teaching and supervision in the clinical areas and in-service education for ward sisters and staff nurses in the Penang General Hospital.

The WHO senior nurse educator, with two national counterparts, conducted the second four-month course in ward administration and a very successful two-and-a-half-day workshop with 80 participants in 1956. The national counterparts conducted the third course in 1957.

Midwifery training made notable progress. Units for domiciliary experience and ante-natal clinics were developed under the direction of the WHO midwifery tutor in Perak and counterpart personnel prepared to carry on the programme. Refresher courses for kampong midwives are being conducted and in-service education in domiciliary midwifery for health nurses organized.

Assistance continued in the maternity unit in Kuala Lumpur. The WHO midwifery tutor is a member of a newly-formed obstetrical advisory committee, which will act as liaison between all departments offering obstetrical and midwifery services to the State, advise on midwifery training and practice, and investigate maternal deaths.

As there are now two qualified male nurse tutors in the Federation of Malaya, the WHO male tutor was reassigned in April 1957. Assistance was continued in the School of Nursing and on the statutory nursing committees until that time.

Rural Health Training Centre, Jitra, Kedah (Nov. 1954 - )

Aim of the project. To establish a training centre at Jitra for assistant health nurses, rural midwives, dispensers and sanitary overseers.

Staff trained at Jitra will be assigned to ninety main health centres which the Government is building. These centres and their sub-centres, in addition to their routine work, will have special responsibilities for the welfare of mothers and children, such as domiciliary midwifery, infant care and dental hygiene.

/Assistance provided by ...
Assistance provided by WHO in period under review.
(a) A medical officer and a public-health nurse; (b) supplies and equipment.

Probable duration of assistance. Until the end of 1958.

Work accomplished. The two training courses which have been held were attended by teams from Johore, Kedah, Kelantan, Malacca, Negri Sembilan, Pahang, Penang, Perak, Selangor and Trengganu. There is, however, a critical staff shortage and until this situation improves, the training programme will continue to be limited by the extremely heavy service demands. It is hoped that the WHO medical officer will take over the main responsibility for training activities, thus allowing the Government medical officer to devote more time to improving and supervising the services in the field practice area.

Consideration is being given to the possibility of admitting a few carefully selected hospital assistants to future training courses, if suitable and willing candidates can be found.

The State Government has recently approved a plan to set up a domiciliary training centre for Division II midwives in Jitra. This will be located in the old dispensary premises, not far from the training centre and the programme will be supervised by staff of the Training Centre.

Federation of Malaya 12

Nutrition (Clinical Nutrition Consultant and Social Anthropologist) (July 1956 - )

Aim of the project. To study protein deficiency in childhood and its relation to cultural and social habits; to collect information on the incidence of protein deficiency, its distribution by race and area, its public-health importance and methods which might be used for eliminating it.

Assistance provided by WHO in period under review. (a) A social anthropologist and a clinical nutrition consultant who completed preliminary surveys.

Probable duration of assistance. Until 1959.

Work accomplished. Preliminary surveys were completed by the consultants.

Hospital Administration (May 1956 - )

Aim of the project. To review the hospital administration system; to devise a suitable scheme for training lay hospital administrators, taking account of the facilities available, in the Federation or overseas.

Assistance provided by WHO in period under review. A hospital administrator.

/Probable duration of ...
Probable duration of assistance. Until 1959.

Work accomplished. Pilot surveys were made in five general hospitals, a leprosarium and a mental hospital and plans, based on the surveys, were drawn up for a training course for hospital administrators. Progress was made with drafting a condensed manual of hospital administration.

Federation of Malaya 15

Hospital Records (Nov. 1956 - )

Aim of the project. To review and reorganize the hospital records systems in the Federation and in Singapore (Singapore 9); to establish and implement a suitable training programme for local personnel in the Federation of Malaya.

Assistance provided by WHO in period under review. An expert in medical statistics.

Probable duration of assistance. Until 1959.

Work accomplished. The WHO hospital records officer has made a preliminary survey of the hospital records situation in the Federation of Malaya in collaboration with the WHO medical officer in the hospital records project (Singapore 9).

The medical records system at Penang General Hospital is being improved in order to start the training programme for hospital records personnel.

Fiji 2

Fellowships

Other communicable diseases. A one-and-a-half-month fellowship for filariasis research in Australia, Fiji and French Oceania.

Central Medical School, Suva (Feb. 1955 - )

Aim of the project. To strengthen the staff of the Central Medical School and to train assistant medical practitioners for government service in Fiji and adjacent territories.

Assistance provided by WHO in period under review. (a) Two lecturers, one in biology and the other in physiology; (b) two three-year fellowships, one in physiology (awarded December 1955) and the other in biology; (c) supplies and equipment.

Probable duration of assistance. Until 1961.

Work accomplished. The success of the project, which is now in its third academic year, can be assessed by the keen participation of students in courses in biology and physiology,
as well as the high percentage of students passing the examination. There was a gap in the teaching of physiology between June 1956 and March 1957, but with the arrival of the WHO professor of physiology and biochemistry, intensive teaching continued. The standard of the students has improved remarkably as a result of the five-year education system and the intake of students with a higher educational background.

In the biology examination, approximately 84% of the students passed. A WHO fellowship was awarded in physiology in 1955 and the incumbent continued his studies at the Otago University. A second fellowship was awarded for the study of biology. It is expected, on completion of the three-year fellowships, that both individuals will occupy the posts of junior lecturers in their specialties.

Assistance was also given to the School by the China Medical Board which provided a three-year fellowship in anatomy to a Fijian national.

The work of the WHO lecturers besides teaching, extends also to extra-curricular activities connected with sports and assistance to students in the development of other interests.

Fiji

Participation in Regional Groups and Courses
See Western Samoa 2.

Inter-country yaws programme
See WPRO 22.

Gilbert and Ellice Islands

Participation in Regional Groups and Courses
See Western Samoa 2.

Inter-country yaws programme
See WPRO 22.

Guam

Participation in Regional Groups and Courses
See WPRO 13.

Hong Kong 13

Fellowships
Public-health administration. A nine-month fellowship for the diploma course in public health in Singapore.
Japan 10
TA

Assistance to Institute of Public Health, Tokyo
(March 1955 - )

Aim of the project. To strengthen post-graduate training of health personnel in the departments of the Institute, particularly the Departments of Epidemiology, Medical-Social Services, and Environmental Sanitation.

Assistance provided by WHO in period under review. (a) Two short-term consultants, one in medical social service and one in public-health engineering; (b) three fellowships, two for five months, one in environmental sanitation, the other in national medical aid system, and a third for six months to study water pollution control; (c) supplies and equipment.

Probable duration of assistance. Until the end of 1958.

Work accomplished. The consultant in medical social service gave lectures and visited hospitals and institutes in Tokyo and other important cities. Her report includes recommendations for the strengthening of local social services in health departments, hospitals and sanatoria.

In August/September 1956, a WHO short-term consultant on water pollution visited Japan and after making studies and investigations, produced a report which included specific recommendations for the initiation of a national water pollution policy and implementing agency. The Government is now moving to implement those portions of the consultant's recommendations which have been accepted.

Japan 11
TA

Environmental Sanitation, Kobe (Aug. 1955 - )

Aim of the project. To study the economical and hygienic disposal of night soil and other organic refuse; to operate a pilot composting plant; eventually to establish a full-scale prototype rapid composting plant.

Assistance provided by WHO in period under review. (a) A short-term consultant in public-health engineering; (b) three fellowships, one of fourteen months, awarded during the period under review, to study nuclear engineering and disposal of radioactive wastes, and two of twelve months - one in parasitology and the other in sanitary engineering - in continuation of studies from a previous period; (c) supplies and equipment.

Work accomplished. A full-scale prototype composting plant for the treatment of municipal refuse and night soil has been in operation since early 1957 in Kobe, Japan. This plant has been successful in producing an acceptable end-product suitable for agricultural use. Studies are still in progress in order to solve certain technical problems related to the large scale operation of this type of process. It is expected that composting plants will be built and operated in a number of Japanese cities as a result of this project. A technical review of the ...
review of the work accomplished on this project was presented at the Zone I Environmental Sanitation Seminar in October 1956.

Nursing Education, Tokyo (Aug. 1955 - )

Aim of the project. To strengthen basic nursing, midwifery and public-health nursing education, to develop a post-graduate educational programme at the Institute of Public Health, Tokyo, to provide a qualified faculty for the post-graduate educational centre.

Assistance provided by WHO in period under review. (a) A nurse educator; (b) one twelve-month fellowship in clinical nursing education (awarded in 1955), one twelve-month fellowship in nursing education (midwifery) and two twelve-month fellowships in public-health nursing (awarded in 1956 for implementation in 1957).

Probable duration of assistance. Until the end of 1958.

Work accomplished. The WHO nurse educator has given assistance to the faculty of the Institute of Public Health through participation in faculty meetings, planning curricula, preparing teaching materials and participating in the teaching programme.

Consultant service was given to schools of nursing, materials were prepared on planning classroom and clinical experience in schools of nursing as basic material for discussion at the nine regional nursing meetings.

The WHO nurse educator attended, in a consultant capacity, three of the regional meetings and several study weeks held for educational directors from schools of public health and midwifery.

Hospital Administration (Consultant) (July 1956 - )

Aim of the project. To make a survey of institutional care and to improve hospital management.

Assistance provided by WHO in period under review. (a) A consultant for three weeks; (b) a four-and-a-half-month fellowship in hospital construction; (c) supplies and equipment.

Probable duration of assistance. Until 1957.

Work accomplished. Visits were paid to hospital and sanatoria, formal lectures delivered and informal discussions held. The consultant's report, which contains recommendations with regard to patient care in Japanese hospitals, is under consideration by the Government.
Other communicable diseases. A six-month fellowship to study communicable-disease control in the United States of America.

Health statistics. A six-month fellowship to study BCG statistics in Africa and Europe.

Maternal and child health. A six-month fellowship to study maternal and child health administration in Ireland, the United Kingdom, the Netherlands, Sweden and Finland.

Radiology. A two-and-three fourth-month fellowship to study safe handling of radio-isotopes in the United States of America, Canada, the United Kingdom and the Netherlands.

A six-month fellowship to study prevention of radiation hazards in medicine in the United Kingdom, Sweden, Denmark and Germany.

Maternal and child health. A twelve-month fellowship for the diploma course in public health in Australia.

Basic medical sciences. A twelve-month fellowship to study therapeutic substances and insecticides (pharmacy) in the United States of America.

Environmental sanitation. A twelve-month fellowship to study public health with emphasis in environmental sanitation in the United States of America.

Other communicable diseases. A twelve-month fellowship to study public-health administration with emphasis in epidemiology.

See WPRO 13.
Aim of the project. To survey the yaws situation; to train local personnel in diagnosis and treatment; to carry out a mass campaign (house-to-house case-finding and treatment of all accessible clinical cases and contacts, and health education) so as to reduce the incidence of yaws to a level at which the public-health programme can maintain control.

Assistance provided by WHO in period under review. A medical officer (serologist).

Probable duration of assistance. Until 1958.

Work accomplished. The field work of the project was continued with the survey of a high percentage of the population in the provinces of Pakse and Saravane. Resurvey work was undertaken in Savannakhet by the provincial head nurses under the supervision of the provincial health officer and the yaws control team. Five hundred fifty-two (552) villages were surveyed for the first time, and 134,158 people, or more than 95% of the population, were examined. Three thousand nine hundred fifty-nine (3959) cases of yaws and 419 contacts were treated.

Plans were made for the establishment of laboratories in Vientiane and Pakse to provide serologic, as well as general health laboratory services, and a laboratory scientist was assigned to join the WHO medical officer on the project. Plans for initiating venereal-disease control activities have been made as well as the broadening of the activities of the field teams.

Fellowships

Clinical medicine. Four eleven-month fellowships for undergraduate medical studies in Cambodia.

Participation in Regional Groups and Courses

See WPRO 13.

See Western Samoa 2.

See Western Samoa 2.
Maternal and child health. A six-month fellowship to study child health in the United Kingdom, United States of America and Canada.

Malaria Control, Keningau (July 1955 - )

Aim of the project. To study the malaria situation; to train local personnel and to carry out a control programme.

Assistance provided by WHO in period under review. A malariologist and an entomologist.

Probable duration of assistance. Until 1960.

Work accomplished. The malaria map of North Borneo has now been completed and it is estimated that out of a total population of 354,141 (census 1951) about 200,000 are living under malarious conditions. Spraying operations have now covered a population of 29,609. The target for the 1957 operations is 31,349. In addition to the regular spraying schedule it is proposed to spray newly-constructed houses, and those whose walls or roofs have been repaired, at quarterly or semi-annual intervals after the regular spraying. Although malaria transmission has not as yet been interrupted in the pilot area, it has been reduced as indicated by the result of blood examination of infants before and one year after spraying. There has been an increase in the tolerance of A. leucosphyrus balabacensis to DDE some ten months after spraying and it may be that dieldrin is perhaps a better insecticide as far as this anopheles is concerned. Antimalarial drugs are now supplementing the residual spraying to hasten the interruption of malaria transmission.

Environmental Sanitation (Dec. 1953 - March 1957)

Aim of the project. To study environmental sanitation problems, particularly collection and disposal of sewage in Jesselton, Labuan, Kudat, Tawau, Sandakan, Papar and Beaufort, and to take appropriate action.

Assistance provided by WHO in period under review. (a) Two public-health engineers; (b) supplies and equipment.

Work accomplished. This project which was initiated in December 1953 was completed in March 1957, its objectives have been achieved. These included the evaluation of specific environmental sanitation problems and recommendations for solution of problems related to the collection and disposal of human excreta in urban communities of North Borneo. Assistance has been given on investigations, studies, completion of detailed engineering plans, specifications and /cost estimates for ...
cost estimates for water-borne sewerage systems for eight urban communities in North Borneo. The Government has already initiated construction on certain portions of these sewerage schemes and ultimately will expend an estimated US$3,600,000 for construction of these systems which will serve a designated population of some 55,000 persons.

This project has been of value not only in providing assistance to a government in design of water-borne sewerage systems but also by providing basic technical and economic data on the general problem of excreta disposal for small urban communities in the Western Pacific. Other Member Countries of the Region will find the data developed in this project of great value in planning and initiating projects for design of small water-borne sewerage systems.

Fellowships

Health education. A twelve-month fellowship for the diploma course in content and methods of health education in the United Kingdom.

Tuberculosis. A five-month fellowship to study tuberculosis control in Denmark, the United Kingdom, India, Taiwan and the Philippines.

Fellowships

Malaria. A three-month fellowship to study malaria control in the Philippines, Taiwan, the Federation of Malaya, North Borneo and Singapore.

Participation in Regional Groups and Courses

See Western Samoa 2.

Mental Health (Phase I: Nov. 1949 - Jan. 1953; Phase II: Feb. 1957 - )

Aim of the project. To give assistance to the Department of Health, Philippines, in organizing the Division of Mental Health, and in formulating a programme of activities in mental health at the national and regional level, including the training of personnel in the mental health field.

Assistance provided by WHO in period under review. A mental health specialist (from March 1957).

Probable duration of assistance. Until 1959.

/Work accomplished ...
Work accomplished. With the full support of the Secretary of Health and the Department, a programme has been initiated to improve existing conditions in the National Mental Hospital. Encouraging progress has been noted in the administrative and clinical functions of this institution. A key medical administrator was detailed to prepare long-range administration changes in the hospital and in-service training of professional personnel is underway. As a result of excellent co-operation with the local press and civic organizations, awareness of the problem was created among a large section of the population in the Manila area which has the greatest number of patient referrals.

The WHO specialist will visit shortly the Woodbridge Hospital in Singapore to observe its facilities and see whether arrangements can be made for training a group of Filipino doctors and related disciplines who will be responsible for the mental hospital management in Manila and provincial areas.

As the task facing the medical officer cannot be accomplished within a year, the Government has requested prolongation of his services through 1958.

Bilharziasis Pilot Project, Leyte (June 1952 - )

Aim of the project. To determine the most effective and economical means of controlling bilharziasis; to train local professional and auxiliary personnel; to study the human, domestic-animal and snail hosts of Schistosoma japonicum and the parasite itself; to make an epidemiological study of the disease in a highly epidemic area; to plan a control programme.

Assistance provided by WHO in period under review. (a) An epidemiologist, a zoologist and a public-health engineer; (b) one fellowship to study public health majoring in epidemiology in continuation of studies from a previous period; (c) supplies and equipment.


Work accomplished. The past year has seen critical evaluation in terms of human health, economic feasibility and acceptability to the people of the methods which it is hoped to evolve for controlling schistosomiasis in the Philippines. A comprehensive manuscript on "Studies on Schistosomiasis Japonica in the Philippines" was written and accepted for publication in the WHO Bulletin.

Studies on epidemiology, snail ecology and control, both in the laboratory and the field, have continued.

Epidemiological evidence shows that infection in adults in endemic areas is not synonymous with the disease. As the result of repeated infections, tolerance or resistance grows.

/This makes imperative ...
This makes imperative further research into fundamental factors governing acquired resistance before sound policies for prevention and treatment can be established.

Transmission index for vertebrate hosts (dogs, pigs, carabaos, cows, goats and rats) was established. It was, however, proved that 75% of the infection is of human origin.

Research in ecology confirmed the permanence of undisturbed snail colonies. Engineering control methods caused the greatest disturbance in the colonies, resulting in a reduction of density and leading to eradication. The cost per capita of snail control in eleven zones of the project area was estimated at $4.50, if a bulldozer is provided free to the project, and $15 if work is done by manual labour only. As snail population densities are affected by other ecological factors, neither seasonal nor climatic studies of macro- and micro-biota of snail habitat were undertaken. It is expected that some natural checks and balances governing snail habitat dynamic interrelation will be discovered.

Health education activities were initiated and resulted in the collection of baseline data in the control and experimental barrios.

A new approach to the control of schistosomiasis was introduced through the concerted efforts of several bodies, efforts culminating in the creation of a co-ordination committee, consisting of the provincial and local officials of Public Works, Irrigation, Agricultural Extension, Fisheries and Education Departments, closely integrated with the activities of the Public Health Department and the project. The solution of the problem depends on the degree of interest and activity shown by the Government, the agencies concerned and the people themselves.

Institute of Hygiene, University of the Philippines, Manila
(July 1953 - )

Aim of the project. To strengthen the faculty of the Institute of Hygiene by a programme of exchange between members of the teaching staffs of the Institute and the Johns Hopkins University School of Hygiene and Public Health.

Assistance provided by WHO in period under review. (a) An associate professor in maternal and child health; (b) three short-term consultants - one in biostatistical methods, one in public-health nursing, and one in maternal and child health.

Probable duration of assistance. Until 1958.

/Work accomplished ...
Work accomplished. The short-term consultant in biostatistical methods and public-health nursing spent two months at the Institute for the purpose of providing instruction and guidance on future developments in their specialties. The associate professor and short-term consultant in maternal and child health only joined the project in June 1957.

Midwifery Training (Oct. 1953 - )

Aim of the project. To study existing midwifery services and training facilities; to develop a well-organized training programme for midwives; to train village midwives (hilots); to study maternity-nursing needs and resources; to formulate a midwifery practice act.

Assistance provided by WHO in period under review. (a) A nurse educator (midwifery); (b) two fellowships, one of fourteen months to gain midwifery and public-health experience and take the obstetrical nursing post-graduate course, the other of twelve months to study midwifery, in continuation of studies from a previous period.

Probable duration of assistance. Until the end of 1958.

Work accomplished. In-service training for nurses and midwives from puericulture and rural health units continued in four regional training centres. The training of hilots, and supervision of hilots who have been trained, has continued, evaluation of this programme is now being done. Classes in mothercraft based on a guide prepared by the WHO midwifery consultant and her counterpart, will be initiated as a pilot project in fourteen provinces.

Continuous assistance was given to the staff of government and private schools of midwifery to improve midwifery education and practice. Present midwifery legislation is being reviewed in anticipation of formulating a midwifery practice act and consideration is being given to the possibilities of initiating a post-basic midwifery course for nurses.

Environmental Sanitation (June 1955 - )

Aim of the project. To co-ordinate and strengthen environmental sanitation work.

Assistance provided by WHO in period under review. (a) A public-health engineer; (b) supplies and equipment.

Probable duration of assistance. Until 1958.

Work accomplished. Assistance in both the administrative and technical aspects of environmental sanitation has been provided the Division of Environmental Sanitation of the Department of Health, ...
Department of Health, as well as to the Institute of Hygiene of the University of the Philippines by the assignment of a WHO sanitary engineer. A long-range plan for environmental sanitation prepared by a committee within the Department of Health has undergone a considerable period of discussion, review and revision. This basic document will be submitted to the Government shortly for its consideration.

A graduate course in public-health engineering has been approved by the University of the Philippines and instituted during the present academic year. This course will lead to the degree of Master of Science in Public Health Engineering, and is expected that not only will students be drawn from the Philippines, but also from other countries within this region.

Philippines

Malaria Eradication (Aug. 1956 - )

Aim of the project. To eradicate malaria through spraying of all malarious areas and treatment of malaria cases.

Assistance provided by WHO in period under review. (a) A malaria advisory team composed of a malariologist team leader, an entomologist and two laboratory technicians; (b) two two-month fellowships.

Probable duration of assistance. Until 1957.

Work accomplished. Through the malaria advisory team and the regional malaria adviser, assistance is provided to the project on technical matters, including the interruption of residual spraying, organization of malaria surveillance activities, elimination of residual foci of transmission and susceptibility tests of the vector species.

Fellowships

Environmental sanitation. A twelve-month fellowship to study sanitary engineering in the United States of America.

Nursing care and midwifery. A one-and-three-fourth-month fellowship to observe in midwifery schools and maternal and child health services in the United Kingdom and Singapore.

A twelve-month fellowship to study nursing administration and midwifery education in the United Kingdom and the United States of America.

Public-health administration. Two five-month fellowships to study university health services in the United States of America.

Participation in Regional Groups and Courses

See WPRO 13.

/Sarawak 5...
Malaria Pilot Project (July 1952 - )

Aim of the project. To study the efficacy, for malaria control in Sarawak, of indoor spraying with residual insecticides in an experimental area; to train professional, auxiliary and ancillary personnel for malaria control throughout the country.

Assistance provided by WHO in period under review. Two malariologists and an entomologist.

Probable duration of assistance. Until 1960.

Work accomplished. Spraying operations were extended into all five divisions in Sarawak. In the Fifth Division the greater part of the known heavily malarious areas has already been covered for the first time, while in the First Division all the heavily malarious areas have been covered and considerable information collected to show where expansion is necessary. Steps are being taken to form an investigation and training unit which it is hoped will eventually be responsible for assessing the results of the spraying programmes and will take over case-finding and surveillance. Antimalarial drugs are being tried to hasten the interruption of malaria transmission.

University of Malaya (Sept. 1952 - )

Aim of the project. To develop the teaching of preventive and social medicine in the Faculty of Medicine; to establish a first-class post-graduate school of public health.

Assistance provided by WHO in period under review. A short-term consultant in medical social service, to organize a training course for almoners, and a lecturer in public health. Fellows from the Philippines and Hong Kong attended the Diploma of Public Health course at the University.

Probable duration of assistance. Until 1958.

Work accomplished. Teaching by the lecturer in public health consisted of tutorial work on the presentation of social medical case histories and of lectures to the Diploma in Public Health class in medical genetics; an enquiry into the aetiology of neonatal jaundice is proceeding and work on the aetiology of essential hypertension has reached the stage where data will soon start to be collected. The report of the short-term consultant in medical social service is being considered by the Government.

Urban Health Centre, Singapore (Jan. 1956 - )

Aim of the project. (a) To provide maternal and child health, school health, school dental and health education services to about 125,000 people living near the Centre; (b) to train at the Centre undergraduate medical and post-graduate public-health students of ...
health students of the University of Malaya (including students from other countries of the Region), and health visitors, health inspectors and other ancillary personnel.

Assistance provided by WHO in period under review. (a) A senior nurse educator and a public-health tutor; (b) two fellowships, one of three years for study of child psychiatry and the other of two years in child psychology (awarded in 1955 but implemented in 1956).

Probable duration of assistance. Until end of 1959.

Work accomplished. The training course for assistant health nurses has been carefully planned. The WHO tutor started lectures to assistant nurses in July 1956 as a period of orientation and to enable her to assess the potential ability of the students as a guide in preparing the curriculum for the three-year course. The curriculum was prepared and approved.

A survey was made of clinical fields and plans for clinical experience for the assistant health nurses include the school health services, school service for tuberculosis, tuberculosis health services, social welfare homes and crèches and the maternal and child health clinics. Two groups of students are taking this course; the first started in January 1957 and the second in May 1957. The second group is being trained at the Kandang Kerbau Maternity Hospital where they will learn to care for normal patients before proceeding to the care of the sick patient in other institutions. Following the preliminary block of lectures, clinical experience with a study day including discussion of case histories, lectures in special subjects and preparation of visual aids is carried out.

A special six-month course in public health for assistant nurse/midwives commenced in January. The programme planned included three weeks of applied anatomy and physiology and nutrition, two months experience in the infectious disease hospitals with clinical experience - study day plan, and the last three months were spent in the rural health clinics for supervised experience as a member of the health team.

The WHO public-health tutor arrived in April. A programme of orientation has been undertaken and plans for the public-health nurses' course schedule to begin in September are under-way.

Nursing Education (June 1952 - )

Aim of the project. To improve the standard of nursing education and the quality of nursing services and health teaching; to prepare local nurses for administrative and teaching posts; to adapt the nursing-education programme to local needs and resources; to develop an organized midwifery teaching programme; to develop a teaching centre for domiciliary practice for pupil midwives; to raise the standard of midwifery practice.

/Assistance provided by ...
Assistance provided by WHO in period under review. Two nurse educators, one in general nursing and the other in psychiatric nursing; two consultants, one in nursing education and the other in hospital administration.

Probable duration of assistance. Until the end of 1959 (1960).

Work accomplished. The nursing-education programme at the General Hospital was hampered by shortage of teaching and service personnel, large classes of students and other problems. From July 1956 to October 1956 when her contract ended, one of the WHO nurse educators spent her full time in the teaching wards. Full-time classroom teaching was undertaken by the second WHO nurse educator until November when she left the project. The Government and WHO recognized the need for a study of the situation before assigning additional personnel to this project. This study was carried out from January to March 1957 by a WHO nurse consultant, a WHO consultant in hospital administration (from Federation of Malaya 14 project) and a working party appointed by the Director of Medical Services. A very comprehensive report has been submitted and further WHO assistance will be based on the recommendations contained therein.

Following the visit of the psychiatric nurse consultant to Singapore in 1956, a WHO nurse educator in psychiatric nursing was appointed in January 1957. She is assisting with a programme in psychiatric nursing for registered nurses working in Woodbridge Hospital and for student nurses recruited to this hospital. Assistance will also be given with the integration of the psychiatric and mental health aspects in the basic nursing-education course.

Hospital Records (Nov. 1956 - )

Aim of the project. See Federation of Malaya 15.

Assistance provided by WHO in period under review. An expert in medical statistics.

Probable duration of assistance. Until 1959.

Work accomplished. The WHO expert made a detailed survey of hospital record systems at the Singapore General Hospital and the Kandang Kerbau Maternity Hospital. He also examined the type of hospital reports prepared for the Ministry of Health. On his recommendation, a permanent medical records committee will be formed in the Singapore General Hospital to discuss proposals for improving the organization of record keeping and for the revision and standardization of forms.

Since the Director of Medical Services for Singapore was interested in the improvement of health statistics, a plan for establishing a statistical research division in the

/Ministry of Health, ...
Ministry of Health, which would not only serve as the technical unit responsible for collecting and analyzing health data of all kinds, but also assume overall direction for the assembly and analysis of hospital morbidity and utilization data, was also prepared. This division would therefore be the appropriate unit to consolidate and carry forward any gains made under the hospital records project.

Tonga

Participation in Regional Groups and Courses

See Western Samoa 2.

Viet Nam 3
TA
(UNICEF)

Maternal and Child Health, Saigon, Hué and Dalat
(Dec. 1954 - )

Aim of the project. (a) To improve preventive and curative paediatrics by reorganizing the three clinics in Saigon-Cholon; (b) to develop a programme of maternal and child health services, including prenatal and post-natal consultative services; and maternal and child health centres in the three Saigon clinics, in a hospital at Hué and in one at Dalat; (c) to introduce progressively a system of health visiting.

Assistance provided by WHO in period under review. (a) A medical officer and two nurse educators; (b) four fellowships were awarded in 1955 and implemented in 1956.

Probable duration of assistance. Until 1959.

Work accomplished. Attendances increased steadily at the outpatient department of the children's hospital in Saigon. In November 1956 the Faculty of Medicine joined in the work of the hospital and students are now receiving teaching from a visiting professor in paediatrics. One post-graduate course for nurses has been given in the children's hospital in Saigon and more will follow. The facilities of the hospital were lent to the French Red Cross for the training of puericultrices in practical work. In Dalat, paediatric clinics continued at the hospital. A new pavilion was added to the maternity section to provide room for prenatal consultations, well-baby clinics were established and a nine-month hospital training course was started for midwives in rural areas. A section of maternal and child health has been set up in the Ministry of Health and the chief of this section will work closely with the WHO medical officer.

In Hué, a children's out-patient clinic has been opened and the maternity hospital and paediatric service improved in co-operation with the United States International Co-operation Administration (ICA) staff.

/Viet Nam 9 ...
Environmental Sanitation (Nov. 1956 - )

Aim of the project. To strengthen national and local environmental sanitation services; to train professional and sub-professional personnel; to carry out pilot schemes of environmental sanitation.

Assistance provided by WHO in period under review. A public-health engineer.

Probable duration of assistance. Until 1958.

Work accomplished. In a reorganization of the Ministry of Health, the Government has, for the first time, created a service of environmental sanitation. A WHO public-health engineer has been active in assisting the Government in the administrative and technical organization of the service. Assistance was provided in the organization and operation of a training course for sanitarians. Baseline data relating to the present status of environmental sanitation are being collected and analyzed in preparation for short- and long-range planning in this field. Assistance is also being provided in the proposed comprehensive and integrated health service for rural areas in respect of environmental sanitation.

Fellowships

Environmental sanitation. One seven-month fellowship for study in the Philippines, Singapore, China, Japan, Hawaii and the United States of America.

Refresher Courses for Assistant Medical Practitioners
(1 June - 7 Sept. 1956)

Aim of the project. To give training in preventive medicine and village hygiene to assistant medical practitioners.

Assistance provided by WHO in period under review. Costs of attendance of ten students at the first course (1 June - 20 July) and eleven at the second course (23 July - 7 September); first course - one each from Cook Islands, Fiji, Gilbert and Ellice Islands, Nauru, and Tonga, and five from Western Samoa; second course - one each from British Solomon Islands Protectorate, Cook Islands, Eastern Samoa, Fiji, New Hebrides, Papua and New Guinea, and five from Western Samoa.

Some supplies and equipment were also provided.
Environmental Sanitation Seminar, Taipei
(14 Oct. - 2 Nov. 1956)

Aim of the project. To disseminate the latest information and techniques in environmental sanitation applicable to countries in the Western Pacific Region, with special reference to the collection, disposal and utilization of organic wastes.

Assistance provided by WHO in period under review. 
(a) A short-term consultant in public-health engineering; 
(b) costs of attendance of participants from China (three), Guam (one), Japan (four), Korea (two), Macao (two) and the Philippines (four); (c) supplies and equipment.

Work accomplished. The seminar consisted of presentation and discussion of working papers, formal lectures, field visits, and group discussions for solution of specific problems. Technical information was exchanged on the disposal of organic wastes. Particular attention was paid to the processing of refuse and night soil to produce economical and hygienically acceptable compost for agricultural use. Information was made available on the environmental sanitation project in Kobe, Japan (see Japan 11).

Yaws Control, Fiji (Nov. 1954 - ), Western Samoa (June 1955 - ), British Solomon Islands Protectorate (May 1956 - ), Gilbert and Ellice Islands Colony (Jan. 1957 - ).

Aim of the project. To reduce the prevalence of yaws by mass examination and treatment with penicillin and, ultimately, to eliminate the disease as a public-health problem; to train local personnel in the diagnosis, therapy and epidemiology of yaws.

Assistance provided by WHO in period under review. 
(a) A medical officer, a serologist and a male nurse/administrator; (b) supplies and equipment.

Probable duration of assistance. Until 1961.

Work accomplished. During the year the national personnel continued on the field work according to plan on the projects in Fiji and Western Samoa. The WHO team of a medical officer, laboratory scientist and nurse/administrative officer assisted the government of the British Solomon Islands Protectorate to establish its yaws control project during 1956 before going on home leave. During the first part of 1957, the team helped the Government of the Gilbert and Ellice Islands to put its yaws control project into operation.

The field teams have been generally successful in obtaining the co-operation of the people on these projects and have surveyed a high percentage of the population of the areas of operation. Mass treatment of the total population was /continued and also ...
continued and also the serologic surveys of the pilot areas.
The response of the Governments, which have co-operated fully,
and of the people has been enthusiastic.

As of December 1956, in Fiji 175,192 people, or 96% of the
population of the areas of operation were examined at the
initial treatment survey and a total of 168,162 people were
treated including 7631 cases of yaws. During the resurveys
carried out, 56,722 people were examined and 102 cases of yaws
were treated. In Western Samoa, 91,327 people have been
examined at the initial treatment survey and 88,579 people
have been treated including 10,978 cases of yaws. In addition
51,814 people have been resurveyed and 590 people have been
treated including 38 cases of yaws. In the British Solomon
Islands Protectorate, 41,473 people have been examined and
treated to date, or 100% of the population of the areas of
operation; this included 5,927 cases of active yaws. No data on
the work done have yet been received from the Gilbert and
Ellice Islands.

**Inspection of BCG Production Laboratories**
(Phase II: 9-30 Oct. 1956)

WHO provided a short-term consultant who inspected BCG
production laboratories in Viet Nam, the Philippines and
China. The report on his visit has been submitted to the
countries concerned.

**Poliomyelitis Centres (June 1956 - )**

Aim of the project. To set up laboratory centres to: collect
and study strains of poliomyelitis virus from different parts
of the Region; undertake epidemiological studies for the
eventual use of the vaccine; train WHO fellows as far as
facilities permit.

Assistance provided by WHO in period under review.
(a) Travel costs for the Director of the Singapore Centre;
(b) special supplies and equipment.

Probable duration of assistance. Until 1959.

Work accomplished. Two laboratory centres were established,
one in Singapore to serve Brunei, Cambodia, the Federation of
Malaya, Hong Kong, Indonesia, Laos, North Borneo, Sarawak,
Singapore, Thailand and Viet Nam; and one in Japan to serve
China (Taiwan), Japan, Korea and the Philippines. The Director
of the Singapore Centre made poliomyelitis surveys in
Hong Kong, North Borneo, Korea, Cambodia, Laos, Viet Nam and
Thailand and spent three days at the Tokyo Centre for
discussions with its Director.
## List of Regional Office Posts

<table>
<thead>
<tr>
<th>Organizational Unit</th>
<th>Post</th>
<th>Nationality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Regional Director</td>
<td>I - Regional Director</td>
<td>China</td>
</tr>
<tr>
<td></td>
<td>I - Administrative Assistant</td>
<td>U.K.</td>
</tr>
<tr>
<td></td>
<td>L - Secretary</td>
<td>P.I.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Information</td>
<td>I - Public Information Officer</td>
<td>U.S.A.</td>
</tr>
<tr>
<td></td>
<td>L - Information Assistant</td>
<td>P.I.</td>
</tr>
<tr>
<td></td>
<td>L - Secretary</td>
<td>P.I.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bureau of Health Services</td>
<td>I - Medical Director</td>
<td>P.I.</td>
</tr>
<tr>
<td></td>
<td>I - Statistician</td>
<td>China</td>
</tr>
<tr>
<td></td>
<td>L - Secretaries (2)</td>
<td>P.I.</td>
</tr>
<tr>
<td></td>
<td>L - Clerk</td>
<td>P.I.</td>
</tr>
<tr>
<td></td>
<td>L - Clerk/Typist</td>
<td>P.I.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advisory Services</td>
<td>I - Regional Public-Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Administrators (3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I - Regional Adviser on Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Education of the Public</td>
<td>Canada</td>
</tr>
<tr>
<td></td>
<td>I - Regional Malaria Adviser</td>
<td>P.I.</td>
</tr>
<tr>
<td></td>
<td>I - Regional Tuberculosis Adviser</td>
<td>U.K.</td>
</tr>
<tr>
<td></td>
<td>I - Regional Venereal Diseases Adviser</td>
<td>U.K.</td>
</tr>
<tr>
<td></td>
<td>I - Regional Maternal and Child</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health Adviser</td>
<td>U.K.</td>
</tr>
<tr>
<td></td>
<td>I - Regional Environmental Sanitation Adviser</td>
<td>U.S.A.</td>
</tr>
<tr>
<td></td>
<td>I - Regional Nursing Adviser</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I - Regional Adviser in Education and Training</td>
<td>Japan</td>
</tr>
<tr>
<td></td>
<td>I - Budget and Finance Officer</td>
<td>U.S.A.</td>
</tr>
<tr>
<td></td>
<td>I - Finance Officer</td>
<td>U.K.</td>
</tr>
<tr>
<td></td>
<td>I - Accountant</td>
<td>China</td>
</tr>
<tr>
<td></td>
<td>I - Assistant Accountant</td>
<td>P.I.</td>
</tr>
<tr>
<td></td>
<td>I - Accounts Clerks (3)</td>
<td>P.I.</td>
</tr>
<tr>
<td></td>
<td>I - Budget Clerk</td>
<td>P.I.</td>
</tr>
<tr>
<td></td>
<td>I - Cashier</td>
<td>China</td>
</tr>
<tr>
<td></td>
<td>L - Secretary</td>
<td>P.I.</td>
</tr>
</tbody>
</table>

I - Internationally recruited
L - Locally recruited

/Personnel ...
<table>
<thead>
<tr>
<th>ORGANIZATIONAL UNIT</th>
<th>POST</th>
<th>NATIONALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>I - Personnel Officer</td>
<td>U.K.</td>
</tr>
<tr>
<td></td>
<td>L - Personnel Assistant</td>
<td>VACANT</td>
</tr>
<tr>
<td>General Services</td>
<td>I - Administrative Services Officer</td>
<td>Netherlands</td>
</tr>
<tr>
<td></td>
<td>I - Translator (English/French)</td>
<td>Switzerland</td>
</tr>
<tr>
<td></td>
<td>I - Assistant Translator (E/F)</td>
<td>Switzerland</td>
</tr>
<tr>
<td></td>
<td>L - Translator (English/Chinese)</td>
<td>China</td>
</tr>
<tr>
<td></td>
<td>L - General Services Assistant</td>
<td>P.I.</td>
</tr>
<tr>
<td></td>
<td>L - Travel Clerk</td>
<td>P.I.</td>
</tr>
<tr>
<td></td>
<td>L - Supply Clerk</td>
<td>P.I.</td>
</tr>
<tr>
<td></td>
<td>L - Registry Assistant</td>
<td>P.I.</td>
</tr>
<tr>
<td></td>
<td>L - Registry Clerk</td>
<td>P.I.</td>
</tr>
<tr>
<td></td>
<td>L - Library Clerk</td>
<td>P.I.</td>
</tr>
<tr>
<td></td>
<td>L - Clerk/Typists (4)</td>
<td>P.I.</td>
</tr>
<tr>
<td></td>
<td>L - Mail Clerks (2)</td>
<td>(1) China (2) P.I.</td>
</tr>
</tbody>
</table>

**AREA REPRESENTATIVES**

<table>
<thead>
<tr>
<th>AREA REPRESENTATIVE</th>
<th>POST</th>
<th>NATIONALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saigon (Cambodia, Laos, Viet Nam)</td>
<td>I - Medical Officer</td>
<td>U.K.</td>
</tr>
<tr>
<td></td>
<td>L - Clerk/Stenographer</td>
<td>Viet Nam</td>
</tr>
<tr>
<td>Singapore (Brunei, Federation of Malaya, North Borneo, Sarawak, Singapore)</td>
<td>I - Medical Officer</td>
<td>China</td>
</tr>
<tr>
<td>Sydney (South Pacific Area)</td>
<td>I - Medical Officer</td>
<td>Canada</td>
</tr>
<tr>
<td></td>
<td>L - Clerk/Stenographer</td>
<td>Australia</td>
</tr>
<tr>
<td>SINGAPORE EPIDEMIOLOGICAL INTELLIGENCE STATION</td>
<td>I - Medical Officer</td>
<td>China*</td>
</tr>
<tr>
<td></td>
<td>L - Administrative Assistant</td>
<td>India</td>
</tr>
<tr>
<td></td>
<td>L - Technical Assistant</td>
<td>U.K.</td>
</tr>
<tr>
<td></td>
<td>L - Clerks (4)</td>
<td>(1) India (3) U.K.</td>
</tr>
<tr>
<td></td>
<td>L - Clerk/Typists (2)</td>
<td>U.K.</td>
</tr>
</tbody>
</table>

I - Internationally recruited  
L - Locally recruited  
* - Also Area Representative, Singapore.
<table>
<thead>
<tr>
<th>PROJECT</th>
<th>FIELD</th>
<th>NUMBER</th>
<th>NATIONALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>China 3</td>
<td>Maternal and Child Health</td>
<td>1</td>
<td>Australia</td>
</tr>
<tr>
<td>China 7</td>
<td>Arthropod-borne Virus Diseases</td>
<td>1</td>
<td>U.S.A.</td>
</tr>
<tr>
<td>China 17</td>
<td>Tuberculosis Statistics</td>
<td>1</td>
<td>Norway</td>
</tr>
<tr>
<td>Federation of Malaya 12</td>
<td>Social Anthropology</td>
<td>1</td>
<td>U.K.</td>
</tr>
<tr>
<td></td>
<td>Nutrition</td>
<td>1</td>
<td>U.K.</td>
</tr>
<tr>
<td>Japan 10</td>
<td>Public-Health Engineering</td>
<td>1</td>
<td>U.S.A.</td>
</tr>
<tr>
<td></td>
<td>Medical Social Services</td>
<td>1</td>
<td>U.S.A.</td>
</tr>
<tr>
<td>Japan 11</td>
<td>Public-Health Engineering</td>
<td>1</td>
<td>U.S.A.</td>
</tr>
<tr>
<td>Japan 17</td>
<td>Hospital Administration</td>
<td>1</td>
<td>U.S.A.</td>
</tr>
<tr>
<td>Philippines 12</td>
<td>Biostatistics</td>
<td>1</td>
<td>U.S.A.</td>
</tr>
<tr>
<td></td>
<td>Nursing</td>
<td>1</td>
<td>U.S.A.</td>
</tr>
<tr>
<td></td>
<td>Maternal and Child Health</td>
<td>1</td>
<td>U.S.A.</td>
</tr>
<tr>
<td>Philippines 17</td>
<td>B.C.G.</td>
<td>1</td>
<td>Sweden</td>
</tr>
<tr>
<td>(and Viet Nam 4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Singapore 2</td>
<td>Almoner Training</td>
<td>1</td>
<td>U.K.</td>
</tr>
<tr>
<td>Singapore 3</td>
<td>Nursing</td>
<td>1</td>
<td>South Africa</td>
</tr>
<tr>
<td>Western Samoa 2</td>
<td>Preventive Medicine</td>
<td>2</td>
<td>(1) New Zealand</td>
</tr>
<tr>
<td></td>
<td>Sanitary Inspection</td>
<td>1</td>
<td>(2) Philippines</td>
</tr>
<tr>
<td>WPRO 10</td>
<td>Trachoma</td>
<td>1</td>
<td>New Zealand</td>
</tr>
<tr>
<td>WPRO 38</td>
<td>Health Education</td>
<td>2</td>
<td>(1) Australia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(2) Philippines</td>
</tr>
</tbody>
</table>
## PROJECT AND REGIONAL OFFICE INTERNATIONAL STAFF EMPLOYED

### AS OF 30 JUNE 1957

<table>
<thead>
<tr>
<th>Country</th>
<th>Regional Office</th>
<th>Area</th>
<th>Field</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Austria</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Belgium</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Bolivia</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Canada</td>
<td>3</td>
<td>1</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>China</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>France</td>
<td>-</td>
<td>-</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Germany</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Greece</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>India</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Israel</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Japan</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Netherlands</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>New Zealand</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Philippines</td>
<td>2</td>
<td>-</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Switzerland</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Thailand</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>7</td>
<td>1</td>
<td>9</td>
<td>17</td>
</tr>
<tr>
<td>United States</td>
<td>3</td>
<td>-</td>
<td>9</td>
<td>12</td>
</tr>
</tbody>
</table>

|               | 23    | 3     | 55*   | 81    |

*Consultants not included
<table>
<thead>
<tr>
<th>Country</th>
<th>Regional Office</th>
<th>Field</th>
<th>Consultants</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Austria</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Belgium</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Bolivia</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>British West Indies</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Canada</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>China</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Denmark</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>France</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Germany</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Greece</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>India</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Israel</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Netherlands</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>New Zealand</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Norway</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Philippines</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>South Africa</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Sweden</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Switzerland</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>United States</td>
<td>-</td>
<td>2</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3</strong></td>
<td><strong>14</strong></td>
<td><strong>13</strong></td>
<td><strong>30</strong></td>
</tr>
</tbody>
</table>
### LIST OF SUPPLEMENTARY AGREEMENTS SIGNED WITH MEMBER COUNTRIES
### DURING THE PERIOD 1 JULY 1956 TO 30 JUNE 1957

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>TITLE OF PROJECT</th>
<th>WHO NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>Nursing Education (Revision)</td>
<td>Cambodia 3</td>
</tr>
<tr>
<td></td>
<td>BCG Vaccination (Addendum 1)</td>
<td>*Cambodia 6</td>
</tr>
<tr>
<td></td>
<td>Rural Health Training Centre</td>
<td>Cambodia 9</td>
</tr>
<tr>
<td>China</td>
<td>Venereal Disease Control (Addendum 4)</td>
<td>**China 1</td>
</tr>
<tr>
<td></td>
<td>Malaria Eradication (Addendum)</td>
<td>China 7</td>
</tr>
<tr>
<td></td>
<td>BCG Vaccination (Addendum 2)</td>
<td>**China 10</td>
</tr>
<tr>
<td></td>
<td>(project now amalgamated into China 17 - Tuberculosis Control)</td>
<td></td>
</tr>
<tr>
<td>Fiji</td>
<td>Central Medical School (Extension)</td>
<td>Fiji 2</td>
</tr>
<tr>
<td>Gilbert and Ellice Islands Colony</td>
<td>Yaws Control (and Addenda)</td>
<td>Gilbert and Ellice Islands Colony 1</td>
</tr>
<tr>
<td>Japan</td>
<td>Poliomyelitis and Rehabilitation of Crippled Children (Addendum 1)</td>
<td>**Japan 1</td>
</tr>
<tr>
<td></td>
<td>National Institute of Mental Health (Addendum 2)</td>
<td>Japan 4</td>
</tr>
<tr>
<td></td>
<td>Institute of Public Health (Addendum 1)</td>
<td>Japan 10</td>
</tr>
<tr>
<td></td>
<td>Hospital Administration</td>
<td>Japan 17</td>
</tr>
<tr>
<td>North Borneo</td>
<td>Malaria Control (Addendum 1 and amendment)</td>
<td>**North Borneo 5</td>
</tr>
<tr>
<td></td>
<td>Maternal and Child Health supplies and equipment (Addendum 1)</td>
<td>*North Borneo 7</td>
</tr>
<tr>
<td></td>
<td>Environmental Sanitation (Extension of project)</td>
<td>North Borneo 8</td>
</tr>
<tr>
<td>Philippines</td>
<td>Mental Health</td>
<td>Philippines 4</td>
</tr>
<tr>
<td></td>
<td>Treponematosis Control (Addenda 3 and 4)</td>
<td>*Philippines 15</td>
</tr>
<tr>
<td></td>
<td>BCG Mass Vaccination (Extension of project and Addendum 2)</td>
<td>**Philippines 17</td>
</tr>
<tr>
<td></td>
<td>Midwifery Training (Addendum 1)</td>
<td>**Philippines 29</td>
</tr>
<tr>
<td></td>
<td>Maternal and Child Health Services and Training Programme (Agreement and Addendum 1)</td>
<td>*Philippines 40</td>
</tr>
<tr>
<td></td>
<td>Leprosy Control (Addendum 1)</td>
<td>*Philippines 49</td>
</tr>
<tr>
<td></td>
<td>Malaria eradication</td>
<td>Philippines 53</td>
</tr>
<tr>
<td>Singapore</td>
<td>Hospital Records (Addendum 1)</td>
<td>Singapore 9</td>
</tr>
</tbody>
</table>

* UNICEF supply programme
** Joint with UNICEF
<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>TITLE OF PROJECT</th>
<th>WHO NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viet Nam</td>
<td>Tuberculosis Control</td>
<td>Viet Nam 7</td>
</tr>
<tr>
<td></td>
<td>Environmental Sanitation</td>
<td>Viet Nam 9</td>
</tr>
<tr>
<td></td>
<td>Health Technicians' School</td>
<td>Viet Nam 10</td>
</tr>
<tr>
<td>West New Guinea</td>
<td>Malaria Control (Addendum 1)</td>
<td>*West New Guinea 2</td>
</tr>
<tr>
<td></td>
<td>TB/BCG Vaccination</td>
<td>*West New Guinea 3</td>
</tr>
<tr>
<td></td>
<td>Yaws Control (Addendum 1)</td>
<td>*West New Guinea 4</td>
</tr>
<tr>
<td></td>
<td>Maternal and Child Welfare Equipment</td>
<td>*West New Guinea 6</td>
</tr>
</tbody>
</table>

* UNICEF supply programme
### FELLOWSHIP AWARDS

1 July 1956 to 30 June 1957

According to Fields of Study and Countries of Origin

<table>
<thead>
<tr>
<th>Health Organization and Services</th>
<th>Australia</th>
<th>China</th>
<th>Cook Islands</th>
<th>Federation of Malaya</th>
<th>Fiji</th>
<th>Hong Kong</th>
<th>Japan</th>
<th>Korea</th>
<th>Laos</th>
<th>New Zealand</th>
<th>Papua and New Guinea</th>
<th>Philippines</th>
<th>West New Guinea</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PUBLIC-HEALTH ADMINISTRATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public-health administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diploma in Public Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital construction and design</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University health services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National medical aid system</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SANITATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental Sanitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuclear engineering and disposal of radioactive wastes</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training of sanitarians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sanitary engineering</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water pollution control</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental sanitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NURSING</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing care and midwifery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midwifery (Administration and teaching in obstetrics)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midwifery schools and maternal and child health services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing administration and midwifery education</td>
<td>Nursing education</td>
<td>Tuberculosis nursing</td>
<td>Public-health nursing</td>
<td>Public-health nursing and field experience in venereal diseases</td>
<td>Public-health nursing</td>
<td>MATERNAL AND CHILD HEALTH</td>
<td>Organization of maternal and child health services</td>
<td>Child health</td>
<td>Diploma course in public health</td>
<td>Maternal and child health administration</td>
<td>OTHER HEALTH SERVICES</td>
<td>Mental health</td>
<td>Public health with emphasis in mental health</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------------</td>
<td>---------------------</td>
<td>----------------------</td>
<td>---------------------------------------------------------------</td>
<td>---------------------</td>
<td>---------------------------</td>
<td>-----------------------------------------------------</td>
<td>--------------</td>
<td>-----------------------------------</td>
<td>-----------------------------------------------</td>
<td>-------------------</td>
<td>--------------</td>
<td>----------------------------------------</td>
</tr>
</tbody>
</table>
**Health statistics**

- Vital and health statistics
- BCG statistics (Tuberculosis statistics)

**Food and drug control**

- Food and drug control

**Communicable Disease Services**

**COMMUNICABLE DISEASES AND LABORATORY**

**Malaria**

- Malaria control

**Tuberculosis**

- Bacteriological diagnosis of tuberculosis
- Tuberculosis control (rehabilitation)
- Tuberculosis control

**OTHER COMMUNICABLE DISEASES**

- Filariasis research
- Tropical medicine and hygiene
- Tropical medicine and hygiene (and control of malaria and other insect-borne diseases)
- Trachomatology
- Epidemiology and control of arthropod-borne diseases
- Communicable-disease control

<table>
<thead>
<tr>
<th>AUSTRALIA</th>
<th>CHINA</th>
<th>COOK ISLANDS</th>
<th>FEDERATION OF MALAYSIA</th>
<th>FIJI</th>
<th>HONG KONG</th>
<th>JAPAN</th>
<th>KOREA</th>
<th>LAOS</th>
<th>NEW ZEALAND</th>
<th>PAPUA AND NEW GUINEA</th>
<th>PHILIPPINES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

/Public-health administration ...
Public-health administration with emphasis on epidemiology

Medical Education, Clinical and Basic Medical Sciences

CLINICAL MEDICINE

Surgery and medicine

Undergraduate medical studies

BASIC MEDICAL SCIENCES AND EDUCATION

Basic medical sciences

Biology

Therapeutic substances and insecticides (pharmacy)

Radiology

Safehandling of radio-isotopes

Prevention of radiation hazards in medicine

<table>
<thead>
<tr>
<th>Country</th>
<th>Australia</th>
<th>China</th>
<th>Cook Islands</th>
<th>Federation of Malaya</th>
<th>Fiji</th>
<th>Hong Kong</th>
<th>Japan</th>
<th>Korea</th>
<th>Laos</th>
<th>New Zealand</th>
<th>Papua and New Guinea</th>
<th>Philippines</th>
<th>West New Guinea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australasia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>China</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cook Islands</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federation of Malaya</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fiji</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hong Kong</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Japan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Korea</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laos</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Zealand</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Papua and New Guinea</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Philippines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>West New Guinea</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>13</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>14</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Grand Total</td>
<td>53</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DISTRIBUTION OF VISITS IN ACCORDANCE WITH COUNTRY OF STUDY AND REGIONS

<table>
<thead>
<tr>
<th>Country of Study</th>
<th>APR</th>
<th>AMR</th>
<th>EMR</th>
<th>EUR</th>
<th>SEAR</th>
<th>WPR</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>-</td>
<td>4</td>
<td>2</td>
<td>10(9*)</td>
</tr>
<tr>
<td>Cambodia</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>4(4*)</td>
</tr>
<tr>
<td>China</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Federation of Malaya</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>2</td>
<td>6(1*)</td>
</tr>
<tr>
<td>Fiji</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>French Oceania</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Japan</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>16</td>
<td>20(7*)</td>
</tr>
<tr>
<td>Korea</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>North Borneo</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>New Zealand</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>3</td>
<td>3</td>
<td>8</td>
<td>8(8*)</td>
</tr>
<tr>
<td>Philippines</td>
<td>2</td>
<td>-</td>
<td>1</td>
<td>2</td>
<td>13</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Singapore</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>8(1*)</td>
</tr>
<tr>
<td><strong>Total number of visits</strong></td>
<td>6</td>
<td>3</td>
<td>7</td>
<td>3</td>
<td>14</td>
<td>60</td>
<td>93(30*)</td>
</tr>
</tbody>
</table>

*The figure given in parenthesis represents the number of visits of more than three months duration.*
## PLANNING INDIVIDUAL FELLOWSHIPS

<table>
<thead>
<tr>
<th>Planning Year</th>
<th>Approving Year</th>
<th>Operating Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>JUNE</td>
<td>MAY</td>
<td>AUG.</td>
</tr>
<tr>
<td>SEP.</td>
<td>JUNE</td>
<td></td>
</tr>
<tr>
<td>PROPOSALS</td>
<td>MINOR</td>
<td>HEADQUARTERS</td>
</tr>
<tr>
<td>FROM</td>
<td>ADJUSTMENTS</td>
<td>NOTIFY REGIONS</td>
</tr>
<tr>
<td>GOVERNMENTS</td>
<td>OF PLANS</td>
<td>OF STUDY</td>
</tr>
<tr>
<td>FOR INDIVIDUAL</td>
<td>GOVERNMENTS</td>
<td>WHO</td>
</tr>
<tr>
<td>OR PROJECT</td>
<td>SUBMIT</td>
<td>PROCEEDS TO</td>
</tr>
<tr>
<td>FELLOWSHIPS</td>
<td>APPLICATIONS</td>
<td>PLACE FELLOWS</td>
</tr>
<tr>
<td>* CONSIDERED</td>
<td>WHO</td>
<td>AS SOON AS</td>
</tr>
<tr>
<td>BY REGIONAL COMMITTEE</td>
<td>WHO</td>
<td>POSSIBLE</td>
</tr>
<tr>
<td>* WORLD HEALTH ASSEMBLY</td>
<td>WHO</td>
<td>AND</td>
</tr>
<tr>
<td>* REGIONAL OFFICE</td>
<td>WHO</td>
<td>INFORM</td>
</tr>
<tr>
<td>TRANSMIT</td>
<td>WHO</td>
<td>REGION OF</td>
</tr>
<tr>
<td>APPLICATION</td>
<td>WHO</td>
<td>ORIGIN</td>
</tr>
<tr>
<td>TO H.O.</td>
<td>WHO</td>
<td>WHO</td>
</tr>
<tr>
<td>PROCEEDS TO</td>
<td>WHO</td>
<td>PROCEEDS TO</td>
</tr>
<tr>
<td>ARRANGE</td>
<td>WHO</td>
<td>ARRANGE</td>
</tr>
<tr>
<td>AWARDS AND</td>
<td>WHO</td>
<td>TRAVEL</td>
</tr>
<tr>
<td>TRAVEL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Annex VIII**